

Patient Name	: Mr.PALANIAPPAN AL	Collected	: 09/Mar/2024 07:59AM
Age/Gender	: 43 Y 10 M 16 D/M	Received	: 09/Mar/2024 12:58PM
UHID/MR No	: CANN.0000234056	Reported	: 09/Mar/2024 01:49PM
Visit ID	: CANNOPV395313	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS11525		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



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

SIN No:BED240062084

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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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 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	15.5	g/dL	13-17	Spectrophotometer
PCV	46.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.29	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.1	fL	83-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,700	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.4	%	40-80	Electrical Impedance
LYMPHOCYTES	33.6	%	20-40	Electrical Impedance
EOSINOPHILS	2.9	%	1-6	Electrical Impedance
MONOCYTES	6.2	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3778.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2251.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	194.3	Cells/cu.mm	20-500	Calculated
MONOCYTES	415.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	60.3	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.68		0.78- 3.53	Calculated
PLATELET COUNT	266000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm/hour	0-15	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

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NOTE/ COMMENT : Please correlate clinically.



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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination
PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY				



Dr. MARQUESS RAJ
M.D, DipRCPath, D.N.B (PATH)
Consultant Pathologist

SIN No: BED240062084

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UHID/MR No : CANN.0000234056	Reported : 09/Mar/2024 04:10PM
Visit ID : CANNOPV395313	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. Range	Method
GLUCOSE, FASTING , NAF PLASMA	111	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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	79	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)



SIN No:PLP1428979

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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	134	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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SIN No:EDT240028081

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	254	mg/dL	<200	CHO-POD
TRIGLYCERIDES	78	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	56	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	198	mg/dL	<130	Calculated
LDL CHOLESTEROL	182.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.54		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.03	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.86	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	63.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.00	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.5		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.

3. Synthetic function impairment:

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



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Visit ID	: CANNOPV395313	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS11525		

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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.98	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	22.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.60	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.60	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.00	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.5		0.9-2.0	Calculated



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:SE04654619

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

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK

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Patient Name : Mr.PALANIAPPAN AL	Collected : 09/Mar/2024 07:59AM
Age/Gender : 43 Y 10 M 16 D/M	Received : 09/Mar/2024 03:42PM
UHID/MR No : CANN.0000234056	Reported : 09/Mar/2024 06:05PM
Visit ID : CANNOPV395313	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS11525	

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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.00	U/L	<55	IFCC



DR. R. SRIVATSAN
M.D.(Biochemistry)



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Patient Name : Mr.PALANIAPPAN AL	Collected : 09/Mar/2024 07:59AM
Age/Gender : 43 Y 10 M 16 D/M	Received : 09/Mar/2024 04:01PM
UHID/MR No : CANN.0000234056	Reported : 09/Mar/2024 06:42PM
Visit ID : CANNOPV395313	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS11525	

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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.5	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.35	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.425	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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No: SPL24041071

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Patient Name : Mr.PALANIAPPAN AL	Collected : 09/Mar/2024 07:59AM
Age/Gender : 43 Y 10 M 16 D/M	Received : 09/Mar/2024 04:01PM
UHID/MR No : CANN.0000234056	Reported : 09/Mar/2024 06:40PM
Visit ID : CANNOPV395313	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS11525	

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	0.450	ng/mL	0-4	CLIA

The normal reference PSA for the decadal age group of 40-49 years is 0-2.5 ng/mL



DR. R. SRIVATSAN
M.D.(Biochemistry)



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Patient Name : Mr.PALANIAPPAN AL	Collected : 09/Mar/2024 07:59AM
Age/Gender : 43 Y 10 M 16 D/M	Received : 09/Mar/2024 02:25PM
UHID/MR No : CANN.0000234056	Reported : 09/Mar/2024 04:44PM
Visit ID : CANNOPV395313	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS11525	

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	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 13 of 14



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

SIN No:UR2300389

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Patient Name : Mr.PALANIAPPAN AL	Collected : 09/Mar/2024 07:59AM
Age/Gender : 43 Y 10 M 16 D/M	Received : 09/Mar/2024 02:28PM
UHID/MR No : CANN.0000234056	Reported : 09/Mar/2024 07:55PM
Visit ID : CANNOPV395313	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS11525	

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)	NEGATIVE		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Page 14 of 14



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

SIN No:UF010986

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Patient Name : Mr. PALANIAPPAN AL

Age/Gender : 43 Y/M

UHID/MR No. : CANN.0000234056

OP Visit No : CANNOPV395313

Sample Collected on :

Reported on : 11-03-2024 13:50

LRN# : RAD2260752

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobS11525

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

***NO SIGNIFICANT ABNORMALITY DETECTED.**

Dr. ASHIQ MOHAMMED JEFFREY

MD

Radiology

Patient Name	: Mr. PALANIAPPAN AL	Age	: 44 Y/M
UHID	: CANN.0000234056	OP Visit No	: CANNOPV395313
Reported By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 11-03-2024 12:22
Referred By	: SELF		

ECG REPORT

Observation :-

1. Heart rate is 67 beats per minutes.

Impression:

LEFT AXIS DEVIATION .

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

Dr. ARULNITHI AYYANATHAN

Patient Name : Mr. PALANIAPPAN AL Age : 44 Y/M
UHID : CANN.0000234056 OP Visit No : CANNOPV395313
Conducted By: : Conducted Date : 11-03-2024 12:36
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.8CM
LA (es)	3.4CM
LVID (ed)	4.2CM
LVID (es)	3.0CM
IVS (Ed)	0.6CM
LVPW (Ed)	0.7CM
EF	63%
%FD	33%
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

Patient Name	: Mr. PALANIAPPAN AL	Age	: 44 Y/M
UHID	: CANN.0000234056	OP Visit No	: CANNOPV395313
Conducted By:	:	Conducted Date	: 11-03-2024 12:36
Referred By	: SELF		

DOPPLER STUDIES MITRAL INFLOW :

E : 0.6m/sc A: 0.4 m/sc

Velocity / Gradient Across Pulmonic Valve : 0.7m/sc

Velocity / Gradient Across Aortic Valve :0.7m/sc

IMPRESSION :

NO RWMA

NORMAL LEFT VENTRICULAR FUNCTION(EF - 63%)

NORMAL CARDIAC CHAMBERS & VALVES

TRIVIAL TRICUSPID REGURGITATION

NO PAH / CLOT / PE .

Dr.
RAKESH P
GOPAL

Patient Name : Mr. PALANIAPPAN AL
UHID : CANN.0000234056
Conducted By: :
Referred By : SELF

Age : 44 Y/M
OP Visit No : CANNOPV395313
Conducted Date : 11-03-2024 12:36

Patient Name	: Mr. PALANIAPPAN AL	Age/Gender	: 43 Y/M
UHID/MR No.	: CANN.0000234056	OP Visit No	: CANNOPV395313
Sample Collected on	:	Reported on	: 10-03-2024 13:49
LRN#	: RAD2260752	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS11525		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver shows uniform echopattern with no evidence of focal or diffuse pathology.
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus. Wall thickness appear normal.

Pancreas and spleen appear normal. Spleen measures 7.3cms

Portal and splenic veins appear normal. No evidence of ascites or lymphadenopathy.

Diaphragmatic movements are satisfactory.

There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 9.0 x 3.7cms

Left kidney measures 8.8 x 4.5cms

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 2.9x3.9x4.1cm volume 25 and shows normal echopattern.

Seminal vesicles appear normal.

Bladder is normal in contour.

IMPRESSION:

***NO SIGNIFICANT ABNORMALITY DETECTED**



Patient Name : Mr. PALANIAPPAN AL

Age/Gender : 43 Y/M

Dr. ASHIQ MOHAMMED JEFFREY

MD

Radiology


Apollo Clinic

CONSENT FORM

Patient Name: *Palai appan* Age: *43 / 01*
UHID Number: *234056* Company Name: *Aro Care*

I Mr/Mrs/Ms *Palai appan* Employee of *Aro Care*
(Company) Want to inform you that I am not interested in getting *Dental On*
Tests done which is a part of my routine health check package. *Review*
And I claim the above statement in my full consciousness.

Patient Signature: *A. Palai appan* Date: *09/03/24*

 **Apollo Medical Centre**
No. 30, F-Block, 2nd Avenue,
Anna Nagar East, Chennai-600 102
Tel: 044-26224505, Mobile: 7358392880
Toll No. 1860 500 7788

Male

43 Years

09.03.2024 8:27:52 AM
APOLLO MEDICAL CENTER
ANNA NAGAR
CHENNAI

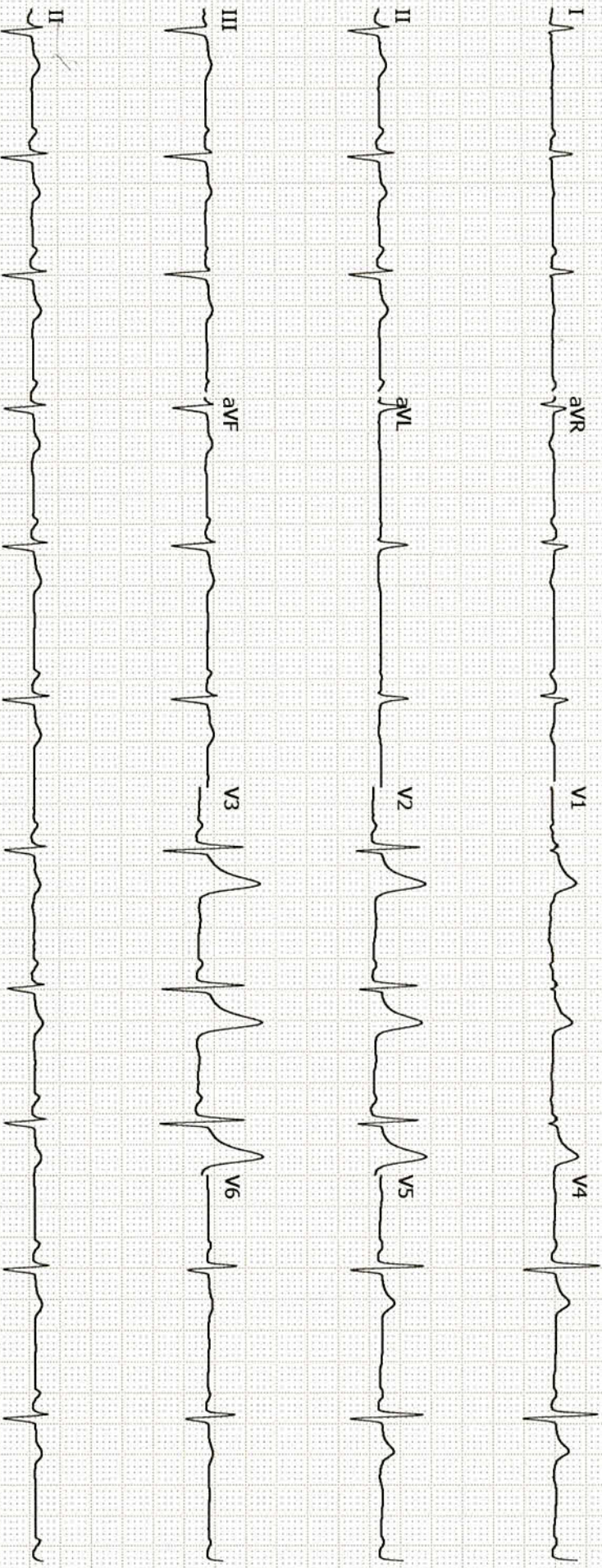
Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

67 bpm
--/-- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 78 ms
QT / QTcBaz : 364 / 384 ms
PR : 142 ms
P : 92 ms
RR / PP : 892 / 895 ms
P / QRS / T : 54 / -41 / 72 degrees



A. Palaniappan

SR
SR
SR

ENT check up

Palaniappan AZ

43/M

9/3/24

Height:	Weight:	BMI:	Waist Circum:
Temp:	Pulse:	Resp:	B.P:

General Examination / Allergies
History

o/e @ e/b

o/e - Bil wax

Adv: Wax melt ear drops

8-8-8 x 1wk



Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

Name: Palaniappan AC
 Occupation:
 Age: 43y Sex: Male Female
 Address:
 Ph:

Date: 9/3/24 Reg. No.: 234056
 Ref. Physician:
 Copies to:

REPORT ON OPHTHALMIC EXAMINATION


History: Existing glasses used past 20 years.

Present Complaint: Comfortable with present glasses with glass RE 6/6 No.

ON EXAMINATION:

	RE	LE
Ocular Movements :		Free
Anterior Segment :	Free	
Intra-Ocular-Pressure :		
Visual Acuity: D.V. :		N
Without Glass :	N	
With Glass :		6/12
N.V. :	6/12	
Visual Fields :		
Fundus :		N8
Impression :	N8	
Advice :	Full	Full
Colour Vision :	N	N

CANN - 234056
Oce 100602


भारत सरकार
आधार

இந்திய அரசாங்கம்
Government of India

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு
Unique Identification Authority of India

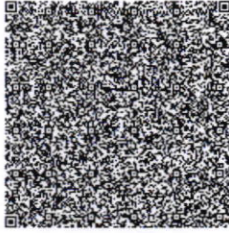
பதிவேட்டு எண்/ Enrolment No.: 0013/07003/09859

Download Date: 25/09/2021

To
பழனியப்பன் அழ
Palaniappan AI
S/O, Alagappan
Plot No 127
Aiswarya Nagar 4th Street
Kilayanambakkam
Pmr College Back Side
Vanagaram
Vanagaram
Tiruvallur Tamil Nadu - 600095
9442342098


Issue Date: 20/09/2021

Signature Not Verified
Digitally signed by AI
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA 05
Date: 2021.09.26 14:15:15
IST




உங்கள் ஆதார் எண் / Your Aadhaar No. :
7604 2165 4375
VID : 9160 8434 8296 2289

எனது ஆதார், எனது அடையாளம்


இந்திய அரசாங்கம்
Government of India
ஆதார்


இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு
Unique Identification Authority of India
ஆதார்



பழனியப்பன் அழ
Palaniappan AI
பிறந்த நாள்/DOB: 23/04/1980
ஆண்/ MALE

Download Date: 25/09/2021

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எனது ஆதார், எனது அடையாளம்


सर्वभारत सरकार
Government of India
AADHAAR

தகவல்


- ஆதார் அடையாளத்திற்கான சான்று, குடியறிமைக்கு அல்ல
- பாதுகாப்பான QR குறியீடு/ ஆப்லைன் XML / ஆன்லைன் அங்கீகாரத்தைப் பயன்படுத்தி அடையாளத்தை சரிபார்க்கவும்
- இது எலக்ட்ரானிக் செயல்முறை மூலம் தயாரிக்கப்பட்ட கடிதமாகும்.


INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- ஆதார் நாடு முழுவதிலும் செல்லுபடியாகும்.
- பல்வேறு அரசு மற்றும் அரசு சாரா சேவைகளை எளிதில் பெற ஆதார் உதவுகிறது.
- உங்கள் மொபைல் எண் மற்றும் மின்னஞ்சல் ஐடியை ஆதாரில் புதுப்பிக்கவும்
- mAadhaar செயலியைப் பயன்படுத்தி உங்கள் ஸ்மார்ட் போனில் ஆதாரை எடுத்துச் செல்லுங்கள்

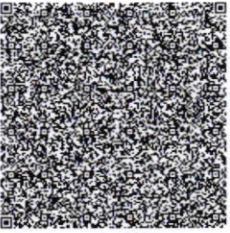
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- Aadhaar helps you avail various Government and non-Government services easily.
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முகவரி:
அழகப்பன், ப்லாட் நோ 127, ஐஸ்வர்யா நகர்
4வது வீதி, பம்ர் காலேஜ் பின்புறம்,
கிழாயணாம்பக்கம், வானகரம், திருவள்ளூர்,
தமிழ் நாடு - 600095

Address:
S/O, Alagappan, Plot No 127, Aiswarya Nagar
4th Street, Pmr College Back Side,
Kilayanambakkam, Vanagaram, Tiruvallur,
Tamil Nadu - 600095



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A.L. Palaniappan