

Patient Name : Mr.SHRI PRABU M G	Collected : 23/Sep/2023 08:26AM
Age/Gender : 33 Y 7 M 22 D/M	Received : 23/Sep/2023 12:52PM
UHID/MR No : CINR.0000156918	Reported : 23/Sep/2023 03:29PM
Visit ID : CINROPV205785	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9894618611	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	15.7	g/dL	13-17	Spectrophotometer
PCV	47.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.74	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	83.3	fL	83-101	Calculated
MCH	27.3	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,630	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	56.8	%	40-80	Electrical Impedence
LYMPHOCYTES	31.4	%	20-40	Electrical Impedence
EOSINOPHILS	3	%	1-6	Electrical Impedence
MONOCYTES	8	%	2-10	Electrical Impedence
BASOPHILS	0.8	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4333.84	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2395.82	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	228.9	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	610.4	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	61.04	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	267000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-15	Modified Westegren method
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PERIPHERAL SMEAR

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

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UHID/MR No : CINR.0000156918	Reported : 23/Sep/2023 03:34PM
Visit ID : CINROPV205785	Status : Final Report
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Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mr.SHRI PRABU M G	Collected : 23/Sep/2023 12:35PM
Age/Gender : 33 Y 7 M 22 D/M	Received : 23/Sep/2023 04:05PM
UHID/MR No : CINR.0000156918	Reported : 23/Sep/2023 04:48PM
Visit ID : CINROPV205785	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	91	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	103	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.



Patient Name : Mr.SHRI PRABU M G	Collected : 23/Sep/2023 08:26AM
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UHID/MR No : CINR.0000156918	Reported : 23/Sep/2023 03:14PM
Visit ID : CINROPV205785	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	111	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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:EDT230087266

NABL renewal accreditation under process

Patient Name : Mr.SHRI PRABU M G	Collected : 23/Sep/2023 08:26AM
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UHID/MR No : CINR.0000156918	Reported : 23/Sep/2023 01:28PM
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	164	mg/dL	<200	CHO-POD
TRIGLYCERIDES	293	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	39	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	125	mg/dL	<130	Calculated
LDL CHOLESTEROL	66.1	mg/dL	<100	Calculated
VLDL CHOLESTEROL	58.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.20		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

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 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:SE04489772

NABL renewal accreditation under process

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DEPARTMENT OF BIOCHEMISTRY

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

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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.47	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	38	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	76.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.44	g/dL	6.6-8.3	Biuret
ALBUMIN	4.45	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.99	g/dL	2.0-3.5	Calculated
A/G RATIO	1.49		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury.

Values also correlate well with increasing BMI.

- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.

• AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen

to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.

- ALP elevation also seen in pregnancy, impacted by age and sex.

• To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

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3. Synthetic function impairment:

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



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DEPARTMENT OF BIOCHEMISTRY

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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.97	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	14.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.94	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.62	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	132	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	96	mmol/L	101–109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	28.00	U/L	<55	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.12	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.51	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.740	µIU/mL	0.35-4.94	CMIA

Comment:

Note:

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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
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 MALE - 2D ECHO - PAN INDIA - FY2324

Test Name				Result	Unit	Bio. Ref. Range	Method
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes			
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma			



SIN No:SPL23135320

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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2-3	/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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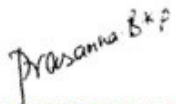
DEPARTMENT OF CLINICAL PATHOLOGY


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

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

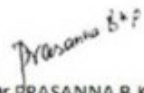
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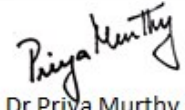
Result/s to Follow:
PERIPHERAL SMEAR


Dr PRASANNA B.K.P
Md.Path.Pathologist


DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST


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


Dr PRASANNA B.K.P
Md.Path.Pathologist


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



Name : Mr. Shri Prabu M G

Age: 33 Y

UHID: CINR.0000156918



OP Number: CINROPV205785

Bill No : CINR-OCR-88992

Date : 23.09.2023 08:11

Address : Bangalore

Sex: M

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	HbA1c, GLYCATED HEMOGLOBIN	
4	2D ECHO - 9 9:15 Am	
5	LIVER FUNCTION TEST (LFT)	
6	X-RAY CHEST PA - 10	
7	GLUCOSE, FASTING	
8	HEMOGRAM + PERIPHERAL SMEAR	
9	ENT CONSULTATION	
10	FITNESS BY GENERAL PHYSICIAN	
11	DIET CONSULTATION	
12	COMPLETE URINE EXAMINATION	
13	URINE GLUCOSE(POST PRANDIAL)	
14	PERIPHERAL SMEAR	
15	ECG - 6	
16	BLOOD GROUP ABO AND RH FACTOR	
17	LIPID PROFILE	
18	BODY MASS INDEX (BMI) - 6	
19	OPHTHAL BY GENERAL PHYSICIAN - SPA with glasses.	
20	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
21	ULTRASOUND - WHOLE ABDOMEN	
22	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
23	DENTAL CONSULTATION - 1	
24	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) - 12:30	

25. physiotherapy - 20

26. wellness - D

Date : 23-09-2023

Department : GENERAL

MR NO : CINR.0000156918

Doctor :

Name : Mr. Shri Prabu M G

Registration No :

Age/ Gender : 33 Y / Male

Qualification :

Consultation Timing: 08:11

Height : 162 cm	Weight : 63-65 kg	BMI : 24.3 kg/m ²	Waist Circum : 81-Cm
Temp : 98.6 F	Pulse : 75 bpm	Resp : 18 bpm	B.P : 138/84 mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

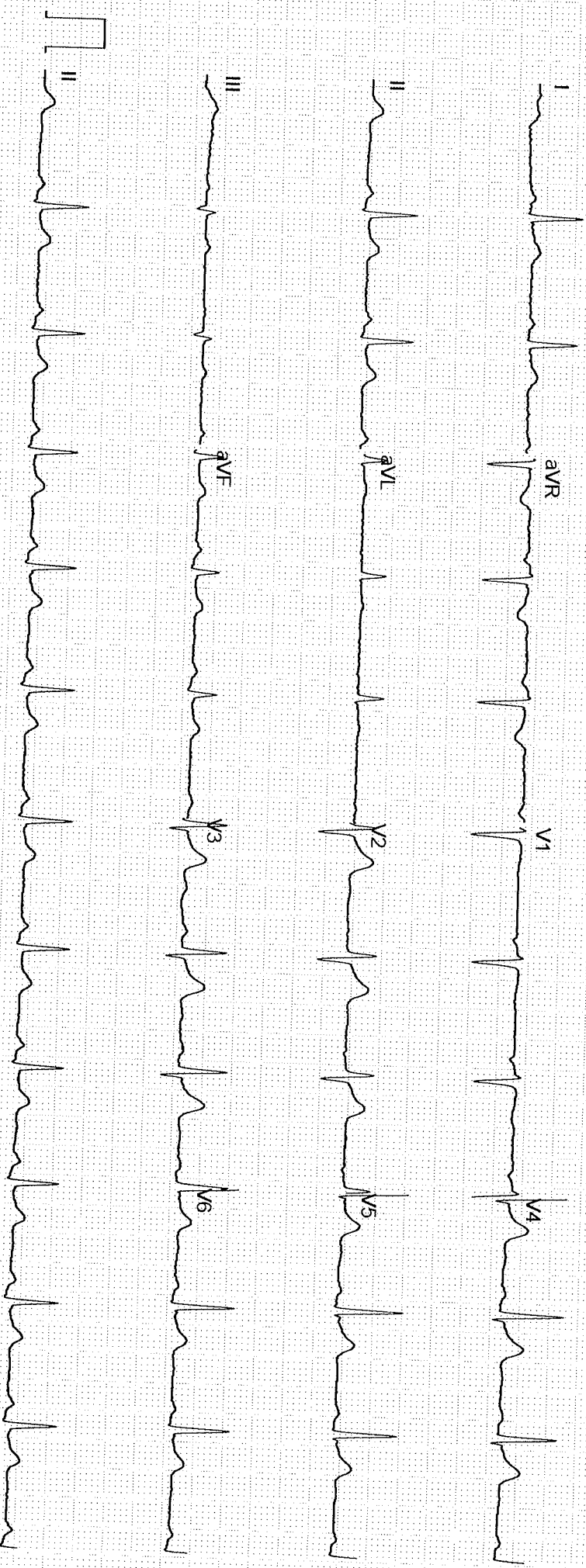
Follow up date:

Doctor Signature

QRS	82 ms
QT / QTcBaz	362 / 398 ms
PR	168 ms
P	110 ms
RR / PP	826 / 821 ms
P / QRS / T	57 / 29 / 45 degrees

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Handwritten signature



OPHTHAL PRESCRIPTION

PATIENT NAME : MR. Shri prabhu

DATE : 23/9/23

UHID NO : 156918.

AGE : 33

OPTOMETRIST NAME: Ms Swathi V M
9894618611

GENDER: m

This is to certify that I have examined

years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	0.75				0.75			
Add								

PD - RE: 31 LE: 31

Colour Vision: *normal.*

Remarks:



Apollo clinic Insiranagar

NAME: MR SHRI PRABU M G	AGE/SEX: 33Y/M	OP NUMBER: 156918
Ref By : SELF	DATE: 23-09-2023	

M mode and doppler measurements:

CM	CM	M/sec	
AO:2.8	IVS(D): 1.2	MV: E Vel: 0.9	A Vel : 0.7
LA: 3.0	LVIDD(D): 4.4	AV Peak: 0.9	
	LVPW(D): 0.9	PV Peak: 0.5	
	IVS(S): 1.4		
	LVID(S): 2.3		
	LVPW(S): 1.2		
	LVEF: 65%		
	TAPSE: 2.1		

Descriptive findings:

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal
Aortic Valve:	Normal
Tricuspid Valve:	Normal
IAS:	Normal
IVS:	Normal

Pericardium:	Normal
IVC:	Normal
Others	---

IMPRESSION :

Normal cardiac chambers

No Regional wall motion abnormality

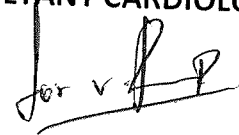
No MR/AR/TR

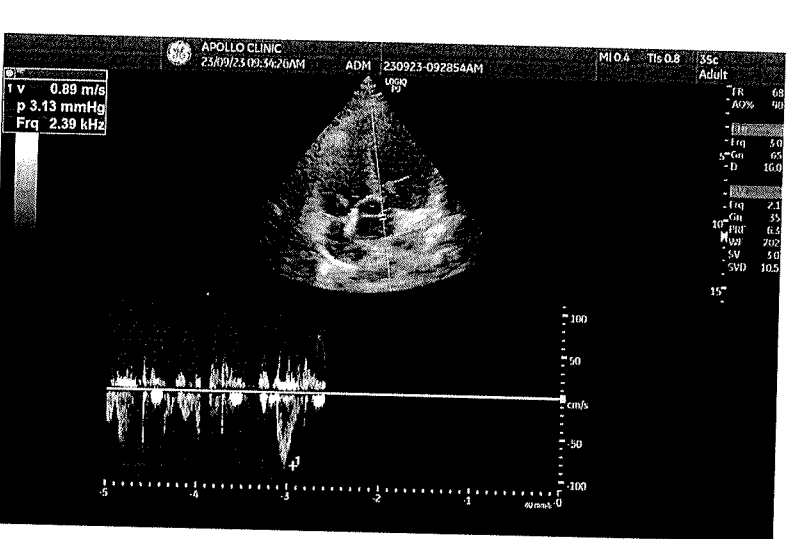
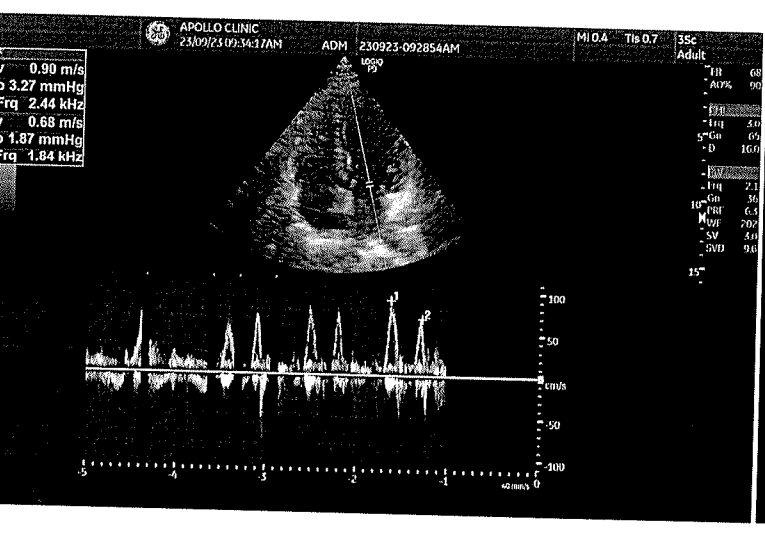
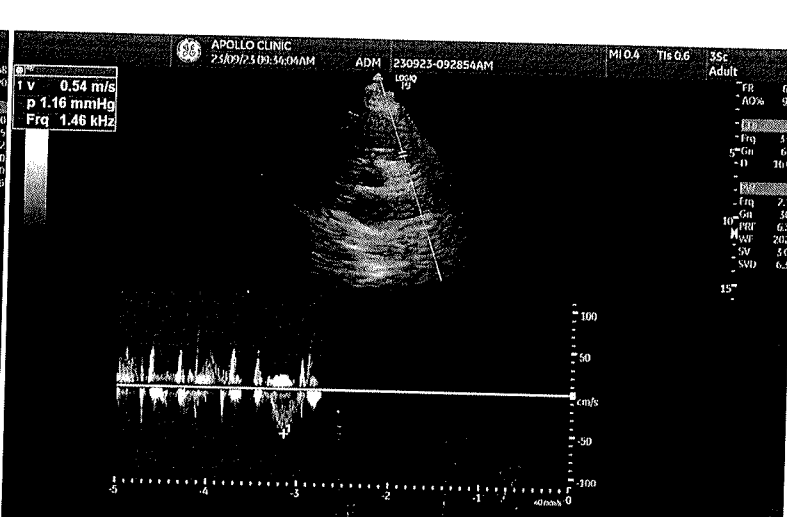
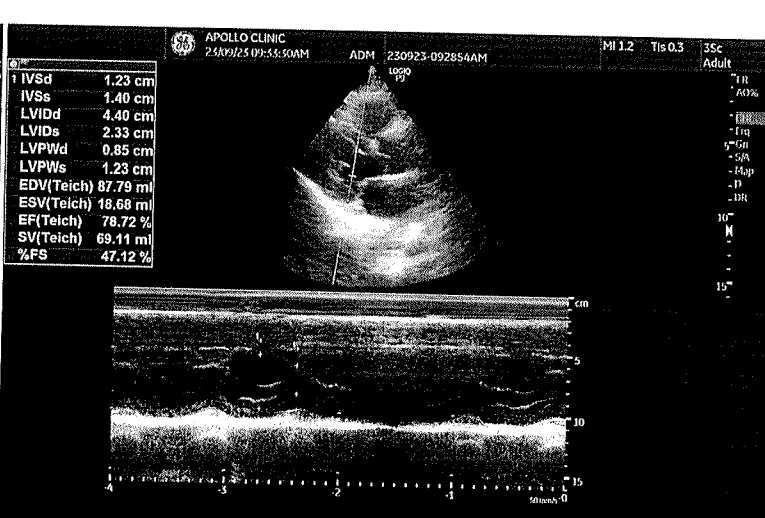
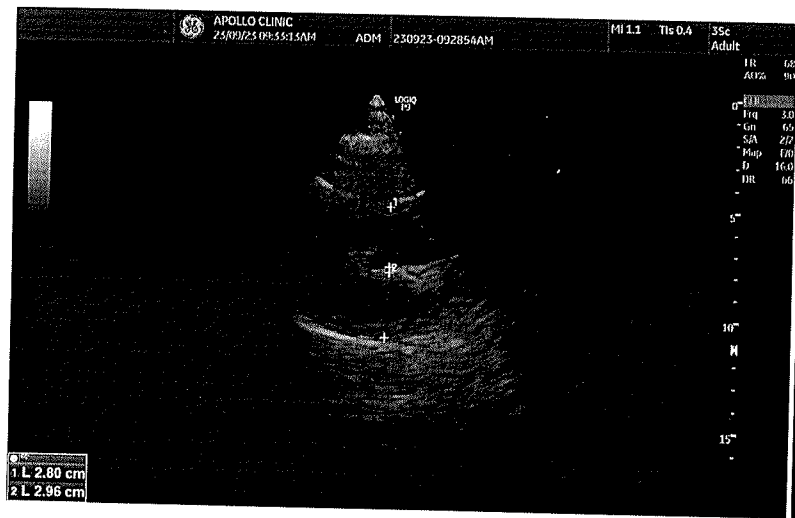
No clot/vegetation/pericardial effusion

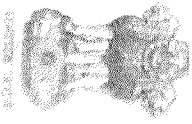
Normal LV systolic function - LVEF= 65%

DR JAGADEESH H V MD,DM

CONSULTANT CARDIOLOGIST







இந்திய அரசாங்கம்

Government of India



ஸ்ரீபிரபு கணபதிசுப்ரமணியன்

Shri Prabu Ganapathi Subramanian

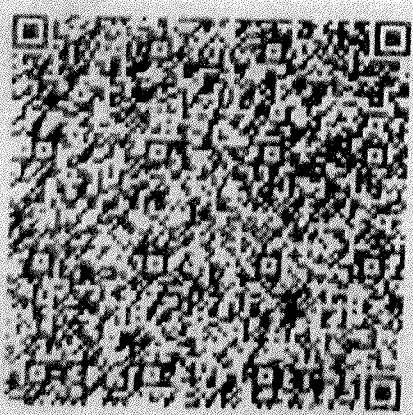
தந்தை : கணபதிசுப்ரமணியன்

Father : Ganapathisubramanian

பிறந்தவருடம் / Year of Birth : 1990

ஆண்பால் / Male

2884 5479 8157



ஆதார் - சாதாரண மனிதனின் அதிகாரம்

Fwd: Health Check up Booking Confirmed Request(bobE46087),Package Code-PKG10000309, Beneficiary Code-64006

Shri Prabu MG <shriprabumg@gmail.com>

Fri 9/22/2023 10:07 AM

To:ELSC Bengaluru Zone <elsc.bengaluru@bankofbaroda.com>

. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.
M OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS L

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

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

Date: Fri, 15 Sep, 2023, 5:41 pm

Subject: Health Check up Booking Confirmed Request(bobE46087),Package Code-PKG10000309, Beneficiary Code-64006

To: <shriprabumg@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

[Email:wellness@mediwheel.in](mailto:wellness@mediwheel.in)

Dear **MR. MG SHRI PRABU**,

Please find the confirmation for following request.

Booking Date : 11-09-2023

Package Name : Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO (Metro)

Name of Diagnostic/Hospital : Apollo Clinic - Indiranagar

Address of Diagnostic/Hospital : Plot 2012,1st floor, Above vision express, Next to Starbucks, 100 feet road, HAL 2nd stage, Indiranagar - 560038

Contact Details : (080) 2521 4614 - 15

City : Bangalore

State : Karnataka

Pincode : 560038

Appointment Date : 23-09-2023

Confirmation Status : Confirmed

Preferred Time : 8:00am-8:30am

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. MG SHRI PRABU
EC NO.	123609
DESIGNATION	OUTBOUND SALES_ EDUCATION LOANS
PLACE OF WORK	BENGALURU,ZO BENGALURU
BIRTHDATE	01-02-1990
PROPOSED DATE OF HEALTH CHECKUP	23-09-2023
BOOKING REFERENCE NO.	23S123609100069040E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **11-09-2023** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

Patient Name : Mr. Shri Prabu M G

Age/Gender : 33 Y/M

UHID/MR No. : CINR.0000156918

OP Visit No : CINROPV205785

Sample Collected on :

Reported on : 23-09-2023 19:31

LRN# : RAD2106127

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9894618611

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Bilateral lung fields appear normal.

Cardiac size is normal.

Bilateral hila appears normal.

Bilateral CP angle appear normal.

Dr. PRIYA B
MBBS, MD (Radiology)
Radiology

Patient Name	: Mr. Shri Prabu M G	Age/Gender	: 33 Y/M
UHID/MR No.	: CINR.0000156918	OP Visit No	: CINROPV205785
Sample Collected on	:	Reported on	: 23-09-2023 15:24
LRN#	: RAD2106127	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9894618611		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended. **A polyp seen.** No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 8.6x4.2 cm.

Left kidney measures 9.4x4.9 cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in size and echo-pattern.

No free fluid is seen.

IMPRESSION:

A POLYP SEEN IN THE GALL BLADDER MEASURING 6mm.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY