

Patient Name	: Mr.YASHWANTH PANJI	Collected	: 21/Sep/2024 10:18AM
Age/Gender	: 41 Y 8 M 10 D/M	Received	: 22/Sep/2024 01:14AM
UHID/MR No	: CANN.0000241612	Reported	: 22/Sep/2024 07:30AM
Visit ID	: CANNOPV423817	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S32389		

**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:CAG240903983

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 - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.3	g/dL	13-17	Spectrophotometer
PCV	45.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.2	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.8	fL	83-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.2</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,900	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	53.8	%	40-80	Electrical Impedance
LYMPHOCYTES	37.7	%	20-40	Electrical Impedance
EOSINOPHILS	1.4	%	1-6	Electrical Impedance
MONOCYTES	6.5	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3712.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2601.3	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	96.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	448.5	Cells/cu.mm	200-1000	Calculated
BASOPHILS	41.4	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.43		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	227000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	3	mm/hour	0-15	Capillary photometry
<b>PERIPHERAL SMEAR</b>				

METHODOLOGY : Microscopic

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

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**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

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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
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



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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. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	82	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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


Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	65	mg/dL	70-140	HEXOKINASE

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.  
Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

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

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M.D.(Biochemistry)



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HBA1C, GLYCATED HEMOGLOBIN	5	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	97	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. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	170	mg/dL	<200	CHO-POD
TRIGLYCERIDES	135	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>32</b>	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	<b>138</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>111</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>5.31</b>		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.27</b>		<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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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	<b>1.31</b>	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	<b>0.26</b>	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.05	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	39	U/L	<50	UV with P5P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	31.0	U/L	<50	IFCC Without Pyridoxal phosphate Activation
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	73.00	U/L	30-120	IFCC AMP Buffer
PROTEIN, TOTAL	7.40	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated

**Comment:**

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

**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.  
 \*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

**3. Synthetic function impairment:**

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



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

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Patient Name : Mr.YASHWANTH PANJI  
Age/Gender : 41 Y 8 M 10 D/M  
UHID/MR No : CANN.0000241612  
Visit ID : CANNOPV423817  
Ref Doctor : Self  
Emp/Auth/TPA ID : 22S32389

Collected : 21/Sep/2024 10:18AM  
Received : 21/Sep/2024 07:51PM  
Reported : 21/Sep/2024 08:25PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

Page 9 of 17



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



SIN No:CAG240903984

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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. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.59	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	18.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.30	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.40	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated



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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. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	26.00	U/L	<55	IFCC



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Patient Name : Mr.YASHWANTH PANJI	Collected : 21/Sep/2024 10:18AM
Age/Gender : 41 Y 8 M 10 D/M	Received : 21/Sep/2024 07:46PM
UHID/MR No : CANN.0000241612	Reported : 21/Sep/2024 09:35PM
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**DEPARTMENT OF IMMUNOLOGY**

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


Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.29	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.85	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.722	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



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**DEPARTMENT OF IMMUNOLOGY**

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

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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Age/Gender : 41 Y 8 M 10 D/M	Received : 21/Sep/2024 07:46PM
UHID/MR No : CANN.0000241612	Reported : 21/Sep/2024 09:28PM
Visit ID : CANNOPV423817	Status : Final Report
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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.530	ng/mL	0-4	CLIA



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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. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.022		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

**Comment:**

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

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



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

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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. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick



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

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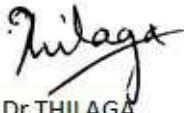


Patient Name : Mr.YASHWANTH PANJI	Collected : 21/Sep/2024 10:18AM
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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

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

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



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



SIN No:CAG240903986

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


  
**1860 500 7788**  
[www.apolloclinic.com](http://www.apolloclinic.com)

**APOLLO CLINICS NETWORK**  
**Telangana:** Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) **Andhra Pradesh:** Vizag (Seethamma Peta) **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla) **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie)  
**Uttar Pradesh:** Ghaziabad (Indrapuram) **Gujarat:** Ahmedabad (Satellite) **Punjab:** Amritsar (Court Road) **Haryana:** Faridabad (Railway Station Road)

Patient Name	: Mr.YASHWANTH PANJI	Collected	: 21/Sep/2024 10:18AM
Age/Gender	: 41 Y 8 M 10 D/M	Received	: 21/Sep/2024 08:39PM
UHID/MR No	: CANN.0000241612	Reported	: 21/Sep/2024 09:08PM
Visit ID	: CANNOPV423817	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S32389		

**TERMS AND CONDITIONS GOVERNING THIS REPORT**

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies. Laboratories not be responsible for any interpretation whatsoever. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient. Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received. This report is not valid for medico legal purposes.



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



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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



**APOLLO CLINICS NETWORK**  
Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

---

Patient Name	: Mr. YASHWANTH PANJI	Age	: 41Yrs 8Mths 12Days
UHID	: CANN.0000241612	OP Visit No.	: CANNOPV423817
Printed On	: 22-09-2024 07:32 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22S32389		

---

## DEPARTMENT OF RADIOLOGY

---

### ULTRASOUND WHOLE ABDOMEN

Liver is normal in size and shows fatty changes grade -I  
Intra and extra hepatic biliary passages are not dilated.

Gall bladder - partially distended ( postprandial status )

Pancreas and spleen appear normal.  
Spleen measures 11.0 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 9.0 x 3.8 cms.  
Left kidney measures 10.9 x 5.5 cms.  
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

---

Prostate measures 2.7 x 3.1 x 2.7 cms volume 12 cc and shows normal echopattern.

Seminal vesicles appear normal.

Bladder is normal in contour.

IMPRESSION:

\*FATTY LIVER- GRADE -I

---End Of The Report---

Dr. PRAVEENA T  
MBBS, DMRD, FAGE  
72064  
Radiology

Patient Name	: Mr. YASHWANTH PANJI	Age	: 41Yrs 8Mths 12Days
UHID	: CANN.0000241612	OP Visit No.	: CANNOPV423817
Printed On	: 22-09-2024 04:17 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22S32389		

---

**DEPARTMENT OF CARDIOLOGY**

---

**Observation :-**

- 1. Sinus Rhythm.**
- 2. Heart rate is 75 beats per minutes.**

**Impression:**

**NORMAL RESTING ECG.**

---End Of The Report---

Dr. ARULNITHI AYYANATHAN  
MBBS., MRCP, AB, MBA  
63907  
Cardiology

---

Patient Name	: Mr. YASHWANTH PANJI	Age	: 41Yrs 8Mths 13Days
UHID	: CANN.0000241612	OP Visit No.	: CANNOPV423817
Printed On	: 23-09-2024 11:44 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22S32389		

---

**DEPARTMENT OF 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:

BRUCE

Monitoring Leads:

12 LEADS

---

Grade Achieved:

16.00

% HR / METS:

13.40

Reason for Terminating Test:

FATIGUE

Total Exercise Time:

10:07

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 :

NORMAL

IV Fitness Response :

GOOD

**IMPRESSION:**

CARDIAC STRESS ANALYSIS IS **NEGATIVE** FOR INDUCIBLE MYOCARDIAL ISCHEMIA..

---End Of The Report---

Dr. ARULNITHI AYYANATHAN

MBBS., MRCP, AB, MBA

63907

Cardiology

CANN-241612  
OCR-106767

भारत सरकार  
Government of India

Issue Date: 09/09/2013

यशवंत पंजी  
Yashwanth Panji  
जन्म दिनांक / DOB : 11/01/1983  
पुरुष / Male

आधार पहचान का प्रमाण है, नागरिकता का नहीं।  
Aadhaar is a proof of identity, not of citizenship.

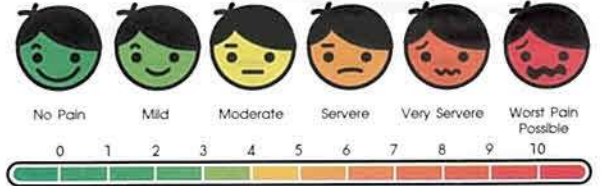
9740 4887 7944

मेरा आधार, मेरी पहचान

For Apollo hospital







Mr. Yaswanth Panji

41/M

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

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

21/9/24

R

→ Adv Scaling  
→ Adv x<sup>n</sup> of +

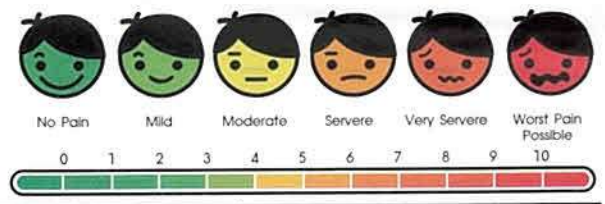


Follow up date:

Doctor Signature

21/9/24.

Yashwanth Panji 41/M



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

General Examination / Allergies  
History

FTP III  
T - III  
DSR  
Ears - (N) .

Clinical Diagnosis & Management Plan

#% snoring  
Nocturnal enuresis  
Imp : OSAS .  
Adv : Sleep study 90032 29909



Follow up date:

Doctor Signature

Mr. Yashwanth. Panji

(41 | M)

21/09/24.

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

General Examination / Allergies  
History

Adv :-

- PRP — 5/6 sessions
- GFC — 3/4 sessions.

Follow up date:



Doctor Signature & Stamp

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

In case of emergency, Please call 1066 or come directly to emergency room of the hospital

**Apollo Health and Lifestyle Limited**

To book an appointment

 **1860 500 7788**

Name: Mr. Yashwanth Panji  
 Occupation: .....  
 Age: 41 Sex: Male  Female   
 Address: .....  
 Ph: .....

Date: 21/09/24 Reg. No.: 241612  
 Ref. Physician: .....  
 Copies to: .....

**REPORT ON OPHTHALMIC EXAMINATION**

History: .....

Present Complaint: Regular Checkup

**ON EXAMINATION:**

	RE	LE
Ocular Movements :	Full	Full
Anterior Segment :	N	N
Intra-Ocular-Pressure :		
Visual Acuity: D.V. :		
Without Glass :	6/6	6/6
With Glass :		
N.V. :	Nc	Nc
Visual Fields :		
Fundus :		
Impression :		
Advice :	N	N
Colour Vision :		

**OPHTHALMOLOGY / OPTOMETRIST**

*[Signature]*

Male

21.09.2024 2:13:37 PM  
APOLLO MEDICAL CENTER  
ANNA NAGAR  
CHENNAI

41 Years

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

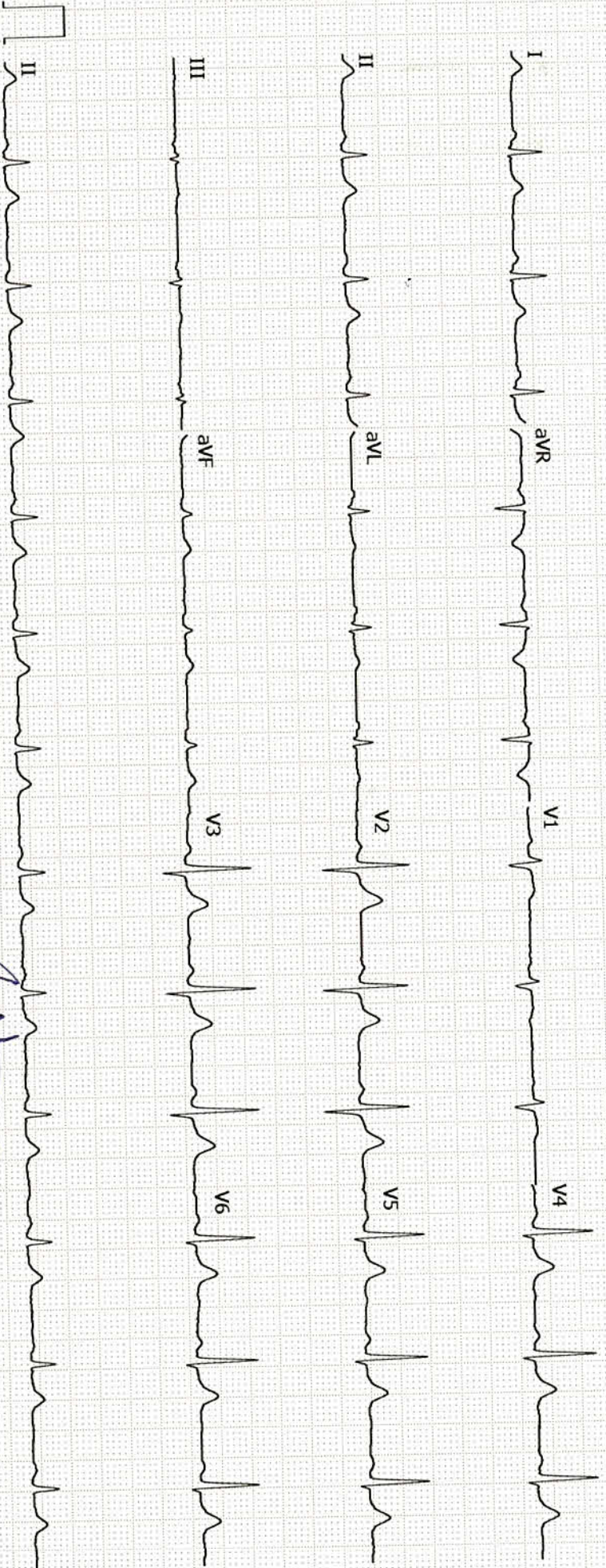
QRS : 80 ms  
QT / QTcBaz : 354 / 395 ms  
PR : 136 ms  
P : 100 ms  
RR / PP : 798 / 800 ms  
P / QRS / T : 22 / 22 / 42 degrees

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

Room:

75 bpm  
-- / -- mmHg

NSR  
DPT



*[Handwritten signature]*

Unconfirmed

18

**YASHWANTH PANJI,**  
 Patient ID 241612RMC  
 21.09.2024 Male  
 41yrs Indian

Meds:


Test Reason:  
 Medical History:

Ref. MD: Ordering MD:  
 Technician: Test Type:  
 Comment:

BRUCE: Total Exercise Time 10:07  
 Max HR: 173 bpm 96% of max predicted 179 bpm HR at rest: 82  
 Max BP: 150/90 mmHg BP at rest: 120/80 Max RPP: 25950 mmHg\*bpm  
 Maximum Workload: 13.40 METS

Max ST: -0.17 mV, 0.00 mV/s in V5; EXERCISE STAGE 4 09:59  
 Arrhythmia: A:98, PVC:1, PSVC:2  
 ST/HR index: 1.74  $\mu$ V/bpm

Reasons for Termination: Fatigue  
 Conclusion: FINAL IMPRESSION: TMT IS NOT FOR INDUCIBLE  
 MYOCARDIAL ISCHEMIA

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METs)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (V5 mV)	Comment
PRETEST	SUPINE	00:09	0.00	0.00	1.0	82	120/80	9840	0	0.01	
	STANDING	00:27	0.00	0.00	1.0	82	120/80	13800	0	0.01	
	STAGE 1	03:00	1.70	10.00	4.6	115	130/80	15860	0	0.00	
	STAGE 2	03:00	2.50	12.00	7.0	122	140/90	20720	0	0.00	
EXERCISE	STAGE 3	03:00	3.40	14.00	10.1	148	150/90	25650	1	-0.06	
	STAGE 4	01:07	4.20	16.00	13.4	171	120/80	14520	0	-0.16	
RECOVERY		04:01	0.00	0.00	1.0	121	120/80	14520	0	-0.01	

3:26:01pm

18

BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:00 82 bpm 120/80 mmHg	9:59 171 bpm 150/90 mmHg	10:07 171 bpm 150/90 mmHg	3:52 118 bpm 120/80 mmHg	0:00 82 bpm 120/80 mmHg	9:59 171 bpm 150/90 mmHg	10:07 171 bpm 150/90 mmHg	3:52 118 bpm 120/80 mmHg
I -0.01 mV 0.24 mV/s	I -0.03 2.02	I -0.01 2.04	I -0.02 0.39	V1 0.02 -0.21	V1 -0.03 -1.12	V1 -0.06 -0.61	V1 0.03 -0.16
II 0.02 0.30	II -0.11 1.90	II -0.09 1.27	II -0.01 0.61	V2 0.05 0.79	V2 -0.03 1.30	V2 -0.03 1.04	V2 0.03 0.59
III 0.02 -0.21	III -0.10 -1.00	III -0.07 -0.94	III 0.01 0.20	V3 0.04 0.60	V3 -0.14 0.60	V3 -0.11 0.94	V3 0.02 0.86
aVR -0.01 -0.55	aVR 0.07 -2.04	aVR 0.05 -1.67	aVR 0.01 -0.61	V4 0.03 0.52	V4 -0.16 0.41	V4 -0.14 0.50	V4 0.01 0.70
aVL -0.01 0.12	aVL 0.04 1.87	aVL 0.02 1.46	aVL -0.02 0.02	V5 0.01 0.33	V5 -0.17 0.26	V5 -0.16 0.17	V5 -0.01 0.54
aVF 0.01 0.07	aVF -0.10 0.71	aVF -0.08 0.19	aVF 0.01 0.38	V6 0.01 0.10	V6 -0.14 -0.40	V6 -0.14 -0.29	V6 -0.01 0.30

© GE CardioSoft V6.73(2)  
10mm/mV 50Hz 0.01Hz FRF+ HEART V5.4

Unconfirmed

Attending MD:

MICRO MED CH Pa

*[Handwritten signature]*

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**RE: Health checkup Appointments no. 80**

---

**From** Corporate Apollo Clinic <corporate@apolloclinic.com>

**Date** Tue 9/3/2024 6:47 PM

**To** Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

**Cc** Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>; deepak c <deepak.c@apollohl.com>; Electronic City <ecity@apolloclinic.com>; Tnagar Apolloclinic <tnagar@apolloclinic.com>; Asraonagar Apolloclinic <asraonagar@apolloclinic.com>; Basavanagudi Apolloclinic <basavanagudi@apolloclinic.com>; Indiranagar Apolloclinic <indiranagar@apolloclinic.com>; JP Nagar Apollo Clinic <jpnagar@apolloclinic.com>; Nigdi Apolloclinic <nigdi@apolloclinic.com>; Velachery Apolloclinic <velachery@apolloclinic.com>; Mysore Apolloclinic <mysore@apolloclinic.com>; ITPL CLINIC <itpl@apolloclinic.com>; FO ITPL <fo.itpl@apolloclinic.com>; Dilip B <dilip.b@apolloclinic.com>; Pritam Padyal <pritam.padyal@apolloclinic.com>; Rahul Rai <rahul.rai@apolloclinic.com>; Annanagar Apolloclinic <annanagar@apolloclinic.com>; Koramangala Apolloclinic <koramangala@apolloclinic.com>; CC Chembur <cc.cbr@apollospectra.com>; Foincharge Cbr <foincharge.cbr@apollospectra.com>

 1 attachments (24 KB)

Copy of 03.09.2024.xlsx;

Namaste Team,

Greetings from Apollo Clinics,

Please find the attachment for appointments status.

Thanks & Regards,

**Anvesh M** | Apollo Clinics | Pan India Toll No: 1860 500 7788 | Contact E-Mail: [corporate@apolloclinic.com](mailto:corporate@apolloclinic.com) | [www.apolloclinic.com](http://www.apolloclinic.com) |

---

**From:** Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

**Sent:** Tuesday, September 3, 2024 1:20 PM

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

**Cc:** Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>; deepak c <deepak.c@apollohl.com>

**Subject:** Health checkup Appointments no. 80

Dear Team

Please find the attached health checkup booking and confirm the same.

Thanks & Regards

Lav Gupta





Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030

M. 8800465156 Email : [wellness@mediwheel.in](mailto:wellness@mediwheel.in); | Web: [www.mediwheel.in](http://www.mediwheel.in)

**CASE RECORD**

Name: <u>Mr. Yashwanth</u>	Date: <u>2/09/24</u>
Occupation: _____	UHID No.: <u>2416/2</u>
Age: <u>41</u> Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	OP / Company: <u>Arco Feasi</u>
Address: _____	Ref. Physician: <u>D. Anusha</u>
Tel No: _____	

Consultant :

Nil

AHC

Obs

- ① DLP
- ② QZFL
- ③ TMT2 Nig

Adv

- ① Low fat diet  
Reg. physical exercise.

✱

History :

Chief Complaints : (If pain is present. please describe location, character, score etc.)

Nil

History of Present illness :

**Apollo Medical Centre**  
No. 30, F-Block, 2nd Avenue,  
Anna Nagar East, Chennai-600 102  
Tel: 644-26224505, Mobile: 7358392880  
Toll No. 1860 500 7788

✱

Rt. P = 95  
Ct. P = 90

### Physical Examination

**General :** Build Height 161 cm. Weight 69.8 kgs.

Anaemia Icterus Cyanosis Clubbing

Oedema Glands

#### ENT :

**CVS :** Heart Rate & Rhythm 74/min

B.P. : Supine 110/80 mm Hg Sitting Standing

Chest Shape  
Heart Sounds  
Murmurs  
Thrills

**RS :** Rate & Type

Breath Sounds

**Abdomen :** Appearance

Liver Spleen

Tenderness

Bowel sounds Fluid

(N)

**Genitals :**

**CNS :** Cranial Nerves

Sensors SYstem

Motor System

Reflexes

Fundus

**Skin :**

**Extremities :**

\*