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Patient Name	: Mr.VIKRAM SD	Collected	: 09/Nov/2024 09:53AM
Age/Gender	: 34 Y 0 M 2 D/M	Received	: 09/Nov/2024 12:14PM
UHID/MR No	: CJPN.0000099000	Reported	: 09/Nov/2024 02:08PM
Visit ID	: CJPNOPV212166	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 968574		

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
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	14.5	g/dL	13-17	Spectrophotometer
PCV	43.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.96	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	87	fL	83-101	Calculated
MCH	29.3	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	**15.5**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,280	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	67.3	%	40-80	Electrical Impedance
LYMPHOCYTES	23.2	%	20-40	Electrical Impedance
EOSINOPHILS	3.2	%	1-6	Electrical Impedance
MONOCYTES	5.7	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6245.44	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2152.96	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	296.96	Cells/cu.mm	20-500	Calculated
MONOCYTES	528.96	Cells/cu.mm	200-1000	Calculated
BASOPHILS	55.68	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.9		0.78- 3.53	Calculated
PLATELET COUNT	382000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	**17**	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

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

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M.B.B.S,M.D(Pathology)
Consultant Pathologist

Dr Priya Murthy
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1860 500 7788
www.apolloclinic.com
SIN No:JPR241100843
This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

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UHID/MR No	: CJPN.0000099000	Reported	: 09/Nov/2024 02:58PM
Visit ID	: CJPNOPV212166	Status	: Final Report
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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
BLOOD GROUP ABO AND RH FACTOR , *WHOLE BLOOD EDTA*				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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Patient Name	: Mr.VIKRAM SD	Collected	: 09/Nov/2024 09:53AM
Age/Gender	: 34 Y 0 M 2 D/M	Received	: 09/Nov/2024 12:36PM
UHID/MR No	: CJPN.0000099000	Reported	: 09/Nov/2024 01:25PM
Visit ID	: CJPNOPV212166	Status	: Final Report
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Emp/Auth/TPA ID	: 968574		

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*	**141**	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

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Patient Name	: Mr.VIKRAM SD	Collected	: 09/Nov/2024 01:31PM
Age/Gender	: 34 Y 0 M 2 D/M	Received	: 09/Nov/2024 05:24PM
UHID/MR No	: CJPN.0000099000	Reported	: 09/Nov/2024 06:20PM
Visit ID	: CJPNOPV212166	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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	**214**	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

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SIN No:JPR241100925

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

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Patient Name	: Mr.VIKRAM SD	Collected	: 09/Nov/2024 09:53AM
Age/Gender	: 34 Y 0 M 2 D/M	Received	: 09/Nov/2024 12:39PM
UHID/MR No	: CJPN.0000099000	Reported	: 09/Nov/2024 03:13PM
Visit ID	: CJPNOPV212166	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
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				
HBA1C, GLYCATED HEMOGLOBIN	**6.9**	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	151	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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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
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	156	mg/dL	<200	CHO-POD
TRIGLYCERIDES	95	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	**28**	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	128	mg/dL	<130	Calculated
LDL CHOLESTEROL	**109.1**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19	mg/dL	<30	Calculated
CHOL / HDL RATIO	**5.58**		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	**0.17**		<0.11	Calculated

Comment:

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

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

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SIN No:JPR241100842

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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
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.71	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	33	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	**162.00**	U/L	30-120	IFCC
PROTEIN, TOTAL	7.03	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.73	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		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. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:*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:*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.

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	**0.74**	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	30.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	14.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.66	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.47	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	108	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.03	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.73	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		0.9-2.0	Calculated

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	46.00	U/L	<55	IFCC

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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
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.4	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.4	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.469	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

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

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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

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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
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , *SERUM*	0.300	ng/mL	0-4	CLIA

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UHID/MR No	: CJPN.0000099000	Reported	: 09/Nov/2024 02:31PM
Visit ID	: CJPNOPV212166	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
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	Clear		CLEAR	Scattering of light
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.017		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0	/hpf	< 10	Automated Image based microscopy
RBC	1	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

Dr.Rajalakshmi D
M.B.B.S,M.D
Consultant Pathologist

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

Apollo Health and Lifestyle Limited
1860 500 7788
www.apolloclinic.com
SIN No:JPR241100840
This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

Patient Name	: Mr.VIKRAM SD	Collected	: 09/Nov/2024 09:53AM
Age/Gender	: 34 Y 0 M 2 D/M	Received	: 09/Nov/2024 02:18PM
UHID/MR No	: CJPN.0000099000	Reported	: 09/Nov/2024 02:31PM
Visit ID	: CJPNOPV212166	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 968574		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Dr.Rajalakshmi D
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1860 500 7788
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SIN No:JPR241100840
This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

Patient Name	: Mr.VIKRAM SD	Collected	: 09/Nov/2024 09:53AM
Age/Gender	: 34 Y 0 M 2 D/M	Received	: 09/Nov/2024 04:44PM
UHID/MR No	: CJPN.0000099000	Reported	: 09/Nov/2024 06:09PM
Visit ID	: CJPNOPV212166	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 968574		

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(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

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

Result/s to Follow:
GLUCOSE (POST PRANDIAL) - URINE

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Apollo Health and Lifestyle Limited
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SIN No:JPR241100839
This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

Apollo

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Patient Name	: Mr.VIKRAM SD	Collected	: 09/Nov/2024 09:53AM
Age/Gender	: 34 Y 0 M 2 D/M	Received	: 09/Nov/2024 04:44PM
UHID/MR No	: CJPN.0000099000	Reported	: 09/Nov/2024 06:09PM
Visit ID	: CJPNOPV212166	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 968574		

TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understandreporting units, reference ranges and limitation of technologies.Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of parrticulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. 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 (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

Dr.Rajalakshmi D
M.B.B.S,M.D
Consultant Pathologist

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

Patient Name	: Mr. VIKRAM SD	Age	: 34Yrs 0Mths 3Days
UHID	: CJPN.0000099000	OP Visit No.	: CJPNOPV212166
Printed On	: 09-11-2024 08:45 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 968574		

DEPARTMENT OF RADIOLOGY

ULTRASOUND WHOLE ABDOMEN

LIVER : Normal in size and increased in echotexture. No focal lesion seen.
No intra hepatic biliary / venous radicular dilation.
CBD and Main Portal vein appear normal. PV-11 mm.

GALL BLADDER : Well distended. Normal in internal contents. Wall Thickness is normal.

SPLEEN : Normal in size and echotexture. No focal lesion was seen.

PANCREAS : Normal to the visualized extent.

KIDNEYS : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is maintained. No Hydronephrosis / No calculi.
Right kidney measures: 11.6 x 2.2cm.
Left kidney measures : 11.9 x 2.3cm.

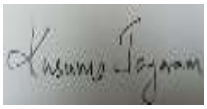
URINARY BLADDER : Well distended. Normal in internal contents. Wall thickness is normal.

PROSTATE: Normal in size and echotexture.
Prostate measures : 3.6 x 3.1 x 3.5cms. Volume- 21cc.

No free fluid is seen in the peritoneum. No lymphadenopathy.

IMPRESSION :GRADE I FATTY LIVER OTHERWISE NORMAL STUDY .
For gall bladder repeat scan in empty stomach with fat free diet for 2 days.
Please Note :No preparation done before scanning.

---End Of The Report---



Dr. KUSUMA JAYARAM
MBBS,DMRD
--
Radiology

Patient Name	: Mr. VIKRAM SD	Age	: 34Yrs 0Mths 3Days
UHID	: CJPN.0000099000	OP Visit No.	: CJPNOPV212166
Printed On	: 09-11-2024 12:32 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Reffered By	: Self	Registration No.	: --
Employeer Id	: 968574		

DEPARTMENT OF CARDIOLOGY

2D ECHO WITH COLOR DOPPLER

DIMENSIONS:

AO (ed) 3.0 CM
LA (es) 3.6 CM
LVID (ed) 4.4 CM
LVID (es) 2.6CM
IVS (Ed) 0.9 CM
IVS (Es) 1.3 CM
LVPWd 0.9 CM
LVPWs 1.3 CM
EF 65%
FD 38%
RVIDd 1.9 CM

2DVALVES

MITRAL VALVE ----------: NORMAL
TRICUSPID VALVE----------: NORMAL
AORTIC VALVE----------: NORMAL
PULMONARY VALVE-------: NORMAL

CHAMBERS

LEFT ATRIUM----------: NORMAL.
RIGHT ATRIUM----------: NORMAL
LEFT VENTRICULAR-----: NORMAL

RIGHT VENTRICULAR---: NORMAL

DOPPLER

MV E Vel 0.9M/S

MV A Vel 0.6M/S

TRICUSPID VALVE----------: NORMAL

PERICARDIUM----------: NORMAL

CLOT/VEGETATION--------: NIL

IMPRESSION

NORMAL VALVES AND CHAMBERS

NORMAL LV SYSTOLIC FUNCTION

NO CLOT /VEGETATION/EFFUSION/PAH

NO REGIONAL WALL MOTION ABNORMALITIES

---End Of The Report---

Dr.NAGARAJA MOORTHY

MBBS, MD, DM (CARDIOLOGY)

64485

Cardiology

Patient Name	: Mr. VIKRAM SD	Age	: 34Yrs 0Mths 3Days
UHID	: CJPN.0000099000	OP Visit No.	: CJPNOPV212166
Printed On	: 09-11-2024 08:41 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 968574		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardio phrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION: NO SIGNIFICANT ABNORMALITY DETECTED.

---End Of The Report---

Dr. KUSUMA JAYARAM
MBBS,DMRD
--
Radiology

Patient Name	: Mr. VIKRAM SD	Age	: 34Yrs 0Mths 8Days
UHID	: CJPN.0000099000	OP Visit No.	: CJPNOPV212166
Printed On	: 14-11-2024 07:12 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Reffered By	: Self	Registration No.	: --
Employeer Id	: 968574		

DEPARTMENT OF CARDIOLOGY

ECG

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 72 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

---End Of The Report---

Dr. SHIVAKUMAR M P
MBBS MD
24348
Cardiology