

Patient Name : Mr.RAMASAMY S	Collected : 26/Oct/2024 07:50AM
Age/Gender : 55 Y 10 M 11 D/M	Received : 26/Oct/2024 03:59PM
UHID/MR No : CVEL.000061141	Reported : 26/Oct/2024 05:55PM
Visit ID : CVELOPV215598	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E35520	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.6	g/dL	13-17	Spectrophotometer
PCV	41.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.55	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	91.5	fL	83-101	Calculated
MCH	29.8	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51.5	%	40-80	Electrical Impedance
LYMPHOCYTES	36.9	%	20-40	Electrical Impedance
EOSINOPHILS	3.2	%	1-6	Electrical Impedance
MONOCYTES	7.7	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3193	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2287.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	198.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	477.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	43.4	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.4		0.78- 3.53	Calculated
PLATELET COUNT	254000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.



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



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

SIN No: CVL241003521

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

Regd. Office: 1-12-92/2, Ashok Nagar 2nd Phase, 4th Floor, Bangalore, Karnataka, Bangalore - 560 012

www.apolloh.com | Email: enquiry@apolloh.com, Ph: 080-496 7777, Fax: 080-496 7788

APOLLO CLINICS NETWORK:

Chennai: Hyderabad | Bangalore: Chennai | Coimbatore | Madurai | Mysore | Noida | Pune | Raipur | Thiruvananthapuram | Thiruvallur | Thiruvengadam | Trichy | Vizag | Hyderabad | Bangalore: 2nd Phase, 4th Floor, Ashok Nagar, Bangalore - 560 012

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UHID/MR No : CVEL.0000061141	Reported : 26/Oct/2024 07:25PM
Visit ID : CVELOPV215598	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY.

Thilaga

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Consultant Pathologist



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Regd. Office: 1-12-92/2a, Ashok Nagar 5th Floor, Chennai, Tamil Nadu, India - 600 012 | www.apollohsl.com | Email: enquiries@apollohsl.com, Ph: 044-9845 7777, Fax: 044-684 7741

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Patient Name : Mr.RAMASAMY S	Collected : 26/Oct/2024 07:50AM
Age/Gender : 55 Y 10 M 11 D/M	Received : 26/Oct/2024 03:49PM
UHID/MR No : CVEL.0000061141	Reported : 26/Oct/2024 04:24PM
Visit ID : CVELOPV215598	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	145	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. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	249	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)



Patient Name : Mr.RAMASAMY S	Collected : 26/Oct/2024 07:50AM
Age/Gender : 55 Y 10 M 11 D/M	Received : 26/Oct/2024 04:01PM
UHID/MR No : CVEL.0000061141	Reported : 26/Oct/2024 06:54PM
Visit ID : CVELOPV215598	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	7.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	166	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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 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.89	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.73	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	37	U/L	<50	UV with P5P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	<50	IFCC Without Pyridoxal phosphate Activation
AST (SGOT) / ALT (SGPT) RATIO (DERITIS)	0.7		<1.15	Calculated
ALKALINE PHOSPHATASE	61.00	U/L	30-120	IFCC AMP Buffer
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson’s diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Patten:*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

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

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	28.00	U/L	<55	IFCC



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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.39	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.65	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.954	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females

Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)

First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes



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DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Visit ID : CVELOPV215598	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.012		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Automated Image based microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

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



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



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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE (++++)		NEGATIVE	GOD-POD

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Consultant Pathologist



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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

*** End Of Report ***



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



Patient Name	: Mr. RAMASAMY S	Age	: 55Yrs 10Mths 13Days
UHID	: CVEL.0000061141	OP Visit No.	: CVELOPV215598
Printed On	: 27-10-2024 06:00 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E35520		

DEPARTMENT OF RADIOLOGY

ULTRASOUND WHOLE ABDOMEN

LIVER: Liver is enlarged in size (16.0 cm) with increased echogenicity. No focal lesion is seen.

No dilatation of the intrahepatic biliary radicals.

GALL BLADDER: Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal.

PV and CBD normal.

SPLEEN: Spleen appears normal (7.9 cms). No focal lesion seen. Splenic vein appears normal.

PANCREAS: Pancreas appears normal in echopattern. No focal/mass lesion/calcification.

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

Right kidney - 11.5 x 5.2 cms. **Left kidney** - 10.8 x 4.8 cms.

BLADDER: Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality.

PROSTATE: Prostate is normal in size 2.6 x 2.9 x 3.5 cms (Vol 14.5 ml) and echo texture.

IMPRESSION: * HEPATOMEGALY WITH GRADE 1 FATTY CHANGES.

(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.

---End Of The Report---



Dr. PASUPULETI SANTOSH KUMAR
M.B.B.S., DNB (RADIODIAGNOSIS)

126310

Radiology

Patient Name	: Mr. RAMASAMY S	Age	: 55Yrs 10Mths 12Days
UHID	: CVEL.0000061141	OP Visit No.	: CVELOPV215598
Printed On	: 26-10-2024 07:28 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E35520		

DEPARTMENT OF CARDIOLOGY

DIMENSIONS:

Ao (ed)	3.2 CM
LA (es)	3.8 CM
LVID (ed)	4.9 CM
LVID (es)	2.9 CM
IVS (Ed)	1.3 CM
LVPW (Ed)	1.1 CM
EF	70.00%
% FD	40.00%

MORPHOLOGICAL DATA :

MITRAL VALVE	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
PULMONARY VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
PULMONARY ARTERY	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL
PERICARDIUM	NORMAL

DOPPLER STUDIES MITRAL INFLOW :

MV E 0.9 m/s; MV A 0.7 m/s;

PV max 0.7 m/s; PG 2.5 mmHg;

AV max 1.2 m/s; PG 6.3 mmHg;

TV max 1.4 m/s; PG 8.3 mmHg;

TV E 0.58 m/s; TV A 0.53 m/s.

IMPRESSION:

*LEFT VENTRICULAR HYPERTROPHY

*NO REGIONAL WALL MOTION ABNORMALITY;

*NORMAL LEFT VENTRICULAR SYSTOLIC & DIASTOLIC FUNCTION ;

*NO PERICARDIAL EFFUSION / PULMONARY ARTERY HYPERTENSION.

---End Of The Report---



Dr. SHANMUGA SUNDARAM D
MB, BS, MD (GM) , DNB (CARDIOLOGY)
57682
Cardiology

PACKAGE NAME	EMP NAME	CONTACT NO	Booking Status
Arcofemi Medwneeel Full Body Annual Plus Male Above 50 2D ECHO	MR. SATHAVAGESWARAN RAMASAMY	9789849527	If 2D ECHO Slot are Full or 2D Echo Facility not Available book TMT Package

4082 0474 3859



Prasanna S
Date of Birth / DOB: 15/12/1988
Gender / MALE

भारत सरकार
GOVERNMENT OF INDIA

10