

Patient Name : Mr.MRIDULA MOHAN SAM
Age/Gender : 66 Y 6 M 7 D/M
UHID/MR No : SALW.0000144244
Visit ID : SALWOPV224244
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S37046

Collected : 28/Oct/2024 09:31AM
Received : 28/Oct/2024 10:05AM
Reported : 28/Oct/2024 10:38AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY: MICROSCOPIC


RBC : Predominantly Normocytic Normochromic RBCS.

WBC : Normal in count and distribution. No abnormal cells seen.

PLATELET : Adequate on smear.

PARASITES : No haemoparasites seen.

COMMENTS : Kindly correlate clinically.


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST
SIN No:BED240242382

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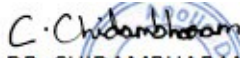
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.3	g/dL	13-17	Spectrophotometer
PCV	38.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.08	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	93.2	fL	83-101	Calculated
MCH	32.6	pg	27-32	Calculated
MCHC	35	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,990	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59.5	%	40-80	Electrical Impedance
LYMPHOCYTES	30.4	%	20-40	Electrical Impedance
EOSINOPHILS	4.1	%	1-6	Electrical Impedance
MONOCYTES	5	%	2-10	Electrical Impedance
BASOPHILS	1	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3564.05	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1820.96	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	245.59	Cells/cu.mm	20-500	Calculated
MONOCYTES	299.5	Cells/cu.mm	200-1000	Calculated
BASOPHILS	59.9	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.96		0.78- 3.53	Calculated
PLATELET COUNT	253000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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DR. CHIDAMBHARAM C
M.D., D.N.B.
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Patient Name	: Mr.MRIDULA MOHAN SAM	Collected	: 28/Oct/2024 09:31AM
Age/Gender	: 66 Y 6 M 7 D/M	Received	: 28/Oct/2024 11:21AM
UHID/MR No	: SALW.0000144244	Reported	: 28/Oct/2024 12:40PM
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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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination
PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY				



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

SIN No:HA07916505

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



Patient Name : Mr.MRIDULA MOHAN SAM	Collected : 28/Oct/2024 11:28AM
Age/Gender : 66 Y 6 M 7 D/M	Received : 28/Oct/2024 12:27PM
UHID/MR No : SALW.0000144244	Reported : 28/Oct/2024 12:41PM
Visit ID : SALWOPV224244	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	101	mg/dL	60-100	Oxidase & Peroxidase-reflectance spectrophotometry

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)	156	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

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DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:PLP1487617




Patient Name : Mr.MRIDULA MOHAN SAM
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.


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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	137	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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DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:EDT240093549

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DEPARTMENT OF BIOCHEMISTRY

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

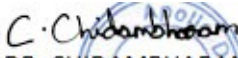
Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	191	mg/dl	150-219	CHE-COD-POD - colorimetric, reflectance Spectropho
TRIGLYCERIDES	100	mg/dl	50-149	LPL -GPO-POD Colorimetric, reflectance Spectropho
HDL CHOLESTEROL	48	mg/dL	37-67	CHE-COD-POD - colorimetric, reflectance Spectropho
NON-HDL CHOLESTEROL	143	mg/dL	<130	Calculated
LDL CHOLESTEROL	123	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.98		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.10		<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

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DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:SE04839876




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DEPARTMENT OF BIOCHEMISTRY

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


DR. CHIDAMBHARAM C
M.D., D.N.B.
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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.80	mg/dL	0.1-1.2	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN CONJUGATED (DIRECT)	0.40	mg/dL	0.1-0.4	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	4-44	Peroxidase oxidation of Diarylimidazole Leuco Dye
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	8-38	Peroxidase oxidation of Diarylimidazole Leuco Dye
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.5		<1.15	Calculated
ALKALINE PHOSPHATASE	88.00	U/L	32-111	P-Nitro Phenol Phosphate-reflectance spectrophoto
PROTEIN, TOTAL	6.70	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.20	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		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:

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DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

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1. Hepatocellular Injury:

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

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

3. Synthetic function impairment:*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

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

C. Chidambaram
DR. CHIDAMBHARAM C
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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.84	mg/dL	0.6-1.1	Ammonia Concentration Measurement - color change o
UREA	23.33	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	10.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.40	mg/dL	4-7	Uricase Peroxidase - colorimetric, reflectance spe
CALCIUM	8.70	mg/dL	8.4-10.2	Calcium - CLIII Complex - reflectance spectrophot
PHOSPHORUS, INORGANIC	3.10	mg/dL	2.6-4.4	PNP-XOD-POD - Colorimetric, reflectance spectroph
SODIUM	144	mmol/L	136-149	Ion Selective Electrode-potentiometric
POTASSIUM	4.5	mmol/L	3.8-5	Ion Selective Electrode-potentiometric
CHLORIDE	99	mmol/L	98-106	Ion Selective Electrode-potentiometric
PROTEIN, TOTAL	6.70	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.20	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		0.9-2.0	Calculated

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	20.00	U/L	16-73	catalytic activity- reflectance spectrophotometry



Patient Name : Mr.MRIDULA MOHAN SAM	Collected : 28/Oct/2024 09:31AM
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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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.96	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.63	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.412	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

TSH	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

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



SIN No:SPL24145086

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

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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



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



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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	1.800	ng/mL	0-4	CLIA



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



SIN No:SPL24145086

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

Patient Name : Mr.MRIDULA MOHAN SAM	Collected : 28/Oct/2024 09:31AM
Age/Gender : 66 Y 6 M 7 D/M	Received : 28/Oct/2024 10:16AM
UHID/MR No : SALW.0000144244	Reported : 28/Oct/2024 10:38AM
Visit ID : SALWOPV224244	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S37046	

DEPARTMENT OF CLINICAL PATHOLOGY

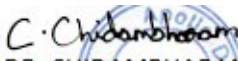
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.5		5-7.5	Double Indicator
SP. GRAVITY	1.025		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	ABSENT		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	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.

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DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:UR2418111




Patient Name : Mr.MRIDULA MOHAN SAM
Age/Gender : 66 Y 6 M 7 D/M
UHID/MR No : SALW.0000144244
Visit ID : SALWOPV224244
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S37046

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DEPARTMENT OF CLINICAL PATHOLOGY

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


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST
SIN No:UR2418111

Page 19 of 20



Patient Name : Mr.MRIDULA MOHAN SAM
Age/Gender : 66 Y 6 M 7 D/M
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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	GOD-POD

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

*** End Of Report ***

C. Chidambaram
DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:UF012146

Page 20 of 20




Patient Name : Mr.MRIDULA MOHAN SAM
Age/Gender : 66 Y 6 M 7 D/M
UHID/MR No : SALW.0000144244
Visit ID : SALWOPV224244
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TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. 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 (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:UF012146



Patient Name	: Mr. MRIDULA MOHAN SAM	Age/Gender	: 66 Y/M
UHID/MR No.	: SALW.0000144244	OP Visit No	: SALWOPV224244
Sample Collected on	:	Reported on	: 29-10-2024 17:19
LRN#	: RAD2429808	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22S37046		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size, Shows fatty changes (Grade I).
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.
Wall thickness appear normal.

Pancreas / Para aortic / Portal region obscured.
Spleen measures 9.7cm and shows uniform echotexture.

Visualised aorta and IVC are normal.
No evidence of ascites.

Right kidney measures 10.6 x 4.7cm.
Left kidney measures 9.5 x 5.4cm.
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 3.5 x 4.3 x 3.7cm (Vol- 30ml).

Bladder is normal in contour.

Post void - Not significant.

IMPRESSION:

FATTY LIVER.

PANCREAS / PARA AORTIC / PORTAL REGION OBSCURED.

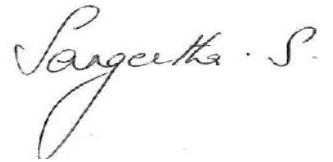
Patient Name : Mr. MRIDULA MOHAN SAM

Age/Gender : 66 Y/M

PROSTATE ENLARGEMENT WITH NO SIGNIFICANT RESIDUAL URINE.

- SUGGESTED CLINICAL CORRELATION.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable).



Dr. S SANGEETHA
MBBS., TRAINED IN ULTRASONOGRAPHY
Radiology

Patient Name	: Mr. MRIDULA MOHAN SAM	Age/Gender	: 66 Y/M
UHID/MR No.	: SALW.0000144244	OP Visit No	: SALWOPV224244
Sample Collected on	:	Reported on	: 29-10-2024 07:42
LRN#	: RAD2429808	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22S37046		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

NORMAL STUDY.



Dr. ARUN KUMAR S
MBBS, DMRD, DNB
Radiology



બંક ઓફ બરોડા
Bank of Baroda

Service - Cum - Identity Card for Retired Employee



નામ Name : MIRDULA MOHAN SAM

ક. વુટ. સં Employee Code : 150030
પદનામ Designation : Dy. General Manager
જન્મ તારીખ Date of Birth : 21.04.1958
સેવા પ્રારંભ તારીખ Date of Joining : 30.12.1987
સેવા નિવૃત્તિ તારીખ Retirement Date : 30.04.2018

જારીકર્તા ISSUED BY
સ.પ.ડ. (સા સં ય) સુબ ઝોનલ ઓફિસ, સેન્ગલુરુ
AGM (HR) ZONAL OFFICE, BENGALURU

સહી
Signature

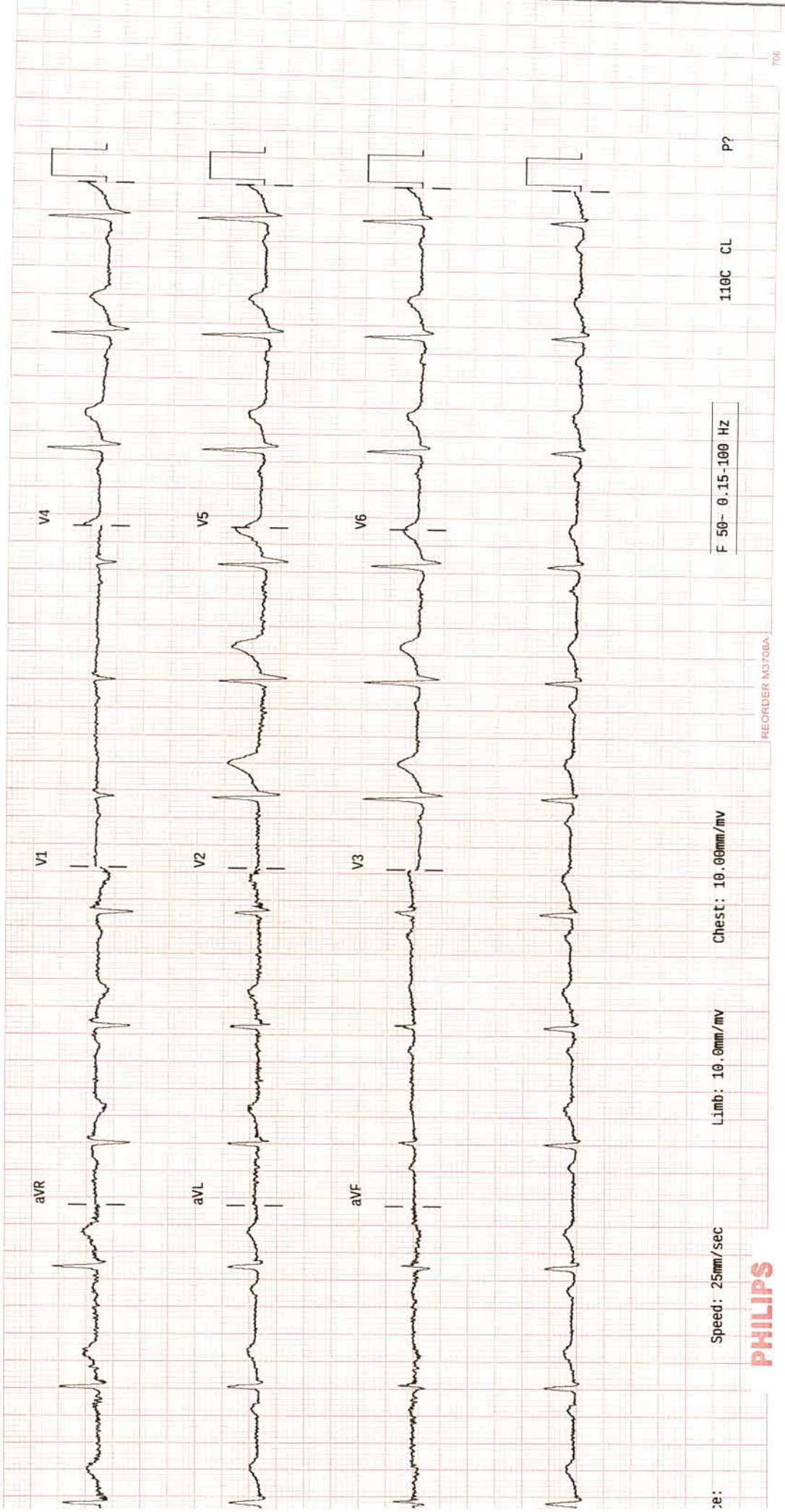
69 : Sinus rhythm.....normal P axis, V-rate 50- 99
 184 : Abnormal R-wave progression, early transition.....QRS area>0 in V2
 97 : Baseline wander in lead(s) V2 V4 V5 V6
 393
 423

IS--

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis

leads; Standard Placement



Speed: 25mm/sec

Limb: 10.00mm/mV

Chest: 10.00mm/mV

F 50- 0.15-100 HZ

110C CL

P?

PHILIPS

REORDER M3708A

Dr Sundhari V, DNB., MNAMS
SENIOR ENT CONSULTANT
Ear Nose Throat Surgeon, Head & Neck Surgeon
Specialist in Endoscopic, Microscopic,
Advanced Skull Base
Phono Surgery & Snoring Surgery
Reg: 58764



28/10/24

Mr. MRIDULA MOHAN SAM
SALW.0000144244 66/M

Health check

⊕ Hard of hearing mild. | no tinnitus.

O/R: Exam: N/A ⊕ ⊕

Nose: B/L with moderate septal bump
Bilateral HTBT

Throat - Mucous patch Grade II erythema
Larynx soft palate
Gonorrhoea present

⊕ B/L wax. | B/L moderate OSA | GERD

Plan Solis wax for drops. 4° - 0 - 4° Both ears & Throat
↓
Nasal. ear cleaning then Analgesical eucalypti
shad

Patient Name	: Mr. MRIDULA MOHAN SAM	Age	: 66 Y/M
UHID	: SALW.0000144244	OP Visit No	: SALWOPV224244
Conducted By:	:	Conducted Date	: 28-10-2024 17:14
Referred By	: SELF		

CARDIOLOGY

CARDIAC STRESS TEST – (TMT)

Angina Pectoria:
NO

Previous MI:
NO

PTCA:
NO

CABG:
NO

HTN:
NO

DM:
NO

Obesity:
NO

Lipidemia:
NO

Resting ECG Supine:
NSR,WNL

Standing:
NSR,WNL

Protocol Used:
BRUCE

Monitoring Leads:
12 LEADS

Grade Achieved:
100%

% HR / METS:
12.10

Reason for Terminating Test:
TARGET HR ACHIEVED

Total Exercise Time:
9.40

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

INTERPRETATION:

Rhythm:
NORMAL

S.T. Segment :
NORMAL

III Blood Pressure Response :
NORMAL

IV Fitness Response :
GOOD

Impression:
Cardiac stress analysis is **NEGATIVE** for inducible myocardial ischemia
at 12.10mets work load and 100% of maximum heart rate.

DR.CECILY MARY MAJELLA MD DM CARDIO

To Kindly correlate clinically


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

CERTIFICATE OF MEDICAL FITNESS

This _____ : clinical examination
of _____ on 29/10/24

After that **Mr. MRIDULA MOHAN SAM**
SALW.0000144244 66/M n clinical examination it has been found

	Tick
<ul style="list-style-type: none"> • Medically Fit 	7
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <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"> • Currently Unfit. Review after _____ recommended • Unfit 	


Dr. RAJMADHANGID
 M.D. INTERNAL MEDICINE
 GENERAL PHYSICIAN
 APOLLO SPECTRA HOSPITALS
 Alwarpet, REG No: 104481

Dr. _____
Medical Officer
Apollo Spectra Alwarpet

This certificate is not meant for medico-legal purposes