

Patient Name : Mr.RAJ KUMAR SHARAN YADAV	Collected : 28/Sep/2024 09:01AM
Age/Gender : 46 Y 6 M 27 D/M	Received : 28/Sep/2024 10:40AM
UHID/MR No : CVAL.0000037798	Reported : 28/Sep/2024 12:11PM
Visit ID : CMAROPV868019	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34144	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	15.4	g/dL	13-17	Spectrophotometer
PCV	47.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.05	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	93.6	fL	83-101	Calculated
MCH	30.5	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	12.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,870	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	56.6	%	40-80	Electrical Impedance
LYMPHOCYTES	35.9	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	4.8	%	2-10	Electrical Impedance
BASOPHILS	1	%	0-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2756.42	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1748.33	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	82.79	Cells/cu.mm	20-500	Calculated
MONOCYTES	233.76	Cells/cu.mm	200-1000	Calculated
BASOPHILS	48.7	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.58		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	<b>144000</b>	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>5</b>	mm/hour	0-15	Capillary photometry
<b>PERIPHERAL SMEAR</b>				

RBCs: Are normocytic normochromic

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



Dr. Varsha Narayanan  
M.B.B.S., M.D (Pathology)  
Consultant Pathologist



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE  
SIN No: CHL240906682

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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PLATELETS: Are slightly reduced in number.

HEMOPARASITES: Negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD THROMBOCYTOPENIA.**

**Kindly correlate clinically.**



  
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	AB			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



**Dr.Nisha**  
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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. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	94	mg/dL	70-100	GOD - POD

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.



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Patient Name : Mr.RAJ KUMAR SHARAN YADAV	Collected : 28/Sep/2024 01:45PM
Age/Gender : 46 Y 6 M 27 D/M	Received : 28/Sep/2024 03:28PM
UHID/MR No : CVAL.0000037798	Reported : 28/Sep/2024 06:10PM
Visit ID : CMAROPV868019	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34144	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	109	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.



**Dr. Varsha Narayanan**  
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THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

SIN No: CHL240908926

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Patient Name : Mr.RAJ KUMAR SHARAN YADAV	Collected : 28/Sep/2024 09:01AM
Age/Gender : 46 Y 6 M 27 D/M	Received : 28/Sep/2024 11:14AM
UHID/MR No : CVAL.0000037798	Reported : 28/Sep/2024 02:38PM
Visit ID : CMAROPV868019	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. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	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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SIN No: CHI 240906689  
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Patient Name : Mr.RAJ KUMAR SHARAN YADAV	Collected : 28/Sep/2024 09:01AM
Age/Gender : 46 Y 6 M 27 D/M	Received : 28/Sep/2024 10:22AM
UHID/MR No : CVAL.0000037798	Reported : 28/Sep/2024 03:26PM
Visit ID : CMAROPV868019	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. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	186	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	97	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	44	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>142</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>122.82</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.41	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.27		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Result is rechecked. Kindly correlate clinically

**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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.51	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.38	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>18.1</b>	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.7	U/L	17-59	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	77.72	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	<b>5.93</b>	g/dL	6.3-8.2	Biuret
ALBUMIN	3.69	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.24	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		0.9-2.0	Calculated

Result is rechecked. Kindly correlate clinically

**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. 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. ALP elevation also seen in pregnancy, impacted by age and sex. \*Bilirubin elevated- predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

Page 8 of 17



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Patient Name	: Mr.RAJ KUMAR SHARAN YADAV	Collected	: 28/Sep/2024 09:01AM
Age/Gender	: 46 Y 6 M 27 D/M	Received	: 28/Sep/2024 10:22AM
UHID/MR No	: CVAL.0000037798	Reported	: 28/Sep/2024 03:48PM
Visit ID	: CMAROPV868019	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E34144		

**DEPARTMENT OF BIOCHEMISTRY**

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

\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

*Nisha*

**Dr.Nisha**  
**M.B.B.S,MD(Pathology)**  
**Consultant Pathologist**



SIN No: CHI 240906683

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 |  
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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. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.76	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	<b>15.14</b>	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	<b>7.1</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.52	mg/dL	3.5-8.5	Uricase
CALCIUM	8.66	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	<b>1.92</b>	mg/dL	2.5-4.5	PMA Phenol
SODIUM	138.8	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100.4	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	<b>5.93</b>	g/dL	6.3-8.2	Biuret
ALBUMIN	3.69	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.24	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		0.9-2.0	Calculated

Result is rechecked. Kindly correlate clinically



Dr.Nisha  
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Consultant Pathologist



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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. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	14.50	U/L	10-45	Szasz

*Nisha*

**Dr.Nisha**  
**M.B.B.S,MD(Pathology)**  
**Consultant Pathologist**



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Patient Name : Mr.RAJ KUMAR SHARAN YADAV	Collected : 28/Sep/2024 09:01AM
Age/Gender : 46 Y 6 M 27 D/M	Received : 28/Sep/2024 10:33AM
UHID/MR No : CVAL.0000037798	Reported : 28/Sep/2024 01:03PM
Visit ID : CMAROPV868019	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.93	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.8	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.830	µIU/mL	0.38-5.33	CLIA


Comment:

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

Page 12 of 17

  
**Dr. Varsha Narayanan**  
 M.B.B.S., M.D (Pathology)  
 Consultant Pathologist



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SIN No: CHE240906684

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Patient Name	: Mr.RAJ KUMAR SHARAN YADAV	Collected	: 28/Sep/2024 09:01AM
Age/Gender	: 46 Y 6 M 27 D/M	Received	: 28/Sep/2024 10:33AM
UHID/MR No	: CVAL.0000037798	Reported	: 28/Sep/2024 01:03PM
Visit ID	: CMAROPV868019	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E34144		

**DEPARTMENT OF IMMUNOLOGY**

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--



*Varsha*  
**Dr. Varsha Narayanan**  
**M.B.B.S, M.D(Pathology)**  
**Consultant Pathologist**

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Patient Name : Mr.RAJ KUMAR SHARAN YADAV	Collected : 28/Sep/2024 09:01AM
Age/Gender : 46 Y 6 M 27 D/M	Received : 28/Sep/2024 02:13PM
UHID/MR No : CVAL.0000037798	Reported : 28/Sep/2024 03:09PM
Visit ID : CMAROPV868019	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34144	

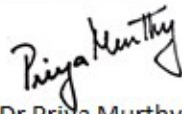
DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.810	ng/mL	0-4	CLIA



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



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



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Patient Name : Mr.RAJ KUMAR SHARAN YADAV	Collected : 28/Sep/2024 09:01AM
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DEPARTMENT OF CLINICAL PATHOLOGY


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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	7.0		5-7.5	Double Indicator
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-3	/hpf	<10	Microscopy
RBC	NIL	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy
OTHERS	NIL			Microscopy

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

  
**Dr. Varsha Narayanan**  
 M.B.B.S., M.D (Pathology)  
 Consultant Pathologist



Patient Name : Mr.RAJ KUMAR SHARAN YADAV	Collected : 28/Sep/2024 09:01AM
Age/Gender : 46 Y 6 M 27 D/M	Received : 28/Sep/2024 03:13PM
UHID/MR No : CVAL.0000037798	Reported : 28/Sep/2024 03:26PM
Visit ID : CMAROPV868019	Status : Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick



**Dr.Nisha**  
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Consultant Pathologist



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

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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



**Dr. Varsha Narayanan**  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



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

SIN No: CHL240906685

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#### TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



**Dr. Varsha Narayanan**  
**M.B.B.S.,M.D(Pathology)**  
**Consultant Pathologist**



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE  
SIN No: CHL240906685

**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: Ghazlabad (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



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Patient Name	: Mr. RAJ KUMAR SHARAN YADAV	Age	: 46Yrs 7Mths
UHID	: CVAL.0000037798	OP Visit No.	: CMAROPV868019
Printed On	: 28-09-2024 09:37 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E34144		

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## DEPARTMENT OF RADIOLOGY

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### WHOLW ABDOMEN MALE

**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:** Partially distended.No definite calculi identified in this state of distension . No evidence of abnormal wall thickening noted.

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

**PANCREAS:** Head and body appears normal. Rest obscured by bowel gas.

**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 10.3 cm and parenchymal thickness measures 1.3cm.

Left kidney measures 10.5cm and parenchymal thickness measures 1.4cm.

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

**PROSTATE:** Prostate is normal in size and echo-pattern. It measures 3.0 x 4.1 x 3.5cm.vol - 23.3cc

No free fluid or lymphadenopathy is seen.

---

Visualized bowel loops appears normal.

**IMPRESSION:**

**NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.**

Suggested clinical correlation and further evaluation if needed.

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
3. please note: non obstructing ureteric calculi; small renal/ ureteric calculi may not always be detected on USG; a CT KUB is advised if symptoms persist .
4. Printing mistakes should immediately be brought to notice for correction.
5. This is USG Abdomen screening.

---End Of The Report---



**Dr. NAVEEN KUMAR K**  
MBBS, DMRD Radiology, (DNB)  
85518  
Radiology



Patient Name	: Mr. RAJ KUMAR SHARAN YADAV	Age	: 46Yrs 7Mths
UHID	: CVAL.0000037798	OP Visit No.	: CMAROPV868019
Printed On	: 28-09-2024 03:17 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22E34144		

## DEPARTMENT OF CARDIOLOGY

### 2D ECHO& COLOUR DOPPLER

DIMENSIONS		VALUES	VALUES(RANGE)	DIMENSIONS		VALUES	VALUES(RANGE)
AO(ed)	30mm	25 - 37 mm	IVS(ed)	09mm	06 - 11 mm		
LA(es)	36mm	19 - 40 mm	LVPW(ed)	09mm	06 - 11 mm		
RVID(ed)	13mm	07 - 21 mm	EF	60 %	(50 - 70 %)		
LVID(ed)	42mm	35 - 55 mm	%FD	30%	(25 - 40%)		
LVID(es)	25mm	24 - 42 mm					

### MORPHOLOGICAL DATA

Situs	Solitus
Cardiac position	Levocardia
Systemic veins	Normal
Pulmonary veins	Normal
Mitral valve	Normal
Aortic Valve	Normal
Tricuspid Valve	Normal
Pulmonary Valve	Normal
Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal

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LV – RWMA	No RWMA at rest.
LV – FUNCTION	Normal systolic function
Pericardium	Normal Study
Doppler Studies	Normal
Doppler Summary	Normal
Rhythm	Sinus
	Normal cardiac chambers
	Normal valves
	Normal LV Systolic function
IMPRESSION	No pulmonary hypertension
	No RWMA at rest
	Normal pericardium,
	No intracardiac masses / thrombi

---End Of The Report---



Dr.KAPIL RANGAN  
MBBS,MD,DM (CARDIOLOGY)  
KMC NO.88625  
Cardiology

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of MR. RAJ KUMAR SHARAN YADAV on 28/09/24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	<input type="checkbox"/>

Dr. \_\_\_\_\_  
Medical Officer



*This certificate is not meant for medico-legal purposes*

WT - 55 kg Pulse - 62 bpm  
 Ht - 166 cm  
 BP - 100/70 mmHg

<b>Name</b> : Mr. RAJ KUMAR SHARAN YADAV	<b>Age</b> : 46Y 6M	<b>UHID</b> : CVAL.0000037798
<b>Address</b> : Mallathahalli Bangalore Karnataka INDIA 560056	<b>27D</b>	
<b>Plan</b> : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>sex</b> : Male	CVAL.0000037798
		<b>OP No</b> : CMAROPV868019
		<b>Bill No</b> : CMAR-OCR-130514
		<b>Date</b> : Sep 28th, 2024, 8:43 AM

Sno.	Service Type/Service Name	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
1	DENTAL CONSULTATION (8)	Consultation
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	Biochemistry
3	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	Biochemistry
4	HbA1c, GLYCATED HEMOGLOBIN	Biochemistry
5	ULTRASOUND - WHOLE ABDOMEN - MB (A)	Ultrasound Radiology
6	OPHTHAL BY GENERAL PHYSICIAN - MB (A)	Consultation
7	ENT CONSULTATION - (A)	Consultation
8	DIET CONSULTATION	Consultation
9	FITNESS BY GENERAL PHYSICIAN	Consultation
10	2 D ECHO - 4:30 PM	Cardiology
11	X-RAY CHEST PA (S) - don't ward	X Ray Radiology
12	ECG (A)	Cardiology
13	BODY MASS INDEX (BMI)	General
14	BLOOD GROUP ABO AND RH FACTOR	Blood Bank
15	COMPLETE URINE EXAMINATION	Clinical Pathology
16	HEMOGRAM + PERIPHERAL SMEAR	Haematology
17	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	Biochemistry
18	GAMMA GLUTAMYL TRANSFERASE (GGT)	Biochemistry



Sno.	Service Type/Service Name	Department	
<del>19</del>	LIVER FUNCTION TEST (LFT)	Biochemistry	<input type="checkbox"/>
<del>20</del>	LIPID PROFILE	Biochemistry	<input type="checkbox"/>
<del>21</del>	URINE GLUCOSE(POST PRANDIAL)	Clinical Pathology	<input type="checkbox"/>
<del>22</del>	URINE GLUCOSE(FASTING)	Clinical Pathology	<input type="checkbox"/>
<del>23</del>	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) <i>2hr</i>	Biochemistry	<input type="checkbox"/>
<del>24</del>	GLUCOSE, FASTING	Biochemistry	<input type="checkbox"/>

# Apollo Clinic

## CONSENT FORM

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Patient Name: Raj Kumar Yadav Age: 46 yrs  
UHID Number: 37798 Company Name: medicwheel

I Mr/Mrs/Ms ..... Employee of .....

(Company) Want to inform you that I am not interested in getting X-ray

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature:  Date: 28/09/2024



28.09.2024 10:26:38  
APOLLO MEDICAL CENTRE  
KUNDALAHALLI  
BANGALORE

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

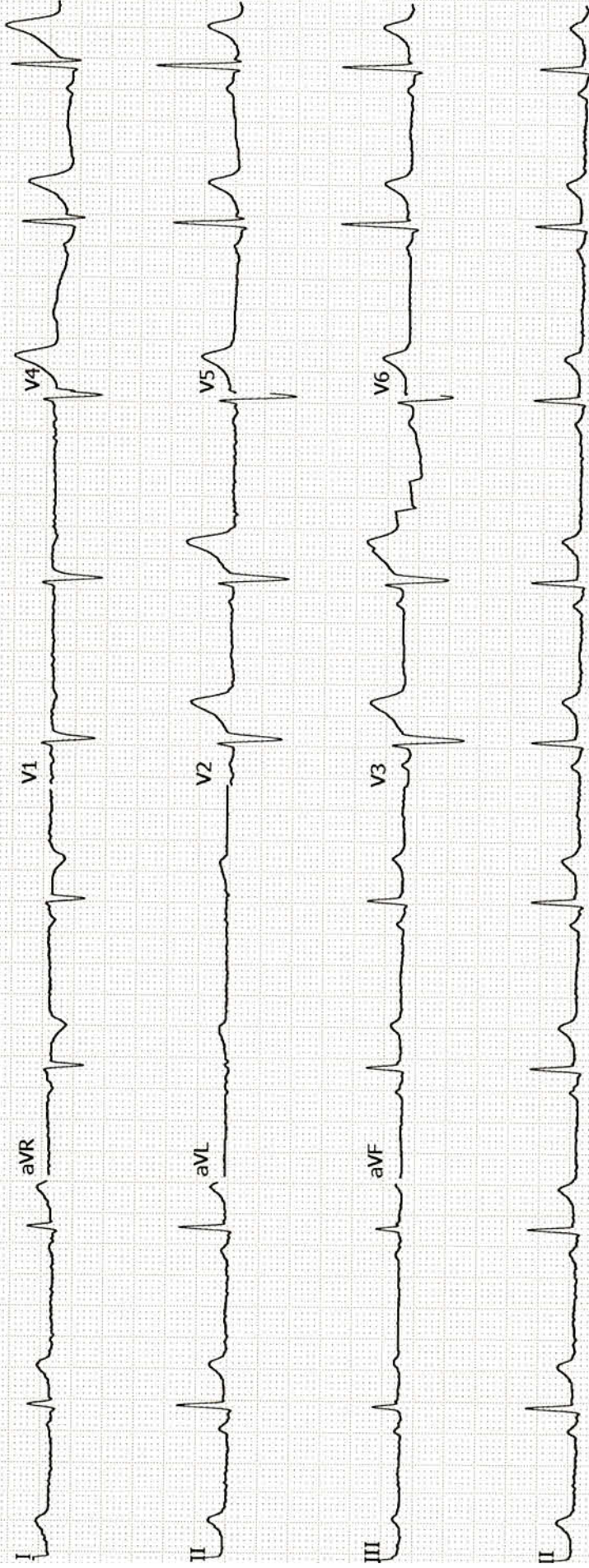
56 bpm  
-- / -- mmHg

Male

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 86 ms  
QT / QTcBaz : 392 / 378 ms  
PR : 138 ms  
P : 76 ms  
RR / PP : 1070 / 1071 ms  
P / QRS / T : 54 / 68 / 41 degrees

Sinus bradycardia  
Otherwise normal ECG





**DEPARTMENT OF OPHTHALMOLOGY**

Employee Name: <i>Mr Raj Kumar</i>	Date: <i>28.9.24</i>
Employee No:	Sex: <i>M</i>
Age: <i>46y</i>	Systemic illness: <i>nil</i>

Examination	RE	LE
Anterior Segment	<del>Normal</del> /Abnormal	<del>Normal</del> /Abnormal
Vision Distance	<i>6/6</i>	<i>6/6</i>
Near vision	<i>Ng</i>	<i>Ng</i>
Colour (Ishihara)	<del>Normal</del> /Abnormal	<del>Normal</del> /Abnormal
Refractive Error	<del>Present</del> /Absent	<del>Present</del> /Absent
New Glass power	-	-
Add Power	<i>1.50 D</i>	<i>1.50 D</i>
Glass If any	To Continue / <del>Change</del>	To Continue / <del>Change</del>
IOP (mm of Hg)	Normal/Abnormal	Normal/Abnormal
Posterior Segment	Normal/Abnormal	Normal/Abnormal
Impression	Normal/Refractive Error/Presbyopic BE/Others	

Advice/Comments
<p>① Reading glass of <i>1.50 D - 6/6</i></p> <p>② Systemic ultra add <i>10 - 10 x (months)</i></p>

Signature of Consultant & Ophthalmometrist

*Dr. Mridula V. Anamath*  
MBBS/MS (Ophthalmology)  
KMC No. 95109





Aadhaar No. Issued: 03/11/2013



भारत सरकार

Government of India

Raj Kumar Sharan Yadav

DOB : 01/03/1978

Male



आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणिकरण, या क्यूआर कोड/  
ऑनलाइन एक्सप्लेन की स्कैनिंग) के साथ किया जाना चाहिए।  
Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication or scanning of QR code / offline XML).

5605 7351 7901

मेरा आधार, मेरी पहचान