

Fwd: Reminder your health checkup booking is tomorrow

Rajasekar M <RAJASEKAR.M@bankofbaroda.com>

Mon 2/19/2024 8:41 AM

To:Hitechcity Apolloclinic <hitechcity@apolloclinic.com>

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From: Mediwheel <wellness@mediwheel.in>
Sent: Monday, February 19, 2024 2:06:22 AM
To: Rajasekar M <RAJASEKAR.M@bankofbaroda.com>
Cc: customercare@mediwheel.in <customercare@mediwheel.in>
Subject: Reminder your health checkup booking is tomorrow

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

सावधानता: यह ईमेल बैंक डोमेन के बाहर से आया है, और आप प्रेषक को नहीं जानते तो ईमेल में की-
 CAUTION: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT

Dear **RajaSekar M**,
 This is a gentle reminder that your health checkup is scheduled for tomorrow as per the below particular. Please visit the center at any time.
 Please follow the following instructions. Please call us at 011-41195959 if you face any issues.

- Booking Date** : 13/02/2024
- Health Check up Name** : Mediwheel Full Body Annual Plus
- Health Check Code** : PKG10000366
- Name of Diagnostic/Hospital** : Apollo Medical Centre - Kondapur Hyderabad
- Address of Diagnostic/Hospital-** : Apollo Medical centre, Kothaguda X Roads, Beside Swagth De-Royal Restaurants , Kondapur - 500084
- Appointment Date** : 19/02/2024
- Preferred Time** : 09:00 am - 09:30 am
- Package Name** : Mediwheel Full Body Annual Plus
- Tests included in this Package** :
 - Bmi Check
 - Ent Consultation
 - Dietician Consultation
 - Thyroid Profile
 - ESR

- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile

Thanks,
Mediwheel Team

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[Click here](#)

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
अस्वीकरण: *****
यह ईमेल (किसी भी संलग्नक सहित) केवल अपेक्षित प्राप्तकर्ता/ओं के उपयोग के लिए है और इसमें ऐसी सामग्री हो सकती है जो कंपनी की गोपनीय और निजी सूचना हो. दूसरों द्वारा इसमें कोई भी संशोधन या इसे आधार बनाना या इस संदेश की किसी भी या सभी सामग्री को कॉपी करना या वितरित करना या अग्रेषित करना पूरी तरह से वर्जित है. यदि आप अपेक्षित प्राप्तकर्ता नहीं हैं, तो कृपया ईमेल द्वारा संबंधित प्रेषक से संपर्क करें और सभी प्रतियां हटा दें. इस संबंध में आपका सहयोग वांछनीय है.

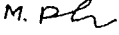
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राजाशेखर एम.
राजाशेखर एम.



नाम
Name राजाशेखर एम.
Rajasekar M.
एन.सी. क्रमांक
E.C. No. 63939


आधिकारिता प्रमाणिका
Issuing Authority


धारक के हस्ताक्षर
Signature of Holder

| | | | |
|---------------|-------------------------------|----------------|--------------------|
| Patient Name | : Mr. Rajasekar M | Age | : 34 Y/M |
| UHID | : CKON.0000232818 | OP Visit No | : CKONOPV638757 |
| Conducted By: | : Dr. VENKATA RAYUDU NEKKANTI | Conducted Date | : 19-02-2024 16:17 |
| Referred By | : SELF | | |

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

| | |
|--------------------------|---------|
| Ao (ed) | 3.3 CM |
| LA (es) | 3.0 CM |
| LVID (ed) | 4.25 CM |
| LVID (es) | 2.62CM |
| IVS (Ed) | 0.8 CM |
| LVPW (Ed) | 0.7 CM |
| EF | 62.00% |
| %FD | 38.00% |
| MITRAL VALVE : | NORMAL |
| AML | NORMAL |
| PML | NORMAL |
| AORTIC VALVE | NORMAL |
| TRICUSPID VALVE | NORMAL |
| RIGHT VENTRICLE | NORMAL |
| INTER ATRIAL SEPTUM | INTACT |
| INTER VENTRICULAR SEPTUM | INTACT |
| AORTA | NORMAL |
| RIGHT ATRIUM | NORMAL |
| LEFT ATRIUM | NORMAL |
| Pulmonary Valve | NORMAL |
| PERICARDIUM | NORMAL |
| LEFT VENTRICLE: | |

NO REGIONAL WALL MOTION ABNORMALITY

COLOUR AND DOPPLER STUDIES

NORMAL FLOW

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana.

APOLLO CLINICS NETWORK

Andhra Pradesh: **Tirupati** (Sankarambadi Circle) **Vizag** (Seethamma Peta)

Telangana: **Hyderabad** (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Nallakunta | Nizampet | SR Nagar | Vanasthalipuram)

Online appointments: www.apolloedoc.in | Online reports: <https://phr.apolloclinic.com> | www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

| | | | |
|--|--------------------|----------------|----------|
| Name | MR. Rajasekar . M. | Date | 19/2/24 |
| Age | 34 y | UHID No. | 232818 |
| <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | | Ref. Physician | Arcofemi |
| Ref. Diagnosis | | | |

Echocardiogram Report

Echogenicity Poor Adequate Good Ht. _____ Wt. _____ BSA _____

| DIMENSIONS | | NORMAL | DIMENSIONS | | NORMAL |
|------------|------|------------------------|------------|-----|-------------------|
| Ao (ed) | 3.3 | cm (1.5cm / m2) | IVS (Ed) | 0.8 | cm (0.6 - 1.2 cm) |
| LA (es) | 3.0 | cm (1.5cm / m2) | LVPW (Ed) | 0.7 | cm (0.6 - 1.1 cm) |
| RVID (ed) | | cm (0.9 cm / m2) | EF | 62% | (0.62 - 0.85) |
| LVID (ed) | 4.25 | cm (2.6 - 3.4 cm / m2) | % FD | 38% | (2.8% - 42%) |
| LVID (es) | 2.62 | | | | |

MORPHOLOGICAL DATA

| | | | | |
|-----------------|-----|--|-------------------------|--|
| Mitral Valve | AML | | Interatrial septum | |
| | PML | | Interventricular septum | |
| Aortic Valve | | | Pulmonary artery | |
| Tricuspid valve | | | Aorta | |
| Pulmonary valve | | | Right atrium | |
| Right ventricle | | | Left atrium | |

Patient Name : Mr. Rajasekar M
UHID : CKON.0000232818
Reported By: Dr. VENKATA RAYUDU NEKKANTI
Referred By : SELF
Age : 34 Y/M
OP Visit No : CKONOPV638757
Conducted Date : 19-02-2024 15:20

ECG REPORT

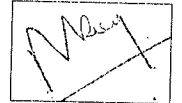
Observation :-

1. Sinus Rhythm.
2. Heart rate is 93 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen

Impression:

T INVERTED V3 -V5
ADVISED EVALUATION

----- END OF THE REPORT -----



Dr. VENKATA RAYUDU NEKKANTI



APOLLO MEDICAL CENTER

PHYSICAL EXAMINATION FORM

DATE: 19/02/24

NAME: Mr. Rajashekar

UHID: 232818

AGE: 34y/m

HEIGHT

BMI

WEIGHT

CHEST MEASUREMENT

OUT

ABDOMEN

WAIST

PULSE

HIP

BP

THE APOLLO MEDICAL CENTER # 2-20/6/A, KOTHAGUDA X ROADS, NEAR HAR...
CITY, HYDERABAD-500032, PH: NO-040-30166600/77, EMAIL: hitechcity@apollohospitals.com

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

19.02.2024 11:32:03
APOLLO MEDICAL CENTRE
HYDERABAD

Location:

Order Number:

Visit:

Indication:

Medication 1:

Medication 2:

Medication 3:

Room:

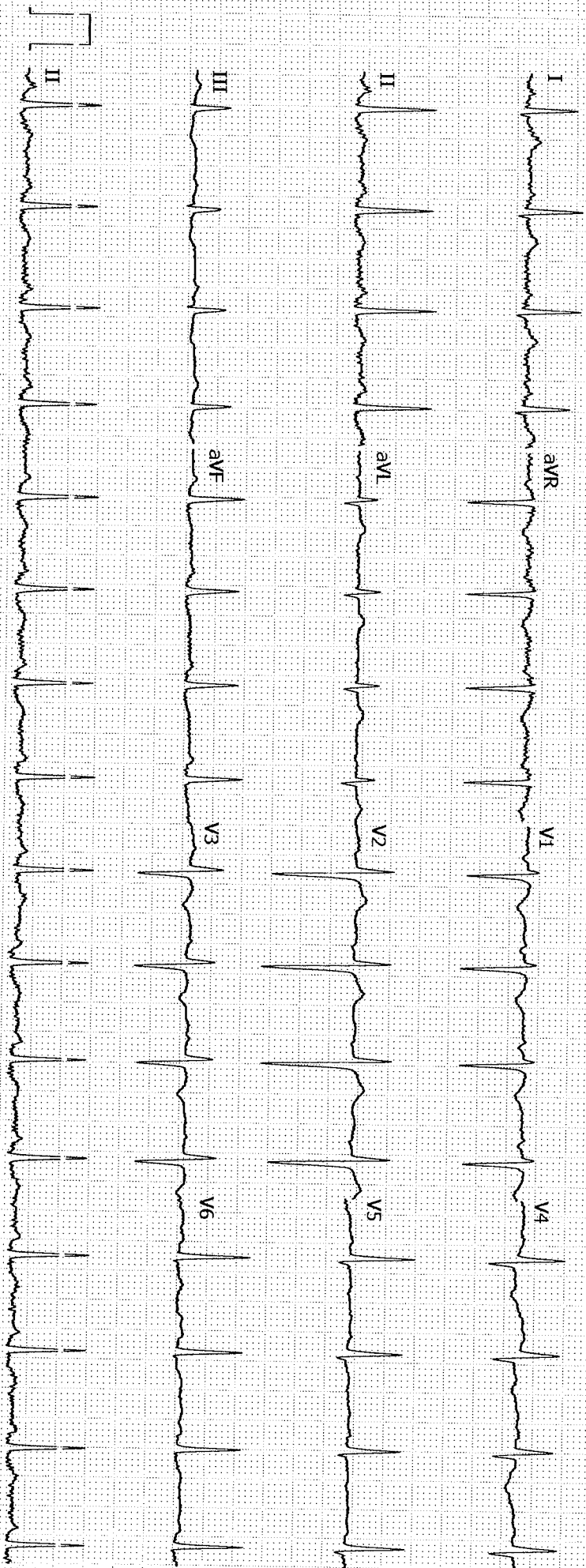
93 bpm

-- / -- mmHg

QRS : 80 ms
QT / QTcBaz : 342 / 425 ms
PR : 128 ms
P : 78 ms
RR / PP : 640 / 645 ms
P / QRS / T : 54 / 53 / 21 degrees

Normal sinus rhythm
ST & T wave abnormality, consider anterior ischemia
Abnormal ECG

*T wave in V3-V5
Abnormal sinus rhythm*



GLASS PRESCRIPTION

DATE: 21/02/2024

UHID: 232718

PATIENT NAME: Mr. Rajashekhar M. 9791677600
AGE/GENDER: 34/M

| | UAVA | SPH | CYL | AXIS | ADD | BCVA |
|----|---------|-----|-----|------|-----|------|
| OD | 6/6 6/6 | 0 | — | — | — | 10/6 |
| OS | 6/6 6/6 | 0 | — | — | — | 10/6 |

COLOR VISION: BT normal

INSTRUCTIONS:

[Signature]
SIGNATURE

Customer Pending Tests
PATIENT YET TO VISIT THE CENTER FOR FITNESS EVALUATION.

| | | | |
|----------------------------|-------------------|--------------------|--------------------|
| Patient Name | : Mr. Rajasekar M | Age/Gender | : 34 Y/M |
| UHID/MR No. | : CKON.0000232818 | OP Visit No | : CKONOPV638757 |
| Sample Collected on | : | Reported on | : 19-02-2024 16:00 |
| LRN# | : RAD2241013 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 63939 | | |

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

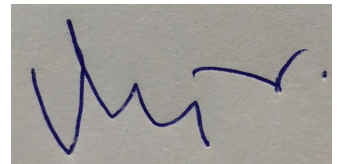
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.



Dr. VIJAYA KUMAR M
MBBS, DMRD
Consultant Radiologist

| | | | |
|----------------------------|-------------------|--------------------|--------------------|
| Patient Name | : Mr. Rajasekar M | Age/Gender | : 34 Y/M |
| UHID/MR No. | : CKON.0000232818 | OP Visit No | : CKONOPV638757 |
| Sample Collected on | : | Reported on | : 19-02-2024 15:39 |
| LRN# | : RAD2241013 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 63939 | | |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and Grade-I increased in echotexture. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate is normal in size and echo texture.No evidence of necrosis/calcification seen.

IMPRESSION:-

****GRADE-I FATTY LIVER.**

Suggest – clinical correlation.

Patient Name : Mr. Rajasekar M

Age/Gender : 34 Y/M

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Dr. PANKAJ HARKUT
MBBS, DMRD
Radiology

| | |
|-------------------------------|--|
| Patient Name : Mr.RAJASEKAR M | Collected : 19/Feb/2024 08:54AM |
| Age/Gender : 34 Y 8 M 10 D/M | Received : 19/Feb/2024 12:05PM |
| UHID/MR No : CKON.0000232818 | Reported : 19/Feb/2024 05:21PM |
| Visit ID : CKONOPV638757 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 63939 | |

DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 15.7 | g/dL | 13-17 | Spectrophotometer |
| PCV | 45.90 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 5.18 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 89 | fL | 83-101 | Calculated |
| MCH | 30.3 | pg | 27-32 | Calculated |
| MCHC | 34.2 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 12.6 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 7,200 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 59 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 34 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 02 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 05 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 00 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 4248 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2448 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 144 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 360 | Cells/cu.mm | 200-1000 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.74 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 235000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 05 | mm at the end of 1 hour | 0-15 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |
| RBC NORMOCYTIC NORMOCHROMIC | | | | |
| WBC WITHIN NORMAL LIMITS | | | | |
| PLATELETS ARE ADEQUATE ON SMEAR | | | | |
| NO HEMOPARASITES SEEN | | | | |

Page 1 of 13



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



| | | | |
|-----------------|-------------------|--------------|-------------------------------|
| Patient Name | : Mr.RAJASEKAR M | Collected | : 19/Feb/2024 08:54AM |
| Age/Gender | : 34 Y 8 M 10 D/M | Received | : 19/Feb/2024 12:05PM |
| UHID/MR No | : CKON.0000232818 | Reported | : 19/Feb/2024 05:21PM |
| Visit ID | : CKONOPV638757 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 63939 | | |

DEPARTMENT OF HAEMATOLOGY

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



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



| | |
|-------------------------------|--|
| Patient Name : Mr.RAJASEKAR M | Collected : 19/Feb/2024 08:54AM |
| Age/Gender : 34 Y 8 M 10 D/M | Received : 20/Feb/2024 10:42AM |
| UHID/MR No : CKON.0000232818 | Reported : 20/Feb/2024 04:37PM |
| Visit ID : CKONOPV638757 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 63939 | |

DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|----------|------|-----------------|-----------------------|
| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
| BLOOD GROUP TYPE | AB | | | Microplate technology |
| Rh TYPE | Negative | | | Microplate technology |
| Confirmed by Du testing. | | | | |



Dr.R.SHALINI
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:HA06516494

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad



| | |
|-------------------------------|--|
| Patient Name : Mr.RAJASEKAR M | Collected : 19/Feb/2024 11:37AM |
| Age/Gender : 34 Y 8 M 10 D/M | Received : 19/Feb/2024 01:11PM |
| UHID/MR No : CKON.0000232818 | Reported : 19/Feb/2024 02:09PM |
| Visit ID : CKONOPV638757 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 63939 | |

DEPARTMENT OF BIOCHEMISTRY

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

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|-----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 103 | mg/dL | 70-140 | GOD - POD |

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.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



| | |
|-------------------------------|--|
| Patient Name : Mr.RAJASEKAR M | Collected : 19/Feb/2024 08:54AM |
| Age/Gender : 34 Y 8 M 10 D/M | Received : 19/Feb/2024 12:36PM |
| UHID/MR No : CKON.0000232818 | Reported : 19/Feb/2024 01:16PM |
| Visit ID : CKONOPV638757 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 63939 | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.7 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 117 | 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.

- 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)

Maruthi...
Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist

K. Anusha
Dr.K.Anusha
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist



| | |
|-------------------------------|--|
| Patient Name : Mr.RAJASEKAR M | Collected : 19/Feb/2024 08:54AM |
| Age/Gender : 34 Y 8 M 10 D/M | Received : 19/Feb/2024 12:36PM |
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DEPARTMENT OF BIOCHEMISTRY

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

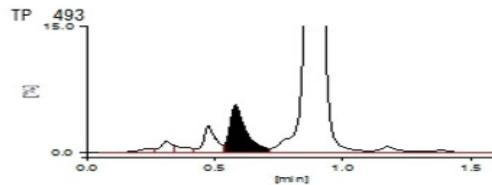
Chromatogram Report

HLC72368 V5.28 1 2024-02-19 13:11:52
 ID EDT240018840
 Sample No. 02190094 SL 0002 - 07
 Patient ID
 Name
 Comment

| CALIB | Y = 1.1689X + 0.6048 | | |
|-------|----------------------|------|---------|
| Name | % | Time | Area |
| A1A | 0.4 | 0.24 | 5.61 |
| A1B | 0.7 | 0.31 | 10.41 |
| F | 0.5 | 0.39 | 7.43 |
| LA1C+ | 1.9 | 0.47 | 27.08 |
| SA1C | 5.7 | 0.58 | 64.33 |
| A0 | 92.6 | 0.88 | 1347.45 |
| H-V0 | | | |
| H-V1 | | | |
| H-V2 | | | |

Total Area 1462.31

HbA1c 5.7 % **IFCC 39 mmol/mol**
 HbA1 6.8 % HbF 0.5 %



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 PhD (Biochemistry)
 Consultant biochemist

K. Anusha

Dr.K.Anusha
 M.B.B.S,M.D(Biochemistry)
 Consultant Biochemist



| | |
|-------------------------------|--|
| Patient Name : Mr.RAJASEKAR M | Collected : 19/Feb/2024 08:54AM |
| Age/Gender : 34 Y 8 M 10 D/M | Received : 19/Feb/2024 11:20AM |
| UHID/MR No : CKON.0000232818 | Reported : 19/Feb/2024 02:02PM |
| Visit ID : CKONOPV638757 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 63939 | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------|-------|-----------------|-------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 227 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 267 | mg/dL | <150 | Enzymatic |
| HDL CHOLESTEROL | 36 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 191 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 137.6 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 53.4 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 6.31 | | 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 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 on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



Dr.Sukumar Sannidhi
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Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|-------|-----------------|-------------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 1.20 | mg/dL | 0.20-1.20 | DIAZO METHOD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.60 | mg/dL | 0.0-0.3 | Calculated |
| BILIRUBIN (INDIRECT) | 0.60 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 48 | U/L | <50 | Visible with P-5-P |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 35.0 | U/L | 17-59 | UV with P-5-P |
| ALKALINE PHOSPHATASE | 66.00 | U/L | 38-126 | p-nitrophenyl phosphate |
| PROTEIN, TOTAL | 7.40 | g/dL | 6.3-8.2 | Biuret |
| ALBUMIN | 4.70 | g/dL | 3.5 - 5 | Bromocresol Green |
| GLOBULIN | 2.70 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.74 | | 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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| Patient Name : Mr.RAJASEKAR M | Collected : 19/Feb/2024 08:54AM |
| Age/Gender : 34 Y 8 M 10 D/M | Received : 19/Feb/2024 02:58PM |
| UHID/MR No : CKON.0000232818 | Reported : 19/Feb/2024 04:23PM |
| Visit ID : CKONOPV638757 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 63939 | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|-------------|--------|-----------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.86 | mg/dL | 0.84 - 1.25 | 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 | 8.68 | mg/dL | 3.5-7.2 | Uricase PAP |
| CALCIUM | 9.62 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.87 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 139 | mmol/L | 136-146 | ISE (Indirect) |
| POTASSIUM | 4.3 | mmol/L | 3.5-5.1 | ISE (Indirect) |
| CHLORIDE | 101 | mmol/L | 101-109 | ISE (Indirect) |

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COLLEGE of AMERICAN PATHOLOGISTS



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| Patient Name : Mr.RAJASEKAR M | Collected : 19/Feb/2024 08:54AM |
| Age/Gender : 34 Y 8 M 10 D/M | Received : 19/Feb/2024 11:20AM |
| UHID/MR No : CKON.0000232818 | Reported : 19/Feb/2024 12:18PM |
| Visit ID : CKONOPV638757 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 63939 | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|-------------------------------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 45.00 | U/L | 15-73 | Glycylglycine Nitoranalide |



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|-------------------------------|--|
| Patient Name : Mr.RAJASEKAR M | Collected : 19/Feb/2024 08:54AM |
| Age/Gender : 34 Y 8 M 10 D/M | Received : 19/Feb/2024 10:53AM |
| UHID/MR No : CKON.0000232818 | Reported : 19/Feb/2024 01:59PM |
| Visit ID : CKONOPV638757 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 63939 | |

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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) | 1.04 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 6.68 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 20.524 | 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 |
| 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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| Age/Gender : 34 Y 8 M 10 D/M | Received : 19/Feb/2024 12:05PM |
| UHID/MR No : CKON.0000232818 | Reported : 19/Feb/2024 02:06PM |
| Visit ID : CKONOPV638757 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 63939 | |

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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 | 1.010 | | 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 | 2-4 | /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 |

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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

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

Result/s to Follow:
PERIPHERAL SMEAR



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