





Patient Name : Mr.RAMAKRISHNA R

Age/Gender : 51 Y 4 M 18 D/M

UHID/MR No : CKOR.0000257392 Visit ID : CKOROPV420767

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 22E30604 Collected : 10/Aug/2024 10:46AM

Received : 10/Aug/2024 01:12PM Reported : 10/Aug/2024 03:12PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	13.5	g/dL	13-17	Spectrophotometer
PCV	39.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.37	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	90.7	fL	83-101	Calculated
MCH	30.9	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	15	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,610	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	58.5	%	40-80	Electrical Impedance
LYMPHOCYTES	30.7	%	20-40	Electrical Impedance
EOSINOPHILS	2.5	%	1-6	Electrical Impedance
MONOCYTES	7.1	%	2-10	Electrical Impedance
BASOPHILS	1.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2696.85	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1415.27	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	115.25	Cells/cu.mm	20-500	Calculated
MONOCYTES	327.31	Cells/cu.mm	200-1000	Calculated
BASOPHILS	55.32	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.91		0.78- 3.53	Calculated
PLATELET COUNT	227000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

Dr.Harshitha Y M.B.B.S,M.D(Pathology)

M.B.B.S,M.D(Pathology)

Consultant Pathologist

Or Priya Multity

M.B.B.S,M.D(Pathology)

Consultant Pathologist

Page 1 of 6



SIN No:BED240208971

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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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

Dr.Harshitha Y M.B.B.S.M.D(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 2 of 6



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









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: 10/Aug/2024 01:56PM

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: 10/Aug/2024 02:26PM

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	106	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.

Dr.Govinda Raju N L MSc,PhD(Biochemistry) Consultant Biochemistry M.B.B.S, M.D (Pathology) Consultant Pathologist

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SIN No:PLF02200287

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









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Visit ID : CKOROPV420767

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 22E30604 Collected : 10/Aug/2024 10:46AM Received : 10/Aug/2024 01:45PM

Reported : 10/Aug/2024 01:45PM : 10/Aug/2024 02:55PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method	
THYROID PROFILE TOTAL (T3, T4, TSH)	, SERUM	<u>'</u>			
TRI-IODOTHYRONINE (T3, TOTAL)	1.2	ng/mL	0.7-2.04	CLIA	
THYROXINE (T4, TOTAL)	12.8	μg/dL	5.48-14.28	CLIA	
THYROID STIMULATING HORMONE (TSH)	5.414	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		

- **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

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Pr.Govinda Raju N L MSc,PhD(Biochemistry) Consultant Biochemistry Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist



SIN No:SPL24130747

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

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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

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Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA), SERUM	0.200	ng/mL	0-4	CLIA

*** End Of Report ***

Result/s to Follow:

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), LIVER FUNCTION TEST (LFT), LIPID PROFILE, GLUCOSE (FASTING) - URINE, BLOOD GROUP ABO AND RH FACTOR, GAMMA GLUTAMYL TRANFERASE (GGT), COMPLETE URINE EXAMINATION (CUE), HBA1C (GLYCATED HEMOGLOBIN), PERIPHERAL SMEAR

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Patient Name : Mr. RAMAKRISHNA R Age/Gender : 51 Y/M

UHID/MR No. :

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Sample Collected on

LRN#

: RAD2400474

Ref Doctor : SELF **Emp/Auth/TPA ID** : 22E30604 OP Visit No Reported on

Specimen

: CKOROPV420767 : 10-08-2024 15:35

. 10-00-2024 13.33

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

CONCLUSION:

No obvious abnormality seen

Dr. VINOD P JOSEPH MBBS, DNB, DMRD

Radiology



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UHID/MR No.	: CKOR.0000257392	OP Visit No	: CKOROPV420767	
Sample Collected on	:	Reported on	: 10-08-2024 15:08	
LRN#	: RAD2400474	Specimen	:	
Ref Doctor	: SELF			
Emp/Auth/TPA ID	: 22E30604			

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver is normal in size and 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, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Retroperitoneum – Obscured by bowel gas. No significant lymphadenopathy.

Urinary Bladder well distended. wall thickness is normal. No evidence of calculi, mass or mural lesion

Prostate: normal in size and exchotexture.

There is no ascites.

IMPRESSION: NO SIGNIFICANT ABNORMALITY DETECTED



Patient Name : Mr. RAMAKRISHNA R Age/Gender : 51 Y/M

DR VINOD JOSEPH DNB,DMRD RADIOLOGY

Dr. VINOD P JOSEPH
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Radiology