

| | |
|------------------------------|--|
| Patient Name : Mr.SRINIVAS R | Collected : 10/Aug/2024 08:47AM |
| Age/Gender : 49 Y 6 M 0 D/M | Received : 10/Aug/2024 01:23PM |
| UHID/MR No : CBAS.0000093906 | Reported : 10/Aug/2024 02:40PM |
| Visit ID : CBASOPV105336 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 21364 | |

DEPARTMENT OF HAEMATOLOGY

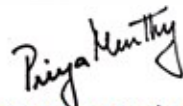
ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 14.3 | g/dL | 13-17 | Spectrophotometer |
| PCV | 43.00 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 4.77 | Million/cu.mm | 4.5-5.5 | Electrical Impedence |
| MCV | 90 | fL | 83-101 | Calculated |
| MCH | 30 | pg | 27-32 | Calculated |
| MCHC | 33.3 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 12.4 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 7,100 | cells/cu.mm | 4000-10000 | Electrical Impedence |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 39.9 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 50.8 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 3.3 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 5.9 | % | 2-10 | Electrical Impedence |
| BASOPHILS | 0.1 | % | <1-2 | Electrical Impedence |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 2832.9 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 3606.8 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 234.3 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 418.9 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 7.1 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 0.79 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 410000 | cells/cu.mm | 150000-410000 | Electrical impedence |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 10 | mm at the end of 1 hour | 0-15 | Modified Westegren method |
| PERIPHERAL SMEAR | | | | |

Page 1 of 22



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SIN No:BED240208392

This test has been performed at Apollo Health & Lifestyle Lab, ARCOFEMI BANGALORE Laboratory

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

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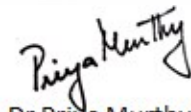
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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324



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RBCs: are normocytic normochromic

WBCs: are normal in total number with increase in lymphocytes.

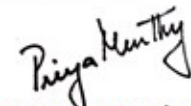
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH LYMPHOCYTOSIS.



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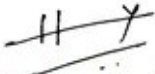
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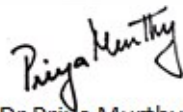
DEPARTMENT OF HAEMATOLOGY

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

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



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DEPARTMENT OF BIOCHEMISTRY

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 213 | 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. Range | Method |
|--|--------|-------|-----------------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 314 | mg/dL | 70-140 | HEXOKINASE |

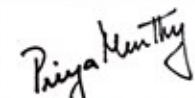
Comment:

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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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 10.1 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 243 | mg/dL | | Calculated |

Comment:

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

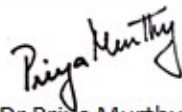
| REFERENCE GROUP | HBA1C % |
|------------------------|-----------|
| NON DIABETIC | <5.7 |
| PREDIABETES | 5.7 – 6.4 |
| DIABETES | ≥ 6.5 |
| DIABETICS | |
| EXCELLENT CONTROL | 6 – 7 |
| FAIR TO GOOD CONTROL | 7 – 8 |
| UNSATISFACTORY CONTROL | 8 – 10 |
| POOR CONTROL | >10 |

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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| Test Name | Result | Unit | Bio. Ref. Range | Method |
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| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 239 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 274 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 51 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 188 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 133 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 54.8 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.68 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | 0.37 | | <0.11 | Calculated |


Comment:

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

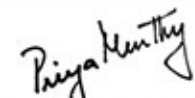
| | Desirable | Borderline High | High | Very High |
|---------------------|--|-----------------|-----------|-----------|
| TOTAL CHOLESTEROL | < 200 | 200 - 239 | ≥ 240 | |
| TRIGLYCERIDES | <150 | 150 - 199 | 200 - 499 | ≥ 500 |
| LDL | Optimal < 100 Near Optimal 100-129 | 130 - 159 | 160 - 189 | ≥ 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.



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SIN No: SE04805132

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| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.48 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.07 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.41 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 63 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 48.0 | U/L | <50 | IFCC |
| AST (SGOT) / ALT (SGPT) RATIO (DE RITIS) | 0.8 | | <1.15 | Calculated |
| ALKALINE PHOSPHATASE | 100.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.27 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.47 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.80 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.6 | | 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:

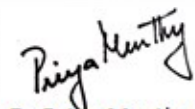
1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
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2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age


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


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SIN No:SE04805132

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 Karnataka - 560034



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| | |
|------------------------------|--|
| Patient Name : Mr.SRINIVAS R | Collected : 10/Aug/2024 08:47AM |
| Age/Gender : 49 Y 6 M 0 D/M | Received : 10/Aug/2024 06:17PM |
| UHID/MR No : CBAS.0000093906 | Reported : 10/Aug/2024 07:50PM |
| Visit ID : CBASOPV105336 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 21364 | |

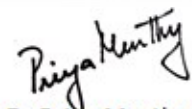
DEPARTMENT OF BIOCHEMISTRY

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

- 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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DEPARTMENT OF BIOCHEMISTRY

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


| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------------|-------|-----------------|--------------------|
| LIVER FUNCTION TEST (LFT) WITH GGT , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.48 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.07 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.41 | mg/dL | 0.0-1.1 | Dual Wavelength |
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| PROTEIN, TOTAL | 7.27 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.47 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.80 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.6 | | 0.9-2.0 | Calculated |
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) | 69.00 | U/L | <55 | IFCC |

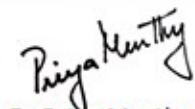
Comment:

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:

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| | |
|------------------------------|--|
| Patient Name : Mr.SRINIVAS R | Collected : 10/Aug/2024 08:47AM |
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| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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DEPARTMENT OF BIOCHEMISTRY

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


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.

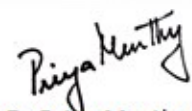
3. Synthetic function impairment:

*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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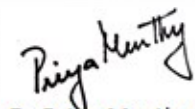
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|--------|-----------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.66 | mg/dL | 0.84 - 1.25 | Modified Jaffe, Kinetic |
| UREA | 15.70 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 7.3 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 4.77 | mg/dL | 3.5-7.2 | Uricase PAP |
| CALCIUM | 9.60 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.24 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 137 | mmol/L | 136-146 | ISE (Indirect) |
| POTASSIUM | 4.6 | mmol/L | 3.5-5.1 | ISE (Indirect) |
| CHLORIDE | 104 | mmol/L | 101-109 | ISE (Indirect) |
| PROTEIN, TOTAL | 7.27 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.47 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.80 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.6 | | 0.9-2.0 | Calculated |


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 Consultant Biochemistry


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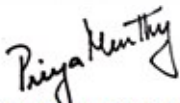
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| Patient Name : Mr.SRINIVAS R | Collected : 10/Aug/2024 08:47AM |
| Age/Gender : 49 Y 6 M 0 D/M | Received : 10/Aug/2024 06:17PM |
| UHID/MR No : CBAS.0000093906 | Reported : 10/Aug/2024 07:28PM |
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------|------|-----------------|--------|
| ALKALINE PHOSPHATASE , SERUM | 100.00 | U/L | 30-120 | IFCC |

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------------|--------|-------|-----------------|--------------|
| CALCIUM , SERUM | 9.60 | mg/dL | 8.8-10.6 | Arsenazo III |



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Consultant Pathologist



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| Patient Name : Mr.SRINIVAS R | Collected : 10/Aug/2024 08:47AM |
| Age/Gender : 49 Y 6 M 0 D/M | Received : 10/Aug/2024 05:20PM |
| UHID/MR No : CBAS.0000093906 | Reported : 10/Aug/2024 06:44PM |
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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. Range | Method |
|--|--------------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-iodothyronine (T3, TOTAL) | 1.1 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 8.4 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 8.567 | µIU/mL | 0.34-5.60 | CLIA |

Comment:

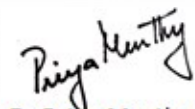
| | |
|-----------------------------|--|
| For pregnant females | Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association) |
| First trimester | 0.1 - 2.5 |
| Second trimester | 0.2 – 3.0 |
| Third trimester | 0.3 – 3.0 |

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 |



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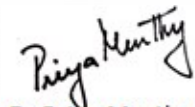
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|-----------------|-------------------|--------------|-------------------------------|
| Patient Name | : Mr.SRINIVAS R | Collected | : 10/Aug/2024 08:47AM |
| Age/Gender | : 49 Y 6 M 0 D/M | Received | : 10/Aug/2024 05:20PM |
| UHID/MR No | : CBAS.0000093906 | Reported | : 10/Aug/2024 06:44PM |
| Visit ID | : CBASOPV105336 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 21364 | | |

DEPARTMENT OF IMMUNOLOGY

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

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


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



SIN No: SPL24130335

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|--------|
| VITAMIN D (25 - OH VITAMIN D) , SERUM | 8.9 | ng/mL | | 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.

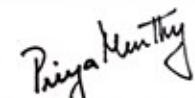
Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with 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.



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DEPARTMENT OF IMMUNOLOGY

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

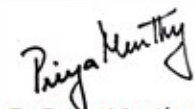
Nephrotic syndrome.

Increased levels:

Vitamin D intoxication.



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| | |
|------------------------------|--|
| Patient Name : Mr.SRINIVAS R | Collected : 10/Aug/2024 08:47AM |
| Age/Gender : 49 Y 6 M 0 D/M | Received : 10/Aug/2024 05:20PM |
| UHID/MR No : CBAS.0000093906 | Reported : 10/Aug/2024 06:11PM |
| Visit ID : CBASOPV105336 | Status : Final Report |
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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

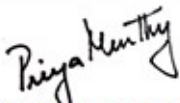
| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---------------------|--------|-------|-----------------|--------|
| VITAMIN B12 , SERUM | 104 | pg/mL | 190-900 | CLIA |

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. Range | Method |
|---|--------|-------|-----------------|--------|
| TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM | 0.220 | ng/mL | 0-4 | CLIA |



Dr Priya Murthy
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Consultant Pathologist



SIN No:SPL24130335

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| | |
|------------------------------|--|
| Patient Name : Mr.SRINIVAS R | Collected : 10/Aug/2024 08:46AM |
| Age/Gender : 49 Y 6 M 0 D/M | Received : 10/Aug/2024 05:14PM |
| UHID/MR No : CBAS.0000093906 | Reported : 10/Aug/2024 06:00PM |
| Visit ID : CBASOPV105336 | Status : Final Report |
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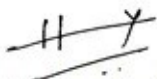
ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------------|------|-----------------------|----------------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | YELLOW | | PALE YELLOW | Scattering of light |
| TRANSPARENCY | Clear | | CLEAR | Scattering of light |
| pH | 5.5 | | 5-7.5 | Bromothymol Blue |
| SP. GRAVITY | 1.010 | | 1.002-1.030 | Dipstick |
| 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 | 0 | /hpf | 0-5 | Automated Image based microscopy |
| EPITHELIAL CELLS | 0 | /hpf | < 10 | Microscopy |
| RBC | 0 | /hpf | 0-2 | Microscopy |
| CASTS | NEGATIVE | /lpf | 0-2 Hyaline Cast | Microscopy |
| CRYSTALS | NEGATIVE | /hpf | Occasional-Few | Microscopy |

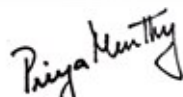
Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Page 19 of 22



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



Dr. Priya Murthy
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SIN No: UR2401931

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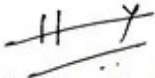
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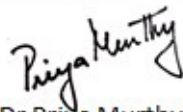
ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Microscopy findings are reported as an average of 10 high power fields.

Page 20 of 22



Dr. Harshitha Y
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Consultant Pathologist



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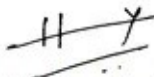
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|------------------------------|--|
| Patient Name : Mr.SRINIVAS R | Collected : 10/Aug/2024 10:58AM |
| Age/Gender : 49 Y 6 M 0 D/M | Received : 10/Aug/2024 05:58PM |
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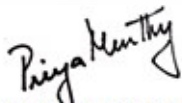
DEPARTMENT OF CLINICAL PATHOLOGY

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



Dr. Harshitha Y
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Consultant Pathologist



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Consultant Pathologist



SIN No: UPP017825

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| | |
|------------------------------|--|
| Patient Name : Mr.SRINIVAS R | Collected : 10/Aug/2024 08:46AM |
| Age/Gender : 49 Y 6 M 0 D/M | Received : 11/Aug/2024 10:03AM |
| UHID/MR No : CBAS.0000093906 | Reported : 11/Aug/2024 11:35AM |
| Visit ID : CBASOPV105336 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 21364 | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

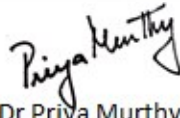
*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

Page 22 of 22



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



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



SIN No:UF012022

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

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

 **1860 500 7788**
www.apolloclinic.com

| | | | |
|----------------------------|-------------------|--------------------|--------------------|
| Patient Name | : Mr. SRINIVAS R | Age/Gender | : 49 Y/M |
| UHID/MR No. | : CBAS.0000093906 | OP Visit No | : CBASOPV105336 |
| Sample Collected on | : | Reported on | : 10-08-2024 15:07 |
| LRN# | : RAD2399887 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 21364 | | |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver:appears enlarged in size (18.0 cm)and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal.No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echo-pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Right kidney appear normal in size 11.0x1.5 cm,shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Left kidney appear normal in size 10.4x1.5 cm,shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.Pre-void 2536 cc and post-void 57 cc.

Prostate is mildly enlarged in size and volume measuring 3.7x4.0x3.9 cm(volume 31 cc)and echo texture.

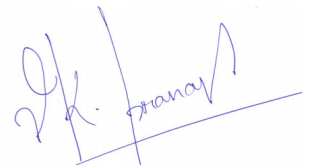
- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

IMPRESSION:-

GRADE I FATTY HEPATOMEGALY.
GRADE I PROSTATOMEGALY.

Suggested clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. V K PRANAV VENKATESH
MBBS,MD
Radiology

| | | | |
|----------------------------|-------------------|--------------------|--------------------|
| Patient Name | : Mr. SRINIVAS R | Age/Gender | : 49 Y/M |
| UHID/MR No. | : CBAS.0000093906 | OP Visit No | : CBASOPV105336 |
| Sample Collected on | : | Reported on | : 10-08-2024 14:37 |
| LRN# | : RAD2399887 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 21364 | | |

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

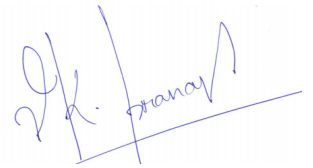
Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

IMPRESSION:

No obvious abnormality seen in the present study.



Dr. V K PRANAV VENKATESH
MBBS,MD
Radiology

Name : Mr. SRINIVAS R

Age: 49 Y

Address : blr

Plan : ARCOFEMI MEDIWHEEL AHC CREDIT PAN INDIA OP AGREEMENT

Sex: M

UHID:CBAS.0000093906



OP Number:CBASOPV105336

Bill No :CBAS-OCR-63668

Date : 10.08.2024 08:41

| Sno | Service Type/ServiceName | Department |
|-----|---|------------|
| 1 | ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324 | |
| 1 | PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL) | |
| 2 | LIVER FUNCTION TEST (LFT) WITH GGT | |
| 3 | 2 D ECHO | |
| 4 | CALCIUM, SERUM | |
| 5 | LIVER FUNCTION TEST (LFT) | |
| 6 | GLUCOSE, FASTING | |
| 7 | HEMOGRAM + PERIPHERAL SMEAR | |
| 8 | PULMONARY FUNCTION TEST | |
| 9 | DIET CONSULTATION | |
| 10 | COMPLETE URINE EXAMINATION | |
| 11 | URINE GLUCOSE(POST PRANDIAL) | |
| 12 | BP-MEASUREMENT | |
| 13 | PERIPHERAL SMEAR | |
| 14 | ECG | |
| 15 | RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) | |
| 16 | DENTAL CONSULTATION | |
| 17 | GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) | |
| 18 | VITAMIN D - 25 HYDROXY (D2+D3) | |
| 19 | URINE GLUCOSE(FASTING) | |
| 20 | HbA1c, GLYCATED HEMOGLOBIN | |
| 21 | ALKALINE PHOSPHATASE - SERUM/PLASMA | |
| 22 | X-RAY CHEST PA | |
| 23 | HEIGHT | |
| 24 | ENT CONSULTATION | |
| 25 | FITNESS BY GENERAL PHYSICIAN | |
| 26 | BLOOD GROUP ABO AND RH FACTOR | |
| 27 | VITAMIN B12 | |
| 28 | LIPID PROFILE | |
| 29 | BODY MASS INDEX (BMI) | |
| 30 | WEIGHT | |
| 31 | OPHTHAL BY GENERAL PHYSICIAN | |
| 32 | ULTRASOUND - WHOLE ABDOMEN | |
| 33 | THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) | |

Ht) 167cm

Wt) 78.2 kg

B.P → 147/104

PR → 90

ECHOCARDIOGRAPHY REPORT

Name: MR SRINIVAS

Age: 49 YEARS

GENDER: MALE

Consultant: Dr. VISHAL KUMAR H.

DATE : 10/08/2024

Findings

2D Echo cardiography

Chambers

- Left Ventricle: Normal, No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

Septa

- IVS: Intact
- IAS: Intact

Valves

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility
- Pulmonary Valve: Normal

Great Vessels

- Aorta: Normal
- Pulmonary Artery: Normal

Pericardium: Normal

Doppler echocardiography

| | | | | | | | |
|-----------------------|--------------|------|-------|---|------|-------|------------|
| Mitral Valve | E | 0.56 | m/sec | A | 0.52 | m/sec | TRIVIAL MR |
| Tricuspid Valve | E | 0.52 | m/sec | A | 0.62 | m/sec | No TR |
| Aortic Valve | Vmax | 1.08 | m/sec | | | | No AR |
| Pulmonary Valve | Vmax | 0.86 | m/sec | | | | No PR |
| Diastolic Dysfunction | GRADE I LVDD | | | | | | |

M-Mode Measurements

| Parameter | Observed Value | Normal Range | |
|-------------------------|-----------------------|---------------------|----|
| Aorta | 2.9 | 2.6-3.6 | cm |
| left Atrium | 3.2 | 2.7-3.8 | cm |
| Aortic Cusp Separation | 1.6 | 1.4-1.7 | cm |
| IVS - Diastole | 1.0 | 0.9-1.1 | cm |
| left Ventricle-Diastole | 4.6 | 4.2-5.9 | cm |
| Posterior wall-Diastole | 1.0 | 0.9-1.1 | cm |
| IVS-Systole | 1.3 | 1.3-1.5 | cm |
| left Ventricle-Systole | 2.9 | 2.1-4.0 | cm |
| Posterior wall-Systole | 1.1 | 1.3-1.5 | cm |
| Ejection Fraction | 60 | ≥ 50 | % |
| Fractional shortening | 30 | ≥ 20 | % |
| Right Ventricle | 2.6 | 2.0-3.3 | cm |

Impression -

- Normal Sized Cardiac Chambers
- No RWMA,S
- Normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot
- GRADE I LVDD
- IVC COLLAPSING WELL

DR. VISHAL KUMAR H.

CLINICAL CARDIOLOGIST

Date: IST: 2024-08-10 10:26:16

Personal Details
UHID: 01P3FGAT6XP0SZ4
PatientID: 578888
Name: MR SRINIVAS
Age: 49
Gender: Male
Mobile: 658668686868

**Pre-Existing Medical-
Conditions**

Symptoms

Vitals

Measurements
HR: 90 BPM
PR: 141 ms
PD: 124 ms
QRSD: 90 ms
QRS Axis: 39 deg
QT/QTc: 338/338 ms

Interpretation

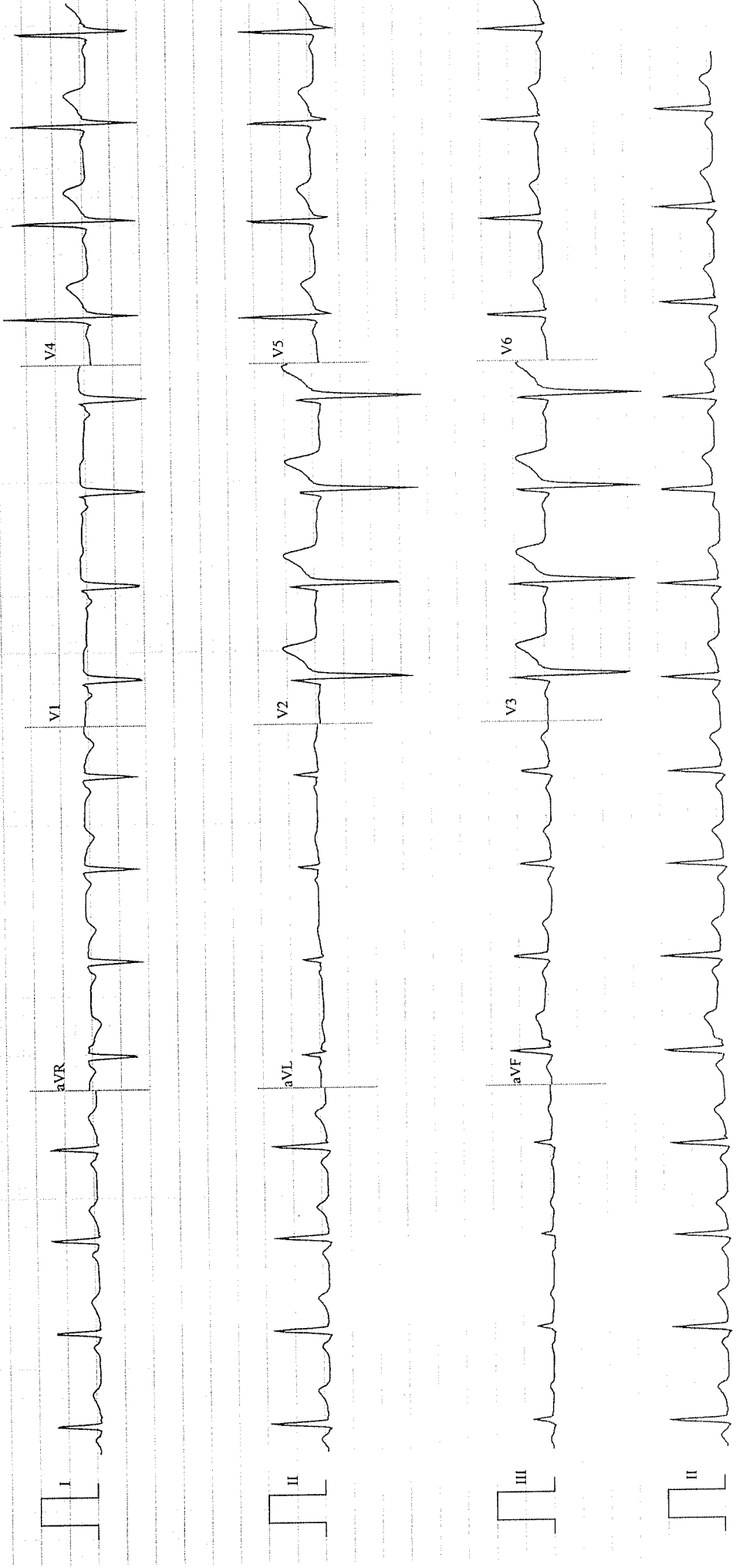
Normal sinus rhythm
Normal axis ,

Report ID: AHLLP_01P3FGAT6XP0SZ4_V6XP0SZS

Authorized by
Yogesh

Dr. Yogesh Kothari
MD, DNB, FESC, FEP
Reg No- KMC 44065

This trace is generated by *KardiaScreen*: Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from *IMEDEX*



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV
Disclaimer: 1. Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms and results of other non-invasive tests, and must be interpreted by a qualified physician.
2. Normal ECG does not rule out heart disease. Abnormal ECG does not always mean severe heart disease. Comments & report is based on available data. Clinical correlation is important.



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತಿನ ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ
Unique Identification Authority of India
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 1098/90170/00713

To
ಶ್ರೀನಿವಾಸ್ ರಾಜಗೋಪಾಲ್
Srinivas Rajagopal
S/O: Y V Rajagopal
#23/1 Kamata 4th Cross 4th Block
Kumara Park West Bangalore North
Seshadripuram Bangalore North Bangalore
Karnataka 560020
9900147163

22922975
MN022928755DF



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3373 4615 1634

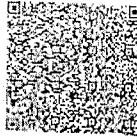
ಆಧಾರ್ - ಶ್ರೀನಿವಾಸ್ ರಾಜಗೋಪಾಲ್ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ
GOVERNMENT OF INDIA



ಶ್ರೀನಿವಾಸ್ ರಾಜಗೋಪಾಲ್
Srinivas Rajagopal
ಪುಟ್ಟಿದ ವರ್ಷ / Year of Birth : 1975
ಪುರುಷ / Male



3373 4615 1634

ಆಧಾರ್ - ಶ್ರೀನಿವಾಸ್ ರಾಜಗೋಪಾಲ್ ಅಧಿಕಾರ

Srinivas R

From: Mediwheel <wellness@mediwheel.in>
Sent: 06 August 2024 16:58
To: Srinivas R
Cc: customercare@mediwheel.in
Subject: Health Check up Booking Request(36E1733), Package Code(ARCOFEMI MEDIWHEEL FULL BODY PLUS ANNUAL CHECK ADVANCED WITH VITAMIN MALE WITH 2 D ECHO)



011-41195959

Dear Srinivas R,

We have received your booking request for the following health checkup,

User Package Name : Annual Health Checkup Male 45 Above
Package Code : ARCOFEMI MEDIWHEEL FULL BODY PLUS ANNUAL
: CHECK ADVANCED WITH VITAMIN MALE WITH 2 D ECHO
Name of Diagnostic/Hospital : Apollo Clinic - Basavanagudi
Address of Diagnostic/Hospital : Apollo Clinic, # 99, Bull Temple Road , Next to Ramakrishna mutt, Basavanagudi - 560019
Appointment Date : 10-08-2024
Preferred Time :

Date : 10/8/24
MR No :
Name : Mr Srinivas
Age/Gender :
Mobile no : 9999

Department : NUTRITION & DIETETICS
Consultant : DT, ROHINI RAGHU
Reg No :
Qualification : M.Sc, RD (food & nutrition)
Consulting Timings :
Phone No., 080-26611236/8/9

Grandfather died at 102 y.

no HTN / DM / HT, 167cm

Walk -> 6000

WT, 78.2 kg

IBW -> 65-70 kg

* Yoga / meditation / pranayam

147 / 100 mmHg

Avoid: Insultal itas, processed

Paakal itas, white rice, deep fried, hot
baag itas, alcohol, sugar etc

Include: * Veg salad -> Cucumber, tomato
Mashed (Tump)
Carrot ->

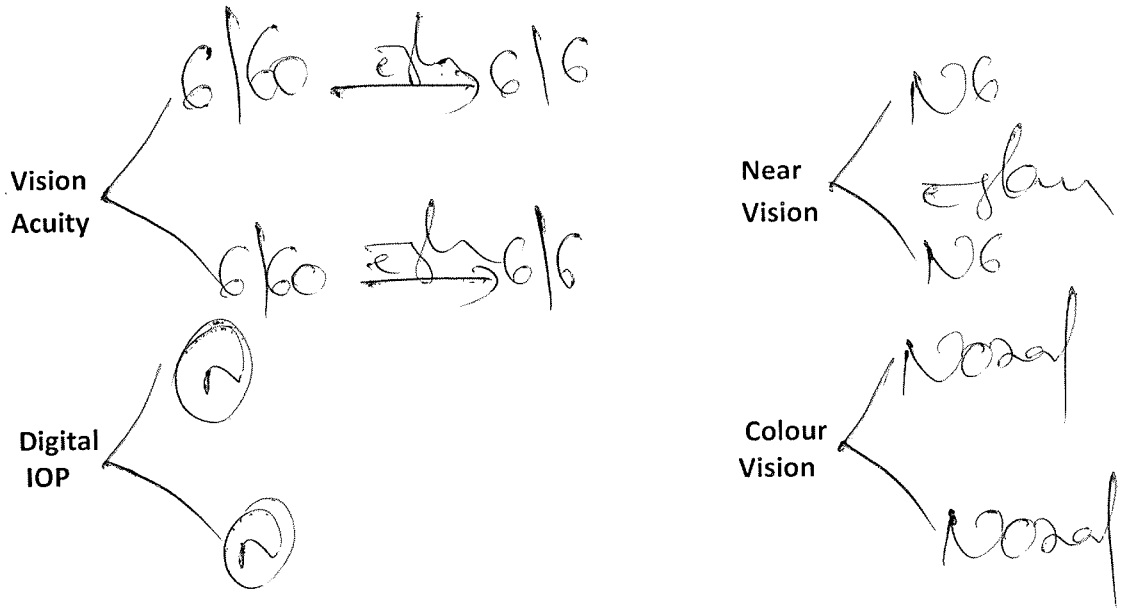
bluove fish, diary -> 2-3 night
brown rice, whole grains, etc.

* Full rice / brown rice
* cut joints
low oil / salt / sugar.

Dilip Kumar
9449349333

Mr. Srinivas. R. 49/M 93906 10/8/24

EYE CHECK UP REPORT



• Fundus: Normal @ steady

• Ant. Segment :- WNL

• Media: Normal

• Pupil: Normal

BC Myopic presbyopia, fully

Corrected by glan.

KAS

Mr Srinivas RR

49m

10/8/24

Dr Anshita Puarik

MBBS, MS, DNB, FHM

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

came for regular checkup

O/E: Ear: B/L TM Intact

Nose: normal

Oral Cavity: white patches over the hard palate.

Adv: follow up after 1 month
Lifestyle modifications.

of
Dr Anshita

Follow up date:

Doctor Signature

Apollo Clinic

CONSENT FORM

Patient Name: Scinival R Age: 49

UHID Number: Company Name:

I Mr/Mrs/Ms Employee of

~~(Company) Want to inform you that I am not interested in getting~~

*PEL, Diet, Dental,
Fitter by EP
Pending.*

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

x

Patient Signature: Forgot to take sign from client Date:

| Member Information | | |
|--------------------|---------|--------|
| Booked Member Name | Age | Gender |
| Srinivas R | 49 year | Male |

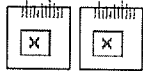
Tests included in this Package

- Urine Analysis
- Blood Group
- Calcium
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver Profile
- Blood Glucose (Post Prandial)
- Prostate Specific Antigen (PSA Male)
- Phosphatase
- Thyroid Profile
- Vitamin B12
- Vitamin D
- Urine Sugar Fasting
- Urine Sugar PP
- ESR
- Blood Glucose (Fasting)
- TMT OR 2D ECHO (Any 1) Chosen By Candidate
- Chest X-ray
- ECG
- USG Whole Abdomen
- Pulmonary Function Test (PFT)
- Dietician Consultation
- Eye Check-up consultation

- Ent Consultation
- Dental Consultation
- General Physician Consultation
- Bmi-Cheek

Thanks,
Mediwheel Team

Please Download Mediwheel App



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