

|                 |                   |              |                               |
|-----------------|-------------------|--------------|-------------------------------|
| Patient Name    | : Mr.KUMARESHAN V | Collected    | : 11/Nov/2023 07:55AM         |
| Age/Gender      | : 54 Y 2 M 28 D/M | Received     | : 11/Nov/2023 10:54AM         |
| UHID/MR No      | : CELE.0000042758 | Reported     | : 11/Nov/2023 12:24PM         |
| Visit ID        | : CINROPV210280   | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF         | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 9986513475      |              |                               |

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

HEMOGRAM , WHOLE BLOOD EDTA

|                             |              |               |            |                                |
|-----------------------------|--------------|---------------|------------|--------------------------------|
| HAEMOGLOBIN                 | 13.4         | g/dL          | 13-17      | Spectrophotometer              |
| PCV                         | <b>39.90</b> | %             | 40-50      | Electronic pulse & Calculation |
| RBC COUNT                   | 5.28         | Million/cu.mm | 4.5-5.5    | Electrical Impedence           |
| MCV                         | <b>75.7</b>  | fL            | 83-101     | Calculated                     |
| MCH                         | <b>25.3</b>  | pg            | 27-32      | Calculated                     |
| MCHC                        | 33.4         | g/dL          | 31.5-34.5  | Calculated                     |
| R.D.W                       | <b>14.6</b>  | %             | 11.6-14    | Calculated                     |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,560        | cells/cu.mm   | 4000-10000 | Electrical Impedence           |

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

|             |            |   |       |                      |
|-------------|------------|---|-------|----------------------|
| NEUTROPHILS | 60.2       | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 28.5       | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | <b>0.8</b> | % | 1-6   | Electrical Impedence |
| MONOCYTES   | 10         | % | 2-10  | Electrical Impedence |
| BASOPHILS   | 0.5        | % | <1-2  | Electrical Impedence |

ABSOLUTE LEUCOCYTE COUNT

|             |         |             |           |            |
|-------------|---------|-------------|-----------|------------|
| NEUTROPHILS | 3949.12 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1869.6  | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 52.48   | Cells/cu.mm | 20-500    | Calculated |
| MONOCYTES   | 656     | Cells/cu.mm | 200-1000  | Calculated |
| BASOPHILS   | 32.8    | Cells/cu.mm | 0-100     | Calculated |

PLATELET COUNT

|                |        |             |               |                      |
|----------------|--------|-------------|---------------|----------------------|
| PLATELET COUNT | 321000 | cells/cu.mm | 150000-410000 | Electrical impedence |
|----------------|--------|-------------|---------------|----------------------|

ERYTHROCYTE SEDIMENTATION RATE (ESR)

|                                      |           |                         |      |                          |
|--------------------------------------|-----------|-------------------------|------|--------------------------|
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | <b>18</b> | mm at the end of 1 hour | 0-15 | Modified Westgren method |
|--------------------------------------|-----------|-------------------------|------|--------------------------|

PERIPHERAL SMEAR

RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

|                                |  |
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**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**

Suggested Iron profile in view of reduced RBC indices and increased RBC count.

Kindly correlate clinically.



SIN No:BED230276870

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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

|                  |          |  |  |                             |
|------------------|----------|--|--|-----------------------------|
| BLOOD GROUP TYPE | B        |  |  | Microplate Hemagglutination |
| Rh TYPE          | Positive |  |  | Microplate Hemagglutination |



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
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|-----------|--------|------|-----------------|--------|

|                               |     |       |        |            |
|-------------------------------|-----|-------|--------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 115 | 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.

|  |     |       |        |            |
|--|-----|-------|--------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 141 | 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.

|  |     |       |  |            |
|--|-----|-------|--|------------|
| HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA      | 6.8 | %     |  | HPLC       |
| ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA | 148 | mg/dL |  | Calculated |

**Comment:**

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



|                                |  |
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| <b>REFERENCE GROUP</b> | <b>HBA1C %</b> |      |                 |        |
| 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.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 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.
- 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.
- 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)



SIN No:PLF02053200,PLP1386253,EDT230102121

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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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LIPID PROFILE , SERUM

|                     |       |       |        |                            |
|---------------------|-------|-------|--------|----------------------------|
| TOTAL CHOLESTEROL   | 256   | mg/dL | <200   | CHO-POD                    |
| TRIGLYCERIDES       | 151   | mg/dL | <150   | GPO-POD                    |
| HDL CHOLESTEROL     | 43    | mg/dL | 40-60  | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 213   | mg/dL | <130   | Calculated                 |
| LDL CHOLESTEROL     | 182.8 | mg/dL | <100   | Calculated                 |
| VLDL CHOLESTEROL    | 30.2  | mg/dL | <30    | Calculated                 |
| CHOL / HDL RATIO    | 5.95  |       | 0-4.97 | 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<br>Near Optimal 100-129  | 130 - 159       | 160 - 189 | ≥ 190     |
| HDL                 | ≥ 60                                   |                 |           |           |
| NON-HDL CHOLESTEROL | Optimal <130;<br>Above Optimal 130-159 | 160-189         | 190-219   | >220      |

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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LIVER FUNCTION TEST (LFT) , SERUM

|                                       |        |       |         |                    |
|---------------------------------------|--------|-------|---------|--------------------|
| BILIRUBIN, TOTAL                      | 0.58   | mg/dL | 0.3-1.2 | DPD                |
| BILIRUBIN CONJUGATED (DIRECT)         | 0.11   | mg/dL | <0.2    | DPD                |
| BILIRUBIN (INDIRECT)                  | 0.47   | mg/dL | 0.0-1.1 | Dual Wavelength    |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)   | 52     | U/L   | <50     | IFCC               |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 46.0   | U/L   | <50     | IFCC               |
| ALKALINE PHOSPHATASE                  | 135.00 | U/L   | 30-120  | IFCC               |
| PROTEIN, TOTAL                        | 7.38   | g/dL  | 6.6-8.3 | Biuret             |
| ALBUMIN                               | 4.23   | g/dL  | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN                              | 3.15   | g/dL  | 2.0-3.5 | Calculated         |
| A/G RATIO                             | 1.34   |       | 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, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

- 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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| Age/Gender : 54 Y 2 M 28 D/M   | Received : 11/Nov/2023 10:39AM             |
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| Visit ID : CINROPV210280       | Status : Final Report                      |
| Ref Doctor : Dr.SELF           | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9986513475   |  |

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

**RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM**

|                       |       |        |             |                          |
|-----------------------|-------|--------|-------------|--------------------------|
| CREATININE            | 0.96  | mg/dL  | 0.72 – 1.18 | JAFFE METHOD             |
| UREA                  | 18.80 | mg/dL  | 17-43       | GLDH, Kinetic Assay      |
| BLOOD UREA NITROGEN   | 8.8   | mg/dL  | 8.0 - 23.0  | Calculated               |
| URIC ACID             | 5.79  | mg/dL  | 3.5–7.2     | Uricase PAP              |
| CALCIUM               | 9.00  | mg/dL  | 8.8-10.6    | Arsenazo III             |
| PHOSPHORUS, INORGANIC | 3.45  | mg/dL  | 2.5-4.5     | Phosphomolybdate Complex |
| SODIUM                | 139   | mmol/L | 136–146     | ISE (Indirect)           |
| POTASSIUM             | 4.5   | mmol/L | 3.5–5.1     | ISE (Indirect)           |
| CHLORIDE              | 103   | mmol/L | 101–109     | ISE (Indirect)           |



SIN No:SE04537064

NABL renewal accreditation under process

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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)

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Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034

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

|                                |  |
|--------------------------------|--|
| Patient Name : Mr.KUMARESHAN V | Collected : 11/Nov/2023 07:55AM            |
| Age/Gender : 54 Y 2 M 28 D/M   | Received : 11/Nov/2023 10:39AM             |
| UHID/MR No : CELE.0000042758   | Reported : 11/Nov/2023 11:45AM             |
| Visit ID : CINROPV210280       | Status : Final Report                      |
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

| Test Name  | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| <b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b> | 41.00  | U/L  | <55             | IFCC   |



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Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka- 560034



|                                |  |
|--------------------------------|--|
| Patient Name : Mr.KUMARESHAN V | Collected : 11/Nov/2023 07:55AM            |
| Age/Gender : 54 Y 2 M 28 D/M   | Received : 11/Nov/2023 10:38AM             |
| UHID/MR No : CELE.0000042758   | Reported : 11/Nov/2023 12:46PM             |
| Visit ID : CINROPV210280       | Status : Final Report                      |
| Ref Doctor : Dr.SELF           | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9986513475   |  |

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

|                                   |              |        |            |      |
|-----------------------------------|--------------|--------|------------|------|
| TRI-IODOTHYRONINE (T3, TOTAL)     | 1.32         | ng/mL  | 0.64-1.52  | CMIA |
| THYROXINE (T4, TOTAL)             | <b>11.83</b> | µg/dL  | 4.87-11.72 | CMIA |
| THYROID STIMULATING HORMONE (TSH) | 1.370        | µIU/mL | 0.35-4.94  | CMIA |

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   |

1. 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.
2. 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.
3. 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.
4. 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  |
| 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  |



SIN No:SPL23158918

NABL renewal accreditation under process

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Karnataka- 560034

 **1860 500 7788**  
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|                                |  |
|--------------------------------|--|
| Patient Name : Mr.KUMARESHAN V | Collected : 11/Nov/2023 07:55AM            |
| Age/Gender : 54 Y 2 M 28 D/M   | Received : 11/Nov/2023 10:38AM             |
| UHID/MR No : CELE.0000042758   | Reported : 11/Nov/2023 12:46PM             |
| Visit ID : CINROPV210280       | Status : Final Report                      |
| Ref Doctor : Dr.SELF           | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9986513475   |  |

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

| Test Name  | Result | Unit  | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|--------|
| <b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b> | 0.858  | ng/mL | <4              | CMIA   |



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Karnataka- 560034

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|                                |  |
|--------------------------------|--|
| Patient Name : Mr.KUMARESHAN V | Collected : 11/Nov/2023 07:54AM            |
| Age/Gender : 54 Y 2 M 28 D/M   | Received : 11/Nov/2023 11:42AM             |
| UHID/MR No : CELE.0000042758   | Reported : 11/Nov/2023 01:22PM             |
| Visit ID : CINROPV210280       | Status : Final Report                      |
| Ref Doctor : Dr.SELF           | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9986513475   |  |

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

|              |             |  |             |                  |
|--------------|-------------|--|-------------|------------------|
| COLOUR       | PALE YELLOW |  | PALE YELLOW | Visual           |
| TRANSPARENCY | CLEAR       |  | CLEAR       | Visual           |
| pH           | 5.5         |  | 5-7.5       | DOUBLE INDICATOR |
| SP. GRAVITY  | 1.020       |  | 1.002-1.030 | Bromothymol Blue |

BIOCHEMICAL EXAMINATION

|                        |          |  |          |                            |
|------------------------|----------|--|----------|----------------------------|
| URINE PROTEIN          | NEGATIVE |  | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE                | NEGATIVE |  | NEGATIVE | GLUCOSE OXIDASE            |
| URINE BILIRUBIN        | NEGATIVE |  | NEGATIVE | AZO COUPLING REACTION      |
| URINE KETONES (RANDOM) | NEGATIVE |  | NEGATIVE | SODIUM NITRO PRUSSIDE      |
| UROBILINOGEN           | NORMAL   |  | NORMAL   | MODIFIED EHRlich REACTION  |
| BLOOD                  | NEGATIVE |  | NEGATIVE | Peroxidase                 |
| NITRITE                | NEGATIVE |  | NEGATIVE | Diazotization              |
| LEUCOCYTE ESTERASE     | NEGATIVE |  | NEGATIVE | LEUCOCYTE ESTERASE         |

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

|                  |        |      |                  |            |
|------------------|--------|------|------------------|------------|
| PUS CELLS        | 3-4    | /hpf | 0-5              | Microscopy |
| EPITHELIAL CELLS | 2-3    | /hpf | <10              | MICROSCOPY |
| RBC              | NIL    | /hpf | 0-2              | MICROSCOPY |
| CASTS            | NIL    |      | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS         | ABSENT |      | ABSENT           | MICROSCOPY |



SIN No:UR2217928

NABL renewal accreditation under process

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Karnataka- 560034

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

|                                |  |
|--------------------------------|--|
| Patient Name : Mr.KUMARESHAN V | Collected : 11/Nov/2023 07:54AM            |
| Age/Gender : 54 Y 2 M 28 D/M   | Received : 11/Nov/2023 01:30PM             |
| UHID/MR No : CELE.0000042758   | Reported : 11/Nov/2023 01:50PM             |
| Visit ID : CINROPV210280       | Status : Final Report                      |
| Ref Doctor : Dr.SELF           | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9986513475   |  |

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

| Test Name                    | Result           | Unit | Bio. Ref. Range | Method   |
|------------------------------|------------------|------|-----------------|----------|
| URINE GLUCOSE(POST PRANDIAL) | POSITIVE (TRACE) |      | NEGATIVE        | Dipstick |
| URINE GLUCOSE(FASTING)       | NEGATIVE         |      | NEGATIVE        | Dipstick |

**\*\*\* End Of Report \*\*\***

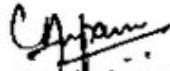
Result/s to Follow:  
PERIPHERAL SMEAR



DR.SHIVARAJA SHETTY  
M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST



Dr.Shobha Emmanuel  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



Dr. Chinki Anupam  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



SIN No:UPP015752,UF009747  
NABL renewal accreditation under process

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www.apolloclinic.com

Name : Mr. KUMARESHAN V

Age: 54 Y

Sex: M

Address : Bangalore

 Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
 INDIA OP AGREEMENT

UHID:CELE.0000042758



OP Number:CINROPV210280

Bill No :CINR-OCR-90556

Date : 11.11.2023 07:51

| Sno           | Service Type/ServiceName   | Department |
|---------------|--|------------|
| 1             | ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324 |            |
| <del>1</del>  | <del>URINE GLUCOSE(FASTING)</del>  |            |
| <del>2</del>  | <del>GAMMA GLUTAMYL TRANSFERASE (GGT)</del>  |            |
| <del>3</del>  | <del>PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)</del>  |            |
| <del>4</del>  | <del>HbA1c, GLYCATED HEMOGLOBIN</del>  |            |
| <del>5</del>  | <del>2D ECHO - (9) Time - 9:40 - Am</del>  |            |
| <del>6</del>  | <del>LIVER FUNCTION TEST (LFT)</del>   |            |
| <del>7</del>  | <del>X-RAY CHEST PA (10)</del>   |            |
| <del>8</del>  | <del>GLUCOSE, FASTING</del>  |            |
| <del>9</del>  | <del>HEMOGRAM + PERIPHERAL SMEAR</del>   |            |
| <del>10</del> | <del>ENT CONSULTATION</del>  |            |
| <del>11</del> | <del>FITNESS BY GENERAL PHYSICIAN</del>  |            |
| <del>12</del> | <del>DIET CONSULTATION</del>   |            |
| <del>13</del> | <del>COMPLETE URINE EXAMINATION</del>  |            |
| <del>14</del> | <del>URINE GLUCOSE(POST PRANDIAL)</del>  |            |
| <del>15</del> | <del>PERIPHERAL SMEAR</del>  |            |
| <del>16</del> | <del>ECG</del>   |            |
| <del>17</del> | <del>BLOOD GROUP ABO AND RH FACTOR</del>   |            |
| <del>18</del> | <del>LIPID PROFILE</del>   |            |
| <del>19</del> | <del>BODY MASS INDEX (BMI)</del>   |            |
| <del>20</del> | <del>OPHTHAL BY GENERAL PHYSICIAN (5)</del>  |            |
| <del>21</del> | <del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>                                     |            |
| <del>22</del> | <del>ULTRASOUND - WHOLE ABDOMEN</del>  |            |
| <del>23</del> | <del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>                                       |            |
| <del>24</del> | <del>DENTAL CONSULTATION (A)</del>   |            |
| <del>25</del> | <del>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)</del>                                |            |

26. wellbri

 Audiometry  
 physio (14)

Date : 11-11-2023  
 MR NO : CELE.0000042758  
 Name : Mr. KUMARESHAN V  
 Age/ Gender : 54 Y / Male

Department : GENERAL  
 Doctor :  
 Registration No :  
 Qualification :

|                            |                  |                            |                        |
|----------------------------|------------------|----------------------------|------------------------|
| Consultation Timing: 07:51 | Weight: 92.55 kg | BMI: 34. kg/m <sup>2</sup> | Waist Circum: 105 - Cm |
| Height: 165 - cm           | Pulse: 96 - bpm  | Resp: 18 bpm               | B.P: 110 / 79 mmHg     |
| Temp: 98.6 °F              |                  |                            |                        |

General Examination / Allergies  
 History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature



## OPHTHAL PRESCRIPTION

PATIENT NAME : MR. Kumavelhan. V

DATE : 11/11/23

UHID NO : U2758,

AGE : 54

OPTOMETRIST NAME: Ms. Swathi

GENDER: m.

This is to certify that I have examined  
years and findings of his/her eye examination are as follows,

|          | RIGHT EYE |       |      |      | LEFT EYE |       |      |      |
|----------|-----------|-------|------|------|----------|-------|------|------|
|          | SPH       | CYL   | AXIS | BCVA | SPH      | CYL   | AXIS | BCVA |
| Distance | +1.00     | -0.25 | 180  |      |          | -0.75 | 20   |      |
| Add      | 2.50      |       |      |      | 2.50     |       |      |      |

PD - RE: 31 LE: 31

Colour Vision: normal (B6)

Remarks:

Apollo clinic Indiranagar

|                       |                  |                  |
|-----------------------|------------------|------------------|
| NAME: MR KUMARESHAN V | AGE/SEX: 54Y/M   | OP NUMBER: 42758 |
| Ref By : SELF         | DATE: 11-11-2023 |                  |

**M mode and doppler measurements:**

| CM      | CM            | M/sec          |             |
|---------|---------------|----------------|-------------|
| AO:2.6  | IVS(D): 1.2   | MV: E Vel: 0.5 | A Vel : 0.6 |
| LA: 3.0 | LVIDD(D): 4.4 | AV Peak: 1.0   |             |
|         | LVPW(D): 1.3  | PV Peak: 0.7   |             |
|         | IVS(S): 1.3   |                |             |
|         | LVID(S): 2.6  |                |             |
|         | LVPW(S): 1.5  |                |             |
|         | LVEF: 55%     |                |             |
|         | TAPSE: 2.3    |                |             |

**Descriptive findings:**

|                  |        |
|------------------|--------|
| Left Ventricle   | Normal |
| Right Ventricle: | Normal |
| Left Atrium:     | Normal |
| Right Atrium:    | Normal |
| Mitral Valve:    | Normal |
| Aortic Valve:    | Normal |
| Tricuspid Valve: | Normal |
| IAS:             | Normal |
| IVS:             | Normal |

|              |        |
|--------------|--------|
| Pericardium: | Normal |
| IVC:         | Normal |
| Others       | ---    |
|              |        |

**IMPRESSION :**

Normal cardiac chambers

No Regional wall motion abnormality

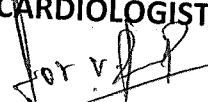
No MR/AR/TR

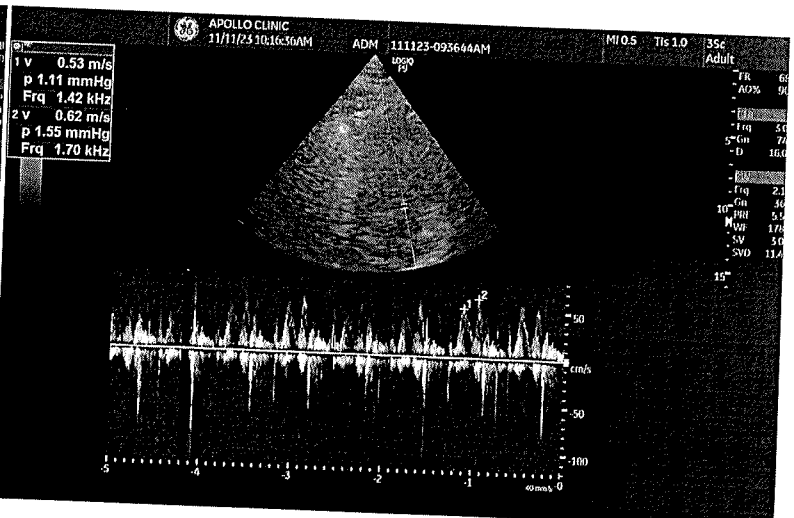
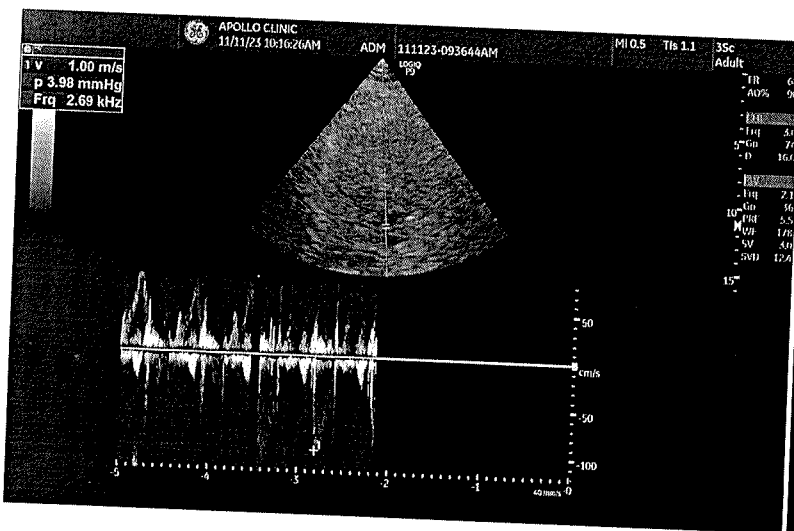
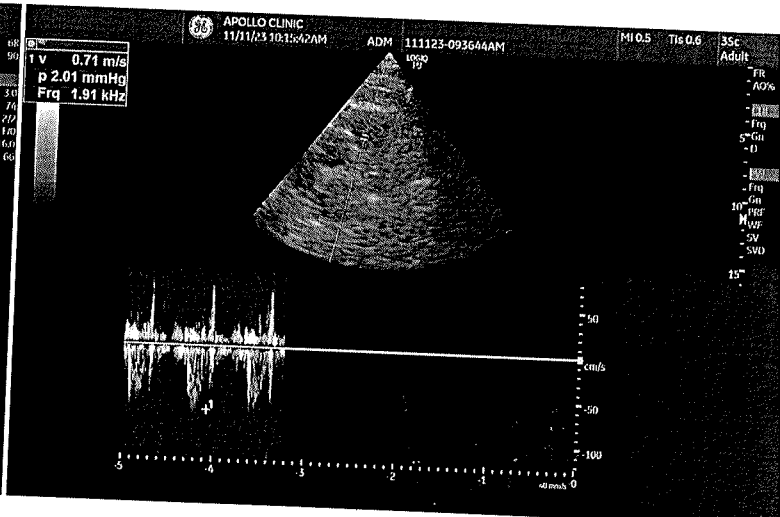
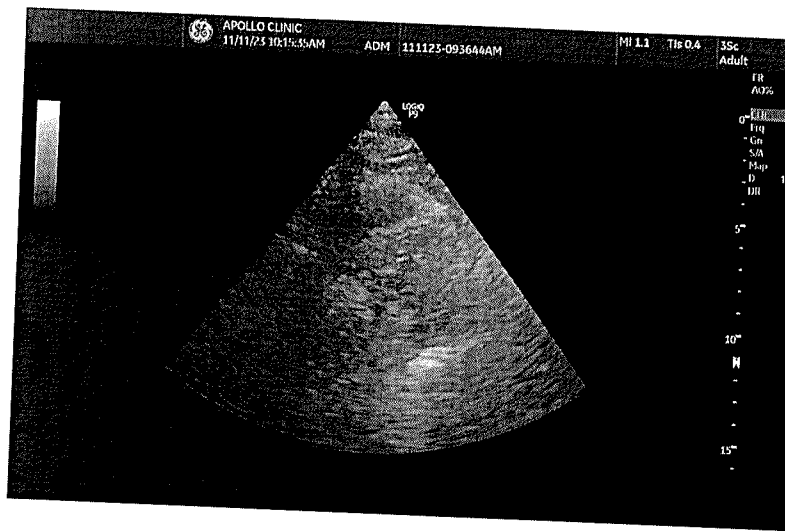
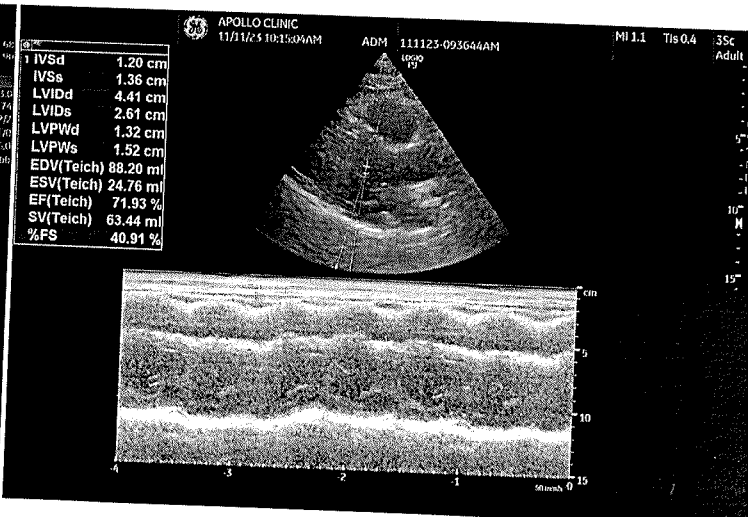
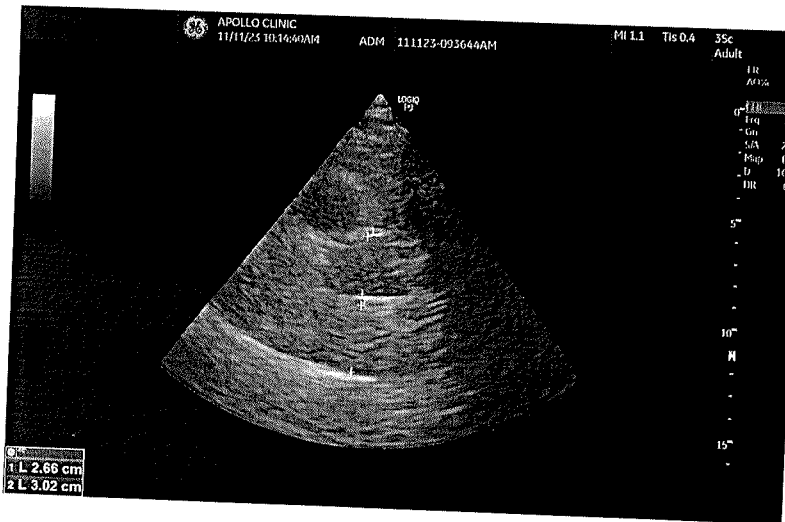
No clot/vegetation/pericardial effusion

Normal LV systolic function - LVEF= 55%

**DR JAGADEESH H V MD,DM**

**CONSULTANT CARDIOLOGIST**

  
**Dr. JAGADEESH H V**  
MBBS, MD, DM(Cardio)  
Consultant Cardiologist  
KMC Reg No.86848  
Apollo Clinic

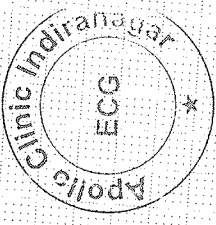




11.11.2023 9:08:47  
APOLLO CLINIC  
INDIRANAGAR  
BANGALORE

14.08.1969  
54 Years  
Male

QRS  
QT / QTcBaz : 358 / 449 ms  
PR : 130 ms  
P : 94 ms  
RR / PP : 628 / 631 ms  
P / QRS / T : 52 / -16 / 34 degrees



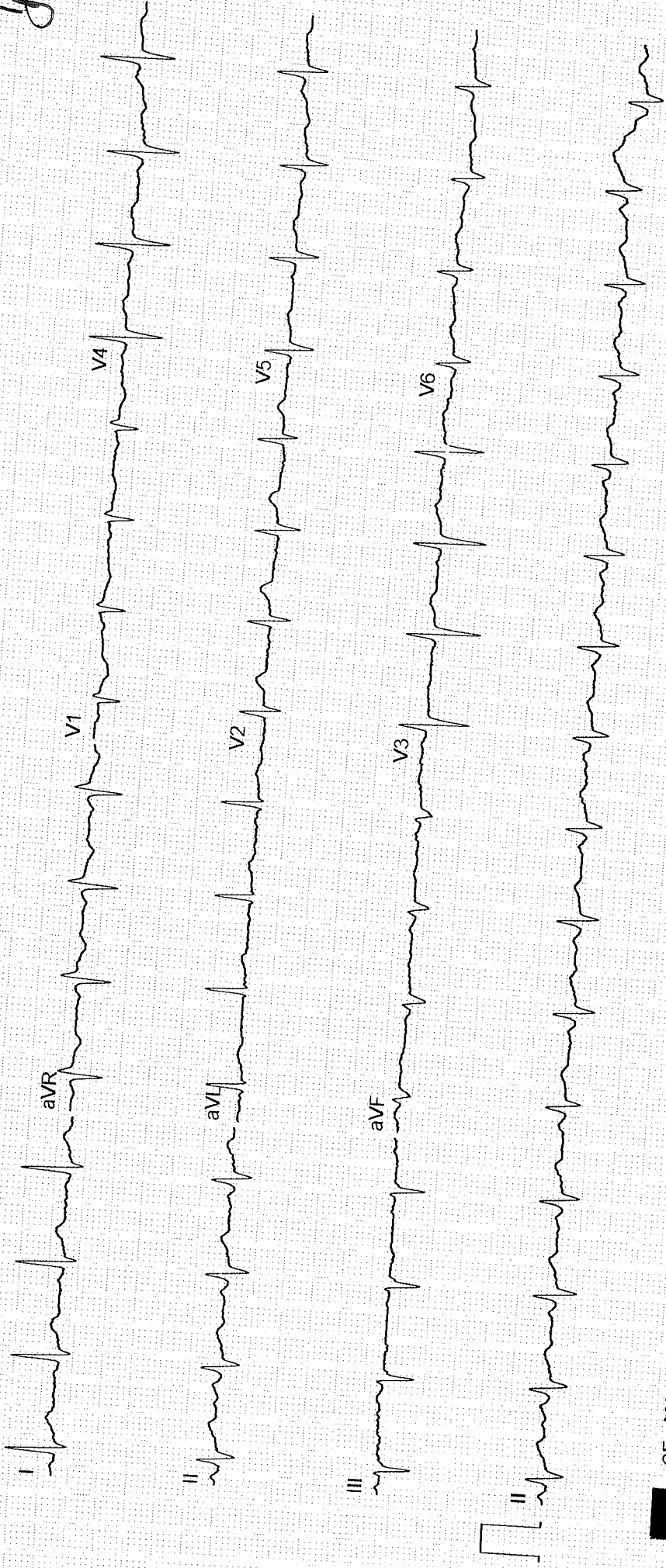
Location:  
Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

95 bpm  
-- / -- mmHg

NSR,  
LAD  
Low R wave progression

*Handwritten signature*



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

4x2.5x3\_25\_R1

Unconfirmed

**Dear MR. V KUMARESHAN,**

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **INDIRANAGAR** clinic on **2023-11-11** at **09:05-09:10**.

|                |   |
|----------------|---|
| Payment Mode   | <b>Credit</b>   |
| Corporate Name | <b>ARCOFEMI HEALTHCARE LIMITED</b>  |
| Agreement Name | <b>ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT</b>                                    |
| Package Name   | <b>[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324]</b> |



ಭಾರತ ಸರ್ಕಾರ  
GOVERNMENT OF INDIA



ವಿ ಕುಮರೇಶನ್  
V Kumareshan  
ಹುಟ್ಟಿದ ವರ್ಷ / Year of Birth : 1969  
ಪುರುಷ / Male



9092 4779 3834

ಅಧಿಕಾರ - ಶ್ರೀ ಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

**Patient Name** : Mr. KUMARESHAN V

**Age/Gender** : 54 Y/M

**UHID/MR No.** : CELE.0000042758

**OP Visit No** : CINROPV210280

**Sample Collected on** :

**Reported on** : 11-11-2023 20:06

**LRN#** : RAD2148024

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 9986513475

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Bilateral lung fields appear normal.

**Mild cardiomegaly seen.**

Bilateral hila appears normal.

Bilateral CP angle appear normal.

IMPRESSION:

**Mild cardiomegaly seen.**

**Dr. PRIYA B**  
**MBBS, MD (Radiology)**  
Radiology

**Patient Name** : Mr. KUMARESHAN V

**Age/Gender** : 54 Y/M

**UHID/MR No.** : CELE.0000042758

**OP Visit No** : CINROPV210280

**Sample Collected on** :

**Reported on** : 11-11-2023 15:30

**LRN#** : RAD2148024

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 9986513475

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER:** Appears normal in size(15.5cm), shape and echopattern **minimally increased**. 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.

Right kidney measures 9.2x4.8 cm.

Left kidney measures 10.4x4.9 cm.

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

**PROSTATE:** Prostate is normal in size and echo-pattern.

No free fluid is seen.

### IMPRESSION:

**MINIMAL FATTY LIVER.**

**Dr. RAMESH G**  
**MBBS DMRD**  
RADIOLOGY