



Age/Gender : 44 Y 4 M 22 D/M

UHID/MR No : CVIM.0000226280 Visit ID : CVIMOPV542485

Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : ub0i1166 Collected : 27/May/2023 08:33AM

Received : 27/May/2023 12:34PM Reported : 27/May/2023 02:38PM

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR, WHOLE BLOOD-EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.ANISOCYTOSIS+.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN. PLATELETS MILD THROMBOCYTOPENIA.LARGE PLATELET SEEN. NO HEMOPARASITES SEEN

Page 1 of 13







Age/Gender : 44 Y 4 M 22 D/M

UHID/MR No : CVIM.0000226280 : CVIMOPV542485 Visit ID

Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : ub0i1166 Collected : 27/May/2023 08:33AM

Received : 27/May/2023 12:34PM Reported : 27/May/2023 02:38PM

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

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	T			_
HAEMOGLOBIN	14.6	g/dL	13-17	Spectrophotometer
PCV	43.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.83	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	90.3	fL	83-101	Calculated
MCH	30.3	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	16.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,780	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (E	DLC)			
NEUTROPHILS	54.6	%	40-80	Electrical Impedance
LYMPHOCYTES	32.9	%	20-40	Electrical Impedance
EOSINOPHILS	3.1	%	1-6	Electrical Impedance
MONOCYTES	8.7	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3155.88	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1901.62	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	179.18	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	502.86	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	40.46	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	120000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC.ANISOCYTOSIS+.

TLC, DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.

PLATELETS MILD THROMBOCYTOPENIA.LARGE PLATELET SEEN.

NO HEMOPARASITES SEEN

Page 2 of 13







Age/Gender : 44 Y 4 M 22 D/M

UHID/MR No : CVIM.0000226280 : CVIMOPV542485 Visit ID

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : ub0i1166 Collected : 27/May/2023 08:33AM

Received : 27/May/2023 12:34PM Reported : 27/May/2023 02:35PM

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

DEPARTMENT OF HAEMATOLOGY ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 **Test Name** Result Bio. Ref. Range

BLOOD GROUP ABO AND RH FACTOR, WHOLE BLOOD-EDTA				
BLOOD GROUP TYPE	В		Microplate Hemagglutination	
Rh TYPE	Positive		Microplate Hemagglutination	

Page 3 of 13







Age/Gender : 44 Y 4 M 22 D/M

UHID/MR No : CVIM.0000226280 Visit ID : CVIMOPV542485

Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : ub0i1166 Collected : 27/May/2023 08:33AM

Received : 27/May/2023 01:21PM Reported : 27/May/2023 01:52PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	mg/dL	70-100	HEXOKINASE
-------------------------------	-------	--------	------------

Comment:

As per American Diabetes Guidelines

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

Page 4 of 13







: Mr.KRISHNA KUMAR

Age/Gender

: 44 Y 4 M 22 D/M

UHID/MR No

: CVIM.0000226280

Visit ID

: CVIMOPV542485

Ref Doctor

Emp/Auth/TPA ID

: Dr.SELF : ub0i1166

Collected

: 27/May/2023 11:02AM

Received

: 27/May/2023 01:07PM

Reported Status

: 27/May/2023 01:44PM

Sponsor Name

: Final Report : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324						
Test Name	Result	Unit	Bio. Ref. Range	Method		

GLUCOSE, POST PRANDIAL (PP), 2	120	mg/dL	70-140	HEXOKINASE	
HOLIDS MAEDLACMA		_			

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.

Ref: Marks medical biochemistry and clinical approach

Page 5 of 13







Age/Gender : 44 Y 4 M 22 D/M

UHID/MR No : CVIM.0000226280 Visit ID : CVIMOPV542485

Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : ub0i1166 Collected : 27/May/2023 08:33AM

Received : 27/May/2023 12:35PM Reported : 27/May/2023 02:32PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

			-		
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324					
AROOI LIMI - MILDIWITELE - I OLE BODT ANNOAL FLOS MALE - 2D EGITO - FAR INDIA - I 12524					
Test Name	Result	Unit	Bio. Ref. Range	Method	
Toot Hamo	Roodit	J.III	Bio. Ron Rungo	motriou	

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.1	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	100	mg/dL	Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	ų.
· 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- 2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 3. 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. Fructosamine may be used as an alternate measurement of glycemic control

Page 6 of 13







Age/Gender : 44 Y 4 M 22 D/M

UHID/MR No : CVIM.0000226280 Visit ID

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : ub0i1166

: CVIMOPV542485

Collected : 27/May/2023 08:33AM Received : 27/May/2023 01:17PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

: 27/May/2023 03:42PM

DEPARTMENT OF BIOCHEMISTRY

Reported

ARCOFEMI - MEDIWHEEL - F	ULL BODY ANNUA	L PLUS MALE -	2D ECHO - PAN INDIA	- FY2324	
Test Name	Result	Unit	Bio. Ref. Range	Method	

LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	199	mg/dL	<200	CHO-POD
TRIGLYCERIDES	169	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	56	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	144	mg/dL	<130	Calculated
LDL CHOLESTEROL	109.69	mg/dL	<100	Calculated
VLDL CHOLESTEROL	33.82	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.57		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
HI I N	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

Page 7 of 13







: Mr.KRISHNA KUMAR

Age/Gender

: 44 Y 4 M 22 D/M

UHID/MR No

: CVIM.0000226280

Visit ID Ref Doctor : CVIMOPV542485

Emp/Auth/TPA ID

: Dr.SELF : ub0i1166 Collected

: 27/May/2023 08:33AM

Received

: 27/May/2023 01:17PM

Reported Status

: 27/May/2023 03:42PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - F	ULL BODY ANNUAL	L PLUS MALE -	2D ECHO - PAN INDIA	- FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	1.77	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.28	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.49	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23.37	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.1	U/L	<50	IFCC
ALKALINE PHOSPHATASE	95.25	U/L	30-120	IFCC
PROTEIN, TOTAL	7.61	g/dL	6.6-8.3	Biuret
ALBUMIN	4.59	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.02	g/dL	2.0-3.5	Calculated
A/G RATIO	1.52		0.9-2.0	Calculated







: Mr.KRISHNA KUMAR

Age/Gender

: 44 Y 4 M 22 D/M

UHID/MR No

: CVIM.0000226280

Visit ID Ref Doctor : CVIMOPV542485

Emp/Auth/TPA ID

: Dr.SELF : ub0i1166 Collected

: 27/May/2023 08:33AM

Received

: 27/May/2023 01:17PM

Reported

: 27/May/2023 03:42PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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 T	EST (RFT/KFT) , SERU	JM		
CREATININE	0.60	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	16.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.68	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.69	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.52	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.54	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.5	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.79	mmol/L	101–109	ISE (Indirect)







: Mr.KRISHNA KUMAR

Age/Gender

: 44 Y 4 M 22 D/M

UHID/MR No

: CVIM.0000226280

Visit ID Ref Doctor : CVIMOPV542485

Emp/Auth/TPA ID

: Dr.SELF : ub0i1166 Collected

: 27/May/2023 08:33AM

Received

: 27/May/2023 01:17PM

Reported Status

: 27/May/2023 03:42PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - F	ULL BODY ANNUAL	L PLUS MALE -	2D ECHO - PAN INDIA	- FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

GAMMA GLUTAMYL TRANSPEPTIDASE	19.63	U/L	<55	IFCC	
(GGT), SERUM					

Page 10 of 13







Age/Gender : 44 Y 4 M 22 D/M

UHID/MR No : CVIM.0000226280 Visit ID

: CVIMOPV542485

Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : ub0i1166 Collected : 27/May/2023 08:33AM

Received : 27/May/2023 01:05PM Reported : 27/May/2023 01:54PM

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

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)	0.97	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.03	μg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	5.095	μIU/mL	0.34-5.60	CLIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m.In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

lkor nregnant temales	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

Page 11 of 13







: Mr.KRISHNA KUMAR

Age/Gender

: 44 Y 4 M 22 D/M : CVIM.0000226280

UHID/MR No Visit ID

Ref Doctor

: CVIMOPV542485

Emp/Auth/TPA ID

: Dr.SELF : ub0i1166 Collected

: 27/May/2023 08:33AM

Received

: 27/May/2023 12:53PM : 27/May/2023 01:19PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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 (C	UE) , 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	3.*	NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MO	OUNT AND MICROSCOPY			
PUS CELLS	2 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 12 of 13







: Mr.KRISHNA KUMAR

Age/Gender

: 44 Y 4 M 22 D/M

UHID/MR No

: CVIM.0000226280

Visit ID

: CVIMOPV542485

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : ub0i1166 Collected

: 27/May/2023 08:33AM

Received

: 27/May/2023 12:55PM

Reported Status

: 27/May/2023 01:15PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - F	ULL BODY ANNUAL	L PLUS MALE -	2D ECHO - PAN INDIA	- FY2324	
Test Name	Result	Unit	Bio Ref Range	Method	

URINE GLUCOSE(POST PRANDIAL)	NEGATIVE	NEGATIVE Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE	NEGATIVE Dipstick

*** End Of Report ***

Dr Sneha Shah MBBS, MD (Pathology)

Consultant Pathologist

Dr Sanjay Ingle M.B.B.S, MD(Pathology) Consultant Pathologist

Page 13 of 13





: CVIM-OCR-57663

; 27.05.2023 08:25

; Viman Nagar

: SELF

Emp No/Auth Code : ub0i1166

Bill Of Supply

Age/Gender

: Mr. Krishna Kumar : 44 Y M

Contact No

: +918329900198

Address

UHID

; pune : CV1M.0000226280

: ARCOFEMI HEALTHCARE LIMITED

Co Pla	rporate Name n	: ARCOFEMI HE : ARCOFEMI MI	EALTHCARE EDIWHEEL I	MALË A	ED HC CREDIT	PAN INDI	A OP AGRE	CGST	CCST	SGST/UTGST	SGST/UTGST	
#	Department	Description Of Service	SAC Code	Qty	Rate	Gross Value	Discount	Rate	Amt	Rate	Amt	Net Value
i	Package Charges	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324		1	2,000.00	2,000.00	0.00	0.00	0.00		0.00	2,000.00

Bill No

Center

Biil/Reg Date

Referred by

Total Discount:

0.00

You can download your report from "www.apolloclinic.com" Enter user name as CVIMOPV542485 and password as 513879

Please log on to AskApollo.com for booking Appointments

Apollo Health and Lifestyle Limited

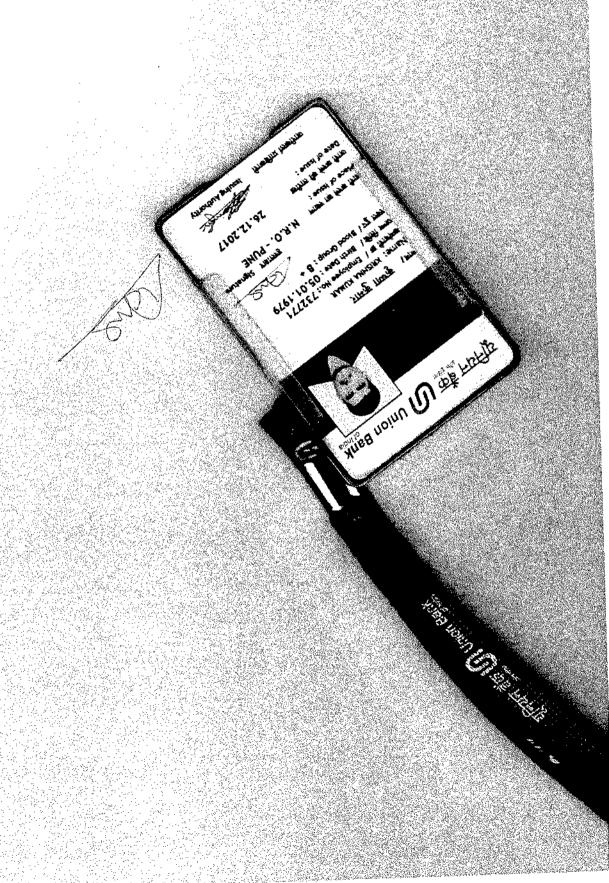
(CIN - UB\$110TG2000PLC115B19)
Regd, Office: #7-1-617/A, 615 & 616, Impedal Towers, Juli Floor; Ametric L Hyderabad 500038, Telangana. |
Regd, Office: #7-1-617/A, 615 & 616, Impedal Towers, Juli Floor; Ametric L Hyderabad 500038, Telangana. |
www.apollotil.com | Email ID: enquiry@apollotil.com | Ph Not040-4904 7777, Fax Not4904 7744.

www.apolloht.com [Email ID: enquiry@spaRobt.com | Pri Not Pro-1999 / /// Fix Not Pro-1999 / ///
apollo Clinics NETWORK
Tajangama: Hyderabad (As Ree Nager | Chanda Nager | Rondapur | Nallakterte | Nizanget | Manikorida | Uppal | Andhra Pradesh: Vizag
Tajangama: Hyderabad (As Ree Nager | Chanda Nager | Rondapur | Nallakterte | Nizanget | India Nager | JP Nagar | Kindalshalli |
cestianings feet Armetaka: Bengelore (Basawanagukii | Bellandur | Electronies (Ely | HSELayout | India Nager | JP Nagar | JP Nag

GSTIN: 27AADCA0733E1Z7

Address: Shop No 1, Ground, Nyati Millenalum Premises, Survey no 209, Hissaz, Vimannagar, Maharashta







Patient Name : Mr. Krishna Kumar Age/Gender : 44 Y/M

UHID/MR No.

: CVIM.0000226280

OP Visit No

: CVIMOPV542485

Sample Collected on

: RAD2007717

Reported on Specimen

: 29-05-2023 13:16

Ref Doctor Emp/Auth/TPA ID

LRN#

: SELF : ub0i1166

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. PREETI P KATHE DMRE, MD, DNB

Preedi

Radiology



CERTIFICATE OF MEDICAL FITNESS

		T
٠	Medically Fit	
•	Fit with restrictions/recommendations	
	Though following restrictions have been revealed, in my opinion, these are not impediments to the job.	
	1 RD SNAC	
	2 low platect court	
	3. high blimbis	
	However the employee should follow the advice/medication that has been communicated to him/her.	
	Review after	
	Currently Unfit.	_

The Apolle Cliffic in treatment of (certificate is not meant for medico-legale pur poses

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016. Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT



EYE EXAMINATION

DATE: 2715/23

NAME: Who Co

AGE:- DO

CORPORATE:

	T	Left Eye
	Right Eye	
Distant vision	6/6	6/6
Near vision	N/6	N/6
Color vision	Mormal	Normal
Fundus examination	Normal	Normal
Intraocular pressure	Normal	Normal
Slit lamp exam.	Normal	Normal

Stracourte

Impression - Normal Eye Check Up.

(Ophthalmology)



DR. M. D. ALAVAN
MBBS, DO.MS.
Consulting Eye Surgeor
Reg. No.:- 36319
ob.:- 7709006404



AUDIOLOGY CASE RECORD



Name: Mr. Krishna kumar

Hosp. Regn. No.

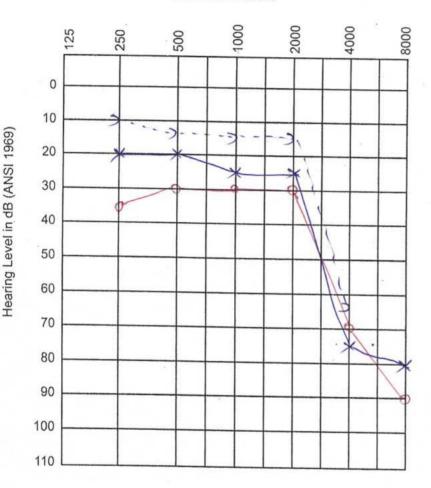
Mobile No:

444 Age:

Gender: Male

Date: 27-05-23

AUDIOGRAM



AUDIOGRAM KEY

Modality	Right	Left
AC Earphone		
Unmasked	0	\times
Masked	\triangle	
No Response-Ac		
Unmasked	Q	X
Masked	\triangle	□
Bc-Mastoid		
Unmasked	<	>
Masked	Γ] .
No Response		
BC-Mastoid	2	2
UnMasked	7	L,
Masked	¥	٧
Colour Code	Red	Blue

Findings (F) - Mild Sensorineural With 4KHz and 8KHz notch high frequency loss. (F) - Normal Hearing with 8KHz and 4KHz Notch

Signature

Apollo Health and Lifestyle Limited

(CIN - U85110TN2000PLC046089) Regd. Office: 19 Bishop Gardens, R A Puram, Chennal 600 028, Tamil Nadu, India | Email ID: Info@apollohl.com

TO BOOK AN APPOINTMENT



P? e parshuz PH100B CL F 50~ 0.50- 40 HZ W 27-May-23 6:00.13 123 94 75 VA normal P axis, V-rate 50- 99 Unconfirmed Diagnosis Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV V3 72 - NORMAL ECG -Б KRISHNA KUMAR (V N CLINIC)
Male Sinus rhythm..... aVF aVL AVR PHILIPS 12 Lead; Standard Placement 37 13 152 95 433 403 52 Device: 226280 44 Tears --AXIS--III II Rate PR QRSD QT QTC P QRS II



Expertise, Clc

Date

27-05-2023

Department

: GENERAL

MR NO

CVIM.0000226280

Doctor

Name

Mr. Krishna Kumar

Registration No

Qualification

Age/ Gender

/ Male

Consultation Timing:

08:25

Height:

Weight: 3 Pulse: 5

BMI:

Resp:

2

Walst Circum : 32

B.P : 14

General Examination / Allergies History

Clinical Diagnosis & Management Plan

No complaints

SYSTEMIC

Follow up date:

Doctor Signature





: Mr.KRISHNA KUMAR

Age/Gender

: 44 Y 4 M 22 D/M

UHID/MR No

: CVIM.0000226280

Visit ID Ref Doctor : CVIMOPV542485

Emp/Auth/TPA ID

: Dr.SELF : ub0i1166 Collected

: 27/May/2023 08:33AM

Received

: 27/May/2023 12:34PM

Reported

: 27/May/2023 02:38PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR, WHOLE BLOOD-EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.ANISOCYTOSIS+.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN. PLATELETS MILD THROMBOCYTOPENIA.LARGE PLATELET SEEN. NO HEMOPARASITES SEEN

Page 1 of 13





: Mr.KRISHNA KUMAR

Age/Gender

: 44 Y 4 M 22 D/M

UHID/MR No

: CVIM.0000226280

Visit ID Ref Doctor : CVIMOPV542485

Emp/Auth/TPA ID

: Dr.SELF : ub0i1166 Collected

: 27/May/2023 08:33AM

Received

: 27/May/2023 12:34PM

Reported

: 27/May/2023 02:38PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEE	L - FULL BODY ANNUAL	. PLUS MALE - 2D	DECHO - PAN INDIA - FY2324
---------------------	----------------------	------------------	----------------------------

Test Name Result Unit Bio. Ref. Range Method

HAEMOGLOBIN	14.6	g/dL	13-17	Spectrophotometer
PCV	43.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.83	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	90.3	fL	83-101	Calculated
MCH	30.3	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	16.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,780	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (D	LC)			
NEUTROPHILS	54.6	%	40-80	Electrical Impedance
LYMPHOCYTES	32.9	%	20-40	Electrical Impedance
EOSINOPHILS	3.1	%	1-6	Electrical Impedance
MONOCYTES	8.7	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3155.88	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1901.62	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	179.18	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	502.86	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	40.46	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	120000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergrei
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC.ANISOCYTOSIS+.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.

PLATELETS MILD THROMBOCYTOPENIA.LARGE PLATELET SEEN.

NO HEMOPARASITES SEEN

Page 2 of 13



www.apolloclinic.com





: Mr.KRISHNA KUMAR

Age/Gender

: 44 Y 4 M 22 D/M

UHID/MR No

: CVIM.0000226280

Visit ID

: CVIMOPV542485

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: ub0i1166

Collected

: 27/May/2023 08:33AM

Received

: 27/May/2023 12:34PM

Reported

: 27/May/2023 02:35PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	ARCOFE	MI - MEDIWHEEL	- FULL BODY	ANNUAL	. PLUS MALE .	- 2D ECHO	PAN INDIA - FY232
--	--------	----------------	-------------	--------	---------------	-----------	-------------------------------------

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

BLOOD GROUP ABO AND RH FACT	TOR, WHOLE BLOOD-EDTA	
BLOOD GROUP TYPE	В	Microplate Hemagglutination
Rh TYPE	Positive	Microplate Hemagglutination





: Mr.KRISHNA KUMAR

Age/Gender

: 44 Y 4 M 22 D/M

UHID/MR No

: CVIM.0000226280

Visit ID

: CVIMOPV542485

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF : ub0i1166 Collected

: 27/May/2023 08:33AM

Received

: 27/May/2023 01:21PM

Reported

: 27/May/2023 01:52PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Bio. Ref. Range Method Test Name Result Unit

GLUCOSE, FASTING, NAF PLASMA

102

mg/dL

70-100

HEXOKINASE

Comment:

As per American Diabetes Guidelines

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

SIN No:PLF01976817





: Mr.KRISHNA KUMAR

Age/Gender

: 44 Y 4 M 22 D/M

UHID/MR No

: CVIM.0000226280

Visit ID

: CVIMOPV542485

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : ub0i1166 Collected

: 27/May/2023 11:02AM

Received

: 27/May/2023 01:07PM

Reported

: 27/May/2023 01:44PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHER	L - FULL BODY A	NNUAL PLUS MALE	- 2D ECHO - P	AN INDIA - FY2324
---------------------	-----------------	-----------------	---------------	-------------------

ARCOPEMI - MEDIVITEE	L TOLL BODT THINGS			
Test Name	Result	Unit	Bio. Ref. Range	Method

GLUCOSE, POST PRANDIAL (PP), 2	120	mg/dL	70-140	HEXOKINASE
HOURS, NAF PLASMA				

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.

Ref: Marks medical biochemistry and clinical approach

Page 5 of 13

SIN No:PLP1333272





: Mr.KRISHNA KUMAR

Age/Gender

: 44 Y 4 M 22 D/M

UHID/MR No

: CVIM.0000226280

Visit ID Ref Doctor : CVIMOPV542485

Emp/Auth/TPA ID

: Dr.SELF : ub0i1166 Collected

: 27/May/2023 08:33AM

Received

: 27/May/2023 12:35PM

Reported

: 27/May/2023 02:32PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

	DEFARTMENT			
ARCOFEMI - MEDIWHEE	L - FULL BODY ANNUA	L PLUS MALE	- 2D ECHO - PAN INDIA -	FY2324
 Test Name	Result	Unit	Bio. Ref. Range	Method

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.1	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG), WHOLE BLOOD-EDTA	100	mg/dL	Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS > 18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- 2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 3. 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. Fructosamine may be used as an alternate measurement of glycemic control

Page 6 of 13





: Mr.KRISHNA KUMAR

Age/Gender

: 44 Y 4 M 22 D/M

UHID/MR No

: CVIM.0000226280

Visit ID

: CVIMOPV542485

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: ub0i1166

Collected

: 27/May/2023 08:33AM

Received

: 27/May/2023 01:17PM

Reported

: 27/May/2023 03:42PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method

MORAL CLICKED TOTAL CLI	100	ma/dl	<200	CHO-POD
TOTAL CHOLESTEROL	199	mg/dL	~200	
TRIGLYCERIDES	169	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	56	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	144	mg/dL	<130	Calculated
LDL CHOLESTEROL	109.69	mg/dL	<100	Calculated
VLDL CHOLESTEROL	33.82	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.57		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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

Page 7 of 13





: Mr.KRISHNA KUMAR

Age/Gender

: 44 Y 4 M 22 D/M

UHID/MR No

: CVIM.0000226280

Visit ID

: CVIMOPV542485

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: ub0i1166

Collected

: 27/May/2023 08:33AM

Received

: 27/May/2023 01:17PM

Reported

: 27/May/2023 03:42PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEE	L - FULL BODY ANNUA	L PLUS MALE	- 2D ECHO - PAN INDIA -	FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

BILIRUBIN, TOTAL	1.77	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.28	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.49	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23.37	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.1	U/L	<50	IFCC
ALKALINE PHOSPHATASE	95.25	U/L	30-120	IFCC
PROTEIN, TOTAL	7.61	g/dL	6.6-8.3	Biuret
ALBUMIN	4.59	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.02	g/dL	2.0-3.5	Calculated
A/G RATIO	1.52		0.9-2.0	Calculated







: Mr.KRISHNA KUMAR

Age/Gender

: 44 Y 4 M 22 D/M

UHID/MR No

: CVIM.0000226280

Visit ID Ref Doctor : CVIMOPV542485

Emp/Auth/TPA ID

: Dr.SELF : ub0i1166 Collected

: 27/May/2023 08:33AM

Received

: 27/May/2023 01:17PM

Reported

: 27/May/2023 03:42PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

ATTOOL EITH INTERIOR				
Test Name	Result	Unit	Bio. Ref. Range	Method

CREATININE	0.60	mg/dL	0.72 - 1.18	Modified Jaffe, Kinetic
JREA	16.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.68	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.69	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.52	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.54	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103.79	mmol/L	101-109	ISE (Indirect)





: Mr.KRISHNA KUMAR

Age/Gender

: 44 Y 4 M 22 D/M

UHID/MR No Visit ID

: CVIM.0000226280

Ref Doctor

: CVIMOPV542485

Emp/Auth/TPA ID

: Dr.SELF : ub0i1166 Collected

: 27/May/2023 08:33AM

Received

: 27/May/2023 01:17PM

Reported

: 27/May/2023 03:42PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name Result Unit Bio. Ref	f. Range Method	

GAMMA GLUTAMYL	TRANSPEPTIDASE
(GGT), SERUM	

19.63

U/L

<55

IFCC

Page 10 of 13

SIN No:SE04381101

Apollo Health anghis lest his bleful performed an Album Health intra Lifestyle Itd- Sadashiy Penil Prince Dimens free Lighte Society
Limited, Shop Ito. \$1.2 Still Floor, Begumpet, Hyderabud, Telangana - 500 0161

Limited, Shop Ito. \$1.2 Still Floor, Begumpet, Hyderabud, Telangana - 500 0161

Viman Ragar, Pune, Maharashtra, India - 411014 Regd. Office: 1-10-60/62, Ashoka Rayhuparih Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email IO: enquiry [rapollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK





: Mr.KRISHNA KUMAR

Age/Gender

: 44 Y 4 M 22 D/M

UHID/MR No

: CVIM.0000226280

Visit ID

: CVIMOPV542485

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : ub0i1166 Collected

: 27/May/2023 08:33AM

Received

: 27/May/2023 01:05PM

Reported

: 27/May/2023 01:54PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL	- FULL BODY	ANNUAL	PLUS MALE - 20	ECHO	- PAN INDIA -	FY2324
					and the same of th	

Test Name	Result	Unit	Bio. Ref. Range	Method

TRI-IODOTHYRONINE (T3, TOTAL)	0.97	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.03	μg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	5.095	μIU/mL	0.34-5.60	CLIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m.In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Matai

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

Page 11 of 13







: Mr.KRISHNA KUMAR

Age/Gender

: 44 Y 4 M 22 D/M

UHID/MR No

: CVIM.0000226280

Visit ID Ref Doctor : CVIMOPV542485

Emp/Auth/TPA ID

: Dr.SELF : ub0i1166 Collected

: 27/May/2023 08:33AM

Received

: 27/May/2023 12:53PM

Reported

: 27/May/2023 01:19PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name Result Unit Bio. Ref. Range Method

PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
рН	<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 O
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MO	OUNT AND MICROSCOPY			
PUS CELLS	2 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 12 of 13



www.apolloclinic.com





: Mr.KRISHNA KUMAR

Age/Gender

: 44 Y 4 M 22 D/M

UHID/MR No

: CVIM.0000226280

Visit ID Ref Doctor : CVIMOPV542485 : Dr.SELF

Emp/Auth/TPA ID

: ub0i1166

Collected

: 27/May/2023 08:33AM

Received

: 27/May/2023 12:55PM

Reported

: 27/May/2023 01:15PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

				00 001	TO DANIBLE EVOCA	ă .
ARCOFEMI - MEDIWHEEL	- FULL BODY	ANNUAL	PLUS MALE .	- 2D EGF	10 - PAN INDIA - FYZ3Z4	÷

Test Name

Result

Unit

Bio. Ref. Range

Method

URINE GLUCOSE(POST PRANDIAL)

NEGATIVE

NEGATIVE

Diostick

URINE GLUCOSE(FASTING)

NEGATIVE

NEGATIVE

Dipstick

*** End Of Report ***

Snelva Sheek Dr Sheha Shah

MBBS, MD (Pathology)

M.B.B.S, MD (Pathology)

Consultant Pathologist Consultant Pathologist

SIN No:UPP014713,UF008529

NAME: KRISHNA KUMAR AGE: 44 YRS/ MALE

ECHOCARDIOGRAPHY

Mitral valve : . Normal leaflets. No MR. No MS.

Aortic valve: Has thin leaflets, normal gradients across valve.

Tricuspid valve: Thin leaflets, normal gradients across valve. Trivial tricuspid regurgitation. Rvsp- 21 mm hg

Pulmonary valve: Thin leaflets, normal gradients across valves. No pulmonary hypertension.

<u>Left ventricle</u>: LV is normal in size & normal wall thickness.

No segmental wall motion abnormality

Good LV systolic function, LVEF 60%

No LV diastolic dysfunction

Left Atrium :

Normal and free of clots.

Right atrium & Right ventricle : Are normal,

IAS /IVS- intact

No pericardial effusion/No vegetation/clots

M MODE MEASURMENTS:-

AO:28

LA: 30

IVS: 11

PW:10

LVIDd: 38

LVIDs:33

LVEF :60%

IMPRESSION:

NORMAL LV SYSTOLIC FUNCTION, LVEF 60%

NO PAH

DR.PRAMOD NARKHEDE

DNB(Medicine), DNB(Cardiology) Consultant Interventional Cardiologist Apollo clinic, Viman Nagar

TO BOOK AN APPOINTMENT



: Mr. Krishna Kumar

UHID

: CVIM.0000226280

Reported on

Adm/Consult Doctor

: 27-05-2023 16:57

Age

: 44 Y M

OP Visit No

: CVIMOPV542485

Printed on

: 29-05-2023 09:57

Ref Doctor

: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and raised in echotexture. PV and CBD normal in size at porta hepatis. No dilatation of the intrahepatic biliary radicals.

Gall bladder is partially distended. Wall thickness appears normal. No evidence of periGB collection.

Spleen appears normal. Splenic vein appears normal in size at hilum.

Pancreas appears normal in echopattern. No evidence of peri-pancreatic free fluid or collection.

Both kidneys appear normal in size and echopattern. CM differentiation is maintained. No hydronephrosis seen on either sides. Bilateral renal tiny concretions are seen.

Urinary Bladder is well distended.

Prostate is normal in size.

Gaseous distension of colon is seen. No ascitis is seen.

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016. Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT



: Mr. Krishna Kumar

: CVIM.0000226280

Reported on

UHID

: 27-05-2023 16:57

Adm/Consult Doctor

Age

: 44 Y M

OP Visit No

: CVIMOPV542485

Printed on

: 29-05-2023 09:57

Ref Doctor

: SELF

IMPRESSION:-

---Fatty liver.

---Bilateral renal tiny concretions.

----Suggest - clinical correlation & further work up.

(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.

Printed on:27-05-2023 16:57

--- End of the Report---

Dr. GIRISH BHOSALE

MBBS DMRD DNB

RADIOLOGY





: Mr. Krishna Kumar

UHID

: CVIM.0000226280

Reported on

: 29-05-2023 13:15

Adm/Consult Doctor

Age

: 44 Y M

OP Visit No

: CVIMOPV542485

Printed on

: 29-05-2023 14:30

Ref Doctor

: SELF

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

Printed on:29-05-2023 13:15

---End of the Report---

Dr. PREETI P KATHE

Dr. PREETI P KATHE

DMRE, MD, DNB

Radiology

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016. Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT







Name : Mr. Krishna Kumar

Age: 44 Y

Sex: M

Address: pune

Plan

: ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN

INDIA OP AGREEMENT

UHID:CVIM.0000226280

OP Number: CVIMOPV542485

Bill No :CVIM-OCR-57663

Sno	Serive Type/ServiceName	Department			
A.					
1					
	URINE GLUCOSE(FASTING)				
	GAMMA GLUTAMYL TRANFERASE (GGT)				
	НБА1c, GLYCATED HEMOGLOBIN				
-	2 DECHO (0.15 AM.				
	LIVER FUNCTION TEST (LFT)				
4	X-RAY CHEST PA				
	GŁUCOSE, FASTING				
	HEMOGRAM + PERIPHERAL SMEAR				
-	ENT CONSULTATION LST FLORE & NO 6 P.D.	*			
	PITNESS BY GENERAL PHYSICIAN				
	DIET CONSULTATION				
	COMPLETE URINE EXAMINATION				
	URINE GLUCOSE(POST PRANDIAL)				
	PERIPHERAL SMEAR				
×15	ۂG				
_	BLOOD GROUP ABO AND RH FACTOR				
17	LIPID PROFILE				
-18	BODY MASS INDEX (BMI)				
6 K	OPTHAL BY GENERAL PHYSICIAN				
_20	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)				
£21	ULTRASOUND - WHOLE ABDOMEN				
+22	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)				
2/3	DENTAL CONSULTATION				
24	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)				



Patient Name	: Mr. Krishna Kumar	Age/Gender	: 44 Y/M
UHID/MR No.	: CVIM.0000226280	OP Visit No	: CVIMOPV542485
Sample Collected on	:	Reported on	: 27-05-2023 16:58
LRN#	: RAD2007717	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: ub0i1166		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

<u>Liver</u> appears normal in size and raised in echotexture. PV and CBD normal in size at porta hepatis. No dilatation of the intrahepatic biliary radicals.

<u>Gall bladder</u> is partially distended. Wall thickness appears normal.No evidence of periGB collection.

Spleen appears normal. Splenic vein appears normal in size at hilum.

<u>Pancreas</u> appears normal in echopattern. No evidence of peri-pancreatic free fluid or collection.

Both kidneys appear normal in size and echopattern. CM differentiation is maintained. No hydronephrosis seen on either sides. Bilateral renal tiny concretions are seen.

Urinary Bladder is well distended.

Prostate is normal in size.

Gaseous distension of colon is seen. No ascitis is seen.

IMPRESSION:-

- ---Fatty liver.
- ---Bilateral renal tiny concretions.
- -----Suggest clinical correlation & further work up.



Patient Name : Mr. Krishna Kumar : 44 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. GIRISH BHOSALE MBBS DMRD DNB

RADIOLOGY