





Certificate N

Patient Name : Mr.PABITRA MOHAN SETHI

Age/Gender UHID/MR No : 56 Y 9 M 3 D/M

Visit ID

: CANN.0000119790 : CANNOPV388942

Ref Doctor

Emp/Auth/TPA ID : bobE5283

: Dr.SELF

Collected Received

Status

: 27/Jan/2024 10:20AM

: 27/Jan/2024 04:41PM

Reported

: 27/Jan/2024 06:24PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF HAEMATOLOGY**

#### PERIPHERAL SMEAR, WHOLE BLOOD EDTA

Methodology

: Microscopic

**RBC MORPHOLOGY** 

: Erythrocytosis noted, Mild anisocytosis, microcytic hypochromic RBCs admixed with normocytic

normochromic RBCs noted. WBC MORPHOLOGY

: Mild eosinophilia noted.

**PLATELETS** 

: Adequate in number

PARASITES

: No haemoparasites seen

NOTE/COMMENT

: Please correlate clinically.

Page 1 of 17



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

SIN No:BED240020006

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

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)









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#### **DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
HEMOGRAM, WHOLE BLOOD EDT	A			· ·	
HAEMOGLOBIN	10.8	Low	g/dL	13-17	Spectrophotometer
PCV	35.20	Low	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.93	High	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	59.3	Low	fL	83-101	Calculated
MCH	18.1	Low	pg	27-32	Calculated
MCHC	30.6	Low	g/dL	31.5-34.5	Calculated
R.D.W	15	High	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	11,100	High	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC CO	UNT (DLC)				
NEUTROPHILS	57.7	Normal	%	40-80	Electrical Impedance
LYMPHOCYTES	29.4	Normal	%	20-40	Electrical Impedance
EOSINOPHILS	6.3	High	%	1-6	Electrical Impedance
MONOCYTES	6.0	Normal	%	2-10	Electrical Impedance
BASOPHILS	0.6	Normal	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT					
NEUTROPHILS	6404.7	Normal	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3263.4	High	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	699.3	High	Cells/cu.mm	20-500	Calculated
MONOCYTES	666	Normal	Cells/cu.mm	200-1000	Calculated
BASOPHILS	66.6	Normal	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	283000	Normal	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	63	High	mm/hour	0-15	Capillary photometry
PERIPHERAL SMEAR		Normal			

Methodology

: Microscopic

RBC MORPHOLOGY

: Erythrocytosis noted, Mild anisocytosis, microcytic hypochromic RBCs admixed with normocytic

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#### **DEPARTMENT OF HAEMATOLOGY**

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

normochromic RBCs noted.

WBC MORPHOLOGY

: Mild eosinophilia noted.

**PLATELETS** 

: Adequate in number

**PARASITES** 

: No haemoparasites seen

NOTE/COMMENT

: Please correlate clinically.

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Sponsor Name

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#### **DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH F	ACTOR, WHOLE BLO	OD EDTA			
BLOOD GROUP TYPE	0				Microplate Hemagglutination
h TYPE Positive				Microplate Hemagglutination	

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

Page 4 of 17

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Reported

: 27/Jan/2024 05:51PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING, NAF PLASMA	127	High	mg/dL	70-100	HEXOKINASE

#### **Comment:**

As per American Diabetes Guidelines, 2023

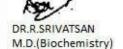
<b>F</b> ,,					
Fasting Glucose Values in mg/dL	Interpretation				
70-100 mg/dL	Normal				
100-125 mg/dL	Prediabetes				
≥126 mg/dL	Diabetes				
<70 mg/dL	Hypoglycemia				

#### 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.

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SIN No:PLF02095592

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Collected

: 27/Jan/2024 02:13PM

Received

: 27/Jan/2024 05:31PM

Reported Status

: 27/Jan/2024 06:40PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE	278	High	mg/dL	70-140	HEXOKINASE
PLASMA (2 HR)					

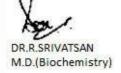
#### **Comment:**

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

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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SIN No:PLP1412335

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: bobE5283

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Status : Final Report

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#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method		
HBA1C (GLYCATED HEMOGLOBIN), WHOLE BLOOD EDTA							
HBA1C, GLYCATED HEMOGLOB	, ·		%		HPLC		
ESTIMATED AVERAGE GLUCOS (eAG)	E 197		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.

- 1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- 2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 3. 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.
- 4. 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.
- 5. 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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M.D.(Biochemistry)

SIN No:EDT240008575

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: Dr.SELF Emp/Auth/TPA ID : bobE5283 Collected : 27/Jan/2024 10:20AM

Received : 27/Jan/2024 05:04PM Reported : 27/Jan/2024 09:10PM

Status : Final Report

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#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method		
LIPID PROFILE, SERUM							
TOTAL CHOLESTEROL	81	Normal	mg/dL	<200	CHO-POD		
TRIGLYCERIDES	133	Normal	mg/dL	<150	GPO-POD		
HDL CHOLESTEROL	35	Low	mg/dL	40-60	Enzymatic Immunoinhibition		
NON-HDL CHOLESTEROL	46	Normal	mg/dL	<130	Calculated		
LDL CHOLESTEROL	19.4	Normal	mg/dL	<100	Calculated		
VLDL CHOLESTEROL	26.6	Normal	mg/dL	<30	Calculated		
CHOL / HDL RATIO	2.31	Normal		0-4.97	Calculated		

#### **Comment:**

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

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

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

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M.D.(Biochemistry)

SIN No:SE04611089

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#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUI	Л			· · ·	
BILIRUBIN, TOTAL	0.72	Normal	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.19	Normal	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.53	Normal	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	38	Normal	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	31.0	Normal	U/L	<50	IFCC
ALKALINE PHOSPHATASE	65.00	Normal	U/L	30-120	IFCC
PROTEIN, TOTAL	8.20	Normal	g/dL	6.6-8.3	Biuret
ALBUMIN	4.80	Normal	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.40	Normal	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41	Normal		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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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M.D.(Biochemistry)
SIN No:SE04611089

DR.R.SRIVATSAN

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Dhono, 044 28324604 (45







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

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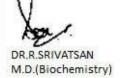
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#### ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method				
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM									
CREATININE	0.84	Normal	mg/dL	0.72 – 1.18	JAFFE METHOD				
UREA	16.00	Low	mg/dL	17-43	GLDH, Kinetic Assay				
BLOOD UREA NITROGEN	7.5	Low	mg/dL	8.0 - 23.0	Calculated				
URIC ACID	5.60	Normal	mg/dL	3.5–7.2	Uricase PAP				
CALCIUM	9.70	Normal	mg/dL	8.8-10.6	Arsenazo III				
PHOSPHORUS, INORGANIC	3.00	Normal	mg/dL	2.5-4.5	Phosphomolybdate Complex				
SODIUM	139	Normal	mmol/L	136–146	ISE (Indirect)				
POTASSIUM	4.6	Normal	mmol/L	3.5–5.1	ISE (Indirect)				
CHLORIDE	103	Normal	mmol/L	101–109	ISE (Indirect)				

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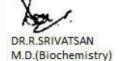
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#### ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	34.00	Normal	U/L	<55	IFCC
TITALIST ET TIDASE (GGT), SEROW					

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Received : 27/Jan/2024 05:15PM

Reported : 27/Jan/2024 07:44PM Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

#### **DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4	, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.21	Normal	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.01	Normal	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.757	Normal	μIU/mL	0.34-5.60	CLIA

#### **Comment:**

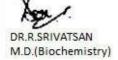
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- 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	Т3	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

Page 13 of 17





SIN No:SPL24013208

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)









: Mr.PABITRA MOHAN SETHI

Patient Name Age/Gender

: 56 Y 9 M 3 D/M

UHID/MR No

: CANN.0000119790

Visit ID

: CANNOPV388942

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: bobE5283

Certificate N

Collected : 27/Jan/2024 10:20AM

Received : 27/Jan/2024 05:15PM

: 27/Jan/2024 07:44PM Reported

: Final Report Status

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

#### **DEPARTMENT OF IMMUNOLOGY**

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

DR.R.SRIVATSAN

SIN No:SPL24013208

M.D.(Biochemistry)

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 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744



Page 14 of 17







Certificate iv

Patient Name

: Mr.PABITRA MOHAN SETHI

Age/Gender

: 56 Y 9 M 3 D/M

UHID/MR No

: CANN.0000119790

Visit ID

: CANNOPV388942

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : bobE5283

Collected : 27/Jan/2024 10:20AM

Received : 27/Jan/2024 05:15PM

Reported : 27/Jan/2024 06:08PM : Final Report Status

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

#### **DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA), SERUM	0.840	Normal	ng/mL	0-4	CLIA

Page 15 of 17



M.D.(Biochemistry) SIN No:SPL24013208

DR.R.SRIVATSAN

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)









Patient Name Age/Gender

: Mr.PABITRA MOHAN SETHI

: 56 Y 9 M 3 D/M

UHID/MR No

: CANN.0000119790

Visit ID

: CANNOPV388942

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: bobE5283

Certificate is

Collected : 27/Jan/2024 10:20AM

Received : 27/Jan/2024 05:39PM

Reported : 27/Jan/2024 06:02PM

: Final Report Status

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATIO	N (CUE) , URINE				
PHYSICAL EXAMINATION					
COLOUR	PALE YELLOW			PALE YELLOW	Visual
TRANSPARENCY	CLEAR			CLEAR	Visual
рН	5.5	Normal		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010	Normal		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	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE			NEGATIVE	Peroxidase
NITRITE	NEGATIVE			NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE			NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WE	T MOUNT AND MICRO	OSCOPY			
PUS CELLS	2-4	Normal	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-3		/hpf	<10	MICROSCOPY
RBC	NIL		/hpf	0-2	MICROSCOPY
CASTS	ABSENT	Normal		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT			ABSENT	MICROSCOPY

Page 16 of 17

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

SIN No:UR2269584

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 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address: D No.30, F – Block, 2nd Avenue, Anna Nagar East, Chennai.600 102, Phone - 044-26224504 / 05







: Mr.PABITRA MOHAN SETHI

Age/Gender

: 56 Y 9 M 3 D/M

UHID/MR No

: CANN.0000119790

Visit ID

: CANNOPV388942

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : bobE5283 Collected

: 27/Jan/2024 10:20AM

Received

: 27/Jan/2024 05:02PM

Reported Status : 27/Jan/2024 06:03PM

- ..

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

\*\*\* End Of Report \*\*\*

Page 17 of 17



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

SIN No:UF010379

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 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address: D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102, Phone - 044.26224504 / 05



UHID : CANN.0000119790 OP Visit No : CANNOPV388942 Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 31-01-2024 11:57

Referred By : SELF

# **2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed) 2.3CM LA (es) 3.2CM LVID (ed) 4.2CM LVID (es) 3.2CM IVS (Ed) 0.8CM LVPW (Ed) 0.9CM EF 62% %FD 32%

MITRAL VALVE:

AML

PML

NORMAL

NORMAL

AORTIC VALVE SCLEROSED

TRICUSPID VALVE NORMAL

PULMONARY VALVE NORMAL RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

PULMONARY ARTERY NORMAL

AORTA NORMAL RIGHT ATRIUM NORMAL LEFT ATRIUM NORMAL

LEFT VENTRICLE NORMAL

PERICARDIUM NORMAL

UHID : CANN.0000119790 OP Visit No : CANNOPV388942 Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 31-01-2024 11:57

Referred By : SELF

# **DOPPLER STUDIES MITRAL INFLOW:**

E: 0.m6/sc A: 0.9m/sc

Velocity / Gradient Across Pulmonic Valve :0.7m/sc

Velocity / Gradient Across Aortic Valve : 0.9m/sc

## IMPRESSION: SUB OPTIMAL ECHO WINDOW

NO RWMA

NORMAL LEFT VENTRICULAR FUNCTION(EF - 62%)

NORMAL CARDIAC CHAMBERS

SCLEROSED AORTIC VALVE

GRADE I DIASTOLIC DYSFUNCTION

TRIVIAL TRICUSPID REGURGITATION

NO PAH / CLOT / PE.

Dr. RAKESH P GOPAL

UHID : CANN.0000119790 OP Visit No : CANNOPV388942 Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 31-01-2024 11:57

Referred By : SELF

UHID : CANN.0000119790 OP Visit No : CANNOPV388942
Reported By: : Dr. ARULNITHI AYYANATHAN Conducted Date : 28-01-2024 11:15

Referred By : SELF

# **ECG REPORT**

## **Observation:**

- 1. Normal Sinus Rhythm.
- 2. Heart rate is 96 beats per minutes.

# **Impression:**

NORMAL RESTING ECG.

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

Dr. ARULNITHI AYYANATHAN



**Patient Name** : Mr. PABITRA MOHAN SETHI Age/Gender : 56 Y/M UHID/MR No. **OP Visit No** : CANN.0000119790 : CANNOPV388942 Sample Collected on : Reported on : 27-01-2024 18:10 LRN# : RAD2218412 **Specimen Ref Doctor** : SELF Emp/Auth/TPA ID : bobE5283

#### DEPARTMENT OF RADIOLOGY

#### **ULTRASOUND - WHOLE ABDOMEN**

Liver is normal in size and show fatty changes.( Grade - I ) 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 10.8cms.

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 10.2 x 4.5cms.

Left kidney measures 9.6 x 5.0cms.

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

Prostate measures 3.9 x 3.3 x 2.9cms volume 20cc and shows normal echopattern.

Seminal vesicles appear normal.

Bladder is normal in contour.



: Mr. PABITRA MOHAN SETHI

Age/Gender

: 56 Y/M

**IMPRESSION:** 

\*GRADE - I FATTY LIVER.

DISCLAIMER: THIS ULTRASOUND SCREENING STUDY IS BASED ON SOUND WAVES AND REFLECTION.NOT A DIRECT VISUALISATION OF ORGANS. BASED ON PATIENT HABITUS, BOWEL GAS OBSCURATION AND OTHER FACTORS, MANY CONDITIONS MAY NOT BE PICKED UP BY US STUDY AND SHOULD BE TREATED WITH CLINICAL CORRELATION.NOT AN MLC DOCUMENT. MANY INCIDENTAL FINDINGS OF LOW PRIORITY MIGHT NOT BE MENTIONED AS IT IS NOT A FOCUSEDSTUDY.

Dr. PRAVEENA SHEKAR T

MBBS, DMRD, FAGE

Radiology



UHID/MR No.

: CANN.0000119790

Sample Collected on :

: RAD2218412

Ref Doctor Emp/Auth/TPA ID

LRN#

: SELF : bobE5283 OP Visit No

: CANNOPV388942

Reported on

: 27-01-2024 15:23

Specimen

#### DEPARTMENT OF RADIOLOGY

#### X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

# IMPRESSION:

\*NO SIGNIFICANT ABNORMALITY DETECTED.

Dr. PRAVEENA SHEKAR T
MBBS, DMRD, FAGE

Radiology



# **CASE RECORD**

Name: Mr. Papitana Mohan Sethi	Date: 27/1/24
Occupation:	UHID No. : 119790
Age: Sex : Male Female	
Address	OP / Company: Arcofomi Maliasheel)
Tel No	Ref. Physician : Dk. Awusher:
Consultant :	AHC
Consultant .	200 Obs
	O Anemia
	metaya bimbaanii @ ATLC
=) K/4/0 AM (12 yrs	) - on mide 3 75851
=) K/H/O AM (12 yrs IHD (2018) (Angioplasty -)	TPPBS
History:	ISANT) HEARC = 8.5
Chief Complaints : (If pain is present, please describe loc	
=) % Headache ( on	+ off.
	O fo with
	Diabetologist
	TOTAL CONTROL OF THE PARTY OF T
	2 T. Linogen
Hesitante vonetiset	7 - 0 - 0
History of Present illness :	A MONK
	Bhow carb/ Low
	3 Con earb / Lon fut dist / Reg. physical exercise
	exercis-

Apollo Medical Centre No. 30, F-Block, 2nd Avenue,

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

**Physical Examination** Weight Clubbing Cyanosis Anaemia Icterus Glands **Oedema** ENT: Heart Rate & Rhythm 100 min CVS: B.P.: Supine 140/90 mm Mg Sitting Standing **Chest Shape Heart Sounds** Murmurs **Thrills** Rate & Type RS: **Breath Sounds** Abdomen: **Appearance** Spleen Liver **Tenderness** Bowel sounds Fluid Genitals: CNS: **Cranial Nerves** Sensors SYstem Motor System Reflexes Fundus Skin: **Extremities:** 

4

## RE: Health Check-up Bookings No. 13 (Annual)

# Corporate Apollo Clinic <corporate@apolloclinic.com>

Mon 1/15/2024 2:21 PM

To:Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>

 $\label{lem:cc:Wellness:Mediwheel:NewDelhi} $$\operatorname{Cc:Wellness:Mediwheel:NewDelhi} < \operatorname{network@mediwheel.in} > ; Network: Mediwheel:NewDelhi < \operatorname{network@mediwheel.in} > ; NewDelhi < \operatorname$ 

deepak <deepak.c@apolloclinic.com>;HC Alwarpet <hc.alwarpet@apollospectra.com>;AHCN Apollo Clinic

<ahcn@apolloclinic.com>;Rahul Rai <rahul.rai@apolloclinic.com>;Dilip Baniya <Dilip.b@apolloclinic.com>;Electronic City

<ecity@apolloclinic.com>;Cc Tardeo <cc.tardeo@apollospectra.com>;Electronic City <ecity@apolloclinic.com>;Annanagar

Apolloclinic <annanagar@apolloclinic.com>;Nigdi Apolloclinic <nigdi@apolloclinic.com>;Dilip Baniya

<Dilip.b@apolloclinic.com>;AHCN Apollo Clinic <ahcn@apolloclinic.com>

1 attachments (16 KB)

15012024.xlsx;

Namaste Team,

Greetings from Apollo clinics,

PFA. With status.

Thanks & Regards,

Rani N | Apollo Clinics | Pan India Toll No: 1860 500 7788 | Contact E-

Mail: corproate@apolloclinic.com | www.apolloclinic.com |

From: Customer Care : Mediwheel : New Delhi < customercare@mediwheel.in>

Sent: 15 January 2024 11:39

To: Corporate Apollo Clinic <corporate@apolloclinic.com>

Cc: Wellness: Mediwheel: New Delhi <wellness@mediwheel.in>; Network: Mediwheel: New Delhi

<network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>

Subject: Health Check-up Bookings No. 13 (Annual)

Dear Team,

Please find the attached Health Check-up Bookings file and confirm the same.

#### Thanks & Regards



Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030 Ph No. 011-41195959

Email: customercare@mediwheel.in; | Web: www.mediwheel.in

CAM1-119790 Ocr-99424



- faceler

8658041349

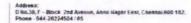




# **Apollo Clinic**

# **CONSENT FORM**

Patient Name:	Pap 1480 119790	Age:	26 M
UHID Number:	119790.	Company Name:	Arcopeni
I Mr/Mrs/Ms		Employee of	
(Company) Want to in	form you that I am not inter	ested in getting	ENT / Dontal
Tests done which is a	part of my routine health che	eck package.	Ent / Dontal
And I claim the above	statement in my full conscio	usness.	
Patient Signature:	Tools !	Date:	1/2024
Ann Tal: 04	Apollo Medical Cen o. 30, F-Block, 2nd Avenue, a Nagar East, Chennai-600 a Nagar East, Mobile: 73583 4-26224505, Mobile: 73583 Toll No. 1860 500 7788	102 92880	









Mr. Proitra Mohan 27/1 25thi 56/M

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

General Examination / Allergies History

Adu:

- OPG

- Later Root

Canaltreatment a Cooping

for the Posteriors

atteition)

2/16/11/10/

Follow up date:

Doctor Signature & Stamp

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





Patritia Mohan Jethi 50/M

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

General Examination / Allergies History

10 gs.

EAR :- 7 mintant

6

Note: DNI 60

Throat ? dornal

Am; - DNS LO CSOM

Plan: - Sept planty I &A

Follow up date:

Doctor Signature & Stamp

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



# **OPHTHALMOLOGY**



_		Expertise. Closer to you
Name: Pakitra W Occupation: S Age: Sex: Male  Address: Ph:	Ref. Physician:  Copies to::	11124 <sub>Reg. No.:</sub> 119790
Ri	EPORT ON OPHTHALMIC EXAM	INATION
History: Expetis	glass uso deapelic	15 year 10 year talking table
Present Complaint:	Tomfortable a	Law BE 616 Nb
ON EXAMINATION:	RE	LE
Ocular Movements :  Anterior Segment :  Intra-Ocular-Pressure :	Luce	Free
Visual Acuity: D.V. : Without Glass :	N	N
With Glass :  N.V. :  Visual Fields :	6/9	6/9
Fundus : Impression : Advice :	Nio	Nto Ful.
Colour Vision :	N	Ν -







56 Years MR PABITRA MOHAN SETHI ID: 119790 R GE MAC2000 1.1 QRS QT / QTcBaz PR P RR / PP P / QRS / T Male Technician:
Ordering Ph:
Referring Ph:
Attending Ph: 74 ms
330 / 416 ms
128 ms
96 ms
628 / 625 ms
56 / 59 / 35 degrees 12SL™ v241 27.01.2024 10:57:17 AM APOLLO MEDICAL CENTER ANNA NAGAR CHENNAI 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz Location: Order Number: Visit: Indication:
Medication 1:
Medication 2:
Medication 3: Room: 4x2.5x3\_25\_R1 Unconfirmed 96 bpm -- / -- mmHg 1/1