

Patient Name : Mr.RAKESH KUMAR	Collected : 28/Sep/2024 10:00AM
Age/Gender : 56 Y 5 M 27 D/M	Received : 28/Sep/2024 10:48AM
UHID/MR No : CIND.0000171936	Reported : 28/Sep/2024 01:16PM
Visit ID : CINDOPV241200	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34168	

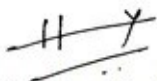
DEPARTMENT OF HAEMATOLOGY

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

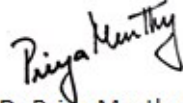
Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	14	g/dL	13-17	Spectrophotometer
PCV	42.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.61	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	92.5	fL	83-101	Calculated
MCH	30.5	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,450	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	65	%	40-80	Electrical Impedance
LYMPHOCYTES	22.7	%	20-40	Electrical Impedance
EOSINOPHILS	2.4	%	1-6	Electrical Impedance
MONOCYTES	9.5	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4192.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1464.15	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	154.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	612.75	Cells/cu.mm	200-1000	Calculated
BASOPHILS	25.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.86		0.78- 3.53	Calculated
PLATELET COUNT	136000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	18	mm at the end of 1 hour	0-15	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic

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



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



Dr. Priya Murthy  
M.B.B.S., M.D (Pathology)  
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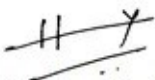
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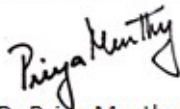
PLATELETS: are decreased in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH THROMBOCYTOPENIA.**



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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	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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AND LIFESTYLE LIMITED- RRL BANGALORE



Patient Name : Mr.RAKESH KUMAR	Collected : 28/Sep/2024 01:28PM
Age/Gender : 56 Y 5 M 27 D/M	Received : 28/Sep/2024 05:30PM
UHID/MR No : CIND.0000171936	Reported : 28/Sep/2024 05:54PM
Visit ID : CINDOPV241200	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	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

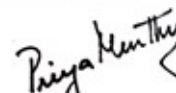
Note:

- 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. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	120	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.

  
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 Consultant Pathologist



Patient Name : Mr.RAKESH KUMAR	Collected : 28/Sep/2024 10:00AM
Age/Gender : 56 Y 5 M 27 D/M	Received : 28/Sep/2024 11:23AM
UHID/MR No : CIND.0000171936	Reported : 28/Sep/2024 12:10PM
Visit ID : CINDOPV241200	Status : Final Report
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	6.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	131	mg/dL		Calculated

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. Low HbA1c in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

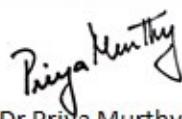
A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE  
SIN No:IRA240905079

**Apollo Health and Lifestyle Limited**

(CIN - U061107C2800PH6115849)

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32, 100/125, Doddabangla Village, Neeladri Main Road,  
Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka- 560034

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	180	mg/dL	<200	CHO-POD
TRIGLYCERIDES	222	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	39	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	141	mg/dL	<130	Calculated
LDL CHOLESTEROL	96.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	44.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.62		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.40		<0.11	Calculated


**Comment:**

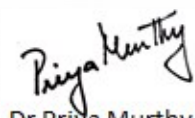
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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	0.96	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.4		<1.15	Calculated
ALKALINE PHOSPHATASE	94.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.47	g/dL	6.6-8.3	Biuret
ALBUMIN	4.67	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.67		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'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:

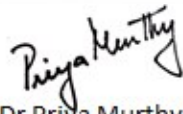
\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

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

Page 7 of 15



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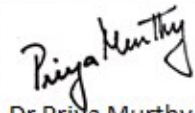
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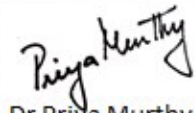
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<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	1.10	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	<b>16.60</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.8</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.45	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.82	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	<b>133</b>	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	<b>99</b>	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.47	g/dL	6.6-8.3	Biuret
ALBUMIN	4.67	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.67		0.9-2.0	Calculated

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



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 SIN No: IRA240905072

**Apollo Health and Lifestyle Limited**

(CIN - U061107C2800PHG115819)  
 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

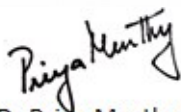
Address:  
 32/100/125, Doddabangla Village, Neeladri Main Road,  
 Neeladri Nagar, Electronic city, Bengaluru,  
 Karnataka - 560034

Patient Name : Mr.RAKESH KUMAR	Collected : 28/Sep/2024 10:00AM
Age/Gender : 56 Y 5 M 27 D/M	Received : 28/Sep/2024 05:15PM
UHID/MR No : CIND.0000171936	Reported : 28/Sep/2024 06:41PM
Visit ID : CINDOPV241200	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34168	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	26.00	U/L	<55	IFCC



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



Patient Name : Mr.RAKESH KUMAR	Collected : 28/Sep/2024 10:00AM
Age/Gender : 56 Y 5 M 27 D/M	Received : 28/Sep/2024 04:51PM
UHID/MR No : CIND.0000171936	Reported : 28/Sep/2024 05:59PM
Visit ID : CINDOPV241200	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34168	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.3	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.4	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>5.881</b>	µIU/mL	0.34-5.60	CLIA

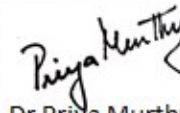
Comment:

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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

  
**Dr. Govinda Raju N L**  
 MSc, PhD (Biochemistry)  
 Consultant Biochemistry

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



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE  
 SIN No: IRA240905074

**Apollo Health and Lifestyle Limited** (CIN - U061107C2800PH6115849)  
 This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory  
 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:  
 5th Floor, Deekshapada Building, Neeladri Main Road,  
 Neeladri Nagar, Electronic city, Bengaluru,  
 Karnataka - 560034


  
**1860 500 7788**  
 www.apolloclinic.com

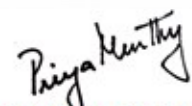
Patient Name : Mr.RAKESH KUMAR	Collected : 28/Sep/2024 10:00AM
Age/Gender : 56 Y 5 M 27 D/M	Received : 28/Sep/2024 04:51PM
UHID/MR No : CIND.0000171936	Reported : 28/Sep/2024 05:59PM
Visit ID : CINDOPV241200	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34168	

**DEPARTMENT OF IMMUNOLOGY**

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--

  
**Dr. Govinda Raju N L**  
 MSc, PhD (Biochemistry)  
 Consultant Biochemistry

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



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE  
 SIN No: IRA240905074

**Apollo Health and Lifestyle Limited**

(CIN - U061107C2000PHG115819)  
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 Neeladri Nagar, Electronic city, Bengaluru,  
 Karnataka - 560034

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[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.RAKESH KUMAR	Collected : 28/Sep/2024 10:00AM
Age/Gender : 56 Y 5 M 27 D/M	Received : 28/Sep/2024 04:51PM
UHID/MR No : CIND.0000171936	Reported : 28/Sep/2024 05:44PM
Visit ID : CINDOPV241200	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34168	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.810	ng/mL	0-4	CLIA

*Priya Murthy*

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



Patient Name : Mr.RAKESH KUMAR	Collected : 28/Sep/2024 10:00AM
Age/Gender : 56 Y 5 M 27 D/M	Received : 28/Sep/2024 02:15PM
UHID/MR No : CIND.0000171936	Reported : 28/Sep/2024 02:55PM
Visit ID : CINDOPV241200	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34168	

DEPARTMENT OF CLINICAL PATHOLOGY

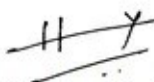
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	Clear		CLEAR	Scattering of light
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.002		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	0	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

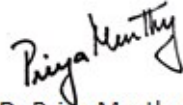
**Comment:**

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



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



Patient Name : Mr.RAKESH KUMAR	Collected : 28/Sep/2024 10:00AM
Age/Gender : 56 Y 5 M 27 D/M	Received : 28/Sep/2024 02:15PM
UHID/MR No : CIND.0000171936	Reported : 28/Sep/2024 03:05PM
Visit ID : CINDOPV241200	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34168	

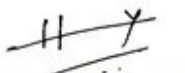
DEPARTMENT OF CLINICAL PATHOLOGY


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

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

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

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

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

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



Patient Name : Mr.RAKESH KUMAR  
Age/Gender : 56 Y 5 M 27 D/M  
UHID/MR No : CIND.0000171936  
Visit ID : CINDOPV241200  
Ref Doctor : Self  
Emp/Auth/TPA ID : 22E34168

Collected : 28/Sep/2024 10:00AM  
Received : 28/Sep/2024 02:15PM  
Reported : 28/Sep/2024 03:05PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

### 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.

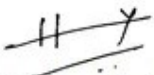
Laboratories not be responsible for any interpretation whatsoever.

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.

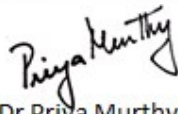
The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

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



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



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

SIN No:IRA240905078

**Apollo Health and Lifestyle Limited**, Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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

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Karnataka- 560034

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Patient Name	: Mr. Rakesh Kumar	Age	: 56Yrs 5Mths 28Days
UHID	: CIND.0000171936	OP Visit No.	: CINDOPV241200
Printed On	: 28-09-2024 02:57 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E34168		

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## DEPARTMENT OF RADIOLOGY

---

### ULTRASOUND ABDOMEN AND PELVIS

**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: Post cholecystectomy status.**

**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.

**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 or lymphadenopathy is seen.

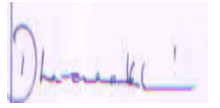
**IMPRESSION:**

**NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.**

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---End Of The Report---



Dr.DHANALAKSHMI B  
MBBS, DMRD  
29543  
Radiology

Patient Name	: Mr. Rakesh Kumar	Age	: 56Yrs 5Mths 28Days
UHID	: CIND.0000171936	OP Visit No.	: CINDOPV241200
Printed On	: 28-09-2024 04:10 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E34168		

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA VIEW**

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**

For clinical correlation.

---End Of The Report---



**Dr.RAMESH G**  
MBBS, DMRD  
27462  
Radiology

**Name** : Mr. Rakesh Kumar **Age** : 56Y 5M 27D  
**Address** : Basaveswaranagar II Stage Bangalore Karnataka INDIA 560086 **sex** : Male  
**Plan** : ARCOFEMI MEDIWHEEL MALE AHC CREDIT  
 PAN INDIA OP AGREEMENT

**UHID** : CIND.0000171936



CIND.0000171936

**OP No**: CINDOPV241200

**Bill No**: CIND-OCR-102162

**Date**: Sep 28th, 2024, 9:58 AM

Sno.	Service Type/Service Name	Department	
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324		
1	DENTAL CONSULTATION <i>EX</i>	Consultation	<input type="checkbox"/>
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	Biochemistry	<input type="checkbox"/>
3	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	Biochemistry	<input type="checkbox"/>
4	HbA1c, GLYCATED HEMOGLOBIN	Biochemistry	<input type="checkbox"/>
5	ULTRASOUND - WHOLE ABDOMEN <i>-g after 11:30am</i>	Ultrasound Radiology	<input type="checkbox"/>
6	OPHTHAL BY GENERAL PHYSICIAN <i>-5</i>	Consultation	<input type="checkbox"/>
7	ENT CONSULTATION	Consultation	<input type="checkbox"/>
8	DIET CONSULTATION	Consultation	<input type="checkbox"/>
9	FITNESS BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
10	2 D ECHO <i>-d</i>	Cardiology	<input type="checkbox"/>
11	X-RAY CHEST PA <i>-w</i>	X Ray Radiology	<input type="checkbox"/>
12	ECG <i>-b</i>	Cardiology	<input type="checkbox"/>
13	BODY MASS INDEX (BMI)	General	<input type="checkbox"/>
14	BLOOD GROUP ABO AND RH FACTOR	Blood Bank	<input type="checkbox"/>
15	COMPLETE URINE EXAMINATION	Clinical Pathology	<input type="checkbox"/>
16	HEMOGRAM + PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
17	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	Biochemistry	<input type="checkbox"/>
18	GAMMA GLUTAMYL TRANSFERASE (GGT)	Biochemistry	<input type="checkbox"/>
19	LIVER FUNCTION TEST (LFT)	Biochemistry	<input type="checkbox"/>
20	LIPID PROFILE	Biochemistry	<input type="checkbox"/>
21	URINE-GLUCOSE(POST PRANDIAL)	Clinical Pathology	<input type="checkbox"/>
22	URINE GLUCOSE(FASTING)	Clinical Pathology	<input type="checkbox"/>
23	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	Biochemistry	<input type="checkbox"/>
24	GLUCOSE, FASTING	Biochemistry	<input type="checkbox"/>

*25. Hearing Screening: B/C Normal hearing*

Mr. Rakish Kumar

56y / M.

28/9/24

3/B Dr. Prathima C (ENT)

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

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

exam for F/U (ENT checkup)

O/E B/L ears → TM contraction ⊕

⊕ EAC wax ⊕

Nose  
throat | ⊕

Sup chemically nose & throat  
examination within normal limits

Adv

SOLINAX ear  
drops

(1 ear) 3<sup>o</sup> - 3<sup>o</sup> - 3<sup>o</sup> x 5d.

Follow up date:

Dr. PRATHIMA C  
MBBS, M.S., ENT  
Reg No. 11111  
Signature

**OPHTHAL PRESCRIPTION**

PATIENT NAME : *Mr. Rakesh Kumar*      DATE : *28/9/24*  
 UHID NO :      AGE : *54/m*  
 OPTOMETRIST NAME: Ms.Swathi      GENDER:

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								
Add								

PD - RE: \_\_\_\_\_ LE: \_\_\_\_\_ -  
 Colour Vision: *Normal.*      @ PH < CLGP      @ PH < Ni Ni

Remarks:  
*LR → cataract*

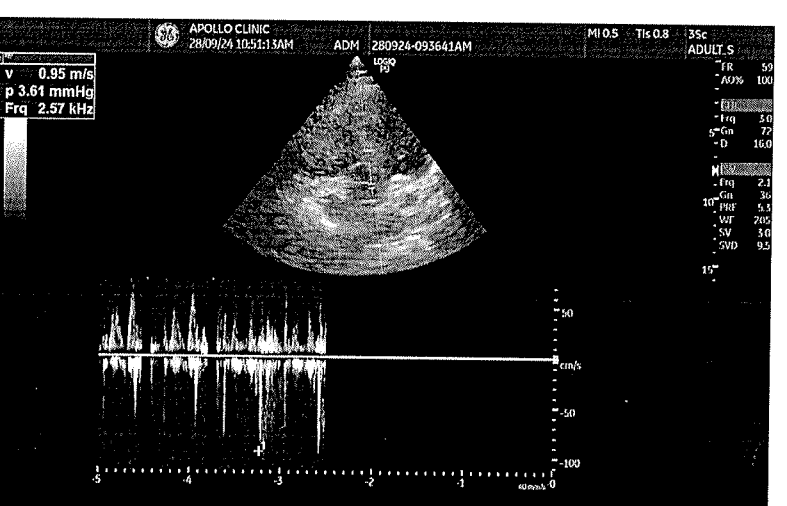
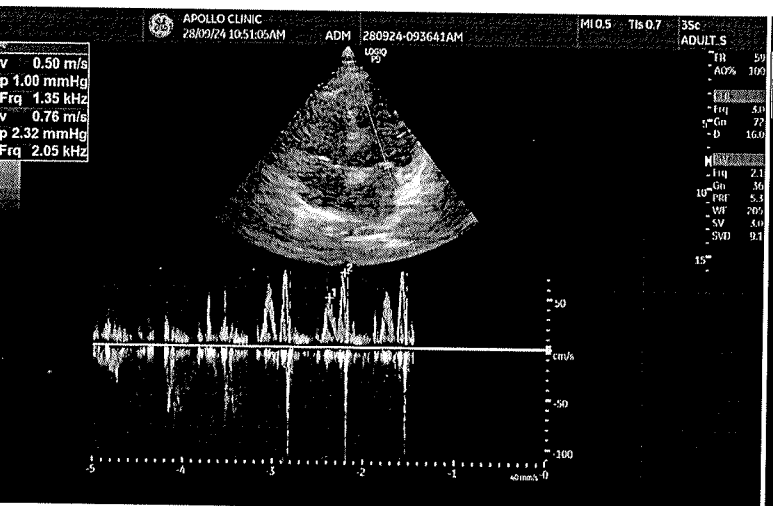
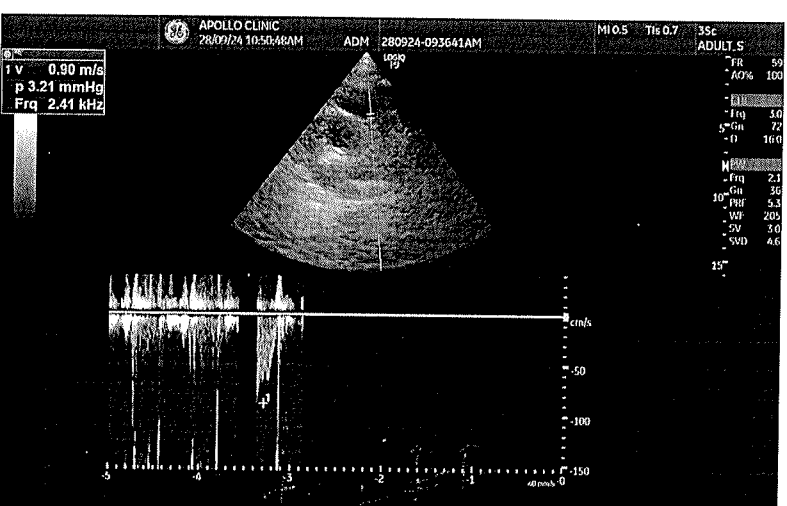
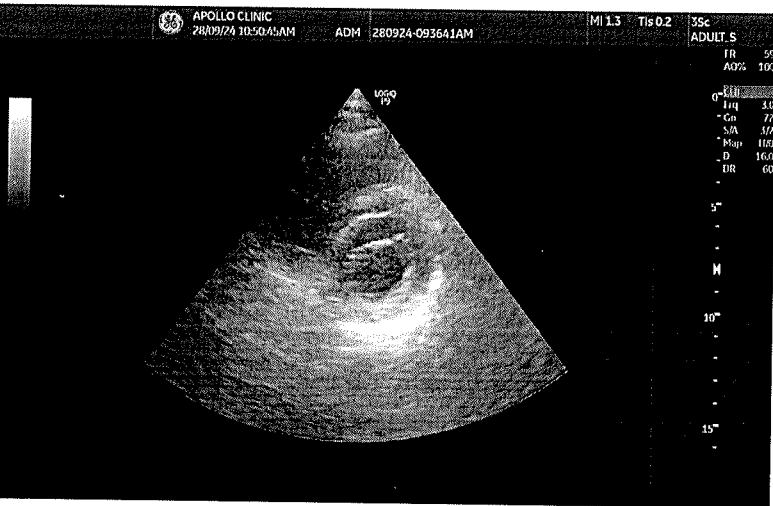
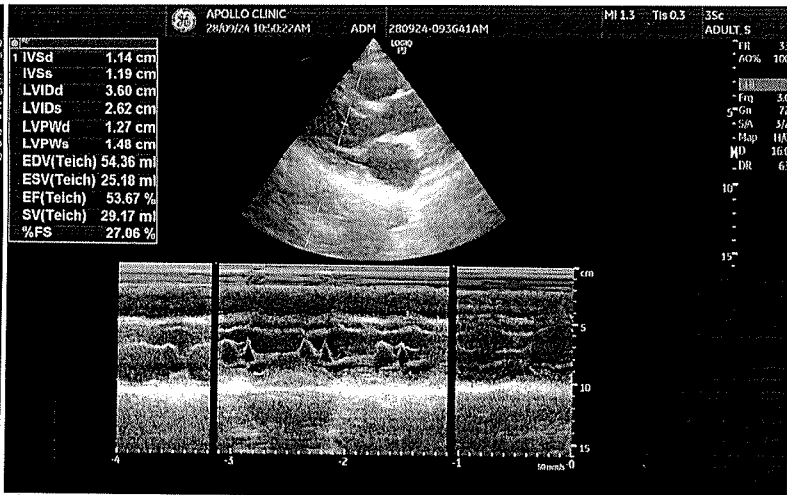
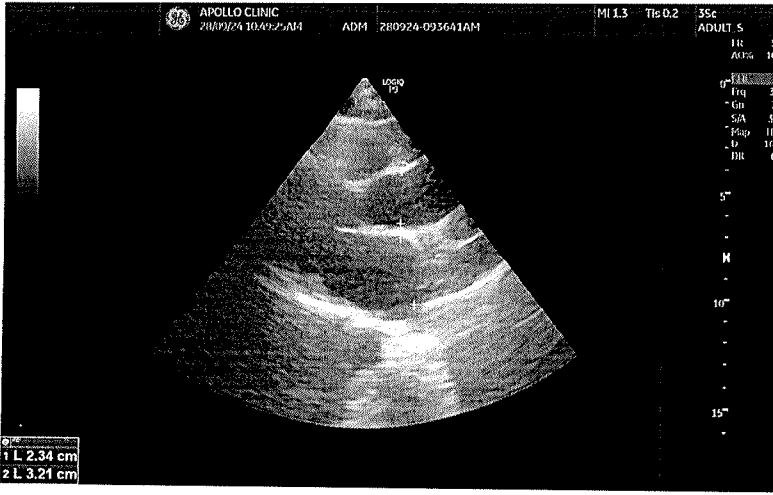
NAME: Mr. Rakesh Kumar	AGE/SEX: 56Y/M	OP NUMBER: 171936
Ref By : SELF	DATE: 28-09-2024	

**M mode and doppler measurements:**

CM	CM	M/sec	
AO: 2.3	IVS(D): 1.1	MV: E Vel: 0.5	A Vel : 0.7
LA: 3.2	LVIDD(D): 3.6	AV Peak: 0.9	
	LVPW(D): 1.2	PV peak: 0.9	
	IVS(S):1.2		
	LVID(S): 2.6		
	LVPW(S): 1.4		
	LVEF: 60%		
	TAPSE: 2.3		

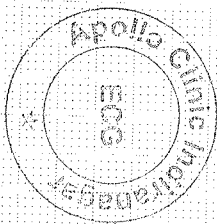
**Descriptive findings:**

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



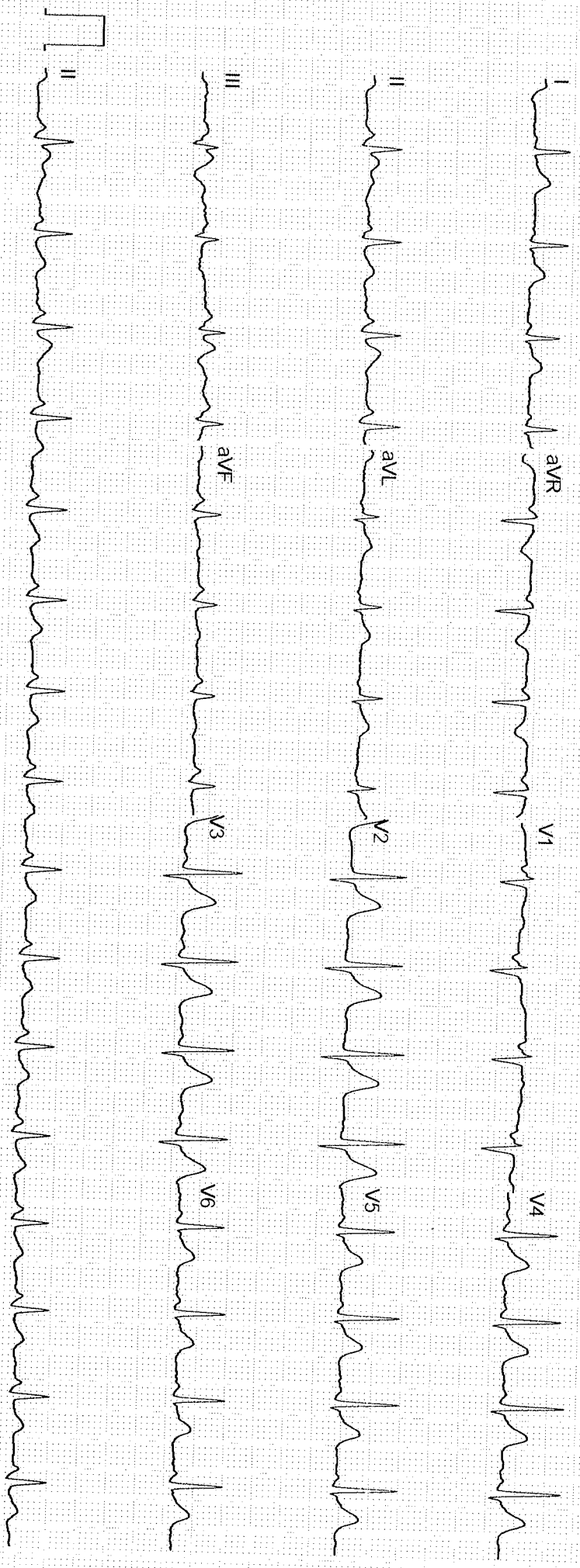


QRS 76 ms  
QT / QTcBaz 322 / 413 ms  
PR 112 ms  
P 96 ms  
RR / PP 604 / 606 ms  
P / QRS / T 77 / 42 / 19 degrees



*Handwritten signature*

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:  
Dr. M. SUDHAKAR RAO  
Cardiologist  
Apollo Clinic  
Indiranagar



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz 4X2.5x3\_25\_R1

Unconfirmed

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

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. RAKESH KUMAR
EC NO.	63038
DESIGNATION	ZONAL DISCIPLINARY PROCEEDINGS HEAD
PLACE OF WORK	BENGALURU,ZO BENGALURU
BIRTHDATE	01-04-1968
PROPOSED DATE OF HEALTH CHECKUP	28-09-2024
BOOKING REFERENCE NO.	24S63038100115146E

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 **24-09-2024** till **31-03-2025** 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 & Marketing Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))

