

Patient Name : Mr.NIRMAL KUMAR M A	Collected : 14/Sep/2024 09:02AM
Age/Gender : 46 Y 8 M 26 D/M	Received : 14/Sep/2024 11:56AM
UHID/MR No : APJ1.0010077338	Reported : 14/Sep/2024 01:08PM
Visit ID : CVALOPV116570	Status : Final Report
Ref Doctor : Dr.MYTHILI S	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : Emp id:427	

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

and Lifestyle Ltd - RRL ASHOK NAGAR



Apollo Health Care Limited (CIN - U85110TG2000PLC115819)

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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 HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.9	g/dL	13-17	Spectrophotometer
PCV	41.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.88	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	84.2	fL	83-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,600	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	66.8	%	40-80	Electrical Impedance
LYMPHOCYTES	25.4	%	20-40	Electrical Impedance
EOSINOPHILS	1	%	1-6	Electrical Impedance
MONOCYTES	6.3	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3740.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1422.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	56	Cells/cu.mm	20-500	Calculated
MONOCYTES	352.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	28	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.63		0.78- 3.53	Calculated
PLATELET COUNT	216000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm/hour	0-15	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

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IMPRESSION : Normocytic normochromic blood picture.

NOTE/ COMMENT : Please correlate clinically.



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Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	AB			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	Positive			Forward & Reverse Grouping with Slide/Tube Agglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY

Veena Singh

Dr. Veena Singh,
M.D(Pathology)
Consultant Pathologist



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

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	181	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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	212	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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	8.7	%		HPLC



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ESTIMATED AVERAGE GLUCOSE (eAG)	203	mg/dL	Calculated
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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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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	193	mg/dL	<200	CHO-POD
TRIGLYCERIDES	129	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	39	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	154	mg/dL	<130	Calculated
LDL CHOLESTEROL	128.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	25.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.95		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.16		<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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



DR. R. SRIVATSAN
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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	<50	UV with P5P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<50	IFCC Without Pyridoxal phosphate Activation
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.9		<1.15	Calculated
ALKALINE PHOSPHATASE	61.00	U/L	30-120	IFCC AMP Buffer
PROTEIN, TOTAL	7.30	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		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, Wilson’s diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*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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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.NIRMAL KUMAR M A	Collected : 14/Sep/2024 09:02AM
Age/Gender : 46 Y 8 M 26 D/M	Received : 14/Sep/2024 12:56PM
UHID/MR No : APJ1.0010077338	Reported : 14/Sep/2024 02:25PM
Visit ID : CVALOPV116570	Status : Final Report
Ref Doctor : Dr.MYTHILI S	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : Emp id:427	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) WITH GGT , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	<50	UV with P5P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<50	IFCC Without Pyridoxal phosphate Activation
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.9		<1.15	Calculated
ALKALINE PHOSPHATASE	61.00	U/L	30-120	IFCC AMP Buffer
PROTEIN, TOTAL	7.30	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		0.9-2.0	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	26.00	U/L	<55	IFCC

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, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*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:



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



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SIN No: CVA240900887

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC135819)

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

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |

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*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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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.70	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	18.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.30	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.00	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	100	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.30	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Interval	Method
ALKALINE PHOSPHATASE , SERUM	61.00	U/L	30-120	IFCC AMP Buffer

Test Name	Result	Unit	Bio. Ref. Interval	Method
CALCIUM , SERUM	9.80	mg/dL	8.8-10.6	Arsenazo III

Comments:-

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.



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Patient Name : Mr.NIRMAL KUMAR M A	Collected : 14/Sep/2024 09:02AM
Age/Gender : 46 Y 8 M 26 D/M	Received : 14/Sep/2024 12:51PM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN 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)	0.81	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.93	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.030	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



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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	18.1	ng/mL	30 -100	CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

- Vitamin D intoxication.



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Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	175	pg/mL	190-900	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.770	ng/mL	0-4	CLIA



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Patient Name : Mr.NIRMAL KUMAR M A	Collected : 14/Sep/2024 09:02AM
Age/Gender : 46 Y 8 M 26 D/M	Received : 14/Sep/2024 12:05PM
UHID/MR No : APJ1.0010077338	Reported : 14/Sep/2024 01:36PM
Visit ID : CVALOPV116570	Status : Final Report
Ref Doctor : Dr.MYTHILI S	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : Emp id:427	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.011		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE+		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	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.



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



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

SIN No: CVA240900890

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)
This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory

Regd. Office: T-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 and Lifestyle Ltd - RRL Ashok Nagar East, Chennai.600 102,
Phone - 044-26224504 / 05



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.NIRMAL KUMAR M A	Collected	: 14/Sep/2024 09:02AM
Age/Gender	: 46 Y 8 M 26 D/M	Received	: 14/Sep/2024 07:35PM
UHID/MR No	: APJ1.0010077338	Reported	: 14/Sep/2024 07:50PM
Visit ID	: CVALOPV116570	Status	: Final Report
Ref Doctor	: Dr.MYTHILI S	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: Emp id:427		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE (++)		NEGATIVE	Dipstick



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



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

SIN No: CVA240900894 (CIN - U85110TG2000PLC115819)
Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: T-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | **Diagnostics Laboratory**, Ashok Nagar East, Chennai.600 102,
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744 | Phone - 044-26224504 / 05

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.NIRMAL KUMAR M A	Collected : 14/Sep/2024 09:02AM
Age/Gender : 46 Y 8 M 26 D/M	Received : 14/Sep/2024 12:05PM
UHID/MR No : APJ1.0010077338	Reported : 14/Sep/2024 01:55PM
Visit ID : CVALOPV116570	Status : Final Report
Ref Doctor : Dr.MYTHILI S	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : Emp id:427	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	POSITIVE (+)		NEGATIVE	Dipstick

*** End Of Report ***



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



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

SIN No: CVA240900888
Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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Phone - 044-26224504 / 05



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.NIRMAL KUMAR MA
Age/Gender : 46 Y 8 M 26 D/M
UHID/MR No : APJ1.0010077338
Visit ID : CVALOPV116570
Ref Doctor : Dr.MYTHILI S
Emp/Auth/TPA ID : Emp id:427

Collected : 14/Sep/2024 09:02AM
Received : 14/Sep/2024 12:05PM
Reported : 14/Sep/2024 01:55PM
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 THILAGA
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:CVA240900888

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

Patient Name	: Mr. NIRMAL KUMAR M A	Age	: 46Yrs 8Mths 27Days
UHID	: APJ1.0010077338	OP Visit No.	: CVALOPV116570
Printed On	: 14-09-2024 12:02 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Dr.MYTHILI S	Registration No.	: --
Employeer Id	: Emp id:427		

DEPARTMENT OF RADIOLOGY

ULTRASOUND – WHOLE ABDOMEN

Liver : Normal in size measures 16.2 cm with normal echo texture.
No evidence of any focal lesion.No INBR or EHBR dilation.
No portal vein and hepatic veins appear normal.

Gall bladder : Distended with normal contour and wall thickness.
No evidence of calculus or focal lesion is seen.

CBD : Normal in size and echo pattern.

Pancreas : Head , body and tail normal in size and echotexture.
No evidence of focal lesion / calcification / duct dilatation.

Spleen : Appears normal in size measures 10.4 cm.
No focal lesion is seen.Splenic vein appears normal.

Right kidney : Appears normal in size measures 11.5 x 4.9 cm and normal echopattern.
No evidence of calculus or PCS dilatation in right kidney.

Left kidney : Appears normal in size measures 10.8 x 5.0 cm and normal echopattern.
No evidence of calculus or PCS dilatation in left kidney.

Para - aortic : No evidence of any enlarged nodes. IVC & Aorta appear normal.

Urinary bladder : Distended with normal contour and wall thickness.
No evidence any abnormality detected.

Prostate is normal in size measures 3.0 x 3.6 x 3.7 cm vol – 21.3 cc and echo texture.
No evidence of necrosis/calcification seen.

RIF & LIF : appears normal.

IMPRESSION :

Normal study.

---End Of The Report---



Dr. HARSHINI U
MD (Radio Diagnosis)
120728
Radiology

Patient Name	: Mr. NIRMAL KUMAR M A	Age	: 46Yrs 8Mths 27Days
UHID	: APJ1.0010077338	OP Visit No.	: CVALOPV116570
Printed On	: 14-09-2024 09:12 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Reffered By	: Dr.MYTHILI S	Registration No.	: --
Employeer Id	: Emp id:427		

DEPARTMENT OF CARDIOLOGY

Ao (ed)	3.4 CM
LA (es)	3.0 CM
LVID (ed)	4.4 CM
LVID (es)	2.9 CM
IVS (Ed)	1.1/1.3 CM
LVPW (Ed)	0.9/1.3 CM
EF	61.00%
%FD	32.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	NORMAL
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL
LEFT VENTRICLE:	NORMAL
COLOUR AND DOPPLER STUDIES	
PWD:A>E AT MITRAL INFLOW	

E/A-E:0.9m/sec A: 0.6m/sec
VELOCITY ACROSS THE PULMONIC VALVE UPTO
0.7/2 m/sec

VELOCITY ACROSS THE AV UPTO 0.9/3 m/sec
TR VELOCITY UPTO 1.8/14m/sec

IMPRESSION :

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LV SYSTOLIC FUNCTION

NORMAL CHAMBERS DIMENSION

STRUCTURALLY VALVES ARE NORMAL

NO PERICARDIAL EFFUSION CLOT/PAH

CONDUCTED BY

Mrs. JENIFER

Dr. S NISHANTH

---End Of The Report---



Dr. S NISHANTH
MBBS, MD, DM (Cardio)
95597
Cardiology

Patient Name	: Mr. NIRMAL KUMAR M A	Age	: 46Yrs 8Mths 27Days
UHID	: APJ1.0010077338	OP Visit No.	: CVALOPV116570
Printed On	: 14-09-2024 08:12 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Dr.MYTHILI S	Registration No.	: --
Employeer Id	: Emp id:427		

DEPARTMENT OF CARDIOLOGY

Observation :-

1. Sinus Rhythm.
2. Heart rate is 93 beats per minutes.

Impression:

TALL T WAVE IN V3-V6

---End Of The Report---

Dr. PADMINI M
MD
25154
Cardiology

Patient Name	: Mr. NIRMAL KUMAR M A	Age	: 46Yrs 8Mths 29Days
UHID	: APJ1.0010077338	OP Visit No.	: CVALOPV116570
Printed On	: 16-09-2024 04:15 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Dr.MYTHILI S	Registration No.	: --
Employeer Id	: Emp id:427		

DEPARTMENT OF RADIOLOGY

X RAY CHEST PA

Both lungs fields appear normal.

Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.

The cardiac and mediastinal shadows appear normal.

Bones and soft tissues appear normal.

IMPRESSION : NORMAL STUDY.

---End Of The Report---



Dr. HARSHINI U
MD (Radio Diagnosis)
120728
Radiology



भारत सरकार
Government of India



Issue Date: 01/07/2014



ம ஆ நிர்மல் குமார்
M A Nirmal Kumar
பிறந்த நாள் / DOB: 19/12/1977
ஆண் / Male



8790 4118 3986



8790 4118 3986

मेरा **आधार**, मेरी पहचान

Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Mon 02-09-2024 13:11

To:nirmal.kumar@jmfl.com <nirmal.kumar@jmfl.com>

Cc:Valasaravakkam Clinic <valasaravakkam@apolloclinic.com>;Sreetharan V <sreetharan.v@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>

Dear M A Nirmal Kumar,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **VALASARAVAKKAM clinic** on **2024-09-14 at 08:00-08:15.**

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a 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 alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.

2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

**Clinic Address: APOLLO CLINIC,NO:1&2,PRAKASAM
SALAI,VALASARAVAKKAM,CHENNAI,NEAR MCDONALDS.**

Contact No: (044) 42698222 - 666.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic

Mr NIRMAL KUMAR M A
ID: APJ4.77338

Male

46 Years

14.09.2024 9:18:54 AM

apollo clinic
valasaravakkam
chennai

Room:

Location:

Order Number:

Indication:

Medication 1:

Medication 2:

Medication 3:

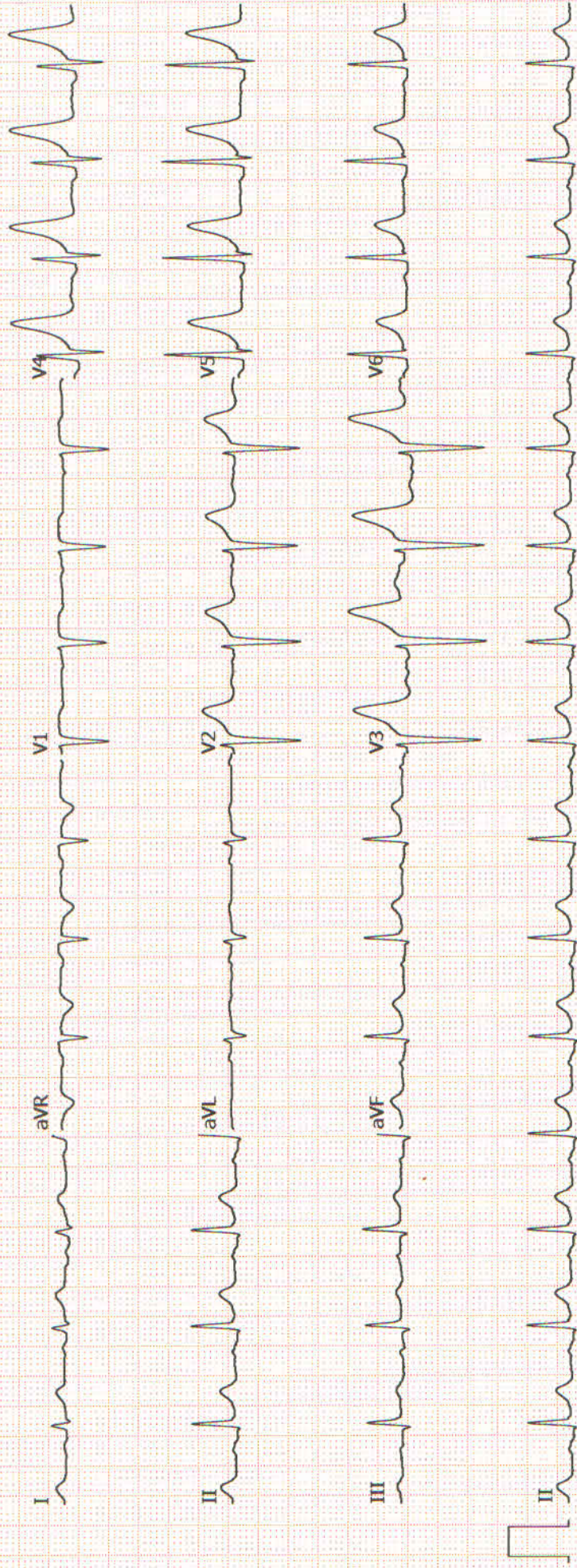
93 bpm

--- / --- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 76 ms
QT / QTcBaz : 342 / 425 ms
PR : 148 ms
P : 92 ms
RR / PP : 646 / 645 ms
P / QRS / T : 21 / 78 / 56 degrees

Tall T wave V3-V4
AW



Date : 9/14/2024 Department : General Practice
Patient Name : Mr. NIRMAL KUMAR M A Doctor : Dr. MYTHILIS
UHID : APJ1.0010077338 Registration No. : 177120
Age / Gender : 46Yrs 8Mths 26Days / Male Qualification : MBBS
Consultation Timing : 8:57 AM

came for regular checkup

No specific complaint

Klebs - DM., APP

F/H - F, M - DM.

F-CAD.

Personal H/O - DM
Alcoholic

Ht - 182cm
Lat - 78.6K
BP - 140/80
Pw - 92/mk

~~Ad~~
TMT

MR. NIRMAL KUMAR

46⁷/₁₁

14
~~10~~/09/2


Case of Corporate HC
e/c - NO specific
complaints in ENT

O/E
Ear - RB } TM intact
 LE }

Nose - DNS → LT
 RT 1TH

Throat - Consistent &
 Features of LPR

Rx
1. NO specific intervention
 needed



OPHTHALMOLOGY

Name Mr. NIRMAL KUMAR	Date 14.09.24
Age 46	UHID No. 10077338
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	

OPHTHAL FITNESS CERTIFICATE

H/o using specs x 6 years

	RE	LE
DV-UCVA :	6/6	6/36
DV-BCVA :	-	6/36 TPG 6/9 NIG NIP
NEAR VISION :	N ₈ Add +1.75D sph N ₆	N ₁₂ Add +1.75D sph N ₈
ANTERIOR SEGMENT :		
IOP :		
FIELDS OF VISION :	-	-
E O M :		
COLOUR VISION :	Normal	Normal
FUNDUS :		
IMPRESSION :		
ADVICE :		

ID: APJI77338 Age: 46

Gender Male Height 182 cm COPD
Ethnicity Asian Weight 78 kg BMI 23.5
Smoker No

FVL (ex/in)

Your FEV1 / Predicted: 84%

Test Date 14-Sep-24 9:20:40 AM Interpretation GOLD(2008)/Hardie Value Selection Best Value
Post Time - - Predicted Knudson 76 * 0.90 BTPS (IN/EX) 1.12/1.02

Pre

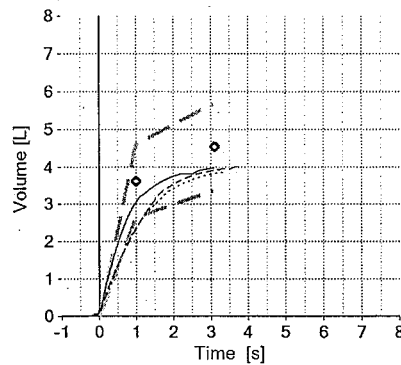
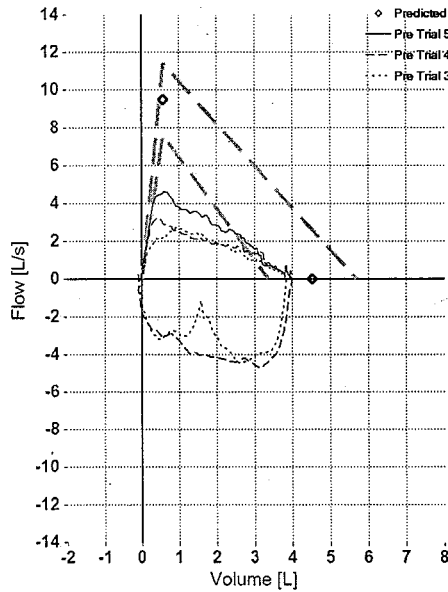
Parameter	Pred	LLN	Best	Trial 5	Trial 4	Trial 3	%Pred
FVC [L]	4.53	3.37	4.00	3.96	4.00	3.84	88
FEV1 [L]	3.62	2.64	3.04	3.04	2.33*	2.35*	84
FEV1/FVC	0.813	0.747	0.760	0.768	0.583*	0.611*	94
FEF25-75% [L/s]	4.90	-	2.71	2.71	1.83	1.83	55
PEF [L/s]	9.50	-	4.63	4.63	3.22	2.75	49
FET [s]	-	-	3.1	3.1	3.8	3.4	-
FIVC [L]	4.53	3.37	4.09	0.14*	4.09	3.90	90
PIF [L/s]	-	-	4.71	0.38	4.71	4.45	-

Session Quality Pre D - Result not repeatable (FEV1 Var=0.69L (22.7%); FVC Var=0.04L (1.0%))

System Interpretation Pre Normal Spirometry

Caution: Poor session quality. Interpret with care

* Indicates value outside normal range or significant post change.



f 14-Sep-24

14/9/24

Dental op

Mr. Nirmal Kumar A .

46/M

Rx ADV:-

- Adv. Scaling .

Lj
14/9/24 .

NIRMAL KUMAR M A ,

ID: APJI77338 Age: 46

Gender	Male	Height	182 cm	COPD	--
Ethnicity	Asian	Weight	78 kg	BMI	23.5
Smoker	No				

FVL (ex/in)

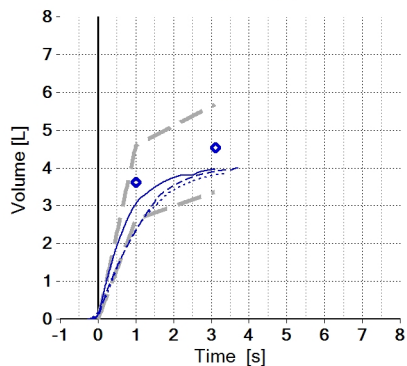
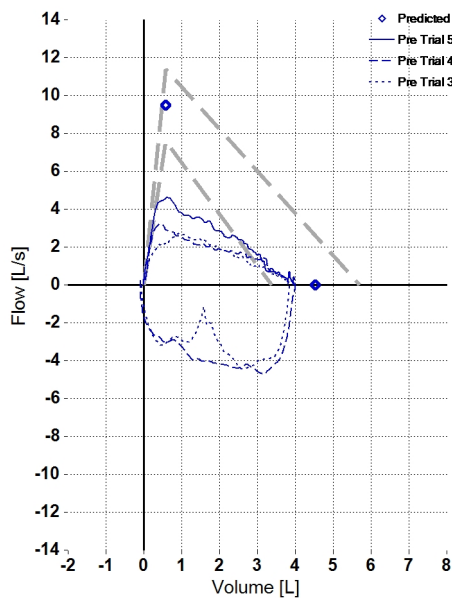
Your FEV1 / Predicted: 84%

Test Date	14-Sep-24 9:20:40 AM	Interpretation	GOLD(2008)/Hardie	Value Selection	Best Value
Post Time		Predicted	Knudson 76 * 0.90	BTPS (IN/EX)	1.12/1.02

Parameter	Pred	LLN	Pre				%Pred
			Best	Trial 5	Trial 4	Trial 3	
FVC [L]	4.53	3.37	4.00	3.96	4.00	3.84	88
FEV1 [L]	3.62	2.64	3.04	3.04	2.33*	2.35*	84
FEV1/FVC	0.813	0.747	0.760	0.768	0.583*	0.611*	94
FEF25-75% [L/s]	4.90	-	2.71	2.71	1.83	1.83	55
PEF [L/s]	9.50	-	4.63	4.63	3.22	2.75	49
FET [s]	-	-	3.1	3.1	3.8	3.4	-
FIVC [L]	4.53	3.37	4.09	0.14*	4.09	3.90	90
PIF [L/s]	-	-	4.71	0.38	4.71	4.45	-
Session Quality	Pre	D - Result not repeatable (FEV1 Var=0.69L (22.7%); FVC Var=0.04L (1.0%))					
System Interpretation	Pre	Normal Spirometry					

Caution: Poor session quality. Interpret with care

* Indicates value outside normal range or significant post change.



f 14-Sep-24