

Patient Name : Mr.VISVANATHAN S	Collected : 04/Mar/2024 09:12AM
Age/Gender : 54 Y 8 M 29 D/M	Received : 04/Mar/2024 11:02AM
UHID/MR No : CTNA.0000205990	Reported : 04/Mar/2024 11:54AM
Visit ID : CTNAOPV195003	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 23M171350100094744E/171350	

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



**Dr. MARQUESS RAJ**  
M.D, DipRCPath, D.N.B (PATH)  
Consultant Pathologist

SIN No: BED240057246

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR



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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. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.1	g/dL	13-17	Spectrophotometer
PCV	41.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.98	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>82.9</b>	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,100	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	62.8	%	40-80	Electrical Impedance
LYMPHOCYTES	26.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.4	%	1-6	Electrical Impedance
MONOCYTES	7.9	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4458.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1860.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	170.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	560.9	Cells/cu.mm	200-1000	Calculated
BASOPHILS	49.7	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.4		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	252000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>28</b>	mm/hour	0-15	Capillary photometry
<b>PERIPHERAL SMEAR</b>				

METHODOLOGY : Microscopic.

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Age/Gender : 54 Y 8 M 29 D/M	Received : 05/Mar/2024 07:35AM
UHID/MR No : CTNA.0000205990	Reported : 05/Mar/2024 09:35AM
Visit ID : CTNAOPV195003	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. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate technology
Rh TYPE	Positive			Microplate technology



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

SIN No:HA06592403

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

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Patient Name : Mr.VISVANATHAN S	Collected : 04/Mar/2024 12:32PM
Age/Gender : 54 Y 8 M 29 D/M	Received : 04/Mar/2024 03:38PM
UHID/MR No : CTNA.0000205990	Reported : 04/Mar/2024 05:23PM
Visit ID : CTNAOPV195003	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>GLUCOSE, FASTING , NAF PLASMA</b>	<b>182</b>	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	<b>171</b>	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. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No:PLP1427049

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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>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	9.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	237	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)



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SIN No:EDT240025858

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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>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	175	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>216</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>36</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>139</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	95.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>43.2</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.86		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.



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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>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.70	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.58	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	31	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	105.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		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'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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SIN No:SE04649640

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Patient Name : Mr.VISVANATHAN S	Collected : 04/Mar/2024 09:12AM
Age/Gender : 54 Y 8 M 29 D/M	Received : 04/Mar/2024 12:35PM
UHID/MR No : CTNA.0000205990	Reported : 04/Mar/2024 02:10PM
Visit ID : CTNAOPV195003	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 23M171350100094744E/171350	

**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>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	<b>0.68</b>	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	17.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.9</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.00	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.90	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	<b>133</b>	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	<b>100</b>	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.70	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		0.9-2.0	Calculated



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No:SE04649640

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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>	34.00	U/L	<55	IFCC



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Age/Gender : 54 Y 8 M 29 D/M	Received : 04/Mar/2024 12:42PM
UHID/MR No : CTNA.0000205990	Reported : 04/Mar/2024 03:47PM
Visit ID : CTNAOPV195003	Status : Final Report
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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. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.74	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.75	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	5.538	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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No: SPL24037851

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Patient Name	: Mr.VISVANATHAN S	Collected	: 04/Mar/2024 09:12AM
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Visit ID	: CTNAOPV195003	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 23M171350100094744E/171350		

**DEPARTMENT OF IMMUNOLOGY**

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



**DR.R.SRIVATSAN**  
M.D.(Biochemistry)



SIN No:SPL24037851

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Patient Name : Mr.VISVANATHAN S	Collected : 04/Mar/2024 09:12AM
Age/Gender : 54 Y 8 M 29 D/M	Received : 04/Mar/2024 12:42PM
UHID/MR No : CTNA.0000205990	Reported : 04/Mar/2024 01:51PM
Visit ID : CTNAOPV195003	Status : Final Report
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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. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.730	ng/mL	0-4	CLIA

The normal reference PSA for the decadal age group of 50-59 years is 0-3.5 ng/mL



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Patient Name : Mr.VISVANATHAN S	Collected : 04/Mar/2024 09:11AM
Age/Gender : 54 Y 8 M 29 D/M	Received : 04/Mar/2024 12:44PM
UHID/MR No : CTNA.0000205990	Reported : 04/Mar/2024 01:06PM
Visit ID : CTNAOPV195003	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 23M171350100094744E/171350	

**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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE STRAW		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
<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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 14 of 16



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

SIN No:UR2296983

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Patient Name	: Mr.VISVANATHAN S	Collected	: 04/Mar/2024 12:32PM
Age/Gender	: 54 Y 8 M 29 D/M	Received	: 04/Mar/2024 04:17PM
UHID/MR No	: CTNA.0000205990	Reported	: 04/Mar/2024 05:24PM
Visit ID	: CTNAOPV195003	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. Range	Method
<b>URINE GLUCOSE(POST PRANDIAL)</b>	<b>POSITIVE (++++)</b>		<b>NEGATIVE</b>	Dipstick



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

SIN No:UPP016859

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

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

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

Page 16 of 16



**Dr. MARQUESS RAJ**  
M.D, DipRCPath, D.N.B(PATH)  
Consultant Pathologist

SIN No:UF010890

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Name <i>Visuvanathan - S</i>	Date <i>04/05/24</i>
Age <i>54</i>	UHID No. <i>205990</i>
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	

**OPHTHAL FITNESS CERTIFICATE**

	RE	LE
DV-UCVA :	<i>15/60) cph (6/36)</i>	<i>16/60<sup>+</sup>) cph (6/6)</i>
DV-BCVA :		
NEAR VISION :	<i>2.25 NB4</i>	<i>2.25<sup>+</sup> NB.</i>
ANTERIOR SEGMENT :		
IOP :		
FIELDS OF VISION :		
E O M :		
COLOUR VISION :	<i>Normal</i>	<i>normal</i>
FUNDUS :		
IMPRESSION :		
ADVICE :	<i>OD: CATS X</i> <i>[Signature]</i>	

**APOLLO MEDICAL CENTRE**  
11/4, Sivaprakasam Street, Pondy Bazaar,  
T. Nagar, Chennai - 600 017.  
Phone: 044 - 2434 1066 / 95001 66358

Physical Examination			
Name Mr / Mrs / Miss		Mr. Visvanathan. S	
Age / Gender		54 Yrs	Male / Female
DATE OF CHECK UP			
HEIGHT	160		Cms
WEIGHT	64.9		Kgs
BLOOD PRESSURE (If above 140/90 need 3 readings)	1) 140/80		
	2)		
	3)		
ETM	22.3		
WAIST	101		
HP	89		
WAIST HP RATIO	1.13		Min
RESPIRATORY RATE	18		Min
PULSE	68		
CHEST	INSPIRATION	In:	Cms
	EXPIRATION	Exp:	Cms

OPHTHAL EXAMINATION					COLOUR VISION	
VISION	FAR VISION RIGHT	FAR VISION LEFT	NEAR VISION RIGHT	NEAR VISION LEFT	RIGHT	LEFT
WITHOUT GLASS						
WITH GLASS						
REMARKS IF ANY						

**APOLLO MEDICAL CENTRE**  
11/4, Sivaprakasam Street, Pondy Bazaar,  
T. Nagar, Chennai - 600 017  
Phone: 044 - 2434 1066 / 95001 66355

Apollo Health and Lifestyle Limited

(CIN - L25110TG2000PLC046089) Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TAMILNADU

Chennai | Andanagar | Kotturpuram | Mogappair | T Nagar | Velasaravakkam | Velachery

For more information, see [www.apollohospitals.com](http://www.apollohospitals.com)

TO BOOK AN APPOINTMENT

**1860 500 7788**

Rx

Date: 04/03/24

Ms. Viswanathan 54 / m .

Chief complaint : General check up.

MH : Pt is diabetic + is under medications .

Fasting : 230 mg / dl (8 months back)

Examination : Ca + + +

Bleeding + + .

SS mobility grade II .

Treatment plan : To reduce sugar levels .

Advice scaling , curettage +

replacement of missing teeth .

*Dr. Abinaya*

APOLLO MEDICAL CENTRE  
11/4, Sivaprakasam Street, F  
T. Nagar, Chennai - 600 017  
Phone : 044 - 2434 1066 / 98801 66335

**Patient Name** : Mr. Visvanathan S

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

**UHID/MR No.** : CTNA.0000205990

**OP Visit No** : CTNAOPV195003

**Sample Collected on** :

**Reported on** : 05-03-2024 11:53

**LRN#** : RAD2255827

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 23M171350100094744E/171350

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Fibrotic strands are seen in left upper and lower zones.

Rest of the lung fields and hila are normal .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

Fibrotic strands in left upper and lower zones.



**Dr. RASHEED ARAFATH HIDAYATHULLAH**

**MBBS, DNB (RD)**

Radiology

<b>Patient Name</b>	: Mr. Visvanathan S	<b>Age/Gender</b>	: 54 Y/M
<b>UHID/MR No.</b>	: CTNA.0000205990	<b>OP Visit No</b>	: CTNAOPV195003
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 04-03-2024 16:06
<b>LRN#</b>	: RAD2255827	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 23M171350100094744E/171350		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver shows increase in echogenicity suggestive of fatty changes.**

Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.

Wall thickness appear normal.

Pancreas and spleen appear normal. Spleen measures 7.6 cms.

Portal and splenic veins appear normal.

No evidence of ascites or lymphadenopathy. Diaphragmatic movements are satisfactory.

There is no evidence of sub diaphragmatic pathology or pleural effusion.

Aorta and IVC appear normal.

Right kidney measures 9.7 cms.

Left kidney measures 10.0 cms.

**Irregular para pelvic cyst with thin septations is seen in left kidney measures 1.6 x 1.0 cms.**

**Few other subcentimeter simple cysts are noted in left kidney.**

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 3.5 x 3.5 x 3.1 cms ( volume 20 cc ) and shows normal echopattern.

Seminal vesicles appear normal.

Bladder is normal in contour. Both iliac fossae appear normal.

**IMPRESSION:**

- **Fatty Liver ( Grade I ).**

**Patient Name** : Mr. Visvanathan S

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

---

- **Simple left renal cysts.**
- **Irregular para pelvic cysts with thin septations in left kidney.**



**Dr. RASHEED ARAFATH HIDAYATHULLAH**  
MBBS, DNB (RD)  
Radiology

Name: Mr. Visvanathan S  
Age/Gender: 54 Y/M  
Address: chennai  
Location: CHENNAI, TAMIL NADU  
Doctor:  
Department: GENERAL  
Rate Plan: T NAGAR\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. T DEVI SHANMUGA PRIYA

MR No: CTNA.0000205990  
Visit ID: CTNAOPV195003  
Visit Date: 04-03-2024 08:55  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: Mr. Visvanathan S  
Age/Gender: 54 Y/M  
Address: chennai  
Location: CHENNAI, TAMIL NADU  
Doctor:  
Department: GENERAL  
Rate Plan: T NAGAR\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. REKHA SANJAY

MR No: CTNA.0000205990  
Visit ID: CTNAOPV195003  
Visit Date: 04-03-2024 08:55  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**



Name: Mr. Visvanathan S  
Age/Gender: 54 Y/M  
Address: chennai  
Location: CHENNAI, TAMIL NADU  
Doctor:  
Department: GENERAL  
Rate Plan: T NAGAR\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. HARI K

MR No: CTNA.0000205990  
Visit ID: CTNAOPV195003  
Visit Date: 04-03-2024 08:55  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

Name: Mr. Visvanathan S  
Age/Gender: 54 Y/M  
Address: chennai  
Location: CHENNAI, TAMIL NADU  
Doctor:  
Department: GENERAL  
Rate Plan: T NAGAR\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. HARI K

MR No: CTNA.0000205990  
Visit ID: CTNAOPV195003  
Visit Date: 04-03-2024 08:55  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
04-03-2024 15:56	Beats/min	140/80 mmHg	Rate/min	F	160 cms	64.9 Kgs	%	%	Years	25.35	cms	89 cms	101 cms		AHLL03212

Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
04-03-2024 15:56	Beats/min	140/80 mmHg	Rate/min	F	160 cms	64.9 Kgs	%	%	Years	25.35	cms	89 cms	101 cms		AHLL03212

Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
04-03-2024 15:56	Beats/min	140/80 mmHg	Rate/min	F	160 cms	64.9 Kgs	%	%	Years	25.35	cms	89 cms	101 cms		AHLL03212

Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
04-03-2024 15:56	Beats/min	140/80 mmHg	Rate/min	F	160 cms	64.9 Kgs	%	%	Years	25.35	cms	89 cms	101 cms		AHLL03212



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. S VISWANATHAN
EC NO.	171350
DESIGNATION	DAFTARY
PLACE OF WORK	RAMANAIPENPET
BIRTHDATE	05-06-1969
PROPOSED DATE OF HEALTH CHECKUP	04-03-2024
BOOKING REFERENCE NO.	23M171350100094744E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **28-02-2024** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

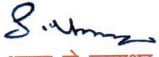


नाम : VISVANATHAN .S  
Name

कर्मचारी कूट क्र : 171350  
E.C. No.

  
जारीकर्ता प्राधिकारी  
Issuing Authority



  
धारक के हस्ताक्षर  
Signature of Holder



AGE: 54

Measurement Results:

QRS : 94 ms  
QT/QTcB : 390 / 395 ms  
PR : 130 ms  
P : 114 ms  
RR/PP : 960 / 965 ms  
P/QRS/T : 58 / 16 / 25 degrees

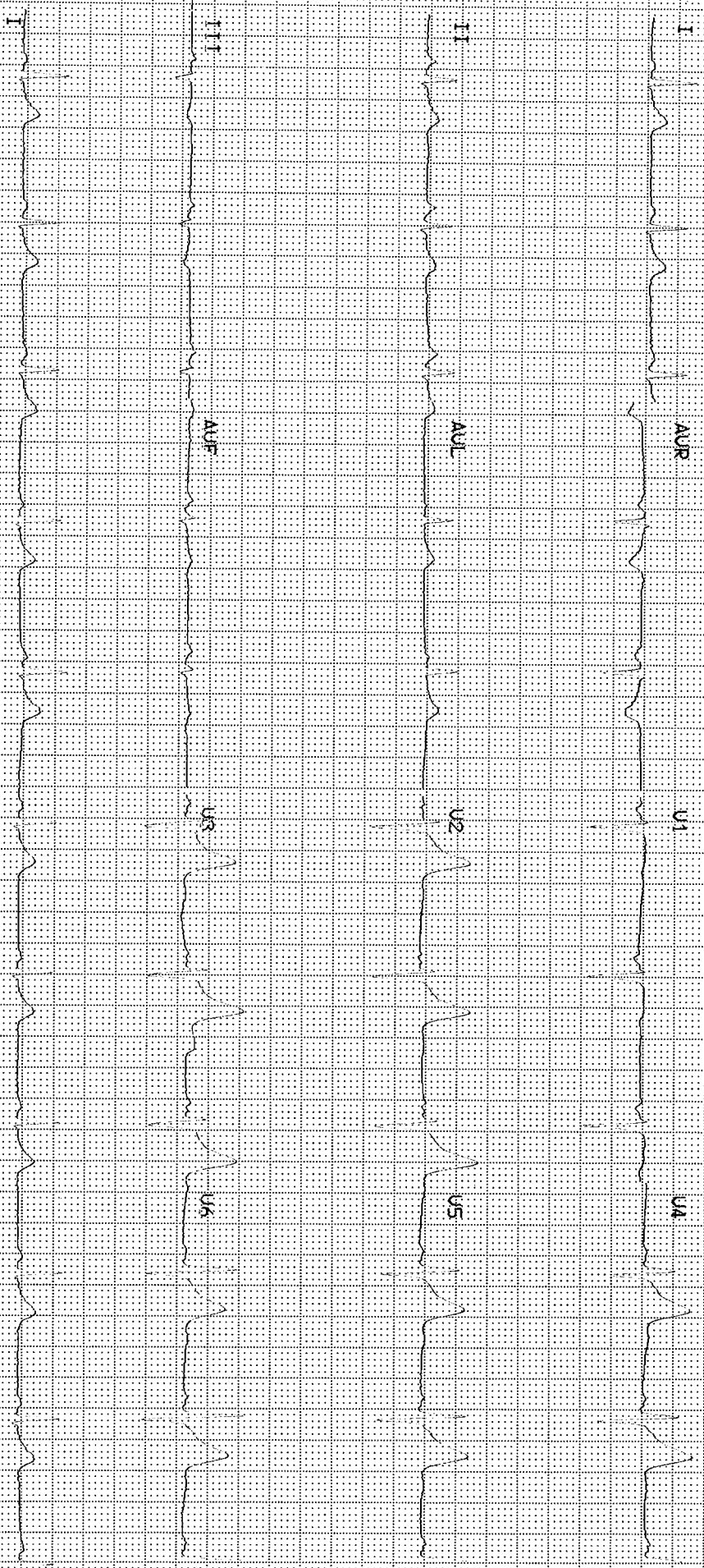
< P  
< T  
< QRS

Interpretation:  
12SL - Interpretation:  
Normal sinus rhythm  
Normal ECG

*DL*

III +90  
aVF II

Unconfirmed report



Patient Name : Mr. Visvanathan S Age : 54 Y/M  
UHID : CTNA.0000205990 OP Visit No : CTNAOPV195003  
Reported By: : Dr. HARI K Conducted Date : 04-03-2024 12:53  
Referred By : SELF

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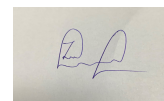
**ECG REPORT**

**Impression:**

NORMAL SINUS RHYTHM

NORMAL ECG.

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



Dr. HARI K

Patient Name	: Mr. Visvanathan S	Age	: 54 Y/M
UHID	: CTNA.0000205990	OP Visit No	: CTNAOPV195003
Conducted By:	: Dr. ASHA MAHILMARAN	Conducted Date	: 04-03-2024 14:22
Referred By	: SELF		

---

## **2D-ECHO WITH COLOUR DOPPLER**

### Dimensions:

Ao (ed)	2.7 CM
LA (es)	3.2 CM
LVID (ed)	4.4 CM
LVID (es)	2.6 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	66.00%
%FD	36.00%

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

Patient Name	: Mr. Visvanathan S	Age	: 54 Y/M
UHID	: CTNA.0000205990	OP Visit No	: CTNAOPV195003
Conducted By:	: Dr. ASHA MAHILMARAN	Conducted Date	: 04-03-2024 14:22
Referred By	: SELF		

---

## **DOPPLER STUDIES**

PWD: A>E AT MITRAL INFLOW

E/A-E: 0.9m/sec A: 0.8m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO 0.7m/sec

VELOCITY ACROSS THE AV UPTO 1.3m/sec

VELOCITY ACROSS THE TV UPTO 2.2,18.6mmhg

## **IMPRESSION:**

**NO REGIONAL WALL MOTION ABNORMALITIES**

**NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION**

**NORMAL LEFT VENTRICULAR IN SIZE**

**TRIVIAL TRICUSPID REGURGITATION**

**NO : PE/PAH**

Patient Name : Mr. Visvanathan S Age : 54 Y/M  
UHID : CTNA.0000205990 OP Visit No : CTNAOPV195003  
Conducted By: : Dr. ASHA MAHILMARAN Conducted Date : 04-03-2024 14:22  
Referred By : SELF

---

DONE BY  
NIRMALA



Dr.ASHA  
MAHILMARAN.

Patient Name	: Mr. Visvanathan S	Age	: 54 Y/M
UHID	: CTNA.0000205990	OP Visit No	: CTNAOPV195003
Conducted By:	: Dr. ASHA MAHILMARAN	Conducted Date	: 04-03-2024 14:22
Referred By	: SELF		

---

Patient Name	: Mr. Visvanathan S	Age	: 54 Y/M
UHID	: CTNA.0000205990	OP Visit No	: CTNAOPV195003
Conducted By:	: Dr. ASHA MAHILMARAN	Conducted Date	: 04-03-2024 14:22
Referred By	: SELF		

---

Patient Name	: Mr. Visvanathan S	Age	: 54 Y/M
UHID	: CTNA.0000205990	OP Visit No	: CTNAOPV195003
Conducted By:	: Dr. ASHA MAHILMARAN	Conducted Date	: 04-03-2024 14:22
Referred By	: SELF		

---



Patient Name	: Mr. Visvanathan S	Age	: 54 Y/M
UHID	: CTNA.0000205990	OP Visit No	: CTNAOPV195003
Conducted By:	: Dr. ASHA MAHILMARAN	Conducted Date	: 04-03-2024 14:22
Referred By	: SELF		

---



MC-2439

Patient Name	: Mr.VISVANATHAN S	Collected	: 04/Mar/2024 09:12AM
Age/Gender	: 54 Y 8 M 29 D/M	Received	: 04/Mar/2024 11:02AM
UHID/MR No	: CTNA.0000205990	Reported	: 04/Mar/2024 11:54AM
Visit ID	: CTNAOPV195003	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 23M171350100094744E/171350		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.

Dr.MARQUESS RAJ  
M.D,DipRCPath,D.N.B(PATH)  
Consultant Pathologist

SIN No:BED240057246

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.





MC-2439

Patient Name : Mr.VISVANATHAN S	Collected : 04/Mar/2024 09:12AM
Age/Gender : 54 Y 8 M 29 D/M	Received : 04/Mar/2024 11:02AM
UHID/MR No : CTNA.0000205990	Reported : 04/Mar/2024 11:54AM
Visit ID : CTNAOPV195003	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 23M171350100094744E/171350	

## 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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	14.1	g/dL	13-17	Spectrophotometer
PCV	41.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.98	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>82.9</b>	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,100	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	62.8	%	40-80	Electrical Impedance
LYMPHOCYTES	26.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.4	%	1-6	Electrical Impedance
MONOCYTES	7.9	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4458.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1860.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	170.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	560.9	Cells/cu.mm	200-1000	Calculated
BASOPHILS	49.7	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.4		0.78- 3.53	Calculated
PLATELET COUNT	252000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	<b>28</b>	mm/hour	0-15	Capillary photometry
<b>PERIPHERAL SMEAR</b>				

METHODOLOGY : Microscopic.

Page 2 of 16

Dr.MARQUESS RAJ  
M.D,DipRCPath,D.N.B(PATH)  
Consultant Pathologist

SIN No:BED240057246

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.





MC-2439

Patient Name	: Mr.VISVANATHAN S	Collected	: 04/Mar/2024 09:12AM
Age/Gender	: 54 Y 8 M 29 D/M	Received	: 04/Mar/2024 11:02AM
UHID/MR No	: CTNA.0000205990	Reported	: 04/Mar/2024 11:54AM
Visit ID	: CTNAOPV195003	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 23M171350100094744E/171350		

**DEPARTMENT OF HAEMATOLOGY**

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

RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.

Dr.MARQUESS RAJ  
M.D,DipRCPath,D.N.B(PATH)  
Consultant Pathologist

SIN No:BED240057246

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.





MC-2438

Patient Name : Mr.VISVANATHAN S	Collected : 04/Mar/2024 09:12AM
Age/Gender : 54 Y 8 M 29 D/M	Received : 05/Mar/2024 07:35AM
UHID/MR No : CTNA.0000205990	Reported : 05/Mar/2024 09:35AM
Visit ID : CTNAOPV195003	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 23M171350100094744E/171350	

**DEPARTMENT OF HAEMATOLOGY**

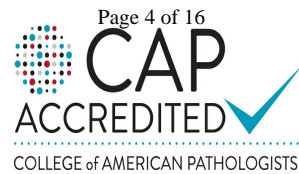
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate technology
Rh TYPE	Positive			Microplate technology

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

SIN No:HA06592403

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



Patient Name : Mr.VISVANATHAN S	Collected : 04/Mar/2024 12:32PM
Age/Gender : 54 Y 8 M 29 D/M	Received : 04/Mar/2024 03:38PM
UHID/MR No : CTNA.0000205990	Reported : 04/Mar/2024 05:23PM
Visit ID : CTNAOPV195003	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 23M171350100094744E/171350	

**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>GLUCOSE, FASTING , NAF PLASMA</b>	<b>182</b>	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	<b>171</b>	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.R.SRIVATSAN  
M.D.(Biochemistry)





MC-2439

Patient Name : Mr.VISVANATHAN S	Collected : 04/Mar/2024 09:12AM
Age/Gender : 54 Y 8 M 29 D/M	Received : 04/Mar/2024 11:03AM
UHID/MR No : CTNA.0000205990	Reported : 04/Mar/2024 12:16PM
Visit ID : CTNAOPV195003	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 23M171350100094744E/171350	

## 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>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	9.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	237	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)

DR.R.SRIVATSAN  
M.D.(Biochemistry)

Patient Name : Mr.VISVANATHAN S	Collected : 04/Mar/2024 09:12AM
Age/Gender : 54 Y 8 M 29 D/M	Received : 04/Mar/2024 12:35PM
UHID/MR No : CTNA.0000205990	Reported : 04/Mar/2024 02:10PM
Visit ID : CTNAOPV195003	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 23M171350100094744E/171350	

**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>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	175	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>216</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>36</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>139</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	95.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>43.2</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.86		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.R.SRIVATSAN  
M.D.(Biochemistry)





Patient Name : Mr.VISVANATHAN S	Collected : 04/Mar/2024 09:12AM
Age/Gender : 54 Y 8 M 29 D/M	Received : 04/Mar/2024 12:35PM
UHID/MR No : CTNA.0000205990	Reported : 04/Mar/2024 02:10PM
Visit ID : CTNAOPV195003	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 23M171350100094744E/171350	

**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>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.70	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.58	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	31	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	105.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		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 > 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.
- 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.



DR.R.SRIVATSAN  
M.D.(Biochemistry)



Patient Name : Mr.VISVANATHAN S	Collected : 04/Mar/2024 09:12AM
Age/Gender : 54 Y 8 M 29 D/M	Received : 04/Mar/2024 12:35PM
UHID/MR No : CTNA.0000205990	Reported : 04/Mar/2024 02:10PM
Visit ID : CTNAOPV195003	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 23M171350100094744E/171350	

**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>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	<b>0.68</b>	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	17.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.9</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.00	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.90	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	<b>133</b>	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	<b>100</b>	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.70	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		0.9-2.0	Calculated



DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:SE04649640

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mr.VISVANATHAN S	Collected : 04/Mar/2024 09:12AM
Age/Gender : 54 Y 8 M 29 D/M	Received : 04/Mar/2024 12:35PM
UHID/MR No : CTNA.0000205990	Reported : 04/Mar/2024 02:10PM
Visit ID : CTNAOPV195003	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 23M171350100094744E/171350	

**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) , <i>SERUM</i></b>	34.00	U/L	<55	IFCC



DR.R.SRIVATSAN  
M.D.(Biochemistry)





Patient Name : Mr.VISVANATHAN S	Collected : 04/Mar/2024 09:12AM
Age/Gender : 54 Y 8 M 29 D/M	Received : 04/Mar/2024 12:42PM
UHID/MR No : CTNA.0000205990	Reported : 04/Mar/2024 03:47PM
Visit ID : CTNAOPV195003	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 23M171350100094744E/171350	

**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>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.74	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.75	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	5.538	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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:SPL24037851

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



MC-2439

Patient Name	: Mr.VISVANATHAN S	Collected	: 04/Mar/2024 09:12AM
Age/Gender	: 54 Y 8 M 29 D/M	Received	: 04/Mar/2024 12:42PM
UHID/MR No	: CTNA.0000205990	Reported	: 04/Mar/2024 03:47PM
Visit ID	: CTNAOPV195003	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 23M171350100094744E/171350		

**DEPARTMENT OF IMMUNOLOGY**

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

DR.R.SRIVATSAN  
M.D.(Biochemistry)





MC-2439

Patient Name : Mr.VISVANATHAN S	Collected : 04/Mar/2024 09:12AM
Age/Gender : 54 Y 8 M 29 D/M	Received : 04/Mar/2024 12:42PM
UHID/MR No : CTNA.0000205990	Reported : 04/Mar/2024 01:51PM
Visit ID : CTNAOPV195003	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 23M171350100094744E/171350	

**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>	0.730	ng/mL	0-4	CLIA

The normal reference PSA for the decadal age group of 50-59 years is 0-3.5 ng/mL

DR.R.SRIVATSAN  
M.D.(Biochemistry)





MC-2439

Patient Name : Mr.VISVANATHAN S	Collected : 04/Mar/2024 09:11AM
Age/Gender : 54 Y 8 M 29 D/M	Received : 04/Mar/2024 12:44PM
UHID/MR No : CTNA.0000205990	Reported : 04/Mar/2024 01:06PM
Visit ID : CTNAOPV195003	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 23M171350100094744E/171350	

## 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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE STRAW		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
<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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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



SIN No:UR2296983

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mr.VISVANATHAN S	Collected : 04/Mar/2024 12:32PM
Age/Gender : 54 Y 8 M 29 D/M	Received : 04/Mar/2024 04:17PM
UHID/MR No : CTNA.0000205990	Reported : 04/Mar/2024 05:24PM
Visit ID : CTNAOPV195003	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 23M171350100094744E/171350	

**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
<b>URINE GLUCOSE(POST PRANDIAL)</b>	POSITIVE (++++)		NEGATIVE	Dipstick



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



SIN No:UPP016859

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



Patient Name : Mr.VISVANATHAN S	Collected : 04/Mar/2024 09:12AM
Age/Gender : 54 Y 8 M 29 D/M	Received : 04/Mar/2024 12:44PM
UHID/MR No : CTNA.0000205990	Reported : 04/Mar/2024 01:34PM
Visit ID : CTNAOPV195003	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 23M171350100094744E/171350	

**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(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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



Dr.MARQUESS RAJ  
M.D,DipRCPath,D.N.B(PATH)  
Consultant Pathologist

SIN No:UF010890

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

