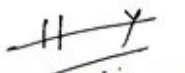



| | |
|----------------------------------|--|
| Patient Name : Mr.P RAJA KARTHIK | Collected : 04/Oct/2024 09:03AM |
| Age/Gender : 35 Y 10 M 26 D/M | Received : 04/Oct/2024 10:44AM |
| UHID/MR No : AHIL.0000568767 | Reported : 04/Oct/2024 12:31PM |
| Visit ID : CINDOPV241741 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E34749 | |

DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|-------------|-------------------------|--------------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 14.4 | g/dL | 13-17 | Spectrophotometer |
| PCV | 41.80 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 4.88 | Million/cu.mm | 4.5-5.5 | Electrical Impedence |
| MCV | 85.6 | fL | 83-101 | Calculated |
| MCH | 29.5 | pg | 27-32 | Calculated |
| MCHC | 34.5 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 13.3 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 5,230 | cells/cu.mm | 4000-10000 | Electrical Impedence |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 41.7 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 46.6 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 4.6 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 6 | % | 2-10 | Electrical Impedence |
| BASOPHILS | 1.1 | % | <1-2 | Electrical Impedence |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 2180.91 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2437.18 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 240.58 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 313.8 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 57.53 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 0.89 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 338000 | cells/cu.mm | 150000-410000 | Electrical impedence |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 3 | mm at the end of 1 hour | 0-15 | Modified Westegren method |
| PERIPHERAL SMEAR | | | | |


Dr. Harshitha Y
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 Consultant Pathologist


Dr. Priya Murthy
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| | |
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DEPARTMENT OF HAEMATOLOGY

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

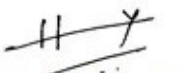
RBCs: are normocytic normochromic


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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE


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DEPARTMENT OF HAEMATOLOGY

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

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



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AND LIFESTYLE LIMITED- RRL BANGALORE



| | |
|----------------------------------|--|
| Patient Name : Mr.P RAJA KARTHIK | Collected : 04/Oct/2024 09:03AM |
| Age/Gender : 35 Y 10 M 26 D/M | Received : 04/Oct/2024 11:29AM |
| UHID/MR No : AHIL.0000568767 | Reported : 04/Oct/2024 12:18PM |
| Visit ID : CINDOPV241741 | Status : Final Report |
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-------------------------------|--------|-------|--------------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 89 | mg/dL | 70-100 | HEXOKINASE |

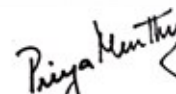
Comment:

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.


 Dr Priya Murthy
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| | |
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| Patient Name : Mr.P RAJA KARTHIK | Collected : 04/Oct/2024 09:03AM |
| Age/Gender : 35 Y 10 M 26 D/M | Received : 04/Oct/2024 10:42AM |
| UHID/MR No : AHIL.0000568767 | Reported : 04/Oct/2024 12:52PM |
| Visit ID : CINDOPV241741 | Status : Final Report |
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------|-------|--------------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.7 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 117 | mg/dL | | Calculated |

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

| REFERENCE GROUP | HBA1C % |
|------------------------|-----------|
| NON DIABETIC | <5.7 |
| PREDIABETES | 5.7 – 6.4 |
| DIABETES | ≥ 6.5 |
| DIABETICS | |
| EXCELLENT CONTROL | 6 – 7 |
| FAIR TO GOOD CONTROL | 7 – 8 |
| UNSATISFACTORY CONTROL | 8 – 10 |
| POOR CONTROL | >10 |

Note: Dietary preparation or fasting is not required.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. Low HbA1c in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1c, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

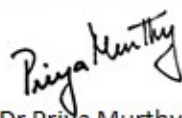
A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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SIN No:IRA241000546

Apollo Health and Lifestyle Limited

(CIN - U061107C2000PH6115819)

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory,
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |

www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:

32/100/125, Doddabangla Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

| | |
|----------------------------------|--|
| Patient Name : Mr.P RAJA KARTHIK | Collected : 04/Oct/2024 09:03AM |
| Age/Gender : 35 Y 10 M 26 D/M | Received : 04/Oct/2024 10:46AM |
| UHID/MR No : AHIL.0000568767 | Reported : 04/Oct/2024 01:03PM |
| Visit ID : CINDOPV241741 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E34749 | |

DEPARTMENT OF BIOCHEMISTRY


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

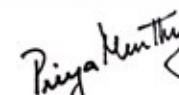
| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------------|--------|-------|--------------------|----------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 177 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 169 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 55 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 122 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 88.5 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 33.8 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.22 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | 0.13 | | <0.11 | Calculated |

Comment:

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

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


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THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
 SIN No: IRA241000540

Apollo Health and Lifestyle Limited

(CIN - U061107C2000PH6115819)
 Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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 Neeladri Nagar, Electronic city, Bengaluru,
 Karnataka - 560034


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APOLLO CLINICS NETWORK
 Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|-------|--------------------|--------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.59 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.11 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.48 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 39 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 32.0 | U/L | <50 | IFCC |
| AST (SGOT) / ALT (SGPT) RATIO (DE RITIS) | 0.8 | | <1.15 | Calculated |
| ALKALINE PHOSPHATASE | 77.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 8.00 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 5.05 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.95 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.71 | | 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:

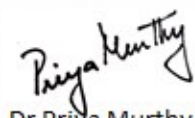
*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In 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 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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THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
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Apollo Health and Lifestyle Limited (CIN - U061107C2800PH6115849)
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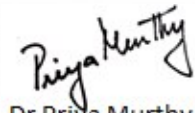
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| Emp/Auth/TPA ID : 22E34749 | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------------|--------|--------------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 1.14 | mg/dL | 0.84 - 1.25 | Modified Jaffe, Kinetic |
| UREA | 16.40 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 7.7 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 5.78 | mg/dL | 3.5-7.2 | Uricase PAP |
| CALCIUM | 10.20 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.59 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 135 | mmol/L | 136-146 | ISE (Indirect) |
| POTASSIUM | 4.7 | mmol/L | 3.5-5.1 | ISE (Indirect) |
| CHLORIDE | 104 | mmol/L | 101-109 | ISE (Indirect) |
| PROTEIN, TOTAL | 8.00 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 5.05 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.95 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.71 | | 0.9-2.0 | Calculated |


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THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
 SIN No: IRA241000540

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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|------|--------------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 29.00 | U/L | <55 | IFCC |

Priya Murthy

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| | |
|----------------------------------|--|
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| Age/Gender : 35 Y 10 M 26 D/M | Received : 04/Oct/2024 10:44AM |
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| Visit ID : CINDOPV241741 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E34749 | |

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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) | 0.92 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 11.5 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 2.535 | µIU/mL | 0.34-5.60 | CLIA |

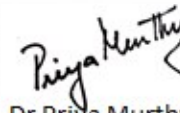
Comment:

| | |
|-----------------------------|--|
| 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 |


Dr. Govinda Raju N L
 MSc, PhD (Biochemistry)
 Consultant Biochemistry


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



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
 SIN No: IRA241000541

Apollo Health and Lifestyle Limited (CIN - U081107C2800PH6115849)
 This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory
 Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:
 Apollo Health & Lifestyle Laboratory, 5th Floor, Deekshabangla, Neeladri Main Road,
 Neeladri Nagar, Electronic city, Bengaluru,
 Karnataka - 560034


 1860 500 7788
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APOLLO CLINICS NETWORK
 Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

| | |
|----------------------------------|--|
| Patient Name : Mr.P RAJA KARTHIK | Collected : 04/Oct/2024 09:03AM |
| Age/Gender : 35 Y 10 M 26 D/M | Received : 04/Oct/2024 10:44AM |
| UHID/MR No : AHIL.0000568767 | Reported : 04/Oct/2024 01:21PM |
| Visit ID : CINDOPV241741 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E34749 | |

DEPARTMENT OF IMMUNOLOGY

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

| | | | | |
|------|------|------|------|--|
| High | High | High | High | Pituitary Adenoma; TSHoma/Thyrotropinoma |
|------|------|------|------|--|

Govinda Raju N L
Dr.Govinda Raju N L
 MSc,PhD(Biochemistry)
 Consultant Biochemistry

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



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 SIN No:IRA241000541

Apollo Health and Lifestyle Limited

(CIN - U06110TC2000PHG115819)
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 Neeladri Nagar, Electronic city, Bengaluru,
 Karnataka - 560034

 **1860 500 7788**
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| | |
|----------------------------------|--|
| Patient Name : Mr.P RAJA KARTHIK | Collected : 04/Oct/2024 09:03AM |
| Age/Gender : 35 Y 10 M 26 D/M | Received : 04/Oct/2024 12:55PM |
| UHID/MR No : AHIL.0000568767 | Reported : 04/Oct/2024 02:12PM |
| Visit ID : CINDOPV241741 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E34749 | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|----------|------|--------------------|----------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Physical Measurement |
| 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 | | NEGATIVE | Sodium Nitro Prusside |
| UROBILINOGEN | NORMAL | | NORMAL | Modified Ehrlich Reaction |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | Leucocyte Esterase |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 2-3 | /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 |

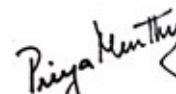
Comment:

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.

*** End Of Report ***

Result/s to Follow:

Page 12 of 13


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



THIS REPORT IS PREPARED BY AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

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323/100/123, Doddathangur Village, Neeladri Main Road, Neeladri Nagar, Electronic city, Bengaluru, Karnataka - 560034

APOLLO CLINICS NETWORK

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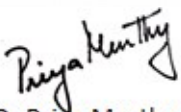


| | | | |
|-----------------|---------------------|--------------|-------------------------------|
| Patient Name | : Mr.P RAJA KARTHIK | Collected | : 04/Oct/2024 09:03AM |
| Age/Gender | : 35 Y 10 M 26 D/M | Received | : 04/Oct/2024 12:55PM |
| UHID/MR No | : AHIL.0000568767 | Reported | : 04/Oct/2024 02:12PM |
| Visit ID | : CINDOPV241741 | Status | : Final Report |
| Ref Doctor | : Self | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 22E34749 | | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

GLUCOSE (POST PRANDIAL) - URINE, GLUCOSE (FASTING) - URINE, PERIPHERAL SMEAR



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



Patient Name : Mr.P RAJA KARTHIK
Age/Gender : 35 Y 10 M 26 D/M
UHID/MR No : AHIL.0000568767
Visit ID : CINDOPV241741
Ref Doctor : Self
Emp/Auth/TPA ID : 22E34749

Collected : 04/Oct/2024 09:03AM
Received : 04/Oct/2024 12:55PM
Reported : 04/Oct/2024 02:12PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

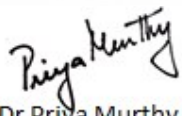
Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



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



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SIN No:IRA241000547

Apollo Health and Lifestyle Limited, Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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Karnataka- 560034

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| | | | |
|--------------|-----------------------|---------------------|-----------------------|
| Patient Name | : Mr. P Raja Karthik | Age | : 35Yrs 10Mths 28Days |
| UHID | : AHIL.0000568767 | OP Visit No. | : CINDOPV241741 |
| Printed On | : 04-10-2024 07:20 AM | Advised/Pres Doctor | : -- |
| Department | : Radiology | Qualification | : -- |
| Referred By | : Self | Registration No. | : -- |
| Employeer Id | : 22E34749 | | |

DEPARTMENT OF RADIOLOGY

ULTRASOUND ABDOMEN AND PELVIS

LIVER: Appears normal in size, shape and echopattern **mildly increased**. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended. **Few polyps seen.**

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 10.2x5.0 cm.

Left kidney measures 10.2x5.0 cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in size and echo-pattern.

No free fluid is seen.

IMPRESSION:

1. GRADE I FATTY LIVER.

2. FEW POLYPS SEEN IN THE GALL BLADDER LARGEST MEASURING 2.6mm.

---End Of The Report---



Dr.RAMESH G
MBBS, DMRD
27462
Radiology

| | | | |
|--------------|-----------------------|---------------------|-----------------------|
| Patient Name | : Mr. PRaja Karthik | Age | : 35Yrs 10Mths 28Days |
| UHID | : AHIL.0000568767 | OP Visit No. | : CINDOPV241741 |
| Printed On | : 04-10-2024 06:47 AM | Advised/Pres Doctor | : -- |
| Department | : Cardiology | Qualification | : -- |
| Referred By | : Self | Registration No. | : -- |
| Employee Id | : 22E34749 | | |

DEPARTMENT OF CARDIOLOGY

M mode and doppler measurements:

| CM | CM | M/sec | |
|--------------|---------------|----------------|------------|
| AO: 2.9 | IVS(D): 0.8 | MV: E Vel: 0.8 | A Vel: 0.6 |
| LA: 2.9 | LVIDD(D): 4.5 | AV Peak: 1.0 | |
| LVPW(D): 1.1 | PV peak: 0.7 | | |
| IVS(S): 1.3 | | | |
| LVID(S): 2.5 | | | |
| LVPW(S): 1.2 | | | |
| LVEF: 60% | | | |

Descriptive findings:

Left Ventricle Normal
Right Ventricle: Normal
Left Atrium: Normal
Right Atrium: Normal
Mitral Valve: Normal
Aortic Valve: Normal
Tricuspid Valve: Normal
IAS: Normal
IVS: Normal
Pericardium: Normal
IVC: Normal
Others ---

IMPRESSION :

Normal cardiac chamber and valves
No Regional wall motion abnormality
Normal PA pressure
No clot/vegetation/pericardial effusion
Normal LV systolic function - LVEF= 60%

DR JAGADEESH H V MD,DM
CONSULTANT CARDIOLOGIST

---End Of The Report---



Dr.JAGADEESH H V
MBBS, MD, DM
86848
Cardiology
