

भारत सरकार  
Government of India

जाघार

Issue Date: 13/01/2013

Jayakumar B  
DOB : 17/05/1969  
MALE

6424 4123 8041

मेरा आधार, मेरी पहचान

*[Handwritten signature]*



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

Address: S/O Bhaskaran Nair N. Ambadi, S.  
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Kerala, 688523

Print Date: 01/10/2020

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**PATIENT NAME : JAYAKUMAR.B**

**REF. DOCTOR : DR. MEDIWHEEL**

**CODE/NAME & ADDRESS :** CA00010147 -  
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED  
F701A, LADO SARAI, NEW DELHI, SOUTH DELHI,  
DELHI,  
SOUTH DELHI 110030  
8800465156

**ACCESSION NO :** 4126XB003287  
**PATIENT ID :** JAYAM1705694126  
**CLIENT PATIENT ID :**  
**ABHA NO :**

**AGE/SEX :** 54 Years Male  
**DRAWN :**  
**RECEIVED :** 10/02/2024 08:59:26  
**REPORTED :** 10/02/2024 14:35:09

Test Report Status	Final	Results	Biological Reference Interval	Units
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**MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)2DECHO**

**DENTAL CHECK UP**

**DENTAL CHECK UP**

Test Completed



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(Reg No - TCMC:32627)  
**CONSULTANT PATHOLOGIST**

**DR. NILA THERESA DAVIS, MBBS**  
**MD (PATH)**  
(Reg No - TCMC:47450)  
**CONSULTANT PATHOLOGIST**

**DR. SMITHA PAULSON, MD**  
**(PATH), DPB**  
(Reg No - TCMC:35960)  
**LAB DIRECTOR & HEAD-**  
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Patient Ref. No. 666000007810452

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**OPHTHAL**

OPHTHAL

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ECG WITH REPORT  
REPORT  
COMPLETED

USG ABDOMEN AND PELVIS  
REPORT  
COMPLETED

CHEST X-RAY WITH REPORT  
REPORT  
COMPLETED

2D - ECHO WITH COLOR DOPPLER  
REPORT  
COMPLETED

**HAEMATOLOGY**

**MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)2DECHO**

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C 5.4 Normal : 4.0 - %

5.6%.  
Non-diabetic level : < 5.7%.  
Diabetic : >6.5%

Glycemic control goal  
More stringent goal : < 6.5 %.  
General goal : < 7%.  
Less stringent goal : < 8%.

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MEAN PLASMA GLUCOSE

108.3

Glycemic targets in CKD :-

If eGFR &gt; 60 : &lt; 7%.

If eGFR &lt; 60 : 7 - 8.5%.

&lt; 116.0

mg/dL

**BLOOD COUNTS, EDTA WHOLE BLOOD**

HEMOGLOBIN

14.7

13.0 - 17.0

g/dL

RED BLOOD CELL COUNT

4.70

4.50 - 5.50

mil/ $\mu$ L

WHITE BLOOD CELL COUNT

6.95

4.0 - 10.0

thou/ $\mu$ L

PLATELET COUNT

305

150 - 410

thou/ $\mu$ L**RBC AND PLATELET INDICES**

HEMATOCRIT

42.8

40.0 - 50.0

%

MEAN CORPUSCULAR VOL

91.1

83.0 - 101

fl

MEAN CORPUSCULAR HGB.

31.3

27.0 - 32.0

pg

MEAN CORPUSCULAR HEMOGLOBIN  
CONCENTRATION

34.3

31.50 - 34.50

g/dL

RED CELL DISTRIBUTION WIDTH

11.9

11.60 - 14.0

%

MENTZER INDEX

19.4

MEAN PLATELET VOLUME

9.0

6.80 - 10.90

fl

**WBC DIFFERENTIAL COUNT**

SEGMENTED NEUTROPHILS

62

40.0 - 80.0

%

LYMPHOCYTES

30

20.0 - 40.0

%

MONOCYTES

2

2.0 - 10.0

%

EOSINOPHILS

6

1.0 - 6.0

%

BASOPHILS

0

0.0 - 1.0

%

ABSOLUTE NEUTROPHIL COUNT

4.27

2.0 - 7.0

thou/ $\mu$ L


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 Immunology



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ABSOLUTE LYMPHOCYTE COUNT		2.08	1.0 - 3.0
ABSOLUTE MONOCYTE COUNT		<b>0.17 Low</b>	0.20 - 1.0
ABSOLUTE EOSINOPHIL COUNT		0.38	0.02 - 0.50
ABSOLUTE BASOPHIL COUNT		0.00	0.00 - 0.10
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		2.1	thou/ $\mu$ L

**ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD**

SEDIMENTATION RATE (ESR) 05 0 - 14 mm at 1 hr  
METHOD : WESTERGRN METHOD

**MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)2DECHO**

SUGAR URINE - POST PRANDIAL

SUGAR URINE - POST PRANDIAL NOT DETECTED NOT DETECTED

SUGAR URINE - FASTING

SUGAR URINE - FASTING NOT DETECTED NOT DETECTED

**IMMUNOHAEMATOLOGY**

**MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)2DECHO**

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP TYPE B  
RH TYPE POSITIVE

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<b>Interpretation(s)</b>

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.

**BIO CHEMISTRY**

**MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)2DECHO**

**BLOOD UREA NITROGEN (BUN), SERUM**

BLOOD UREA NITROGEN 10 Adult(<60 yrs) : 6 to 20 mg/dL

**BUN/CREAT RATIO**

BUN/CREAT RATIO 8.4

**CREATININE, SERUM**

CREATININE 1.18 18 - 60 yrs : 0.9 - 1.3 mg/dL

**GLUCOSE, POST-PRANDIAL, PLASMA**

GLUCOSE, POST-PRANDIAL, PLASMA 97  
Diabetes Mellitus : > or = 200. mg/dL  
Impaired Glucose tolerance/  
Prediabetes : 140 - 199.  
Hypoglycemia : < 55.

**LIVER FUNCTION TEST WITH GGT**

BILIRUBIN, TOTAL 1.05 General Range : < 1.1 mg/dL  
BILIRUBIN, DIRECT 0.49 High General Range : < 0.3 mg/dL  
BILIRUBIN, INDIRECT 0.56 General Range : <0.85 mg/dL  
TOTAL PROTEIN 6.8 Ambulatory : 6.4 - 8.3 g/dL  
Recumbant : 6 - 7.8

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ALBUMIN	4.4	20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	2.4	General Range : 2 - 3.5	g/dL
ALBUMIN/GLOBULIN RATIO	1.8	Premature Neonates : 0.29 - 1.04	
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19	General Range : 1.1 - 2.5	RATIO
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26	Adults : < 40	U/L
ALKALINE PHOSPHATASE	75	Adults : < 45	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	31	Adult (<60yrs) : 40 -130	U/L
		Adult (Male) : < 60	U/L

**TOTAL PROTEIN, SERUM**

TOTAL PROTEIN	6.8	Ambulatory : 6.4 - 8.3	g/dL
		Recumbant : 6 - 7.8	

**URIC ACID, SERUM**

URIC ACID	6.0	Adults : 3.4-7	mg/dL
-----------	-----	----------------	-------


**GLUCOSE FASTING, FLUORIDE PLASMA**


FBS (FASTING BLOOD SUGAR)	104	Diabetes Mellitus : > or = 126.	mg/dL
		Impaired fasting Glucose/	
		Prediabetes : 101 - 125.	
		Hypoglycemia : < 55.	

**BIOCHEMISTRY - LIPID**

**MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)2DECHO**

**LIPID PROFILE, SERUM**

  
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CHOLESTEROL	195	Desirable : < 200 Borderline : 200-239 High : >or= 240	mg/dL
TRIGLYCERIDES	105	Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL
HDL CHOLESTEROL	<b>34 Low</b>	General range : 40-60	mg/dL
LDL CHOLESTEROL, DIRECT	152	Optimum : < 100 Above Optimum : 100-129 Borderline High : 130-159 High : 160-189 Very High : >or= 190	mg/dL
NON HDL CHOLESTEROL	161	Desirable : < 130 Above Desirable : 130 -159 Borderline High : 160 - 189 High : 190 - 219 Very high : > / = 220	mg/dL
VERY LOW DENSITY LIPOPROTEIN CHOL/HDL RATIO	21 5.7	</= 30.0 Low Risk : 3.3 - 4.4 Average Risk : 4.5 - 7.0 Moderate Risk : 7.1 - 11.0 High Risk : > 11.0	mg/dL
LDL/HDL RATIO	4.5	Desirable/Low Risk - 0.5-3 Borderline/Moderate Risk- 3.1-6 High Risk- >6.0	

SPECIALISED CHEMISTRY - HORMONE

MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)2DECHO

THYROID PANEL, SERUM

T3	127.00	Adult : 80-200	ng/dL
T4	6.80	Adults : 4.5-12.1	µg/dL

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TSH 3RD GENERATION	0.830	50-80 yrs : 0.35 - 4.5	µIU/mL
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**SPECIALISED CHEMISTRY - TUMOR MARKER**

**MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)2DECHO**

**PROSTATE SPECIFIC ANTIGEN, SERUM**

PROSTATE SPECIFIC ANTIGEN

1.150

Age Specific :-  
<49yrs : <2.5  
50-59yrs : <3.5  
60-69yrs : <4.5  
>70yrs : <6.5

ng/mL

**CLINICAL PATH - URINALYSIS**

**MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)2DECHO**

**PHYSICAL EXAMINATION, URINE**

COLOR : PALE YELLOW  
APPEARANCE : CLEAR

**CHEMICAL EXAMINATION, URINE**

PH	5.0	4.8 - 7.4
SPECIFIC GRAVITY	1.020	1.015 - 1.030
PROTEIN	NOT DETECTED	NOT DETECTED
GLUCOSE	NOT DETECTED	NOT DETECTED
KETONES	NOT DETECTED	NOT DETECTED
BLOOD	NOT DETECTED	NOT DETECTED
BILIRUBIN	NOT DETECTED	NOT DETECTED
UROBILINOGEN	NOT DETECTED	NOT DETECTED
	NORMAL	NORMAL

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Results

Units

NITRITE  
 LEUKOCYTE ESTERASE

NOT DETECTED  
 NOT DETECTED

NOT DETECTED  
 NOT DETECTED

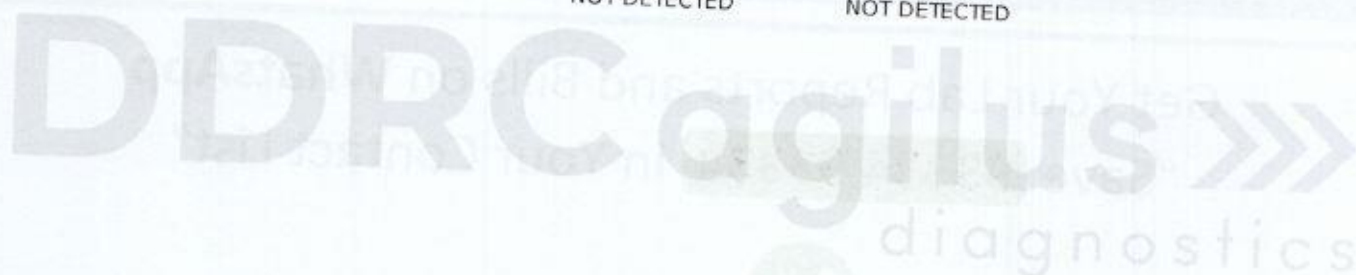
**MICROSCOPIC EXAMINATION, URINE**

RED BLOOD CELLS  
 WBC  
 EPITHELIAL CELLS  
 CASTS  
 CRYSTALS  
 BACTERIA  
 YEAST

NOT DETECTED  
 2-3  
 1-2  
 NOT DETECTED  
 NOT DETECTED  
 NOT DETECTED  
 NOT DETECTED

NOT DETECTED  
 0-5  
 0-5  
 NOT DETECTED  
 NOT DETECTED  
 NOT DETECTED  
 NOT DETECTED

/HPF  
 /HPF  
 /HPF



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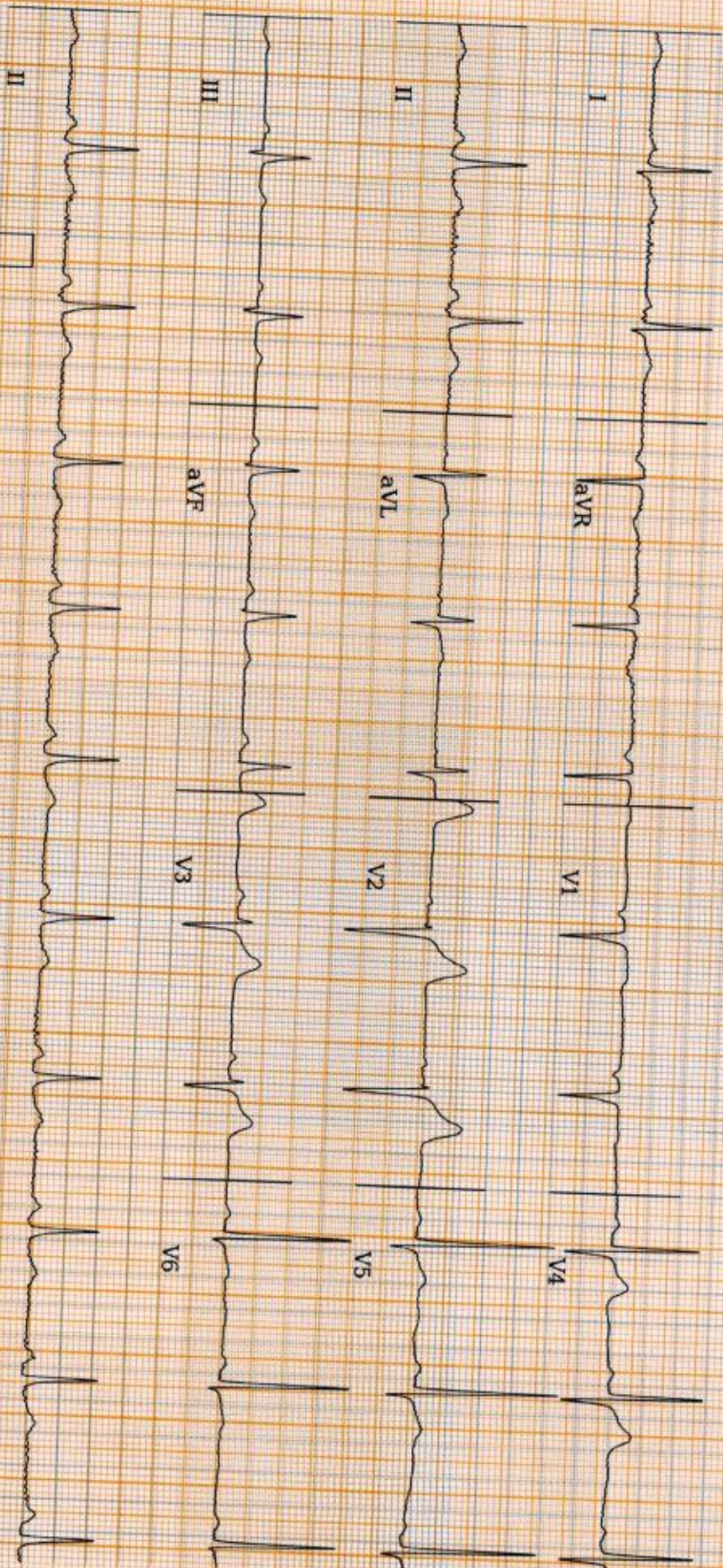
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 KERALA, INDIA  
 Tel : 93334 93334  
 Email : customercare.ddrc@agilus.in



Patient Ref. No. 666000007810452

Age / Gender: 54/Male  
 Patient ID: 3287  
 Patient Name: Jayakumar B

Date and Time: 10th Feb 24 12:00 PM



AR: 63bpm VR: 63bpm QRSd: 86ms QT: 376ms QTcB: 385.29ms PRI: 176ms P-R-T: 49°  
 25.0 mm/s 10.0 mm/mV 0-20Hz, 50Hz

REPORTED BY  
 Dr. Aditya R  
 MBBS  
 KMC129110

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

Name : Jayakumar

55M

Date: 10/02/2024

Ref : Mediwheel

Accession No:4126XB003287

**ECHOCARDIOGRAPHY REPORT**

Cardiac ultrasound examination was done using GE Voluson S8 machine with 3Sc transducer. Imaging and Doppler studies including Colour Flow Mapping (CFM) were performed (images and measurements attached) Relevant observations are noted as follows:

- Normal LV size and contractility (EF: 70%)
- No regional wall motion abnormalities
- Mild prolapse of AML noted with mild MR
- All other valves appear normal
- No evidence of PH
- No intracardiac clots
- No pericardial effusion



Dr. George Thomas  
Cardiologist

Fellow, Indian Academy of Echocardiography

Ultrasound reports are not 100% specific and can vary significantly depending on the clinical conditions. The report has to be correlated clinically and is not for medico-legal purposes.

***Thanks for the referral. Your feedback is appreciated.***





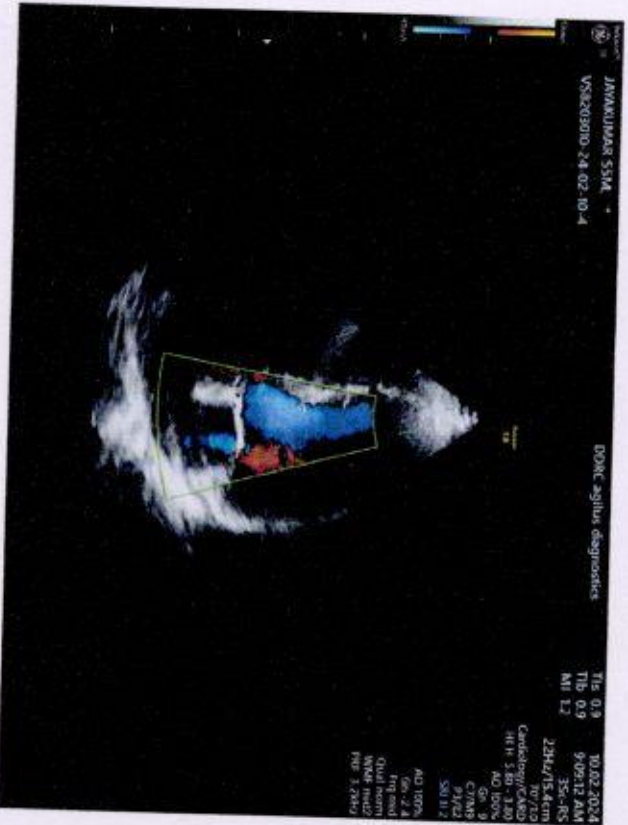
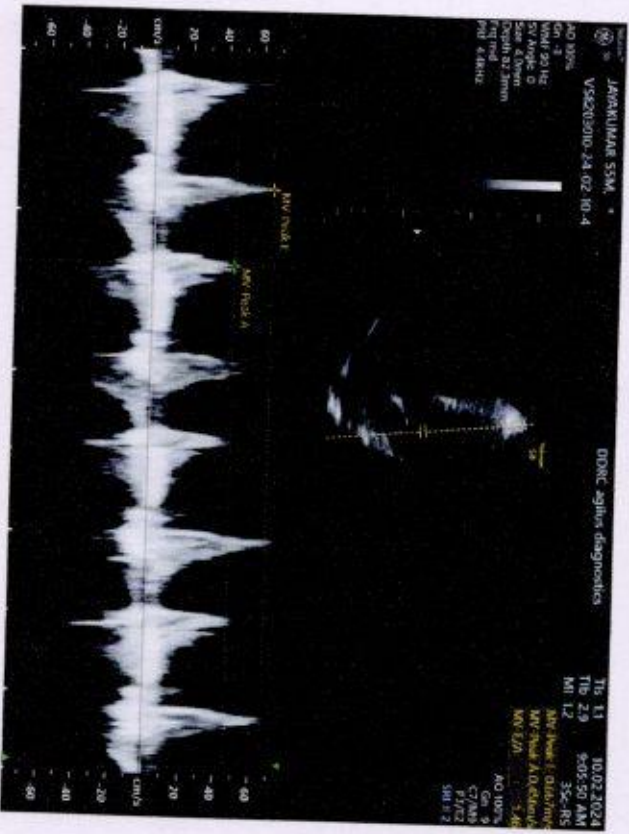
**DORC - agylus diagnostics**

Report: JAYAKUMAR SSM  
 Pat. ID: VS8203010-24-02-10-4

Date of Exam: 10.02.2024  
 Exam Type: Son

Page: 1/7

Left Ventricule	Value	ml	ml	ml	ml	ml	ml	ml	ml
NOD	1.06 cm	1.06							
LVDd	4.96 cm	4.96							
LVPWd	0.98 cm	0.98							
ASd	1.50 cm	1.50							
LVDi	2.99 cm	2.99							
LVPWi	1.54 cm	1.54							
EDV (trial)	116.055 ml	116.055							
ESV (trial)	34.715 ml	34.715							
SV (trial)	81.340 ml	81.340							
EF (trial)	70.09 %	70.09							
Fract. Short	39.72 %	39.72							
LV Mass	216.72 g	216.72							



Date...10/2/24

OPHTHALMOLOGY REPORT

This is to certify that I have examined

Mr / Ms : Jayakumar ..... Aged...57...and his / her

visual standards is as follows :

Visual Acuity:

For far vision

R: 6/36.....

L: 6/36.....

↳ +2.00DS 6/6  
↳ +2.00DS 6/6

For near vision

R: N/12.....

L: N/12.....

↳ +2.50DS (00) N6

Color Vision : .....

Normal

  
**NANDAN.N**  
(Optometrist)  
PANAYILLY NAGAR  
DDRC AGILUS PATENTED  
PVT. LTD.

To

DDRE

Panampilly Nagar  
Ernakulam,From Jayalamma & Mini Jayakumar  
Bank of BarodaSub: Non Requirement of Stool test.

Sri.

we request to cancell the stool test-  
for both of us from the medical check up, conducted  
on 10/02/2024

~~Ref~~Jayalamma  
9497335231



NAME	MR JAYAKUMAR B	AGE	54 YRS
SEX	MALE	DATE	February 10, 2024
REFERRAL	MEDIWHEEL	ACC NO	4126XB003287

### USG ABDOMEN AND PELVIS

<b>LIVER</b>	Measures ~ 15.7 cm, shows increased echoes. Smooth margins and no obvious focal lesion within. No IHBR dilatation. Portal vein normal in caliber.
<b>GB</b>	No calculus within gall bladder. Normal GB wall caliber.
<b>SPLEEN</b>	Measures ~ 10.1 cm, normal to visualized extent. Splenic vein normal.
<b>PANCREAS</b>	Visualized pancreas shows fatty changes.
<b>KIDNEYS</b>	RK: 10.4 x 5.4 cm, normal in size. LK: 10.6 x 5.9 cm, normal in size. Subcentimetric cortical cyst in right kidney noted. ? mild increased parenchymal echogenicity of bilateral kidneys. Maintained corticomedullary differentiation and normal parenchymal thickness. No hydroureteronephrosis.
<b>BLADDER</b>	Partially distended, no internal echoes/calculus within.
<b>PROSTATE</b>	Normal in volume and echopattern.
<b>FLUID</b>	Nil to visualized extent.
<b>BOWEL</b>	Visualized bowel loops appear normal.
<b>IMPRESSION</b>	<ul style="list-style-type: none"> <li>⚡ Hepatomegaly with grade I fatty liver.</li> <li>⚡ Tiny right renal cortical cyst.</li> <li>⚡ ? Mild increased parenchymal echogenicity of bilateral kidneys -needs RFT correlation.</li> </ul> Kindly correlate clinically.

Dr. HRISHIKESH C MBBS DMRD  
 Consultant Radiologist

Thank you for referral. Your feedback will be appreciated.



NOTE: This report is only a professional opinion based on the real time image finding and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings. Review scan is advised, If this ultrasound opinion and other clinical findings / reports don't correlate.

CIN : U85190MH2006PTC161480

(Refer to "CONDITIONS OF REPORTING" overleaf)




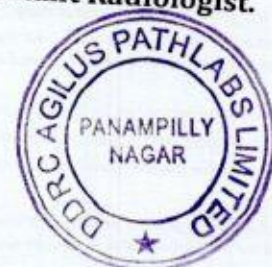
NAME: MR JAYAKUMAR B	STUDY DATE : 10.02.2024
AGE / SEX : 54 YRS / M	REPORTING DATE : 10.02.2024
REFERRED BY : MEDIWHEEL	ACC NO: 4126XB003287

**X - RAY - CHEST PA VIEW**

- Both the lung fields are clear.
- B/L hila and mediastinal shadows are normal.
- Cardiac silhouette appears normal.
- Cardio - thoracic ratio is normal.
- Bilateral CP angles and domes of diaphragm appear normal.

**IMPRESSION: NORMAL STUDY.**

Kindly correlate clinically

  
**Dr. HRISHIKESH C MBBS,DMRD**  
Consultant Radiologist.

This is to certify that I have examined

MR / MS ..... Jayakumar B ..... aged 54 and

his / her oral findings are as follows

D - Decay

M - Missing

F - Filling

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Oral hygiene status : Good / Fair /  Poor

Calculus / Stains : Calculus<sup>+</sup>, stain<sup>+</sup>

Any other findings : 6/ Metal Crown  
6/ Metal ceramic Crown

Date : 10/2/24

Supernumerary between  
485

Adv. Scaling

Dr. K C Jose



If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. <u>JAYAKUMAR B</u>
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):
3. Age/Date of Birth	:	<u>17.05.1969</u> Gender: <u>F/M</u> ✓
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

### PHYSICAL DETAILS:

a. Height <u>171</u> (cms)	b. Weight <u>71</u> (Kgs)	c. Girth of Abdomen <u>87</u> (cms)
d. Pulse Rate <u>70</u> (/Min)	e. Blood Pressure:	Systolic <u>120</u> Diastolic <u>80</u>
	1 <sup>st</sup> Reading	
	2 <sup>nd</sup> Reading	

### FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father		/ NS	
Mother			
Brother(s)			
Sister(s)			

### HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
—	—	✓

### PERSONAL HISTORY

- a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. HTN Y/N
- b. Have you undergone/been advised any surgical procedure? RTA injury (R leg) Y/N
- c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? Y/N
- d. Have you lost or gained weight in past 12 months? Y/N

### Have you ever suffered from any of the following?

- Psychological Disorders or any kind of disorders of the Nervous System? Y/N
- Any disorders of Respiratory system? Y/N
- Any Cardiac or Circulatory Disorders? Y/N
- Enlarged glands or any form of Cancer/Tumour? Y/N
- Any Musculoskeletal disorder? Y/N
- Any disorder of Gastrointestinal System? Y/N
- Unexplained recurrent or persistent fever, and/or weight loss? Y/N
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports? Y/N
- Are you presently taking medication of any kind? AHT Y/N

- Any disorders of Urinary System? **Y/N**
- Any disorder of the Eyes, Ears, Nose, Throat or Mouth & Skin **Y/N**

**FOR FEMALE CANDIDATES ONLY**

- a. Is there any history of diseases of breast/genital organs? **Y/N**
- b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports) **Y/N**
- c. Do you suspect any disease of Uterus, Cervix or Ovaries? **Y/N**
- d. Do you have any history of miscarriage/abortion or MTP **Y/N**
- e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc **Y/N**
- f. Are you now pregnant? If yes, how many months? **Y/N**

**CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER**

- Was the examinee co-operative? **Y/N**
- Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job? **Y/N**
- Are there any points on which you suggest further information be obtained? **Y/N**
- Based on your clinical impression, please provide your suggestions and recommendations below;

*Medical consult*

- Do you think he/she is **MEDICALLY FIT** or UNFIT for employment.

*FIT*

**MEDICAL EXAMINER'S DECLARATION**

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

*[Signature]*  
**Dr. GEORGE THOMAS**  
 MD, FCSI, FIAE  
 MEDICAL EXAMINER  
 Reg: 86614

Seal of Medical Examiner :

Name & Seal of DDRC SRL Branch :



Date & Time :

*10/2/2024*

**DDRC agilus Pathlabs Limited.**

Corp. Office : Express House, Second Floor, Opp. Pothys Silks, Banerjee Road, Kaloor -682017  
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