



यूनियन बैंक Union Bank  
OF INDIA

नाम/Name  
के.एम. सन्तोश कुमार  
K.M. Santhosh Kumar



पदनाम : SWO  
कर्मचारी क : 814684  
जन्म तिथि : 01-06-1981  
रक्त समूह : A+

*[Handwritten Signature]*  
हस्ताक्षर Signature

जारी करने की तारीख: 16-09-2020  
जारी करने का स्थान: क्षेत्रीय कार्यालय, महबूबनगर.  
Regional Office-2, Mahabubnagar.

*[Handwritten Signature]*  
जारी करने वाली इकाई Issuing Authority

#	PHASORZ TECHNOLOGIES PRIVATE LIMITED	Kuchimanchi Premchandsankar	PHASORZ IBM INDIVIDUAL TESTS CREDIT	Check Authorisation Letter	9381711251
#	APOLLO HEALTHCO LIMITED	Manju Swaroop Narla	APOLLO HEALTHCO URLIFE NOVARTIS IN	APOLLO HEALTHCO - URLIFE - NOVARTIS	9700898592
#	CONNECT AND HEAL PRIMA	Vikash Kumar	CONNECT AND HEAL SVN-IC-HC-CREDIT	CONNECT AND HEAL - CNH-SVN-IC-ADV-1	8851669702
#	APOLLO HEALTHCO LIMITED	Jagadeesh Surapaneni	APOLLO HEALTHCO URLIFE NOVARTIS IN	APOLLO HEALTHCO - URLIFE - NOVARTIS	9000747423
#	CONNECT AND HEAL PRIMA	Bhagath Babu Bellaganti	CONNECT AND HEAL SE SCREENING HC	CONNECT AND HEAL - SE - SCREENING AE	8939530185
#	CONNECT AND HEAL PRIMA	Lakshmi Priya Bandi	CONNECT AND HEAL SE SCREENING HC	CONNECT AND HEAL - SE - SCREENING AE	8939530185
#	CONNECT AND HEAL PRIMA	Pavani Vempati	CONNECT AND HEAL OPEN TEXT CN-OP	CONNECT AND HEAL - CN-PT-ST1 - STAN	9995335493
#	TIME LEGEND IT AND HR CO	Dheeraj Kumar Yadav	TIME LEGEND IT AND HR CONSULTING	TIME LEGEND IT AND HR CONSULTING - C	9603496370
#	CARRIER TECHNOLOGIES IN	Ankur Dubey	CARRIER TECHNOLOGIES AHC CREDIT	CARRIER TECHNOLOGIES - AHC MALE - P4	9971995999
#	CONNECT AND HEAL PRIMA	Jaya Rohini M	CONNECT AND HEAL OPEN TEXT CN-OP	CONNECT AND HEAL - CN-PT-ST1 - STAN	9945053322
#	CIPLA LIMITED	Gogikar Sunil Kumar	CIPLA BAJAJ FINSERV AHC CREDIT PAN IN	CIPLA - BAJAJ FINSERV - AHC BELOW 40Y	9989325124
#	ARCOFEMI HEALTHCARE LIMITED	Santosh Kumar, KM	ARCOFEMI MEDIWHEEL MALE AHC CREDIT	ARCOFEMI - MEDIWHEEL - FULL BODY AN	8291058730
#	AAVUV TECHNOLOGIES PRIVATE LIMITED	Laxminarayana reddy bora	AAVUV TECHNOLOGIES EKC G HC CREDIT	AAVUV TECHNOLOGIES - EKC G - 1424 - 14	9652008007
#	APOLLO HEALTHCO LIMITED	Keertana Vijay Kumar	APOLLO HEALTHCO URLIFE NOVARTIS IN	APOLLO HEALTHCO - URLIFE - NOVARTIS	9177909923
#	AAVUV TECHNOLOGIES PRIVATE LIMITED	Shaik ilyas Ahmed	AAVUV TECHNOLOGIES EKPC HC CREDIT	AAVUV TECHNOLOGIES - EKPC - 03 - 2D E	9008525885
#	CONNECT AND HEAL PRIMA	Padma Kamarthi	CONNECT AND HEAL OPEN TEXT CN-OP	CONNECT AND HEAL - CN-PT-ST1 - STAN	9513349411

Patient Name	: Mr. Santosh Kumar K.M	Age	: 42 Y/M
UHID	: CMAN.0000096073	OP Visit No	: CMANOPV195694
Reported By:	: Dr. K NIKHITHA	Conducted Date	: 26-02-2024 08:44
Referred By	: SELF		

### ECG REPORT

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 78beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

#### **Impression:**

NORMAL RESTING ECG.

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

Dr. K NIKHITHA

The Apollo Clinic- Manikonda  
PHYSICAL EXAMINATION FORM

DATE 24/02/24

UHID CMAAN.96073

Name Mr. Santosw Kumar  
K.M Age 42y / M

Height  Cms

Weight  Kgs

Chest Measurement  (In) Cm  (Out) Cm

Waist  Cm

Hip

Pulse  bpm / Min

BMI

BP  mmHg

SPO2

42 Years Male

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

Location:  
Order Number:  
Visit:

Room:

Indication:  
Medication 1:  
Medication 2:  
Medication 3:

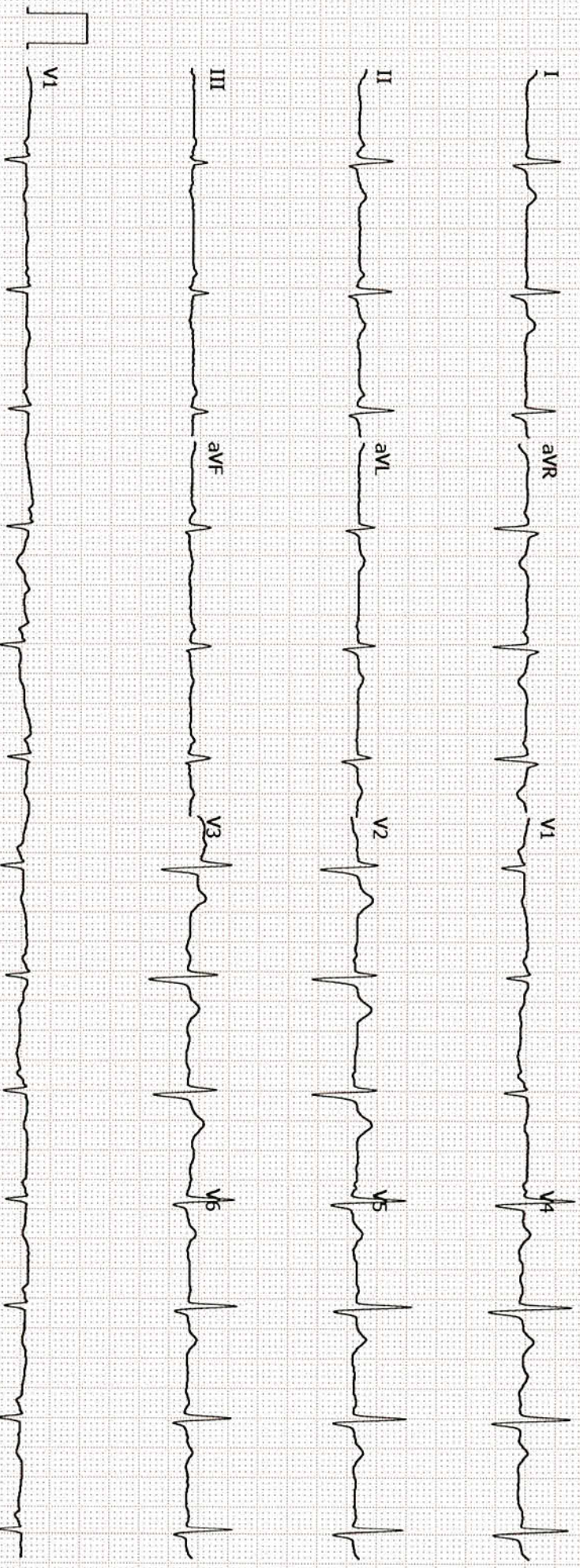
78 bpm  
--/-- mmHg

QRS : 94 ms  
QT / QTcBz : 366 / 417 ms  
PR : 136 ms  
P : 110 ms  
RR / PP : 766 / 769 ms  
P / QRS / T : 68 / 52 / 23 degrees

Normal sinus rhythm with sinus arrhythmia  
Normal ECG

*Handwritten signature*

*Handwritten mark*



MR.SANTOSH KUMAR K.M.,

Patient ID CMAN.96073

02/24/2024

2:19:46pm

12-Lead Report

PRETEST

SUPINE

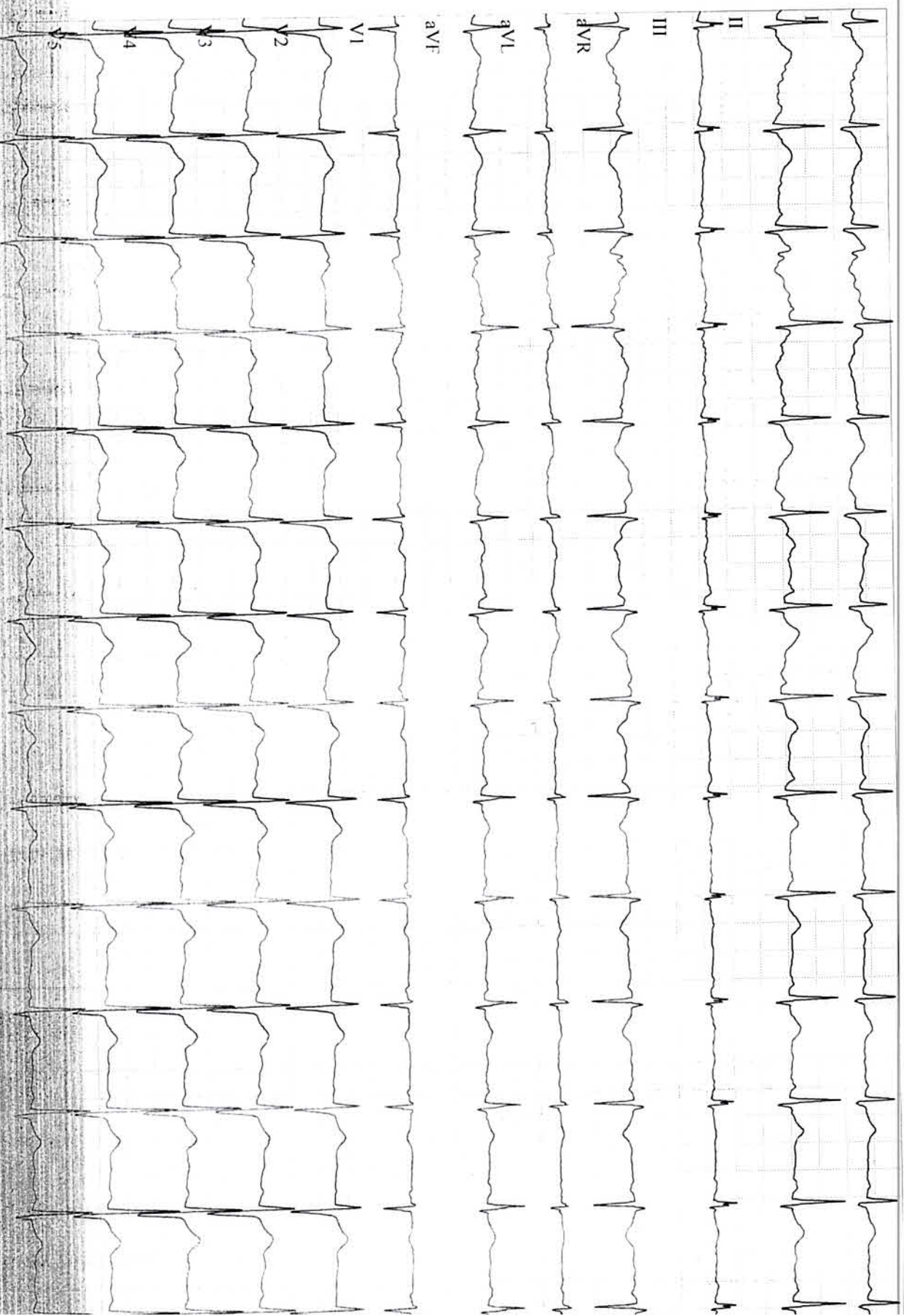
00:23

87 bpm  
140/90 mmHg

BRUCE  
0.0 mph  
0.0 %

*Normal sinus rhythm*

APOLLO



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV, 50Hz-0.01Hz FRF HR(1-V3)

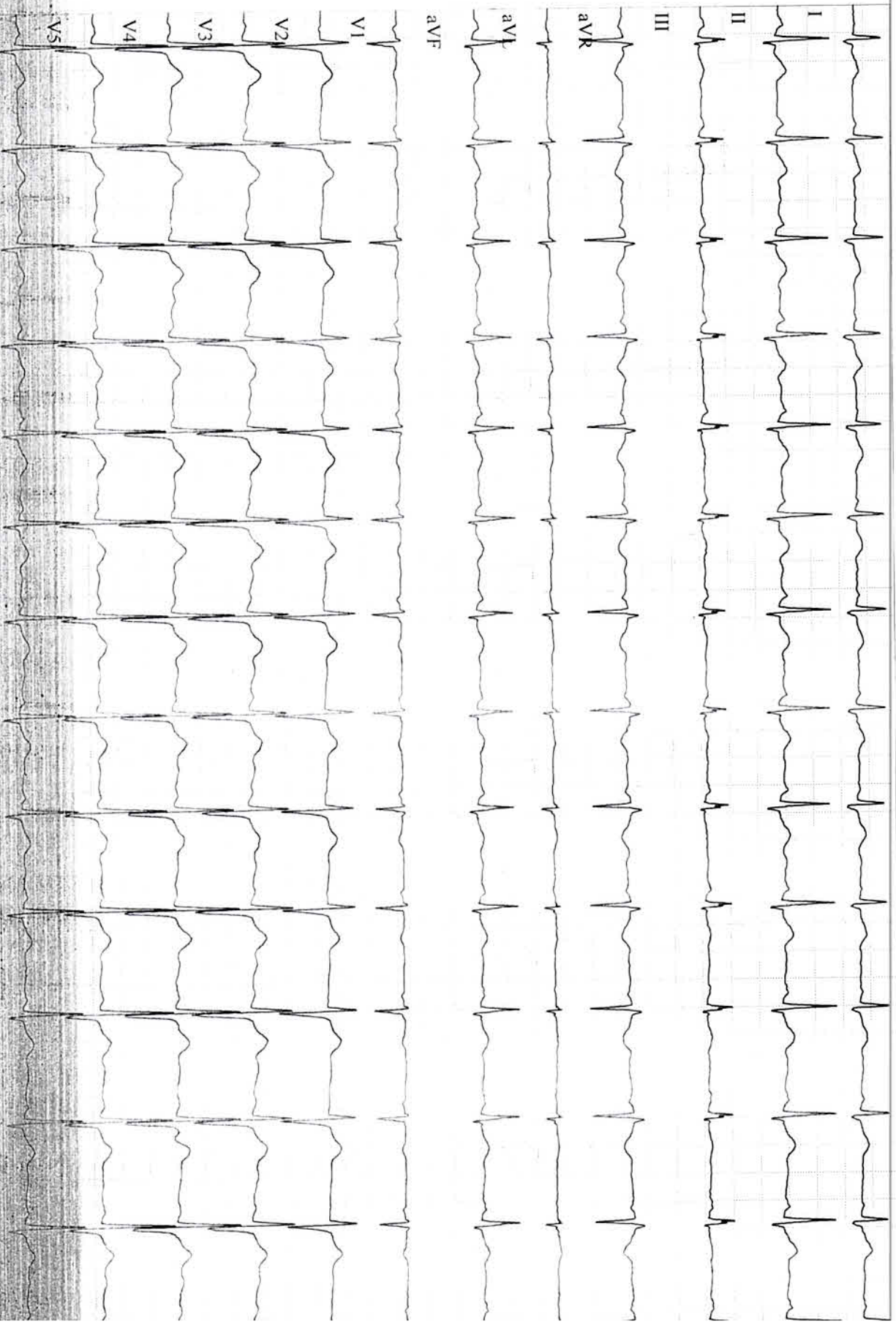
Start of test: 2:19:46pm

MRS SANTOSH KUMAR K.M,  
Patient ID CMAN.96073  
02/24/2024  
2:20:45pm

82 bpm

12-Lead Report  
PRETEST  
STANDING  
01:22

BRUCE  
0.0 mph  
0.0 %



GE CardioSoft V6.73 (2)  
25 mm/s 10mm/mV 50Hz 0:01Hz FRF HR(H-V3)

Start of Test: 2:19:17pm

MR.SANTOSH KUMAR K.M.,

Patient ID CMAN.96073

02/24/2024

2:23:52pm

Linked Medians

EXERCISE

STAGE 1

02:50

APOLLO

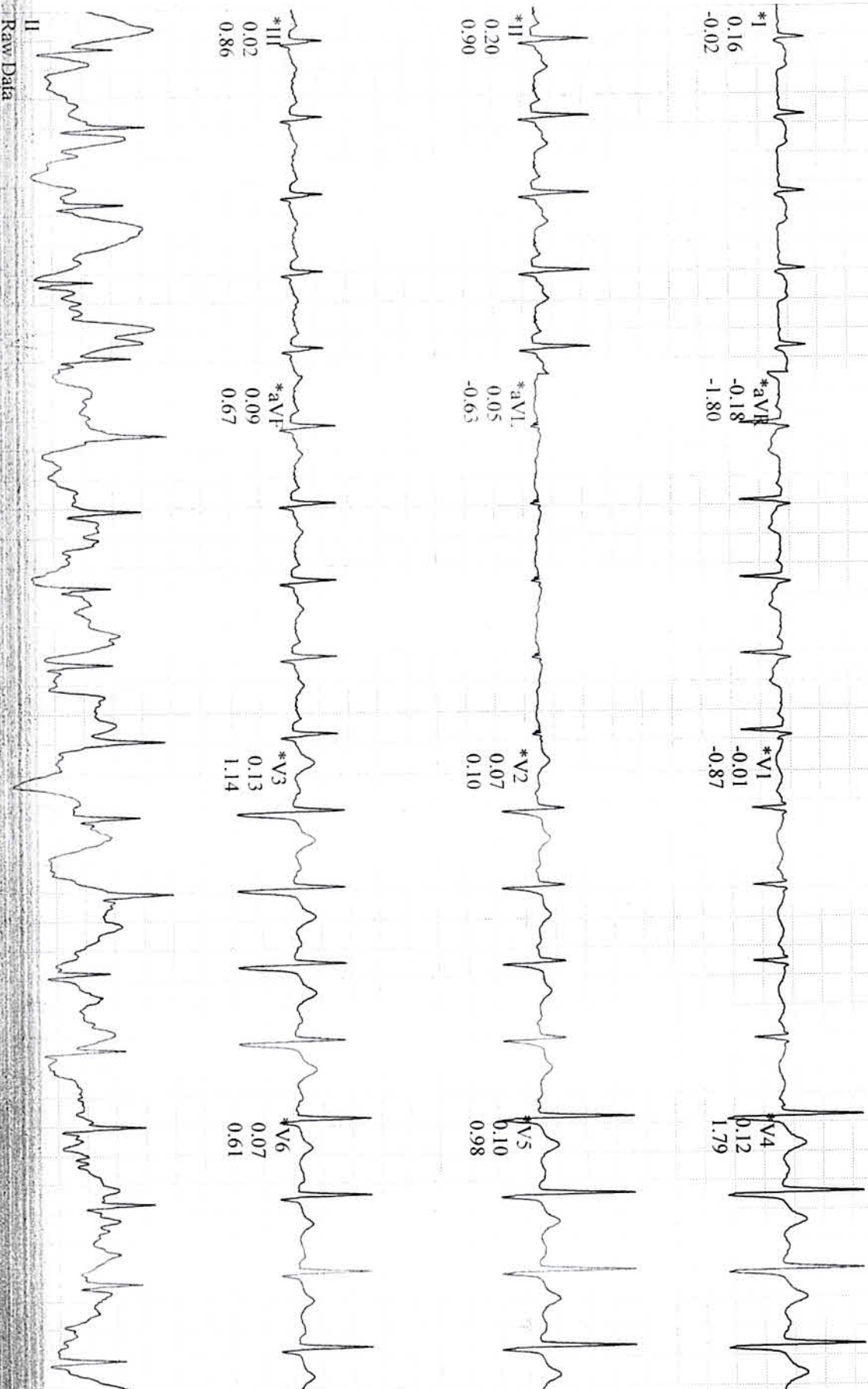
BRUCE

1.7 mph

10.0 %

114 bpm  
140/90 mmHg

Lead  
ST Level (mV)  
ST Slope (mV/s)



Raw Data

Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)

25mm/s 10mm/mV 50Hz 0.01Hz FRR HR(V4-V5)

Start of Test: 2:19:17pm



MR. SANTOSH KUMAR K.M.,  
Patient ID CMAN.96073

02/24/2024  
2:26:52pm

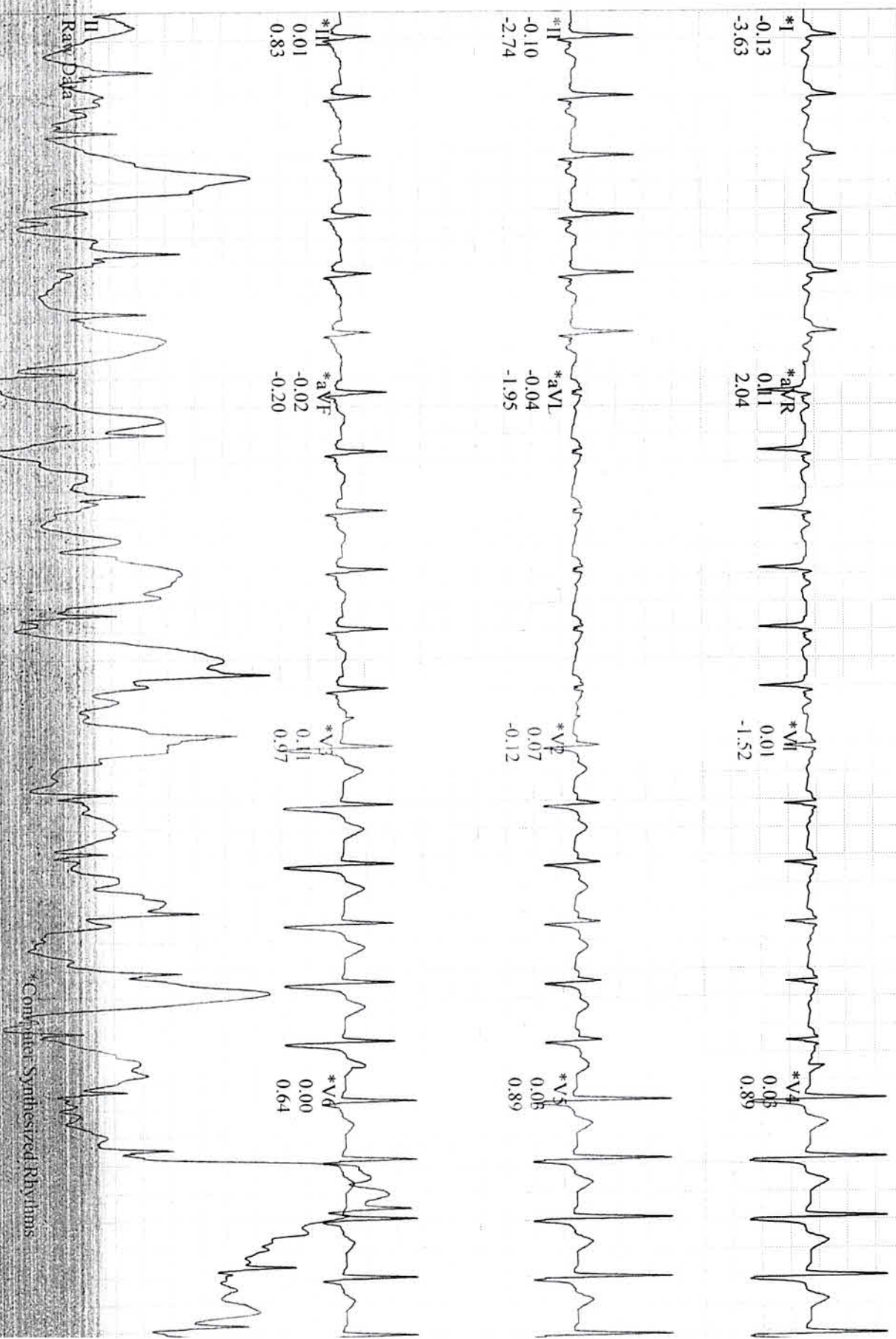
142 bpm  
140/90 mmHg

Linked Medians  
EXERCISE  
STAGE 2  
05:50

BRUCE  
2.5 mph  
12.0 %

APOLLO

Lead  
ST Level (mV)  
ST Slope (mV/s)



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRI HR(V6 V5)

Start of Test: 2:19:17pm

\*Computer Synthesized Rhythms

Linked Medians

EXERCISE

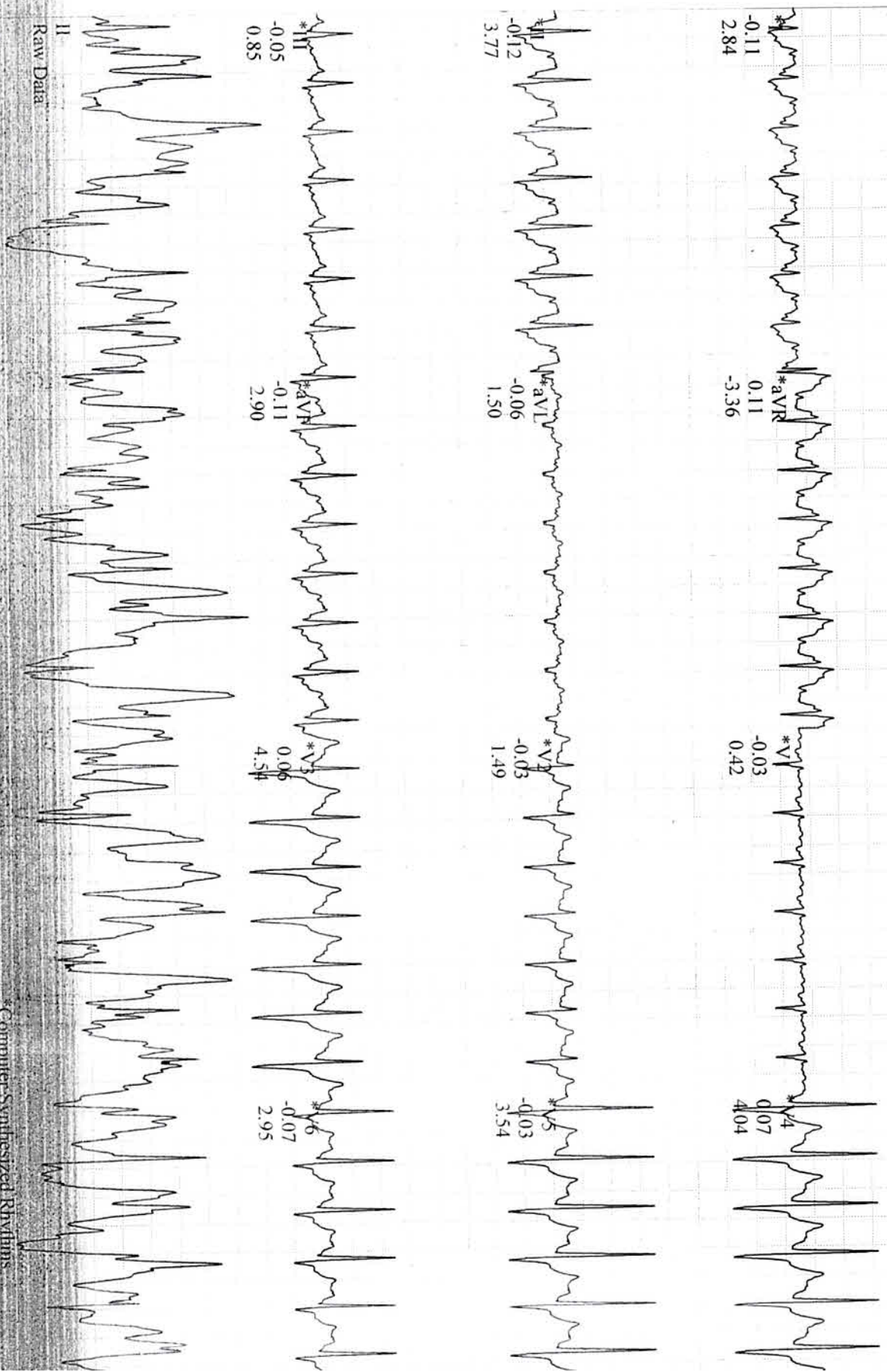
STAGE 3

MR. SANTOSH KUMAR K.M,  
Patient ID CMAN.96073  
02/24/2024  
2:29:52pm

176 bpm  
150/90 mmHg

BRUCE  
3.4 mph  
14.0%

Lead  
ST Level (mV)  
ST Slope (mV/s)



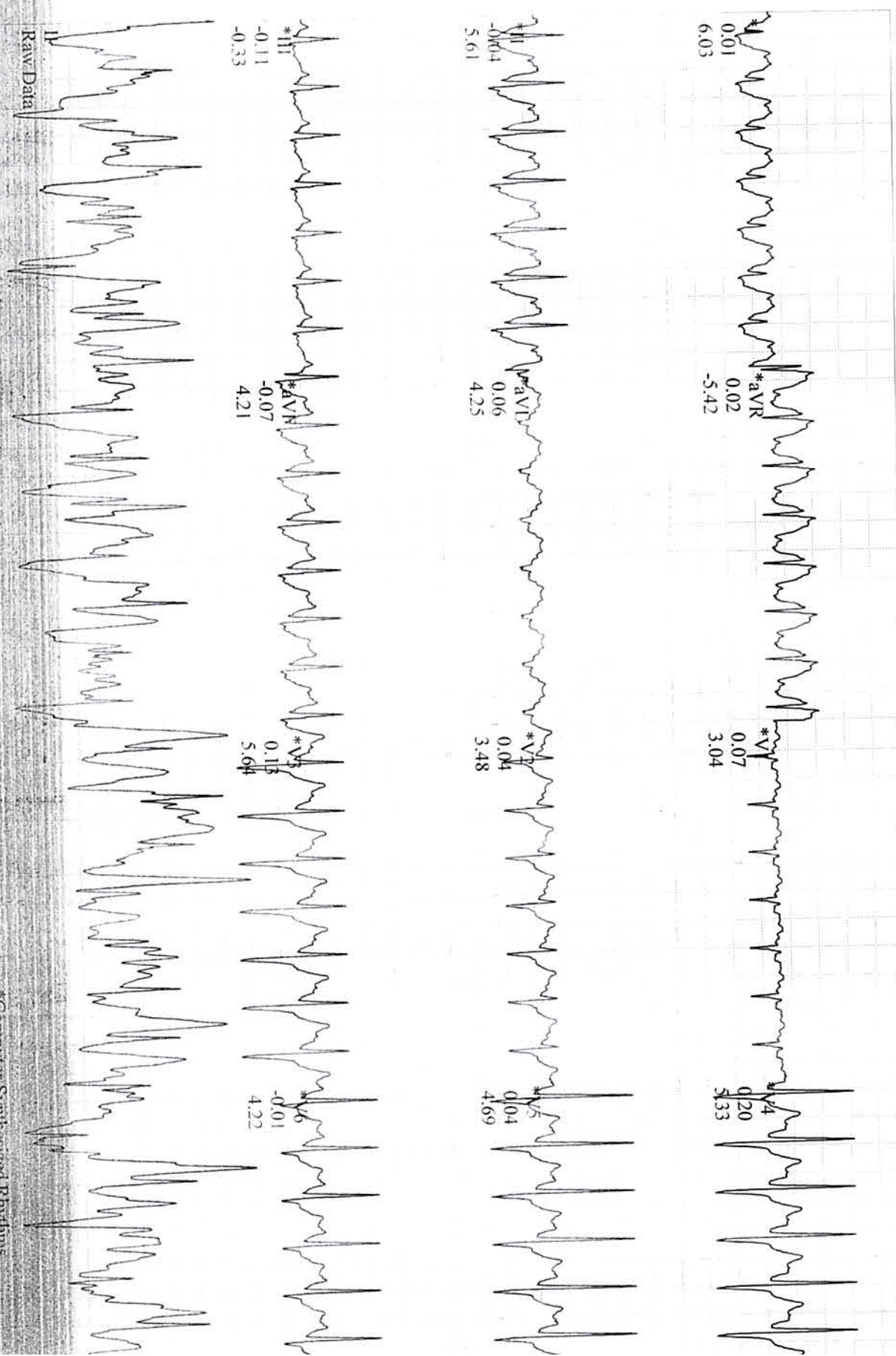
Linked Medians ( PEAK EXERCISE )

MR.SANTOSH KUMAR K.M,  
Patient ID CMAN.96073  
02/24/2024  
2:30:03pm

176 bpm  
150/90 mmHg

EXERCISE  
STAGE 4  
09:01  
BRUCE  
3.4 mph  
14.0 %

Lead  
ST Level (mV)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)  
25mm/s 10mm/mV 50Hz 0.01Hz FRT+ HR(V5, V4)

Start of Test: 2:29:17pm

MR.SANTOSH KUMAR K.M.,  
Patient ID CMAN.96073

02/24/2024  
2:31:02pm

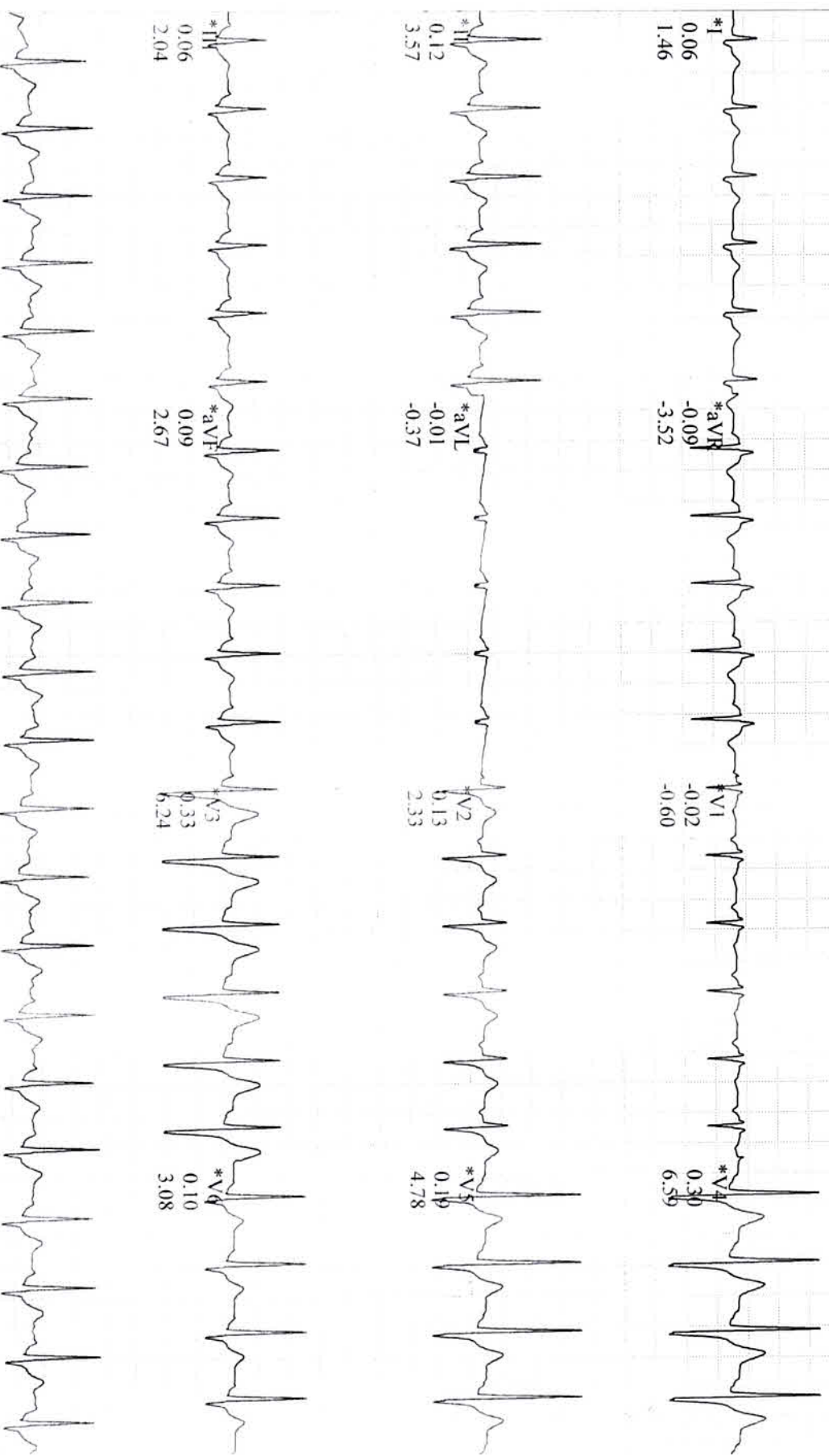
134 bpm

Linked Medians  
RECOVERY  
#1  
01:00

BRUCE  
0.0 mph  
0.0 %

APOLLO

Lead  
ST Level (mV)  
ST Slope (mV/s)



Raw Data

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0:01Hz FRI+ HR(V4,V5)

Start of Test: 2:19:17pm

Computer Synthesized Rhythms

Linked Medians  
RECOVERY

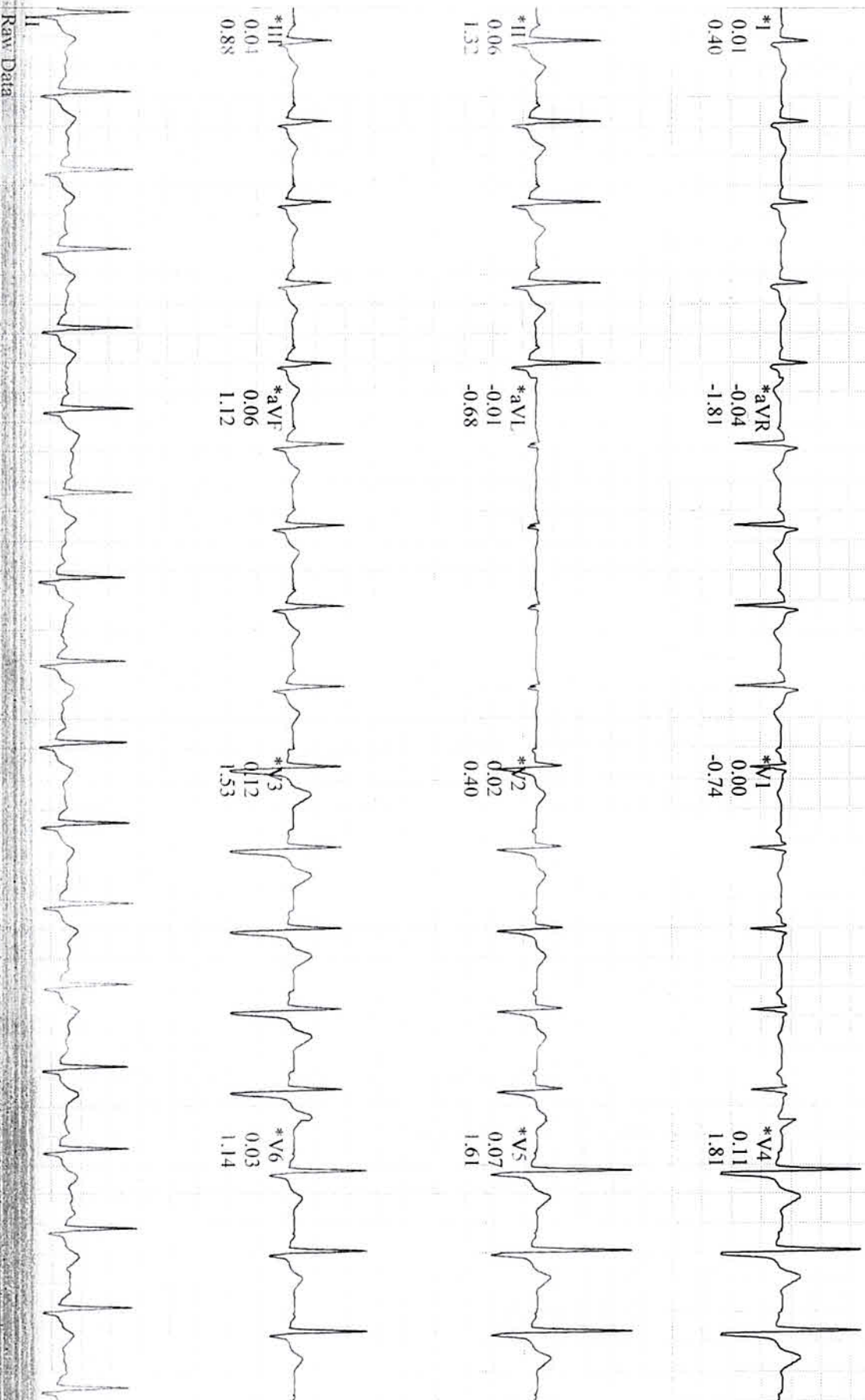
MR.SANTOSH KUMAR K.M,  
Patient ID CMAN.96073  
02/24/2024  
2:33:02pm

110 bpm  
140/90 mmHg

#1  
03:00

BRUCE  
0.0 mph  
0.0 %

Lead  
ST Level (mV)  
ST Slope (mV/s)



Raw Data

Computer Synthesized Rhythms

GE CardioSoft V6-73(©)

25 mm/s: 10 mm/mV 50Hz 0.01Hz FRT HR(V4 V5)

Start of test: 12:39:17pm

Patient Name : Mr. Santosh Kumar K.M Age : 42 Y/M  
UHID : CMAN.0000096073 OP Visit No : CMANOPV195694  
Conducted By: : Dr. K NIKHITHA Conducted Date : 26-02-2024 10:02  
Referred By : SELF

**CARDIOLOGY**  
**CARDIAC STRESS TEST – (TMT)**

Angina Pectoria:  
-

Previous MI:  
-

PTCA:  
-

CABG:  
-

HTN:  
-

DM:  
-

Smoking:  
-

Obesity:  
-

Lipidemia:  
-

Resting ECG Supine:  
NORMAL

Standing:  
NORMAL

Protocol Used:  
BRUCE

Monitoring Leads:  
12 LEADS

Grade Achieved:  
101

% HR / METS:  
10.10

Reason for Terminating Test:  
MAR HR ATTAINED

Total Exercise Time:  
09.00

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:  
NORMAL TMT.

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

Dr. K NIKHITHA

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Santosh Kumar KM on 26/02/2024

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	✓
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> <li>• Currently Unfit. Review after _____ recommended</li> <li>• Unfit</li> </ul>	

Dr.   
 Medical Officer  
 The Apollo Clinic, (Location)

**Apollo Health and Lifestyle Limited** *This certificate is not meant for medico-legal purposes*  
 (CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

**APOLLO CLINICS NETWORK TELANGANA & AP**  
 Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)  
 Vizag (Seethamma Peta)  
 Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**





# POWER PRESCRIPTION

NAME: *Santhosh Kumar* GENDER: *M/F* DATE: *24/12/24*  
AGE: *42* UHID:

## RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>0.25</i>	<i>—</i>		<i>6/6</i>
NEAR	<i>—</i>	<i>—</i>		<i>N/G</i>

## LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>0.25</i>	<i>—</i>		<i>6/6</i>
NEAR	<i>—</i>	<i>—</i>		<i>N/G</i>

### INSTRUCTIONS:

*Follow Clinics, work*

  
SIGNATURE

**Patient Name** : Mr. Santosh Kumar K.M

**Age/Gender** : 42 Y/M

**UHID/MR No.** : CMAN.0000096073

**OP Visit No** : CMANOPV195694

**Sample Collected on** :

**Reported on** : 26-02-2024 12:02

**LRN#** : RAD2246597

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 351506

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Cardiac is normal.

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. MD RAHEEMUDDIN QURESHI**  
Radiology

<b>Patient Name</b>	: Mr. Santosh Kumar K.M	<b>Age/Gender</b>	: 42 Y/M
<b>UHID/MR No.</b>	: CMAN.0000096073	<b>OP Visit No</b>	: CMANOPV195694
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 26-02-2024 12:01
<b>LRN#</b>	: RAD2246597	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 351506		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size and Increased echotexture. A focal hypoechoic area noted in the left of the liver adjacent to the gallbladder fossa ? Focal fat sparingly.

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

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

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

**Both the kidneys** appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

**Prostate** is Enlarged in size and echo texture. Volume measuring 25.2 cc.

No evidence of necrosis/calcification seen.

### IMPRESSION:-

- **GRADE - II FATTY LIVER.**
- **A focal hypoechoic area noted in the left of the liver adjacent to the gallbladder fossa ? Focal fat sparingly.**
- **GRADE - I PROSTATOMEGALY**

**Suggest – clinical correlation.**

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



**Patient Name** : Mr. Santosh Kumar K.M

**Age/Gender** : 42 Y/M

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MBBS,DNB(RADIO DIAGNOSIS)

Radiology


Patient Name : Mr.SANTOSH KUMAR K.M	Collected : 24/Feb/2024 08:57AM
Age/Gender : 42 Y 8 M 23 D/M	Received : 24/Feb/2024 01:59PM
UHID/MR No : CMAN.0000096073	Reported : 24/Feb/2024 04:14PM
Visit ID : CMANOPV195694	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 351506	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	14.8	g/dL	13-17	Spectrophotometer
PCV	43.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.23	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>82.3</b>	fL	83-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,540	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	63.5	%	40-80	Electrical Impedance
LYMPHOCYTES	24.8	%	20-40	Electrical Impedance
EOSINOPHILS	4.2	%	1-6	Electrical Impedance
MONOCYTES	7.3	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	0-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4152.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1621.92	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	274.68	Cells/cu.mm	20-500	Calculated
MONOCYTES	477.42	Cells/cu.mm	200-1000	Calculated
BASOPHILS	13.08	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.56		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	199000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	14	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC NORMOCYTIC NORMOCHROMIC  
WBC WITHIN NORMAL LIMITS  
PLATELETS ARE ADEQUATE ON SMEAR

  
Dr.KASULA SIDDARTHA  
M.B.B.S,DNB(Pathology)  
Consultant Pathologist

Page 1 of 17  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:BED240047928

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mr.SANTOSH KUMAR K.M  
Age/Gender : 42 Y 8 M 23 D/M  
UHID/MR No : CMAN.0000096073  
Visit ID : CMANOPV195694  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 351506

Collected : 24/Feb/2024 08:57AM  
Received : 24/Feb/2024 01:59PM  
Reported : 24/Feb/2024 04:14PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

## DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN  
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



Dr.KASULA SIDDARTHA  
M.B.B.S,DNB(Pathology)  
Consultant Pathologist

SIN No:BED240047928

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Page 2 of 17  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



Patient Name : Mr.SANTOSH KUMAR K.M	Collected : 24/Feb/2024 08:57AM
Age/Gender : 42 Y 8 M 23 D/M	Received : 24/Feb/2024 01:59PM
UHID/MR No : CMAN.0000096073	Reported : 24/Feb/2024 05:43PM
Visit ID : CMANOPV195694	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 351506	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Microplate technology
Rh TYPE	Positive			Microplate technology



**Dr.KASULA SIDDARTHA**  
**M.B.B.S,DNB(Pathology)**  
**Consultant Pathologist**

SIN No:BED240047928

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad



Patient Name : Mr.SANTOSH KUMAR K.M	Collected : 24/Feb/2024 08:57AM
Age/Gender : 42 Y 8 M 23 D/M	Received : 24/Feb/2024 02:00PM
UHID/MR No : CMAN.0000096073	Reported : 24/Feb/2024 02:44PM
Visit ID : CMANOPV195694	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 351506	

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	94	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 > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	71	mg/dL	70-140	HEXOKINASE

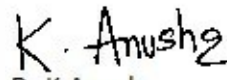
Comment:

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. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	134	mg/dL		Calculated

  
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SIN No:EDT240021435

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad



Patient Name : Mr.SANTOSH KUMAR K.M	Collected : 24/Feb/2024 08:57AM
Age/Gender : 42 Y 8 M 23 D/M	Received : 24/Feb/2024 02:00PM
UHID/MR No : CMAN.0000096073	Reported : 24/Feb/2024 02:44PM
Visit ID : CMANOPV195694	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 351506	

**DEPARTMENT OF BIOCHEMISTRY**

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

**Comment:**

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

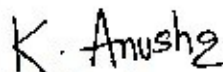
REFERENCE GROUP	HbA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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

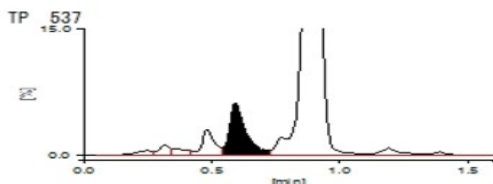
Chromatogram Report

1 V5.28 1 2024-02-24 14:18:24  
 ID EDT240021435  
 Sample No. 02240129 SL 0010 - 01  
 Patient ID  
 Name  
 Comment

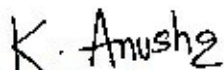
CALIB Name	%	Time	Area
ATA	0.5	0.24	6.01
A1B	0.6	0.32	7.93
F	0.6	0.39	7.28
LA1C+	1.9	0.48	24.19
SA1C	6.3	0.59	63.47
AO	92.2	0.89	1198.10
H-V0			
H-V1			
H-V2			

Total Area 1306.98

**HbA1c 6.3 %** **IFCC 45 mmol/mol**  
 HbA1 7.3 % HbF 0.6 %




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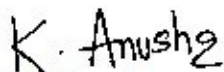
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324



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Age/Gender : 42 Y 8 M 23 D/M	Received : 24/Feb/2024 02:21PM
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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	247	mg/dL	<200	CHO-POD
TRIGLYCERIDES	202	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	53	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	194	mg/dL	<130	Calculated
LDL CHOLESTEROL	153.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	40.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.66		0-4.97	Calculated

**Comment:**

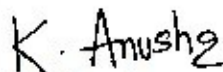
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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SIN No:SE04639788

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Emp/Auth/TPA ID : 351506	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.84	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.67	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	66.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.87	g/dL	6.6-8.3	Biuret
ALBUMIN	4.46	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.41	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		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, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

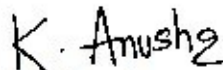
**2. Cholestatic Pattern:**

- 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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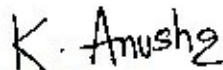
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.87	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	<b>14.10</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>6.6</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.45	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.83	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.94	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101-109	ISE (Indirect)



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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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	41.00	U/L	<55	IFCC

*K. Anusha*

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Visit ID : CMANOPV195694	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. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.94	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.01	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.876	µIU/mL	0.38-5.33	CLIA

Comment:

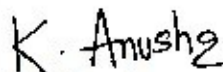
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- 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



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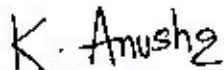
Patient Name	: Mr.SANTOSH KUMAR K.M	Collected	: 24/Feb/2024 08:57AM
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DEPARTMENT OF IMMUNOLOGY

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



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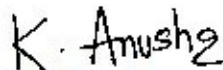
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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.620	ng/mL	0-4	CLIA



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Age/Gender : 42 Y 8 M 23 D/M	Received : 24/Feb/2024 01:33PM
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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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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SIN No:UR2290057

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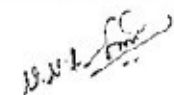


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Age/Gender : 42 Y 8 M 23 D/M	Received : 24/Feb/2024 04:28PM
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 351506	

**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



**Dr.SRINIVAS N.S.NORI**  
**M.B.B.S,M.D(Pathology)**  
**CONSULTANT PATHOLOGY**

SIN No:UPP016780

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad



Patient Name	: Mr.SANTOSH KUMAR K.M	Collected	: 24/Feb/2024 08:57AM
Age/Gender	: 42 Y 8 M 23 D/M	Received	: 24/Feb/2024 01:32PM
UHID/MR No	: CMAN.0000096073	Reported	: 24/Feb/2024 03:11PM
Visit ID	: CMANOPV195694	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 351506		

**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(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:  
PERIPHERAL SMEAR



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

SIN No:UF010709

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

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