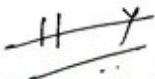


Patient Name : Mr.K ANIL KUMAR	Collected : 13/Jul/2024 09:47AM
Age/Gender : 42 Y 1 M 12 D/M	Received : 13/Jul/2024 12:00PM
UHID/MR No : CINR.0000169139	Reported : 13/Jul/2024 01:15PM
Visit ID : CINROPV233326	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES7154	

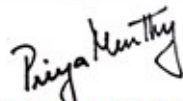
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16.1	g/dL	13-17	Spectrophotometer
PCV	47.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.3	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89.2	fL	83-101	Calculated
MCH	30.5	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,060	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	55.6	%	40-80	Electrical Impedance
LYMPHOCYTES	32.4	%	20-40	Electrical Impedance
EOSINOPHILS	3.1	%	1-6	Electrical Impedance
MONOCYTES	8.6	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3369.36	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1963.44	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	187.86	Cells/cu.mm	20-500	Calculated
MONOCYTES	521.16	Cells/cu.mm	200-1000	Calculated
BASOPHILS	18.18	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.72		0.78- 3.53	Calculated
PLATELET COUNT	237000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				



Dr. Harshitha Y
M.B.B.S., M.D (Pathology)
Consultant Pathologist



Dr. Priya Murthy
M.B.B.S., M.D (Pathology)
Consultant Pathologist



SIN No: BED240183172

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Karnataka - 560034

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Patient Name : Mr.K ANIL KUMAR	Collected : 13/Jul/2024 09:47AM
Age/Gender : 42 Y 1 M 12 D/M	Received : 13/Jul/2024 12:00PM
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Visit ID : CINROPV233326	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES7154	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

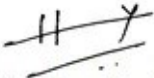
RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

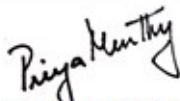
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



Dr. Harshitha Y
M.B.B.S., M.D (Pathology)
Consultant Pathologist



Dr. Priya Murthy
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Consultant Pathologist



SIN No: BED240183172

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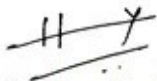
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Patient Name : Mr.K ANIL KUMAR	Collected : 13/Jul/2024 09:47AM
Age/Gender : 42 Y 1 M 12 D/M	Received : 13/Jul/2024 12:00PM
UHID/MR No : CINR.0000169139	Reported : 13/Jul/2024 01:45PM
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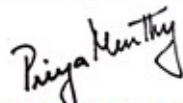
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Consultant Pathologist



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Patient Name : Mr.K ANIL KUMAR	Collected : 13/Jul/2024 12:00PM
Age/Gender : 42 Y 1 M 12 D/M	Received : 13/Jul/2024 08:58PM
UHID/MR No : CINR.0000169139	Reported : 13/Jul/2024 09:14PM
Visit ID : CINROPV233326	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES7154	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	107	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

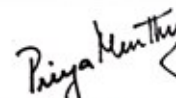
Note:

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	126	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other. Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.


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 Consultant Pathologist



SIN No:PLP1473030

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Patient Name : Mr.K ANIL KUMAR	Collected : 13/Jul/2024 09:47AM
Age/Gender : 42 Y 1 M 12 D/M	Received : 13/Jul/2024 12:06PM
UHID/MR No : CINR.0000169139	Reported : 13/Jul/2024 01:09PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	140	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. Low HbA1c in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.


4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

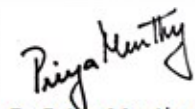
5. In cases of Interference of Hemoglobin variants in HbA1c, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)


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Consultant Biochemistry


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SIN No: EDT240076438

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Patient Name : Mr.K ANIL KUMAR	Collected : 13/Jul/2024 09:47AM
Age/Gender : 42 Y 1 M 12 D/M	Received : 13/Jul/2024 01:27PM
UHID/MR No : CINR.0000169139	Reported : 13/Jul/2024 02:03PM
Visit ID : CINROPV233326	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E57154	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	222	mg/dL	<200	CHO-POD
TRIGLYCERIDES	128	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	52	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	170	mg/dL	<130	Calculated
LDL CHOLESTEROL	144.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	25.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.27		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.03		<0.11	Calculated


Comment:

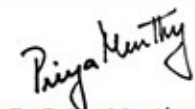
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.


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Consultant Biochemistry


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Consultant Pathologist



SIN No: SE04779616

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.06	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.90	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	54	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	36.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	77.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.99	g/dL	6.6-8.3	Biuret
ALBUMIN	5.12	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.87	g/dL	2.0-3.5	Calculated
A/G RATIO	1.78		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury.


Values also correlate well with increasing BMI.

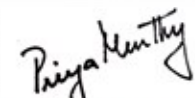
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1

In Alcoholic Liver Disease AST: ALT usually >2

This ratio is also seen to be increased in NAFLD, Wilsons’s diseases, Cirrhosis, but the increase is usually not >2

2. Cholestatic Pattern:


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 MSc,PhD(Biochemistry)
 Consultant Biochemistry


Dr Priya Murthy
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist



SIN No:SE04779616

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 Karnataka - 560034


 1860 500 7788
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Patient Name : Mr.K ANIL KUMAR	Collected : 13/Jul/2024 09:47AM
Age/Gender : 42 Y 1 M 12 D/M	Received : 13/Jul/2024 01:27PM
UHID/MR No : CINR.0000169139	Reported : 13/Jul/2024 02:03PM
Visit ID : CINROPV233326	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES7154	

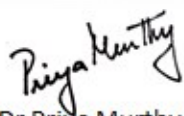
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

- ALP – Disproportionate increase in ALP compared with AST, ALT.
 - Bilirubin may be elevated.
 - ALP elevation also seen in pregnancy, impacted by age and sex.
 - To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.
3. Synthetic function impairment:
- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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SIN No:SE04779616

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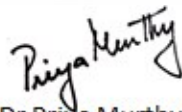
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.96	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	28.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	13.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.04	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.93	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.99	g/dL	6.6-8.3	Biuret
ALBUMIN	5.12	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.87	g/dL	2.0-3.5	Calculated
A/G RATIO	1.78		0.9-2.0	Calculated



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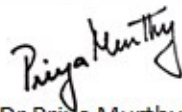
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.00	U/L	<55	IFCC



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Patient Name : Mr.K ANIL KUMAR	Collected : 13/Jul/2024 09:47AM
Age/Gender : 42 Y 1 M 12 D/M	Received : 13/Jul/2024 01:27PM
UHID/MR No : CINR.0000169139	Reported : 13/Jul/2024 03:42PM
Visit ID : CINROPV233326	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES7154	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.82	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	61.732	µIU/mL	0.34-5.60	CLIA


Result is rechecked. Kindly correlate clinically

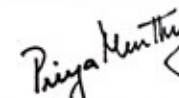
Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy


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SIN No: SPL24116631

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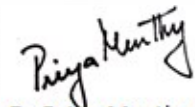
DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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Patient Name : Mr.K ANIL KUMAR	Collected : 13/Jul/2024 09:47AM
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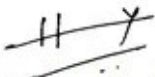
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

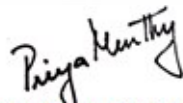
Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Physical measurement
TRANSPARENCY	Clear		CLEAR	Physical measurement
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.013		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0	/hpf	< 10	Automated Image Based Microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of



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SIN No: UR2386083

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DEPARTMENT OF CLINICAL PATHOLOGY

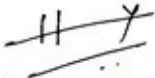
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

10 high power fields.

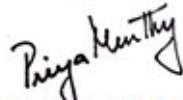
*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

Page 14 of 14



Dr. Harshitha Y
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Name : Mr. K Anil Kumar Address : BANGALORI Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 42 Y Sex : M	UHID :CINR.0000169139  <small>* CINR . 0000169139 *</small> OP Number :CINROPV233326 Bill No :CINR-OCR-99362 Date : 13.07.2024 09:44
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Sno	Service Type/Service Name	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	LIVER FUNCTION TEST (LFT)	
3	GLUCOSE, FASTING	
4	HEMOGRAM - PERIPHERAL SMEAR	
5	COMPLETE URINE EXAMINATION	
6	PERIPHERAL SMEAR	
7	ECG - 6	
8	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
9	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) - 8	
10	HbA1c, GLYCATED HEMOGLOBIN	
11	X-RAY CHEST PA - 60	
12	FITNESS BY GENERAL PHYSICIAN	
13	BLOOD GROUP ABO AND RH FACTOR	
14	LIPID PROFILE	
15	BODY MASS INDEX (BMI) - 6	
16	OPHTHAL BY GENERAL PHYSICIAN - 5	
17	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

18. Dental



Date ^{HOSPITALS} : 13-07-2024

Department : GENERAL

MR NO : CINR.0000169139

Doctor :

Name : Mr. K Anil Kumar

Registration No :

Age/ Gender : 42 Y / Male

Qualification :

Consultation Timing: 09:44

Height : 168-cm	Weight : 82-7kg	BMI : 29.3 kg/m ²	Waist Circum : 99-cm
Temp : 95.8 °F	Pulse : 84 bpm	Resp : 18 bpm	B.P : 123/83 mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

Mr k anil kumar
ID: 169139

13.07.2024 13:03:24

APOLLO CLINIC

INDIRANAGAR
BANGALORE

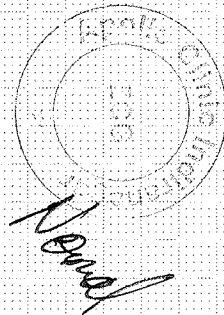
01.06.1982
42 Years

Male

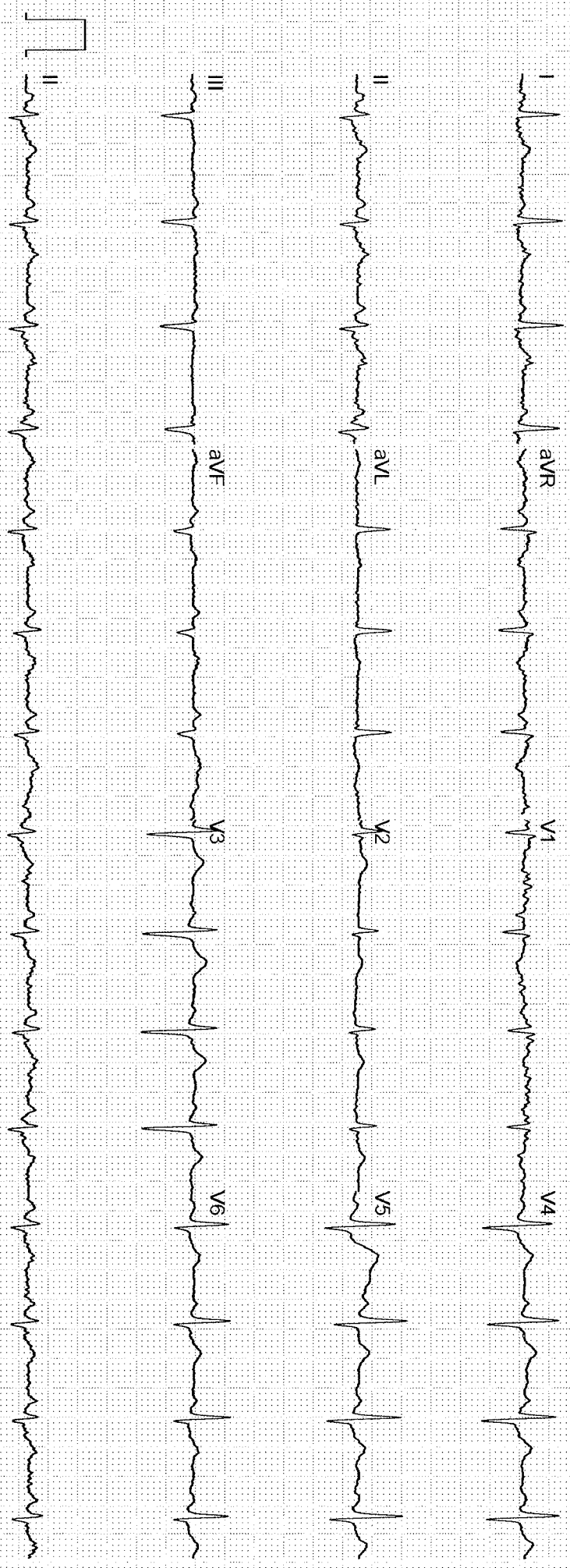
QRS : 68 ms
QT / QTcBaz : 364 / 442 ms
PR : 126 ms
P : 88 ms
RR / PP : 672 / 674 ms
P / QRS / T : 54 / -18 / 56 degrees

Location: Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



Dr. M. SUDHAKAR RAO
MBBS, MD, DM(Cardiol), FACC, FESC, FSCAI
Consultant Cardiologist
KMC Reg No: 50080118KITK
Apollo Clinic



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz 4X2.5X3_25_R1

Unconfirmed

1/1

89 bpm
- / - mmHg

Dear anil kumar,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **INDIRANAGAR** clinic on **2024-07-13** at **08:30-08:45**.

Payment
Mode

Corporate
Name

ARCOFEMI HEALTHCARE LIMITED

Agreement
Name

**[ARCOFEMI MEDIWHEEL MALE AHC CREDIT
PAN INDIA OP AGREEMENT]**

Package
Name

**[ARCOFEMI - MEDIWHEEL - FULL BODY
STANDARD PLUS MALE - PAN INDIA - FY2324]**

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

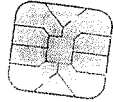


INDIAN UNION DRIVING LICENCE
ANDHRA PRADESH

DLFAP026198352003

ANIL KUMAR KARIMBAI

ANJAJAH



WEST STREET
NAIDUPET
NAIDUPETA
NELLORE - 524126



Signature
Issued On: 03/02/2014

UNIT OFFICE SULLURPE

Patient Name : Mr. K Anil Kumar

Age/Gender : 42 Y/M

UHID/MR No. : CINR.0000169139

OP Visit No : CINROPV233326

Sample Collected on :

Reported on : 13-07-2024 16:03

LRN# : RAD2377875

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 35ES7154

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology

Patient Name : Mrs.K DHANA LAKSHMI	Collected : 13/Jul/2024 09:54AM
Age/Gender : 40 Y 7 M 6 D/F	Received : 13/Jul/2024 11:46AM
UHID/MR No : CINR.0000169141	Reported : 13/Jul/2024 02:31PM
Visit ID : CINROPV233329	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES7154.	

DEPARTMENT OF HAEMATOLOGY

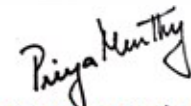
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	10.8	g/dL	12-15	Spectrophotometer
PCV	32.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.2	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	63.2	fL	83-101	Calculated
MCH	20.7	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	16.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,220	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	50.3	%	40-80	Electrical Impedance
LYMPHOCYTES	37.9	%	20-40	Electrical Impedance
EOSINOPHILS	3.1	%	1-6	Electrical Impedance
MONOCYTES	8.2	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2625.66	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1978.38	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	161.82	Cells/cu.mm	20-500	Calculated
MONOCYTES	428.04	Cells/cu.mm	200-1000	Calculated
BASOPHILS	26.1	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.33		0.78- 3.53	Calculated
PLATELET COUNT	285000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-20	Modified Westgren method
PERIPHERAL SMEAR				

RBCs: Show mild anisocytosis with Microcytic hypochromic RBCs. Few target cells seen.



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:BED240183216

This test has been performed at Apollo Health & Lifestyle Ltd, ARCOFEMI BANGALORE Laboratory

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

 1860 500 7788
www.apolloclinic.com

Patient Name : Mrs.K DHANA LAKSHMI
Age/Gender : 40 Y 7 M 6 D/F
UHID/MR No : CINR.0000169141
Visit ID : CINROPV233329
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 35ES7154.

Collected : 13/Jul/2024 09:54AM
Received : 13/Jul/2024 11:46AM
Reported : 13/Jul/2024 02:31PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

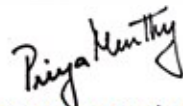
HEMOPARASITES: negative

IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA

Note: Kindly evaluate for incipient iron deficiency status/hemoglobinopathy.



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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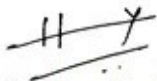
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www.apolloclinic.com

Patient Name : Mrs.K DHANA LAKSHMI	Collected : 13/Jul/2024 09:54AM
Age/Gender : 40 Y 7 M 6 D/F	Received : 13/Jul/2024 11:46AM
UHID/MR No : CINR.0000169141	Reported : 13/Jul/2024 01:45PM
Visit ID : CINROPV233329	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES7154.	

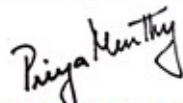
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Dr. Harshitha Y
M.B.B.S., M.D (Pathology)
Consultant Pathologist



Dr. Priya Murthy
M.B.B.S., M.D (Pathology)
Consultant Pathologist



SIN No: BED240183216

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Karnataka - 560034

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Patient Name : Mrs.K DHANA LAKSHMI	Collected : 13/Jul/2024 09:54AM
Age/Gender : 40 Y 7 M 6 D/F	Received : 13/Jul/2024 03:28PM
UHID/MR No : CINR.0000169141	Reported : 13/Jul/2024 04:11PM
Visit ID : CINROPV233329	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES7154.	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	76	mg/dL	70-100	HEXOKINASE

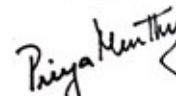
Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.


 Dr Priya Murthy
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist



SIN No:PLF02188078

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 Karnataka- 560034

 1860 500 7788
 www.apolloclinic.com

Patient Name : Mrs.K DHANA LAKSHMI	Collected : 13/Jul/2024 09:54AM
Age/Gender : 40 Y 7 M 6 D/F	Received : 13/Jul/2024 12:06PM
UHID/MR No : CINR.0000169141	Reported : 13/Jul/2024 01:01PM
Visit ID : CINROPV233329	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES7154.	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. Low HbA1c in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1c, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

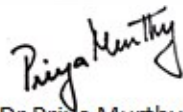
A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr.Govinda Raju N L
MSc,PhD(Biochemistry)
Consultant Biochemistry



Dr Priya Murthy
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



SIN No:EDT240076465

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Karnataka- 560034

 **1860 500 7788**
www.apolloclinic.com

Patient Name : Mrs.K DHANA LAKSHMI	Collected : 13/Jul/2024 09:54AM
Age/Gender : 40 Y 7 M 6 D/F	Received : 13/Jul/2024 01:27PM
UHID/MR No : CINR.0000169141	Reported : 13/Jul/2024 02:20PM
Visit ID : CINROPV233329	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES7154.	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	157	mg/dL	<200	CHO-POD
TRIGLYCERIDES	65	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	59	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	98	mg/dL	<130	Calculated
LDL CHOLESTEROL	85.1	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.66		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated


Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

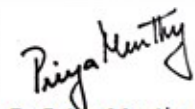
	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



Dr. Govinda Raju N L
MSc, PhD (Biochemistry)
Consultant Biochemistry



Dr. Priya Murthy
M.B.B.S., M.D (Pathology)
Consultant Pathologist



SIN No: SE04779660

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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APOLLO CLINICS NETWORK

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Patient Name : Mrs.K DHANA LAKSHMI	Collected : 13/Jul/2024 09:54AM
Age/Gender : 40 Y 7 M 6 D/F	Received : 13/Jul/2024 01:27PM
UHID/MR No : CINR.0000169141	Reported : 13/Jul/2024 02:20PM
Visit ID : CINROPV233329	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES7154.	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.64	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	31.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.25	g/dL	6.6-8.3	Biuret
ALBUMIN	4.28	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.97	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury.


Values also correlate well with increasing BMI.

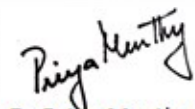
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1

In Alcoholic Liver Disease AST: ALT usually >2

This ratio is also seen to be increased in NAFLD, Wilsons’s diseases, Cirrhosis, but the increase is usually not >2

2. Cholestatic Pattern:


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 MSc,PhD(Biochemistry)
 Consultant Biochemistry


Dr Priya Murthy
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist



SIN No:SE04779660

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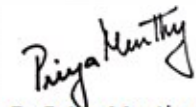
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

- ALP – Disproportionate increase in ALP compared with AST, ALT.
 - Bilirubin may be elevated.
 - ALP elevation also seen in pregnancy, impacted by age and sex.
 - To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.
3. Synthetic function impairment:
- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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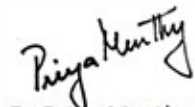
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.70	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	17.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.54	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.57	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.25	g/dL	6.6-8.3	Biuret
ALBUMIN	4.28	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.97	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		0.9-2.0	Calculated


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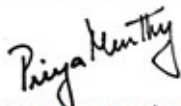

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Age/Gender : 40 Y 7 M 6 D/F	Received : 13/Jul/2024 01:27PM
UHID/MR No : CINR.0000169141	Reported : 13/Jul/2024 02:18PM
Visit ID : CINROPV233329	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES7154.	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	8.00	U/L	<38	IFCC



Dr Priya Murthy
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Patient Name : Mrs.K DHANA LAKSHMI	Collected : 13/Jul/2024 09:54AM
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Visit ID : CINROPV233329	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.8	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.547	µIU/mL	0.34-5.60	CLIA

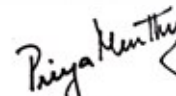
Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism

Page 11 of 14


 Dr Priya Murthy
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist



SIN No:SPL24116660

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



Priya Murthy

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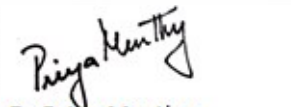
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Physical measurement
TRANSPARENCY	Clear		CLEAR	Physical measurement
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.003		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	POSITIVE+++		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	PLENTY	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	7	/hpf	< 10	Automated Image Based Microscopy
RBC	7	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Result is rechecked Kindly repeat the test clinically if indicated


Dr. Harshitha Y
 M.B.B.S., M.D (Pathology)
 Consultant Pathologist


Dr Priya Murthy
 M.B.B.S., M.D (Pathology)
 Consultant Pathologist



SIN No:UR2386123

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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Address:
 323/100/123, Doddathangur Village, Neeladri Main Road,
 Neeladri Nagar, Electronic city, Bengaluru,
 Karnataka - 560034


1860 500 7788
 www.apolloclinic.com

Patient Name : Mrs.K DHANA LAKSHMI
Age/Gender : 40 Y 7 M 6 D/F
UHID/MR No : CINR.0000169141
Visit ID : CINROPV233329
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 35ES7154.

Collected : 13/Jul/2024 09:54AM
Received : 13/Jul/2024 04:52PM
Reported : 13/Jul/2024 05:20PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Comment:

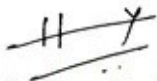
All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of 10 high power fields.

*** End Of Report ***

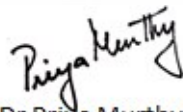
Result/s to Follow:

PERIPHERAL SMEAR, LBC PAP SMEAR

Page 14 of 14



Dr. Harshitha Y
M.B.B.S., M.D (Pathology)
Consultant Pathologist



Dr. Priya Murthy
M.B.B.S., M.D (Pathology)
Consultant Pathologist



SIN No: UR2386123

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE


Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

 **1860 500 7788**
www.apolloclinic.com

Name : Mrs. K Dhana Lakshmi Address : BANGALORE Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 40 Y Sex : F	UHID :CINR.0000169141  OP Number :CINROPV233329 Bill No :CINR-OCR-99365 Date : 13.07.2024 09:50
--	---	---

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	LIVER FUNCTION TEST (LFT)	
3	GLUCOSE, FASTING	
4	HEMOGRAM + PERIPHERAL SMEAR	
5	GYNÆCOLOGY CONSULTATION -3 after 11am	
6	DIET CONSULTATION	
7	COMPLETE URINE EXAMINATION	
8	PERIPHERAL SMEAR	
9	EKG -6	
10	LBC PAP TEST- PAPSURE -3 after 11am	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
12	DENTAL CONSULTATION -1 →	
13	HbA1c, GLYCATED HEMOGLOBIN	
14	ENT CONSULTATION	
15	FITNESS BY GENERAL PHYSICIAN	
16	BLOOD GROUP ABG AND RH FACTOR	
17	LIPID PROFILE	
18	BODY MASS INDEX (BMI) -6	
19	OPHTHAL BY GENERAL PHYSICIAN -5 →	
20	ULTRASOUND - WHOLE ABDOMEN -9 after 11am	
21	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

72 Niramari Breast Screening -15

EW99/-

Date : 13-07-2024

Department : GENERAL

MR NO : CINR.0000169141

Doctor :

Name : Mrs. K Dhana Lakshmi

Registration No :

Age/ Gender : 40 Y / Female

Qualification :

Consultation Timing: 09:49

Height : 156	Weight : 55.1 kg	BMI : 22.6 kg/m ²	Waist Circum : 86
Temp : 98.4	Pulse : 75 bpm	Resp : 18 rpm	B.P : 108/45 mmHg

General Examination / Allergies History

July 13/2024

Clinical Diagnosis & Management Plan

Aspergillus, emp - 5 days each, P₂ C₂ NID
 R/yeast, CBC pap P⁺ E
 • Smear done PA - soft MAT
 Adv PS & healthy
 CAH₂ ✓
 CE A ✓
 Miramax

Follow up date:

Doctor Signature

13.07.2024

Mrs. Dhanalakeshmi

40 yrs / F

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Arcopium - AHC

Ears: Wax + (B.E)

Nose: MD

Throat: MD

Follow up date:

Dr. RAVINDRANATH
M.B.B.S., D.L.O.

Dr. Ravindranath

E.N.T. SURGEON
KMC REG. No. 18354

BOOK YOUR APPOINTMENT TODAY!
Whatsapp Number : 970 100 3333
Toll Number : 1860 500 7788
Website : www.apolloclinic.com

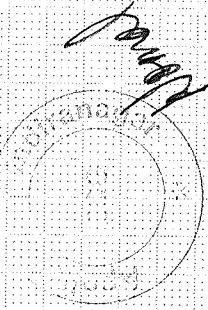
Mrs k dhanalakshmi
ID: 169141

07.12.1983
40 Years

Female

13.07.2024 12:55:13
APOLLO CLINIC
INDIRANAGAR
BANGALORE

QRS : 68 ms
QT / QTcBaz : 400 / 406 ms
PR : 124 ms
P : 44 ms
RR / PP : 960 / 967 ms
P / QRS / T : 4 / 69 / 44 degrees

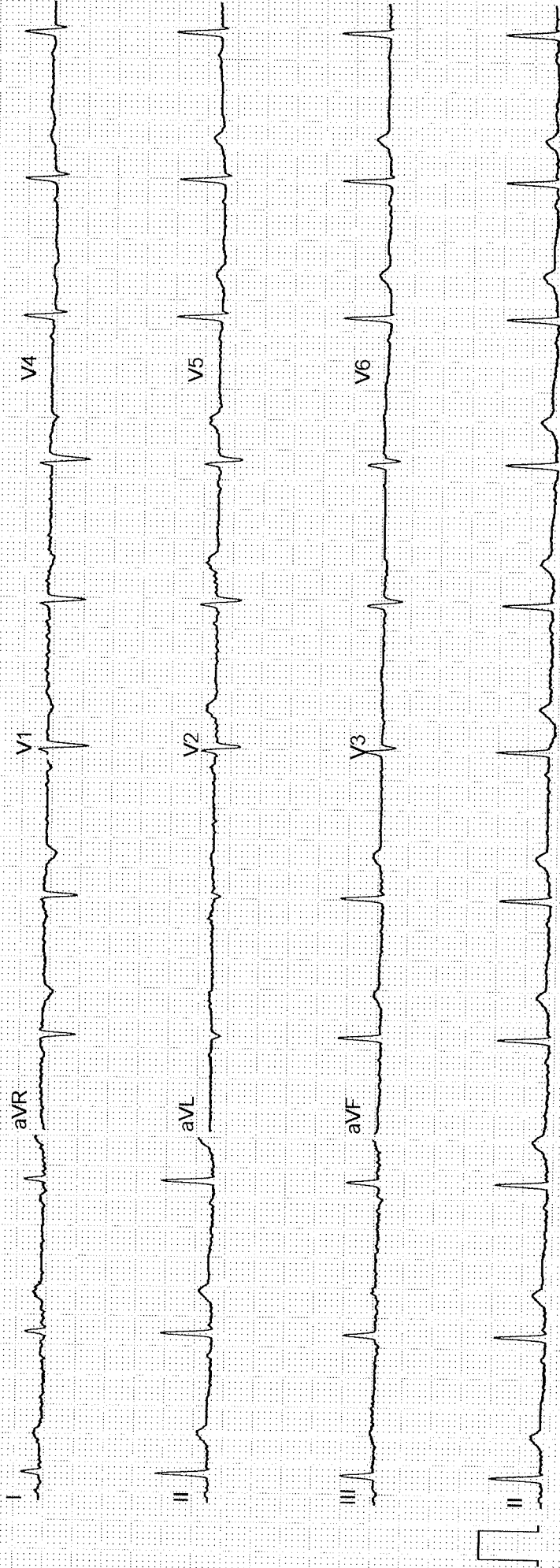


Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

62 bpm
-- / -- mmHg

Technician
Ordering Ph
Referring Ph
Attending Ph

Dr. M. SUDHAKAR RAO
MBBS, MD, DM (Cardiology), FACC, FESC, FSCAI
Consultant Cardiologist
KMC Road, CTG0000015KTK
Apollo Clinic



Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Thu 11-07-2024 14:33

To: dhanib4u.ab@gmail.com <dhanib4u.ab@gmail.com>

Cc: Indiranagar Apolloclinic <indiranagar@apolloclinic.com>; Manjunath V <manjunath.v@apolloclinic.com>; Syamsunder M <syamsunder.m@apollohl.com>



Dear LAKSHMI K DHANA,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **INDIRANAGAR clinic** on **2024-07-13** at **08:30-08:45**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324]

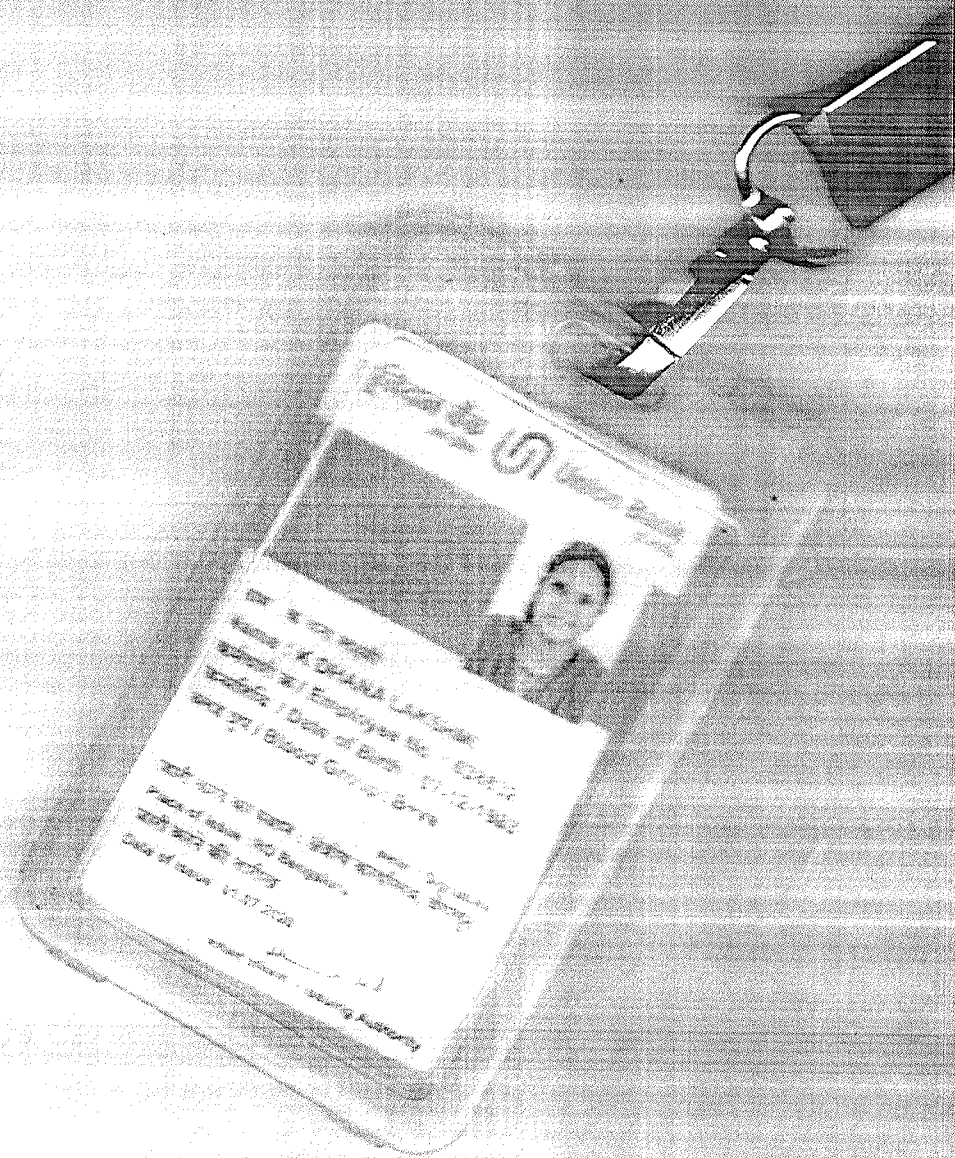
"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.



Patient Name : Mrs. K Dhana Lakshmi

Age/Gender : 40 Y/F

UHID/MR No. : CINR.0000169141

OP Visit No : CINROPV233329

Sample Collected on :

Reported on : 13-07-2024 12:54

LRN# : RAD2377907

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 35ES7154.

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS: Retroverted and appears normal in size. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 7 mm.

OVARIES: Both ovaries appearing normal in size and echopattern.

No free fluid is seen.

IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology