

Patient Name : Mr.KALIAPPAN B	Collected : 09/Feb/2024 09:22AM
Age/Gender : 51 Y 7 M 17 D/M	Received : 09/Feb/2024 12:57PM
UHID/MR No : CANN.0000232826	Reported : 09/Feb/2024 02:15PM
Visit ID : CANNOPV390756	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175430	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



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

SIN No:BED240031878

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

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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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 ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.4	g/dL	13-17	Spectrophotometer
PCV	45.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.94	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	91.2	fL	83-101	Calculated
MCH	31.1	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,800	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	50.6	%	40-80	Electrical Impedence
LYMPHOCYTES	38.0	%	20-40	Electrical Impedence
EOSINOPHILS	2.1	%	1-6	Electrical Impedence
MONOCYTES	9.0	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2934.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2204	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	121.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	522	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.4	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	168000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm/hour	0-15	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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

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



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

SIN No: BED240031878

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Age/Gender : 51 Y 7 M 17 D/M	Received : 09/Feb/2024 01:46PM
UHID/MR No : CANN.0000232826	Reported : 09/Feb/2024 02:18PM
Visit ID : CANNOPV390756	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175430	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	90	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.



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



SIN No:PLF02102519

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Patient Name : Mr.KALIAPPAN B	Collected : 09/Feb/2024 12:14PM
Age/Gender : 51 Y 7 M 17 D/M	Received : 09/Feb/2024 03:46PM
UHID/MR No : CANN.0000232826	Reported : 09/Feb/2024 05:05PM
Visit ID : CANNOPV/390756	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	86	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



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



SIN No:PLP1416954

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	mg/dL		Calculated


Comment:

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

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

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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SIN No:EDT240013880

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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	166	mg/dL	<200	CHO-POD
TRIGLYCERIDES	59	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	116	mg/dL	<130	Calculated
LDL CHOLESTEROL	104.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.32		0-4.97	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.10	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.19	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.91	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	58.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.50	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.00	g/dL	2.0-3.5	Calculated
A/G RATIO	2.25		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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



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Patient Name : Mr.KALIAPPAN B	Collected : 09/Feb/2024 09:22AM
Age/Gender : 51 Y 7 M 17 D/M	Received : 09/Feb/2024 02:04PM
UHID/MR No : CANN.0000232826	Reported : 09/Feb/2024 04:01PM
Visit ID : CANNOPV390756	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175430	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.82	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	23.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.10	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.30	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101–109	ISE (Indirect)



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



SIN No:SE04623412

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Patient Name : Mr.KALIAPPAN B	Collected : 09/Feb/2024 09:22AM
Age/Gender : 51 Y 7 M 17 D/M	Received : 09/Feb/2024 02:04PM
UHID/MR No : CANN.0000232826	Reported : 09/Feb/2024 02:54PM
Visit ID : CANNOPV390756	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175430	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.00	U/L	<55	IFCC



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Patient Name : Mr.KALIAPPAN B	Collected : 09/Feb/2024 09:22AM
Age/Gender : 51 Y 7 M 17 D/M	Received : 09/Feb/2024 01:55PM
UHID/MR No : CANN.0000232826	Reported : 09/Feb/2024 03:44PM
Visit ID : CANNOPV390756	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175430	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.99	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.29	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.155	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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



SIN No: SPL24020894

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Patient Name : Mr.KALIAPPAN B	Collected : 09/Feb/2024 09:22AM
Age/Gender : 51 Y 7 M 17 D/M	Received : 09/Feb/2024 01:55PM
UHID/MR No : CANN.0000232826	Reported : 09/Feb/2024 04:08PM
Visit ID : CANNOPV390756	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175430	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	2.290	ng/mL	0-4	CLIA



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



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Patient Name : Mr.KALIAPPAN B	Collected : 09/Feb/2024 09:22AM
Age/Gender : 51 Y 7 M 17 D/M	Received : 09/Feb/2024 04:22PM
UHID/MR No : CANN.0000232826	Reported : 09/Feb/2024 04:54PM
Visit ID : CANNOPV390756	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 14 of 15



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

SIN No:UR2278171

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Patient Name : Mr.KALIAPPAN B	Collected : 09/Feb/2024 09:22AM
Age/Gender : 51 Y 7 M 17 D/M	Received : 09/Feb/2024 04:22PM
UHID/MR No : CANN.0000232826	Reported : 09/Feb/2024 04:56PM
Visit ID : CANNOPV390756	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175430	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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

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

*** End Of Report ***



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

SIN No:UF010464

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Patient Name : Mr. KALIAPPAN B Age : 51 Y/M
UHID : CANN.0000232826 OP Visit No : CANNOPV390756
Conducted By: : Dr. ARULNITHI AYYANATHAN Conducted Date : 10-02-2024 15:47
Referred By : SELF

CARDIOLOGY
CARDIAC STRESS TEST – (TMT)

Angina Pectoria:

NO

Previous MI:

NO

PTCA:

NO

CABG:

NO

HTN:

NO

DM:

NO

Smoking:

NO

Obesity:

NO

Lipidemia:

NO

Resting ECG Supine:

-

Standing:

-

Protocol Used:

Patient Name : Mr. KALIAPPAN B Age : 51 Y/M
UHID : CANN.0000232826 OP Visit No : CANNOPV390756
Conducted By: : Dr. ARULNITHI AYYANATHAN Conducted Date : 10-02-2024 15:47
Referred By : SELF

BRUCE

Monitoring Leads:

12 LEADS

Grade Achieved:

16

% HR / METS:

11.5

Reason for Terminating Test:

Max HR Attained

Total Exercise Time:

9.53

Symptoms and ECG Changes during Exercise:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

0 mts:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

3 mts:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

6 mts:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

INTERPRETATION:

Rhythm:

NORMAL

S.T. Segment :

NORMAL

III Blood Pressure Response :

Patient Name : Mr. KALIAPPAN B Age : 51 Y/M
UHID : CANN.0000232826 OP Visit No : CANNOPV390756
Conducted By: : Dr. ARULNITHI AYYANATHAN Conducted Date : 10-02-2024 15:47
Referred By : SELF

NORMAL

**IV Fitness Response :
GOOD**

**Impression:
Cardiac stress analysis is NEGATIVE for inducible myocardial ischaemia**

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

**Dr.
ARULNITHI
AYYANATHAN**



Patient Name	: Mr. KALIAPPAN B	Age/Gender	: 51 Y/M
UHID/MR No.	: CANN.0000232826	OP Visit No	: CANNOPV390756
Sample Collected on	:	Reported on	: 09-02-2024 16:21
LRN#	: RAD2230397	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 175430		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Unfolding of aorta.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

Dr. ASHIQ MOHAMMED JEFFREY

MD

Radiology

Patient Name	: Mr. KALIAPPAN B	Age/Gender	: 51 Y/M
UHID/MR No.	: CANN.0000232826	OP Visit No	: CANNOPV390756
Sample Collected on	:	Reported on	: 09-02-2024 13:22
LRN#	: RAD2230397	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 175430		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

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

Pancreas and spleen appear normal. Spleen measures 8.8 cms.

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

Diaphragmatic movements are satisfactory.

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

Right kidney measures 10.4 x 4.4 cms.

Left kidney measures 10.5 x 5.1 cms.

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

Prostate is enlarged in size and measures 4.6 x 4.8 x 4.9 cms volume 57cc

Seminal vesicles appear normal.

Bladder is normal in contour.

IMPRESSION:

***GRADE -II PROSTATOMEGALY**



Patient Name : Mr. KALIAPPAN B

Age/Gender : 51 Y/M

Dr. ASHIQ MOHAMMED JEFFREY

MD

Radiology

Name: Mr. KALIAPPAN B
Age/Gender: 51 Y/M
Address: 17B SHENBAGA NAGAR KALLIKUPPAM AMBATTUR
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: ANNANAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SUMA RAGHURAM

MR No: CANN.0000232826
Visit ID: CANNOPV390756
Visit Date: 09-02-2024 09:19
Discharge Date:
Referred By: SELF

DRUG ALLERGY

DRUG ALLERGY: Nil,

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS::: For Corporate Health Checkup,

Present Known Illness

No history of: No History of diabetes / Hypertension / Heart Disease,

SYSTEMIC REVIEW

Cardiovascular System

CHEST PAIN: No,

GastroIntestinal System

APPETITE : Normal,

GenitoUrinary System

FREQUENCY : increased,

Eye

Vision : Normal,

Glasses : Yes-LASK,

**Weight

--->: Stable,

HT-HISTORY

Past Medical History

**Cancer: No,

Personal History

Marital Status	Married,
-->	

No. of Children	2,
-->	
Diet	Mixed Diet,
-->	
ALCOHOL	Consumes alcohol occasionally,
-->	
Frequency	1 / week,
-->	
Physical Activity	Active,

Family History

Hypertension	father ,
--------------	----------

PHYSICAL EXAMINATION

General Examination

Height (in cms): **168,**

Weight (in Kgs): **74.6,**

Waist: **89,**

Hip: **100,**

SYSTEMIC EXAMINATION

CardioVascularSystem

Heart Rate(Per Minute):: **61,**

Systolic: **130,**

Diastolic: **90,**

Central Nervous system:

>: **No neurological deficit,**

IMPRESSION

Apollo Health check

Findings: **1. HbA1c - 6.1 Level 2. Minimal LDL 3. Grade II Prostatomegaly 4. Unfolding of aorta 5. TMT: Negative 6. PSA: Normal ,**

RECOMMENDATION

Advice on Diet

Diet instructions : **1. Dietary changes of Prediabetic / Minimal LDL 2. Salt restricted diet ,**

Advice on Physical Activity

Advice on Physical Activity: **Daily walking to reduce weight ,**

Other Recommendations

Test/Investigation: **HbA1c after 3 months with review 2. Follow up on USG ,**

General advice: **1. Avoid Smoking and Alcohol and Follow up in BP and Follow up on Tremors,**

DISCLAIMER

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

Doctor's Signature

MR KALAPPAN B
ID: 232826RMC
51years

9-Feb-2024
14:48:44

Male

BRUCE
Max HR: 170bpm 100% of max predicted 169bpm
Max BP: 150/100
Reason for Termination: Max HR attained
Comments: FINAL IMPRESSION: TMT IS N FOR INDUCIBLE MYOCARDIAL ISCHEMIA
Total Exercise time: 9:53
25.0 mm/s
10.0 mm/mV
100hz

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	0:17	***	***	1.0	62		
	STANDING	1:31	0.8	0.0	1.4	75	130/90	98
	STAGE 1	3:00	1.7	10.0	4.6	93	130/90	121
	STAGE 2	3:00	2.5	12.0	7.0	114	130/90	148
EXERCISE	STAGE 3	3:00	3.4	14.0	10.1	154	140/100	216
	STAGE 4	0:53	4.2	16.0	11.5	170	150/100	255
	Post	4:04	***	***	1.0	91		
RECOVERY								

Unconfirmed

APOLLO MEDICAL CENTRE, ANNA NAGAR

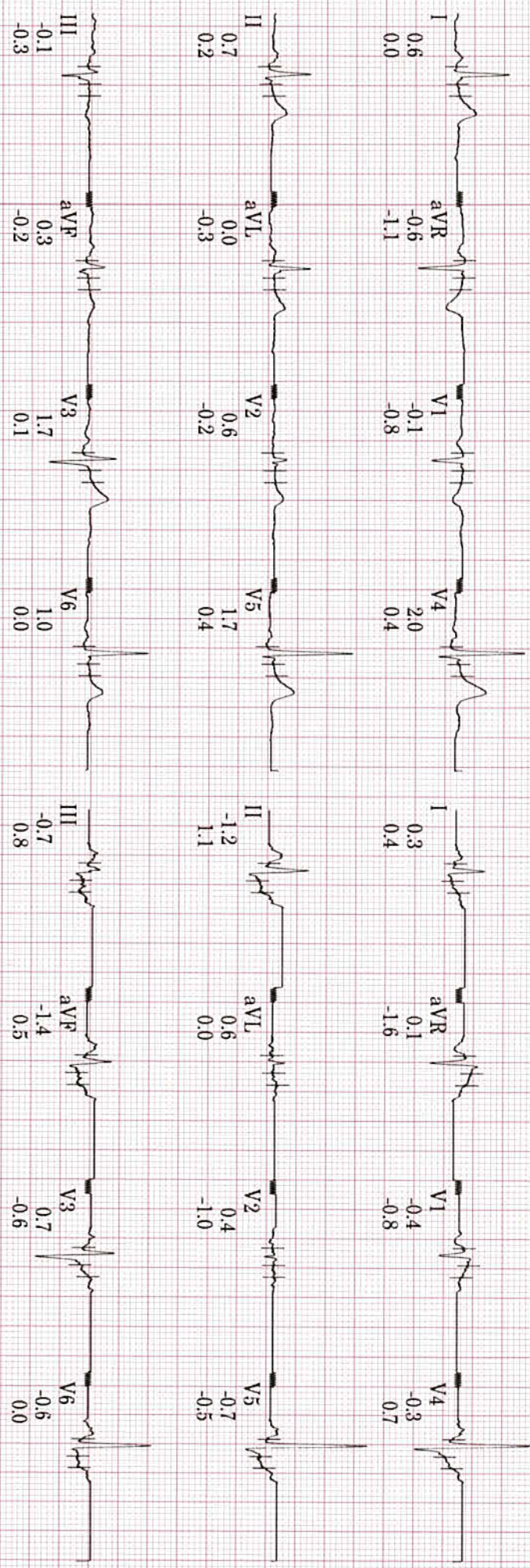
MAC55 009D

13.7 ←

GRADED EXERCISE SUMMARY

MR KALIAPPAN B
 ID: 232826RMC
 51 years
 Male
 BRUCE
 Total Exercise time: 9:53
 Max HR: 170bpm 100% of max predicted 169bpm
 Max BP: 150/100
 Maximum workload: 11.5METS
 Reason for Termination: Max HR attained
 Comments: FINAL IMPRESSION: TMT IS _____ FOR INDUCIBLE MYOCARDIAL ISCHEMIA.

EXERCISE STAGE 1	14METS	75bpm	ST @ 10mm/mV	80ms postJ	Lead	ST(mm)	Slope(mV/s)	EXERCISE STAGE 4	11.2METS	168bpm	ST @ 10mm/mV	80ms postJ	Lead	ST(mm)	Slope(mV/s)
0:00		BP: 130/90						9:41		BP: 150/100					



APOLLO MEDICAL CENTRE, ANNA NAGAR

Unconfirmed

MAC55 009D

13-2-25

Name: Mali appan
 Occupation:
 Age: 51y Sex: Male Female
 Address:
 Ph:

Date: 9/2/24 Reg. No.: 23282 &
 Ref. Physician:
 Copies to:

REPORT ON OPHTHALMIC EXAMINATION

History: Existing glass wear past 10 years.
BE done laser 18 years before.

Present Complaint: Reading only. +2.00 N6

ON EXAMINATION:

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

S/B DR. SUNNY

9/2/24

MR. KALYANAN.B 51/M

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

General Examination / Allergies
History

NO SPECIFIC ENT COMPLAINTS

HE: EARS: B/L IMPACTED
WAY (+)

NOSE: DSK (+)

THROAT: NAD

IND: B/L EAR WAY
+ ASYMPTOMATIC
DSK (+)

12/2/24

Follow up date:


Doctor Signature & Stamp

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

09/02/2024

MR. KALIAPPAN. B

51/M


232826

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

General Examination / Allergies
History

Dr Plan

- Adv Sealing
- Adv Soft Splint
- Adv replacement 1/7



Follow up date:

Doctor Signature & Stamp

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

Fwd: Reminder your health checkup booking is tomorrow

KALIAPPAN B <kaliappan114@gmail.com>

Fri 2/9/2024 9:17 AM

To: Annanagar Apolloclinic <annanagar@apolloclinic.com>

----- Forwarded message -----

From: **KALIAPPAN B** <kaliappan114@gmail.com>

Date: Fri, Feb 9, 2024, 8:54 AM

Subject: Fwd: Reminder your health checkup booking is tomorrow

To: <annanagar@apolloclinic.com>

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Fri, Feb 9, 2024, 12:46 AM

Subject: Reminder your health checkup booking is tomorrow

To: <Kaliappan114@gmail.com>

Cc: <customercare@mediwheel.in>

Dear **MR. B KALIAPPAN**,

This is a gentle reminder that your health checkup is scheduled for tomorrow as per the below particular. Please visit the center at any time.

Please follow the following instructions. Please call us at 011-41195959 if you face any issues.

Booking Date : 06/02/2024

Health Check up Name : Mediwheel Full Body Annual Plus Above 50 Male

Health Check Code : PKG10000367

Name of Diagnostic/Hospital : Apollo Medical centre - Anna Nagar Chennai

Address of Diagnostic/Hospital- : Apollo Medical Centre, 30, F- Block, 2nd Avenue, Anna Nagar East, Chennai - 600012

Appointment Date : 09/02/2024

Preferred Time : 8:30am

Package Name : Mediwheel Full Body Annual Plus Above 50 Male

Tests included in this Package :

- Bmi Check
- Ent Consultation
- Dietician Consultation
- Thyroid Profile

- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile
- Prostate Specific Antigen (PSA Male)

Thanks,
Mediwheel Team

You have received this mail because your e-mail ID is registered with This is a system-generated e-mail **Arcofemi Healthcare Limited**, please don't reply to this message.

Please visit to our [Terms & Conditions](#) for more informaion. This email is recieved because you are register with us [Click here](#) to unsubscribe.

@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)

CANN-232826
OCR-99806

 **बँक ऑफ बरोडा**
Bank of Baroda

Name: **: B. KALAIAPPAN**

अकाउंट नंबर /
A.C. No: **: 175430**



 **भारत सरकार**
GOVERNMENT OF INDIA

 **கலியப்பன் ப**
Kaliappan B
பிறந்த நாள் / DOB : 22/06/1972
ஆண் / MALE

6876 6338 0729



தாரண மனிதனின் அதிகாரம்

13. 12. 2024

MR KALLAPPAN B
ID: 232826 R

51 Years
Male

09.02.2024 9:29:54 AM
APOLLO MEDICAL CENTER
ANNA NAGAR
CHENNAI

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

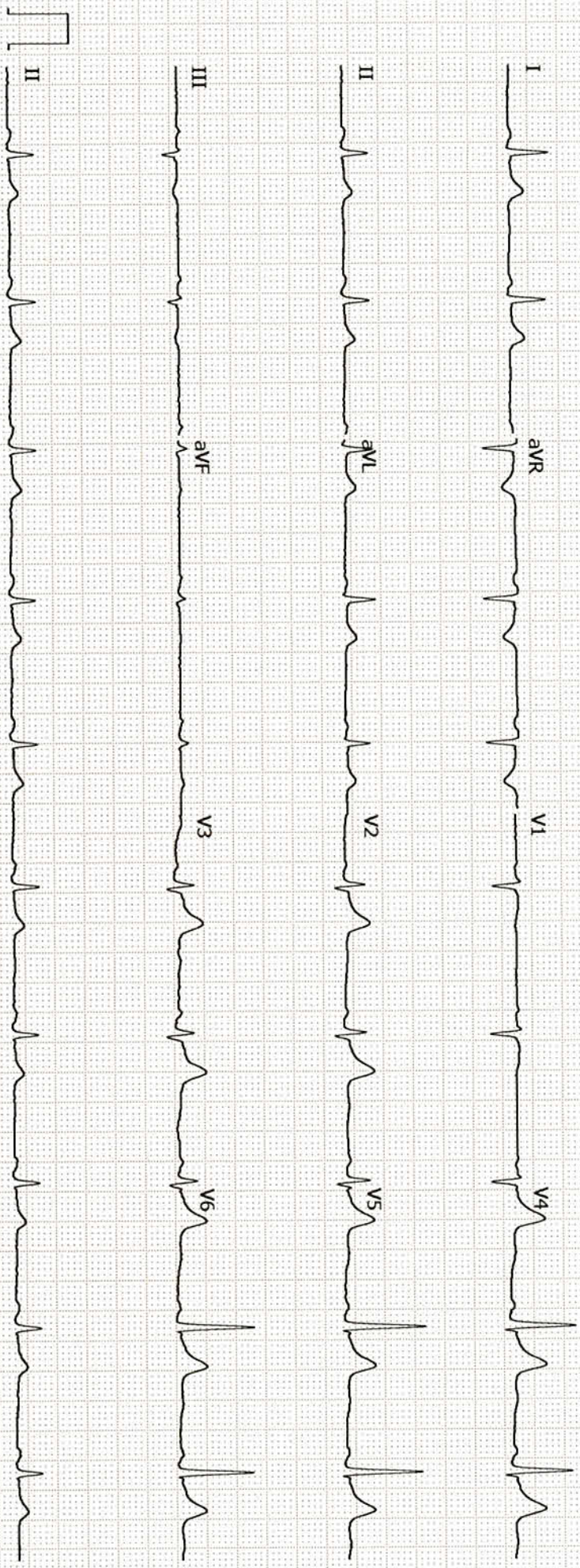
Room:

61 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 80 ms
QT / QTcBaz : 388 / 390 ms
PR : 136 ms
P : 102 ms
RR / PP : 980 / 983 ms
P / QRS / T : 50 / 10 / 16 degrees

NSR
BRX



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1 1/1

Unconfirmed

Patient Name	: Mr. KALIAPPAN B	Age	: 51 Y/M
UHID	: CANN.0000232826	OP Visit No	: CANNOPV390756
Reported By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 09-02-2024 16:03
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 61 beats per minutes.

Impression:

NORMAL RESTING ECG.

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

Dr. ARULNITHI AYYANATHAN



MC-2439

Patient Name : Mr.KALIAPPAN B	Collected : 09/Feb/2024 09:22AM
Age/Gender : 51 Y 7 M 17 D/M	Received : 09/Feb/2024 12:57PM
UHID/MR No : CANN.0000232826	Reported : 09/Feb/2024 02:15PM
Visit ID : CANNOPV390756	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175430	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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

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



SIN No:BED240031878

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



Patient Name : Mr.KALIAPPAN B	Collected : 09/Feb/2024 09:22AM
Age/Gender : 51 Y 7 M 17 D/M	Received : 09/Feb/2024 12:57PM
UHID/MR No : CANN.0000232826	Reported : 09/Feb/2024 02:15PM
Visit ID : CANNOPV390756	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175430	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.4	g/dL	13-17	Spectrophotometer
PCV	45.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.94	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	91.2	fL	83-101	Calculated
MCH	31.1	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	50.6	%	40-80	Electrical Impedance
LYMPHOCYTES	38.0	%	20-40	Electrical Impedance
EOSINOPHILS	2.1	%	1-6	Electrical Impedance
MONOCYTES	9.0	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2934.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2204	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	121.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	522	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.4	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	168000	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.

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





MC-2439

Patient Name : Mr.KALIAPPAN B	Collected : 09/Feb/2024 09:22AM
Age/Gender : 51 Y 7 M 17 D/M	Received : 09/Feb/2024 12:57PM
UHID/MR No : CANN.0000232826	Reported : 09/Feb/2024 02:15PM
Visit ID : CANNOPV390756	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175430	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.

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



SIN No:BED240031878

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



Patient Name : Mr.KALIAPPAN B	Collected : 09/Feb/2024 09:22AM
Age/Gender : 51 Y 7 M 17 D/M	Received : 09/Feb/2024 12:57PM
UHID/MR No : CANN.0000232826	Reported : 09/Feb/2024 02:45PM
Visit ID : CANNOPV390756	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175430	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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

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



SIN No:BED240031878

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

Patient Name : Mr.KALIAPPAN B	Collected : 09/Feb/2024 09:22AM
Age/Gender : 51 Y 7 M 17 D/M	Received : 09/Feb/2024 01:46PM
UHID/MR No : CANN.0000232826	Reported : 09/Feb/2024 02:18PM
Visit ID : CANNOPV390756	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175430	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	90	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of ≥ 126 mg/dL and/or a random / 2 hr post glucose value of ≥ 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



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



SIN No:PLF02102519

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

Patient Name : Mr.KALIAPPAN B	Collected : 09/Feb/2024 12:14PM
Age/Gender : 51 Y 7 M 17 D/M	Received : 09/Feb/2024 03:46PM
UHID/MR No : CANN.0000232826	Reported : 09/Feb/2024 05:05PM
Visit ID : CANNOPV390756	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175430	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	86	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



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





Patient Name : Mr.KALIAPPAN B	Collected : 09/Feb/2024 09:22AM
Age/Gender : 51 Y 7 M 17 D/M	Received : 09/Feb/2024 12:57PM
UHID/MR No : CANN.0000232826	Reported : 09/Feb/2024 01:51PM
Visit ID : CANNOPV390756	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175430	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	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)

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



Patient Name : Mr.KALIAPPAN B	Collected : 09/Feb/2024 09:22AM
Age/Gender : 51 Y 7 M 17 D/M	Received : 09/Feb/2024 02:04PM
UHID/MR No : CANN.0000232826	Reported : 09/Feb/2024 02:59PM
Visit ID : CANNOPV390756	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175430	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	166	mg/dL	<200	CHO-POD
TRIGLYCERIDES	59	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	116	mg/dL	<130	Calculated
LDL CHOLESTEROL	104.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.32		0-4.97	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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



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



SIN No:SE04623412

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

Patient Name : Mr.KALIAPPAN B	Collected : 09/Feb/2024 09:22AM
Age/Gender : 51 Y 7 M 17 D/M	Received : 09/Feb/2024 02:04PM
UHID/MR No : CANN.0000232826	Reported : 09/Feb/2024 04:01PM
Visit ID : CANNOPV390756	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175430	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.10	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.19	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.91	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	58.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.50	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.00	g/dL	2.0-3.5	Calculated
A/G RATIO	2.25		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1. In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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



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



Patient Name : Mr.KALIAPPAN B	Collected : 09/Feb/2024 09:22AM
Age/Gender : 51 Y 7 M 17 D/M	Received : 09/Feb/2024 02:04PM
UHID/MR No : CANN.0000232826	Reported : 09/Feb/2024 04:01PM
Visit ID : CANNOPV390756	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175430	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.82	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	23.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.10	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.30	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101–109	ISE (Indirect)



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



SIN No:SE04623412

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

Patient Name : Mr.KALIAPPAN B	Collected : 09/Feb/2024 09:22AM
Age/Gender : 51 Y 7 M 17 D/M	Received : 09/Feb/2024 02:04PM
UHID/MR No : CANN.0000232826	Reported : 09/Feb/2024 02:54PM
Visit ID : CANNOPV390756	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175430	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.00	U/L	<55	IFCC



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





Patient Name : Mr.KALIAPPAN B	Collected : 09/Feb/2024 09:22AM
Age/Gender : 51 Y 7 M 17 D/M	Received : 09/Feb/2024 01:55PM
UHID/MR No : CANN.0000232826	Reported : 09/Feb/2024 03:44PM
Visit ID : CANNOPV390756	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175430	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.99	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.29	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.155	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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



SIN No:SPL24020894

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



MC-2439

Patient Name : Mr.KALIAPPAN B	Collected : 09/Feb/2024 09:22AM
Age/Gender : 51 Y 7 M 17 D/M	Received : 09/Feb/2024 01:55PM
UHID/MR No : CANN.0000232826	Reported : 09/Feb/2024 04:08PM
Visit ID : CANNOPV390756	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175430	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	2.290	ng/mL	0-4	CLIA

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





MC-2439

Patient Name : Mr.KALIAPPAN B	Collected : 09/Feb/2024 09:22AM
Age/Gender : 51 Y 7 M 17 D/M	Received : 09/Feb/2024 04:22PM
UHID/MR No : CANN.0000232826	Reported : 09/Feb/2024 04:54PM
Visit ID : CANNOPV390756	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175430	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 14 of 15

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



SIN No:UR2278171

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

Patient Name : Mr.KALIAPPAN B	Collected : 09/Feb/2024 09:22AM
Age/Gender : 51 Y 7 M 17 D/M	Received : 09/Feb/2024 04:22PM
UHID/MR No : CANN.0000232826	Reported : 09/Feb/2024 04:56PM
Visit ID : CANNOPV390756	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175430	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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

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

*** End Of Report ***



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



SIN No:UF010464

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