

| | |
|------------------------------|--|
| Patient Name : Mr.HAMEED S | Collected : 26/Sep/2023 09:12AM |
| Age/Gender : 57 Y 1 M 25 D/M | Received : 26/Sep/2023 11:43AM |
| UHID/MR No : CKOR.0000246083 | Reported : 26/Sep/2023 01:08PM |
| Visit ID : CKOROPV381404 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : Naa | |

DEPARTMENT OF HAEMATOLOGY

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

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

HEMOGRAM , WHOLE BLOOD EDTA

| | | | | |
|-----------------------------|--------------|---------------|------------|--------------------------------|
| HAEMOGLOBIN | 13 | g/dL | 13-17 | Spectrophotometer |
| PCV | 38.10 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 4.22 | Million/cu.mm | 4.5-5.5 | Electrical Impedence |
| MCV | 90.2 | fL | 83-101 | Calculated |
| MCH | 30.8 | pg | 27-32 | Calculated |
| MCHC | 34.1 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 14.2 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 8,100 | cells/cu.mm | 4000-10000 | Electrical Impedence |

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

| | | | | |
|-------------|------|---|-------|----------------------|
| NEUTROPHILS | 63.4 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 25.8 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 1 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 9.4 | % | 2-10 | Electrical Impedence |
| BASOPHILS | 0.4 | % | <1-2 | Electrical Impedence |

ABSOLUTE LEUCOCYTE COUNT

| | | | | |
|-------------|--------|-------------|-----------|----------------------|
| NEUTROPHILS | 5135.4 | Cells/cu.mm | 2000-7000 | Electrical Impedence |
| LYMPHOCYTES | 2089.8 | Cells/cu.mm | 1000-3000 | Electrical Impedence |
| EOSINOPHILS | 81 | Cells/cu.mm | 20-500 | Electrical Impedence |
| MONOCYTES | 761.4 | Cells/cu.mm | 200-1000 | Electrical Impedence |
| BASOPHILS | 32.4 | Cells/cu.mm | 0-100 | Electrical Impedence |

PLATELET COUNT

| | | | | |
|----------------|--------|-------------|---------------|----------------------|
| PLATELET COUNT | 325000 | cells/cu.mm | 150000-410000 | Electrical impedence |
|----------------|--------|-------------|---------------|----------------------|

ERYTHROCYTE SEDIMENTATION RATE (ESR)

| | | | | |
|--------------------------------------|---|-------------------------|------|---------------------|
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 2 | mm at the end of 1 hour | 0-15 | Modified Westergren |
|--------------------------------------|---|-------------------------|------|---------------------|

PERIPHERAL SMEAR

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 ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
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SIN No:BED230233812

NABL renewal accreditation under process

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| UHID/MR No : CKOR.0000246083 | Reported : 26/Sep/2023 02:09PM |
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DEPARTMENT OF HAEMATOLOGY

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

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



SIN No:BED230233812

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| Patient Name : Mr.HAMEED S | Collected : 26/Sep/2023 12:10PM |
| Age/Gender : 57 Y 1 M 25 D/M | Received : 26/Sep/2023 04:12PM |
| UHID/MR No : CKOR.0000246083 | Reported : 26/Sep/2023 04:34PM |
| Visit ID : CKOROPV381404 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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DEPARTMENT OF BIOCHEMISTRY

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

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

| | | | | |
|-------------------------------|----|-------|--------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 78 | 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.

| | | | | |
|--|-----|-------|--------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 108 | 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.



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| UHID/MR No : CKOR.0000246083 | Reported : 26/Sep/2023 02:05PM |
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
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| HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA | 6.5 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA | 140 | 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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DEPARTMENT OF BIOCHEMISTRY

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

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SIN No:EDT230088360

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DEPARTMENT OF BIOCHEMISTRY

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

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LIPID PROFILE , SERUM

| | | | | |
|---------------------|------|-------|--------|----------------------------|
| TOTAL CHOLESTEROL | 218 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 103 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 78 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 140 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 119 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 20.6 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 2.79 | | 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 |

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
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SIN No:SE04493048

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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
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LIVER FUNCTION TEST (LFT) , SERUM

| | | | | |
|---------------------------------------|-------------|-------|---------|--------------------|
| BILIRUBIN, TOTAL | 0.62 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.13 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.49 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 20 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 23.0 | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 38.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 5.58 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 3.62 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 1.96 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.85 | | 0.9-2.0 | Calculated |

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury.

Values also correlate well with increasing BMI.

- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.

• AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen

to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

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3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

| | | | | |
|-----------------------|-------|--------|-------------|--------------------------|
| CREATININE | 2.52 | mg/dL | 0.72 – 1.18 | JAFFE METHOD |
| UREA | 43.60 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 20.4 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 6.82 | mg/dL | 3.5–7.2 | Uricase PAP |
| CALCIUM | 8.90 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.82 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 138 | mmol/L | 136–146 | ISE (Indirect) |
| POTASSIUM | 4.2 | mmol/L | 3.5–5.1 | ISE (Indirect) |
| CHLORIDE | 104 | mmol/L | 101–109 | ISE (Indirect) |



SIN No:SE04493048

NABL renewal accreditation under process

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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

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)

Address:

The Apollo Medical Centre, 51, Jyoti Nivas College Road, 5th Block, Koramangala, Bengaluru, Karnataka, India - 560095

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DEPARTMENT OF BIOCHEMISTRY

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
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| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 11.00 | U/L | <55 | IFCC |



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DEPARTMENT OF IMMUNOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

| | | | | |
|-----------------------------------|-------|--------|------------|------|
| TRI-IODOTHYRONINE (T3, TOTAL) | 0.63 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 7.82 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 1.328 | µIU/mL | 0.34-5.60 | CLIA |

Comment:

Note:

| For pregnant females | Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association) |
|----------------------|---|
| First trimester | 0.1 - 2.5 |
| Second trimester | 0.2 – 3.0 |
| Third trimester | 0.3 – 3.0 |

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

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

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DEPARTMENT OF IMMUNOLOGY

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---------------------------|--|------|-----------------|--------|
| N/Low High N N | T3 Thyrotoxicosis, Non thyroidal causes | | | |
| High High High High | Pituitary Adenoma; TSHoma/Thyrotropinoma | | | |



SIN No:SPL23137138

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| | |
|------------------------------|--|
| Patient Name : Mr.HAMEED S | Collected : 26/Sep/2023 09:12AM |
| Age/Gender : 57 Y 1 M 25 D/M | Received : 26/Sep/2023 11:42AM |
| UHID/MR No : CKOR.0000246083 | Reported : 26/Sep/2023 01:24PM |
| Visit ID : CKOROPV381404 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : Naa | |

DEPARTMENT OF IMMUNOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|--------|
| TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM | 0.560 | ng/mL | 0-4 | CLIA |



SIN No:SPL23137138

NABL renewal accreditation under process

| | |
|------------------------------|--|
| Patient Name : Mr.HAMEED S | Collected : 26/Sep/2023 09:11AM |
| Age/Gender : 57 Y 1 M 25 D/M | Received : 26/Sep/2023 01:42PM |
| UHID/MR No : CKOR.0000246083 | Reported : 26/Sep/2023 03:48PM |
| Visit ID : CKOROPV381404 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : Naa | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

| | | | | |
|--------------|-------------|--|-------------|------------------|
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | HAZY | | CLEAR | Visual |
| pH | 5.5 | | 5-7.5 | DOUBLE INDICATOR |
| SP. GRAVITY | 1.020 | | 1.002-1.030 | Bromothymol Blue |

BIOCHEMICAL EXAMINATION

| | | | | |
|------------------------|-------------|--|----------|----------------------------|
| URINE PROTEIN | POSITIVE ++ | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | TRACE | | NEGATIVE | GLUCOSE OXIDASE |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING REACTION |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | SODIUM NITRO PRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | MODIFIED EHRlich REACTION |
| BLOOD | POSITIVE ++ | | NEGATIVE | Peroxidase |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | LEUCOCYTE ESTERASE |

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

| | | | | |
|------------------|--------|------|------------------|------------|
| PUS CELLS | 3-4 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 2-3 | /hpf | <10 | MICROSCOPY |
| RBC | 15-20 | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |

Result Rechecked



SIN No:UR2190957

NABL renewal accreditation under process

| | |
|------------------------------|--|
| Patient Name : Mr.HAMEED S | Collected : 26/Sep/2023 09:11AM |
| Age/Gender : 57 Y 1 M 25 D/M | Received : 26/Sep/2023 01:42PM |
| UHID/MR No : CKOR.0000246083 | Reported : 26/Sep/2023 04:38PM |
| Visit ID : CKOROPV381404 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : Naa | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|----------|------|-----------------|----------|
| URINE GLUCOSE(POST PRANDIAL) | TRACE | | NEGATIVE | Dipstick |
| URINE GLUCOSE(FASTING) | NEGATIVE | | NEGATIVE | Dipstick |

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

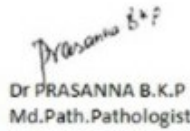
Result/s to Follow:
PERIPHERAL SMEAR



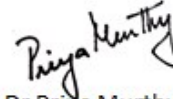
DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST



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




Dr PRASANNA B.K.P
Md.Path.Pathologist



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



| | | |
|--|---|---|
| Name : Mr. Hameed S Address : kml Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT | Age : 57 Y Sex : M | UHID :CKOR.0000246083  <small>*CKOR.0000246083*</small> OP Number :CKOROPV381404 Bill No :CKOR-OCR-77855 Date : 26.09.2023 08:59 |
|--|---|---|

| Sno | Service Type/ServiceName | Department |
|---------------|--|------------|
| 1 | ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324 | |
| 1 | URINE GLUCOSE(FASTING) | |
| 2 | GAMMA GLUTAMYL TRANSFERASE (GGT) R-12 | |
| 3 | PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL) | |
| 4 | HbA1c, GLYCATED HEMOGLOBIN | |
| 5 | 2 D ECHO Dr. ramesh R-110 | |
| 6 | LIVER FUNCTION TEST (LFT) | |
| 7 | X-RAY CHEST PA R-11 | |
| 8 | GLUCOSE, FASTING | |
| 9 | HEMOGRAM + PERIPHERAL SMEAR | |
| 10 | ENT CONSULTATION | |
| 11 | FITNESS BY GENERAL PHYSICIAN | |
| 12 | DIET CONSULTATION | |
| 13 | COMPLETE URINE EXAMINATION | |
| 14 | URINE GLUCOSE(POST PRANDIAL) | |
| 15 | PERIPHERAL SMEAR | |
| 16 | ECG R-14 | |
| 17 | BLOOD GROUP ABO AND RH FACTOR | |
| 18 | LIPID PROFILE | |
| 19 | BODY MASS INDEX (BMI) | |
| 20 | OPHTHAL BY GENERAL PHYSICIAN | |
| 21 | RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) | |
| 22 | ULTRASOUND - WHOLE ABDOMEN R-14 | |
| 23 | THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) | |
| 24 | DENTAL CONSULTATION R-15 | |
| 25 | GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) | |

② Physio - 200
 2 Ophthal

Height :- 169 cm.
 weight :- 76 kgs

NAME: MR. HAMEED S

AGE: 57Y

SEX: MALE

DATE: 26/09/2023

ECHOCARDIOGRAPHY REPORT

MEASUREMENT

| | | |
|--------------------|-----------------------|----------------------|
| AO -28 (20 – 35)mm | LIVD d - 40(36-52)mm | IVS - 10 (06 - 11)mm |
| LA -27 (19- 40)mm | LVID s - 27(23- 39)mm | PWD - 11(06- .11)mm |
| EF - 60% (>50%) | RVID-22 | |

VALVES

Mitral Valve : Normal
Aortic Valve : Normal
Tricuspid Valve : Normal
Pulmonary Valve : Normal

CHAMBERS

Left Atrium : Normal
Right Atrium : Normal
Left Ventricle : Normal
Right Ventricle : Normal

SEPTAE

IVS : Intact
IAS : Intact

GREAT ARTERIES

Aorta : Normal
Pulmonary Artery : Normal

DOPPLER DATA

Mitral : TRIVIAL MR , E < A
Aortic : Normal
Tricuspid : Normal
Pulmonary : Normal

WALL MOTION ABNORMALITIES : No RWMA

Pericardium : Normal

FINAL DIAGNOSIS

**NORMAL CHAMBERS AND VALVES , TRIVIAL MR
NORMAL BIVENTRICULAR FUNCTION
NO RWMA AT REST, LV EF -60%
GRADE I DIASTOLIC DYSFUNCTION**


**DR. MOHAN MURALI
CONSULTANT
CARDIOLOGIST**

| | | | |
|--------------------|--------------------|-------------|--------------------|
| Patient Name | : Mr. Hameed S | Age | : 57 Y M |
| UHID | : CKOR.0000246083 | OP Visit No | : CKOROPV381404 |
| Reported on | : 26-09-2023 10:20 | Printed on | : 26-09-2023 10:24 |
| Adm/Consult Doctor | : | Ref Doctor | : SELF |

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appear normal.

Both hila are normal.

Tiny calcified density over right mid zone- benign calcified granuloma.

Both costophrenic and cardiophrenic angles are normal.

The cardiac and mediastinal shadows appear normal.

Bones and soft tissues appear normal.

IMPRESSION : NO SIGNIFICANT ABNORMALITY.


DR. APURVA A J
RADIOLOGIST

Printed on:26-09-2023 10:20

---End of the Report---

| | | | |
|--------------|--------------------|----------------|--------------------|
| Patient Name | : Mr. Hameed S | Age | : 57 Y/M |
| UHID | : CKOR.0000246083 | OP Visit No | : CKOROPV381404 |
| Reported By: | : Dr. MOHAN MURALI | Conducted Date | : 26-09-2023 13:11 |
| Referred By | : SELF | | |

ECG REPORT

Observation :-

1. Sinus Bradycardia.
2. Heart rate is 53 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

Dr. MOHAN MURALI
CARDIOLOGIST

NOTE:KINDLY TAKE A PHOTOCOPY OF THE GRAPH
FOR FUTURE REFERENCE IF NEEDED.

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor ; Ameerpet, Hyderabad, Telangana - 500 038 | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK KARNATAKA

Bangalore (Basavanagudi | Bellandur | Electronics City | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (Kalidasa Road)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

OPHTHAL REPORT

NAME: Hameed S AGE: 57 GENDER: MALE/FEMALE ✓

RIGHT EYE

| | SPH | CYL | AXIS |
|----|-------|-----|------|
| DV | +0.75 | — | 6/6 |
| NV | +2.50 | — | NG |

LEFT EYE

| | SPH | CYL | AXIS |
|----|-------|-----|------|
| DV | +0.50 | — | 6/6 |
| NV | +2.50 | — | NG |

REMARKS:

prog

DATE: 26/08/23

OPHTHALMIC SURGEON

BRING THIS PRESCRIPTION IN YOUR NEXT VISIT

Patient Name : Mr. Hameed S

Patient ID: 246083

Age : 57 Year(s)

Sex : Male

Referring Doctor : H/C

Date : 26 .09.2023

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size and shows increased echotexture..No biliary dilatation .No focal lesion

CBD is not dilated. **Portal vein** is normal in size, course and calibre.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid.

Pancreas to the extent visualized, appears normal in size, contour and echogenicity

Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesions.

Right Kidney is normal in size (82 x 43 mm, parenchymal thickness – 12mm), position, shape. Increased parenchymal echogenicity. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size (97 x 42 mm, parenchymal thickness – 13mm), position, shape. Increased parenchymal echogenicity. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Urinary Bladder is partially distended. No evidence of calculi, mass or mural lesion.

Prostate: mildly enlarged size and echotexture. Measuring (Vol. 25-26 cc).

There is no ascites.

IMPRESSION:

- **Fatty Liver Grade-I**
- **Bilateral Grade 1 Renal Parenchymal Changes – Suggested RFT correlation.**
- **Borderline Prostatomegaly.**


DR. APURVA A J
RADIOLOGIST



Mediwheel
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Dear **MR. S HAMEED**,

Please find the confirmation for following request.

Booking Date : 19-09-2023

Package Name : Arcofemi MediWheel Full Body Annual Plus Male Above 50 2D
ECHO (Metro)

Name of Diagnostic/Hospital : Apollo Medical Centre - Koramangala

Address of Diagnostic/Hospital : Plot 51, 5th Block, Opp. Jyothi Nivas College, Koramangala - 560095

Contact Details : (080) 2563 3833 - 24 - 23/9972044580

City : Bangalore

State : Karnataka

Pincode : 560095

Appointment Date : 26-09-2023

Confirmation Status : Confirmed

Preferred Time : 8:00am-9:00am

Comment : APPOINTMENT TIME 9:00AM

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.



ಭಾರತ ಸರ್ಕಾರ



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No. : 0000/00747/32693

To

Hammed S

ಹಮೀದ್ ಎಸ್

No 632 Arvind Nivas Ground Floor,
1st F cross Adugodi Main Road,

Koramangala 6th Block,

YTC- Bangalore South, PO: Koramangala VI Block,

District: Bengaluru,

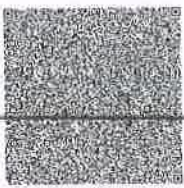
State: Karnataka, PIN Code: 560095,

Mobile: 9632266694

52288955



KF522889556F1



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3687 1322 6112

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಆಧಾರ್

3: 20/10/2011



ಹಮೀದ್ ಎಸ್

Hammed S

ಜನ್ಮ ದಿನಾಂಕ / DOB: 01/08/1966

ಲಿಂಗ / Male

| | | | |
|----------------------------|-------------------|--------------------|--------------------|
| Patient Name | : Mr. Hameed S | Age/Gender | : 57 Y/M |
| UHID/MR No. | : CKOR.0000246083 | OP Visit No | : CKOROPV381404 |
| Sample Collected on | : | Reported on | : 26-09-2023 11:18 |
| LRN# | : RAD2108984 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : Naa | | |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver is normal in size and shows increased echotexture..No biliary dilatation .No focal lesion
CBD is not dilated. **Portal vein** is normal in size, course and calibre.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid.

Pancreas to the extent visualized, appears normal in size, contour and echogenicity

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Increased parenchymal echogenicity. Corticomedullary differentiation is maintained.
No evidence of calculi or hydronephrosis.

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Urinary Bladder is partially distended. No evidence of calculi, mass or mural lesion.

Prostate: mildly enlarged size and exhotexture. Measuring (Vol. 25-26 cc).

There is no ascites.

IMPRESSION:

- **Fatty Liver Grade-I**
- **Bilateral Grade 1 Renal Parenchymal Changes – Suggested RFT correlation.**
- **Borderline Prostatomegaly.**

DR. APURVA A J
RADIOLOGIST

| | | | |
|----------------------------|-------------------|--------------------|--------------------|
| Patient Name | : Mr. Hameed S | Age/Gender | : 57 Y/M |
| UHID/MR No. | : CKOR.0000246083 | OP Visit No | : CKOROPV381404 |
| Sample Collected on | : | Reported on | : 26-09-2023 10:21 |
| LRN# | : RAD2108984 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : Naa | | |

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appear normal.

Both hila are normal.

Tiny calcified density over right mid zone- benign calcified granuloma.

Both costophrenic and cardiophrenic angles are normal.

The cardiac and mediastinal shadows appear normal.

Bones and soft tissues appear normal.

IMPRESSION : NO SIGNIFICANT ABNORMALITY.

DR. APURVA A J
RADIOLOGIST

Name: Mr. Hameed S
Age/Gender: 57 Y/M
Address: kml
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. TOBY ABRAHAM THOMAS

MR No: CKOR.0000246083
Visit ID: CKOROPV381404
Visit Date: 26-09-2023 08:58
Discharge Date:
Referred By: SELF

Signs and Symptoms of Hypertension

Epistaxis : **No**,

Blood Pressure Recording

Blood Pressure Recording: **120/80**,

Lab Investigations

Urinalysis, Urinary albumin: creatinine ratio: **No**,

IMPRESSION

Doctor's Signature

Name: Mr. Hameed S
Age/Gender: 57 Y/M
Address: kml
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. MAHABALESWAR

MR No: CKOR.0000246083
Visit ID: CKOROPV381404
Visit Date: 26-09-2023 08:58
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. Hameed S
Age/Gender: 57 Y/M
Address: kml
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. GAZALA ANJUM

MR No: CKOR.0000246083
Visit ID: CKOROPV381404
Visit Date: 26-09-2023 08:58
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

****Weight**

--->: **Stable,**

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: Nil,

Cancer: **no,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

DISCLAIMER

Disclaimer: **The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,**

Doctor's Signature

Name: Mr. Hameed S
Age/Gender: 57 Y/M
Address: kml
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. VIJAYA LAKSHMI M

MR No: CKOR.0000246083
Visit ID: CKOROPV381404
Visit Date: 26-09-2023 08:58
Discharge Date:
Referred By: SELF

Doctor's Signature

| | | | |
|---------------|-------------------|----------------|--------------------|
| Patient Name | : Mr. Hameed S | Age | : 57 Y/M |
| UHID | : CKOR.0000246083 | OP Visit No | : CKOROPV381404 |
| Conducted By: | : | Conducted Date | : 26-09-2023 11:43 |
| Referred By | : SELF | | |
