

Patient Name	: Mr.BALASUBRAMANYAM N V K	Collected	: 09/Mar/2024 08:23AM
Age/Gender	: 49 Y 8 M 24 D/M	Received	: 09/Mar/2024 10:08AM
UHID/MR No	: CMYS.0000059979	Reported	: 09/Mar/2024 02:33PM
Visit ID	: CMYSOPV123230	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 553282165063		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA


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

SIN No:BED240062262



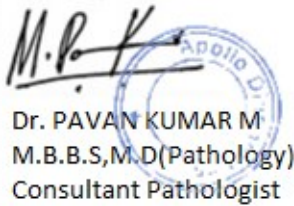
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.2	g/dL	13-17	Spectrophotometer
PCV	45.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.12	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89	fL	83-101	Calculated
MCH	29.8	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	12.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	65	%	40-80	Electrical Impedance
LYMPHOCYTES	24.2	%	20-40	Electrical Impedance
EOSINOPHILS	3.9	%	1-6	Electrical Impedance
MONOCYTES	6.5	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3770	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1403.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	226.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	377	Cells/cu.mm	200-1000	Calculated
BASOPHILS	23.2	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.69		0.78- 3.53	Calculated
PLATELET COUNT	286000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	08	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC: are normocytic normochromic.



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WBC: are normal in number, morphology and distribution.

Platelets: are normal in number and are seen in singles and clumps.

Hemoparasites: not seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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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. Range	Method
GLUCOSE, FASTING , NAF PLASMA	105	mg/dl	74-106	GOD, POD

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.

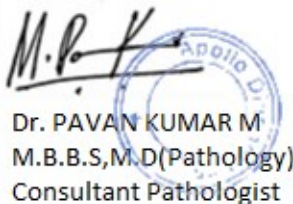
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	125	mg/dl	70-140	GOD, POD

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	5.5	%		HPLC



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DEPARTMENT OF BIOCHEMISTRY

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ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL	Calculated
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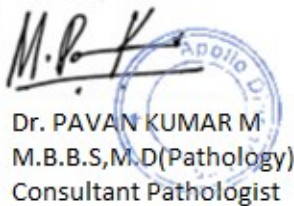
Comment:

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

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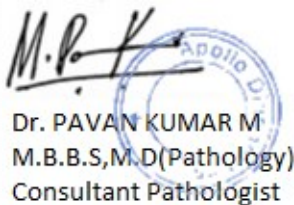
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	206	mg/dl	0-200	CHOD
TRIGLYCERIDES	138	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	33	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	173	mg/dL	<130	Calculated
LDL CHOLESTEROL	145.33	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.52	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.21		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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.88	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.23	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.65	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	32	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/l	0-35	IFCC
ALKALINE PHOSPHATASE	86.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	6.70	g/dl	6.4-8.3	Biuret
ALBUMIN	4.89	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	1.81	g/dL	2.0-3.5	Calculated
A/G RATIO	2.7		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:

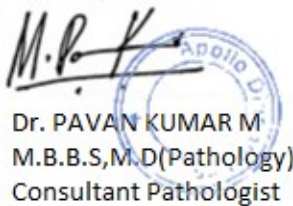
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.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

3. Synthetic function impairment:

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



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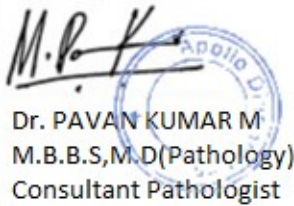


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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.99	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	27.22	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	12.7	mg/dl	6-20	Urease, UV
URIC ACID	7.80	mg/dL	3.5-7.2	Uricase
CALCIUM	9.80	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.23	mg/dl	2.7-4.5	Molybdate
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.70	g/dl	6.4-8.3	Biuret
ALBUMIN	4.89	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	1.81	g/dL	2.0-3.5	Calculated
A/G RATIO	2.7		0.9-2.0	Calculated



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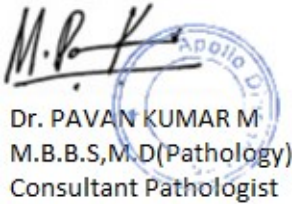
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	63.00	U/l	0-55	IFCC

Result is rechecked. Kindly correlate clinically



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DEPARTMENT OF IMMUNOLOGY

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

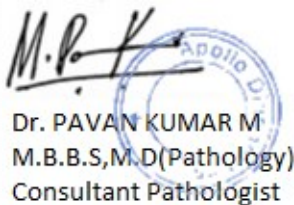
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.33	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	9.13	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.430	µIU/mL	0.35-4.94	CMIA

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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DEPARTMENT OF IMMUNOLOGY

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DEPARTMENT OF IMMUNOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.340	ng/mL	0-4	CLIA

Comment:

Disclaimer: *The results determined by assays using different manufacturers or methods may not be comparable.

Manufacturer: BECKMAN COULTER



DR.SHIVARAJA SHETTY
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SIN No:IM07115055



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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. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
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	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
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



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

SIN No:UR2300550



Patient Name : Mr.BALASUBRAMANYAM N V K	Collected : 09/Mar/2024 08:23AM
Age/Gender : 49 Y 8 M 24 D/M	Received : 09/Mar/2024 12:22PM
UHID/MR No : CMYS.0000059979	Reported : 09/Mar/2024 02:35PM
Visit ID : CMYSOPV123230	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 553282165063	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***



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

SIN No:UF010999



Patient Name : Mr. BALASUBRAMANYAM N V K

Age/Gender : 49 Y/M

UHID/MR No. : CMYS.0000059979

OP Visit No : CMYSOPV123230

Sample Collected on :

Reported on : 09-03-2024 15:46

LRN# : RAD2260938

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 553282165063

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

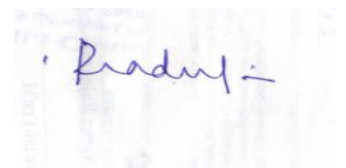
No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

IMPRESSION :NORMAL STUDY .



Dr. PRADEEP KUMAR C N
MBBS DNB(RADIOLOGY)
Radiology

Patient Name : Mr. BALASUBRAMANYAM N V K

Age/Gender : 49 Y/M

UHID/MR No. : CMYS.0000059979

OP Visit No : CMYSOPV123230

Sample Collected on :

Reported on : 09-03-2024 10:53

LRN# : RAD2260938

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 553282165063

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: It is normal in size and echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

GALL BLADDER: It is well distended and normal. No e/o calculi.

SPLEEN: It is normal in size, outline and echopattern. No e/o focal lesions.

PANCREAS: It is normal in size, outline and echopattern.

RIGHT KIDNEY: It Measures 97x48 mm with parenchymal thickness of 13 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 109x54 mm with parenchymal thickness of 16 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

URINARY BLADDER: It is well distended. The UB wall is normal. No e/o calculi.

PROSTATE: It measures 26x27x27 mm with a volume of 10 cc. It is normal in size, outline and echotexture. The vascularity of prostate is normal.

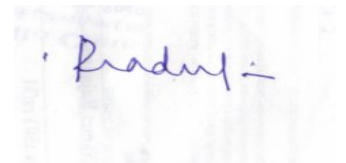
LIVER: No evidence of focal collection or mass lesion seen. Appendix is not visualized.

OTHERS: No e/o free fluid in the abdomen. No e/o lymphadenopathy. No e/o gut wall thickening. No mass lesion seen in the abdomen.

IMPRESSION: NORMAL STUDY.

Pradeep Kumar C N, DNB


Consultant Radiologist.



Dr. PRADEEP KUMAR C N
MBBS DNB(RADIOLOGY)

Radiology

8.9.12

Name : Mr. BALASUBRAMANYAM N V K Address : MYSORE Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 49 Y Sex : M	UHID :CMYS.0000059979  OP Number :CMYSOPV123230 Bill No :CMYS-OCR-22604 Date : 09.03.2024 08:23
---	---	---

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	2 D ECHO → P	
4	LIVER FUNCTION TEST (LFT)	
5	GLUCOSE, FASTING	HE → 163
6	HEMOGRAM + PERIPHERAL SMEAR	WC → 64.5
7	DIET CONSULTATION → P	
8	COMPLETE URINE EXAMINATION	Bp → 100/70
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
13	DENTAL CONSULTATION →	
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
15	URINE GLUCOSE(FASTING)	
16	HbA1c, GLYCATED HEMOGLOBIN	
17	X RAY CHEST PA	
18	ENT CONSULTATION → P	
19	FITNESS BY GENERAL PHYSICIAN → P	
20	BLOOD GROUP ABO AND RH FACTOR	
21	LIPID PROFILE	
22	BODY MASS INDEX (BMI)	
23	OPTICAL BY GENERAL PHYSICIAN	
24	ULTRASOUND - WHOLE ABDOMEN	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Bala Subramanya NIK on 09/03/24

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<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 	
<ul style="list-style-type: none"> • Unfit 	

Dr. *[Signature]*

Medical Officer
The Apollo Clinic, Mysore.

Apollo Clinic
3rd Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

This certificate is not meant for medico-legal purposes.

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.
Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

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Bangalore (Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Date : 09-03-2024
MR NO : CMYS.0000059979
MR

Department : GENERAL
Doctor : Dr Umesh HB

Name : Mr. BALASUBRAMANYAM N V K
Registration No :
Qualification :
Age/ Gender : 49 Y / Male

Consultation Timing: 08:22

Height : 163	Weight : 61.5	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 100/70

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

WS
RS
PR / NAs

Asli
Regular Exercom / Dieting

F ALT D₃ 60E emu - 5
a wk

Follow up date :


Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalldasa Road, Mysore - 02
Ph : 0821-4006040/41

Date : 09-03-2024 Department : GENERAL [Opthal]

MR NO : CMYS.0000059979 Doctor :

Name : Mr. BALASUBRAMANYAM N V K Registration No :

Age/ Gender : 49 Y / Male Qualification :

Consultation Timing: 08:22

Height : 163	Weight : 62.5	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 100/70

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

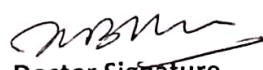
Vision RT LT

Refr ✓ N-G N-S

Fov 6/6 4/6

Color - (2) (2)

Follow up date :


Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Date : 09-03-2024
MR NO : CMYS.0000059979

Department : GENERAL Dietetics
Doctor : Machura. B.P

Name : Mr. BALASUBRAMANYAM N V K
Age/ Gender : 49 Y / Male

Registration No :
Qualification : M. Sc Nutrition & Dietetics
PHD*

Consultation Timing: 08:22

IBW - 63 kg

Height: 163	Weight: 64.5	BMI: 23.9	Waist Circum: 100
Temp:	Pulse:	Resp: 17	B.P: 160/70

General Examination /
Allergies History

Total cholesterol - 208
HDL - 33
NON HDL - 173
LDL - 145.33
choHDL - 6.21
uric acid - 7.80

Clinical Diagnosis & Management Plan

→ Advised low fat diet with fibre rich foods.
→ Dietary guideline chart is given.

Follow up date :

Doctor Signature: [Signature]
- B.P
9/3/2024
Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

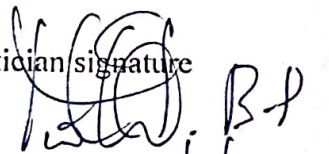
Department- Dietetics

Name- Madhura B P

Qualification- M.Sc Nutrition & Dietetic
PhD*

- Do not skip any of the meals, take small frequent meals.
- Include all variety of seasonal fruits, vegetables and green leafy vegetables on regular basis.
- Include nuts like Almond, Walnuts and dry-fruits like dried dates and raisins regularly.
- Include seeds like Flax seeds, Pumpkin seeds, Sunflower seeds, Sesame seeds and watermelon seeds- 1 teaspoon each and dry roasted.
- Avoid 5 white slow poisons like Sugar, Salt, Maida, Baking soda and creams.
- Cooking oil- ½ litre/person/month.
- Use combination of oils like Rice bran oil, Groundnut oil, Sesame oil, Mustard oil/ Coconut oil and Ghee. Change the oil every month or 2 months. But do not mix the oils.
- Drink at least 2-3 liters of water in a day.
- Skimmed or toned milk can be used on regular basis. Since it's a rich source of protein and low in calories.
- Avoid Butter, Vanaspati and Dalda.
- Avoid deep-fried foods, Biscuits, Cookies, Bakery products, Pastries, Papad, packed and processed foods, chocolates, Alcohol, caffeine and carbonated beverages.
- Avoid junk foods like Pizza and Burger.

Dietician signature


9/3/2024

Date : 09-03-2024
MR NO : CMYS.0000059979

Department : GENERAL
Doctor :

Name : Mr. BALASUBRAMANYAM N V K

Registration No : Dr. Praveen Kumar R
Qualification : MSc / ENT

Age/ Gender : 49 Y / Male

Consultation Timing: 08:22

Height : 163	Weight : 64.5	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 100/70

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Come for regular hearing check

Bilateral impacted wax

HE Ear Bilateral Ear wax @

None - nasal mucosa @

oral cavity & oropharynx @

neck @

As

wax softener

Follow up date :


Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalldasa Road, Mysore - 02
Ph : 0821-4006040/41

ID: 59979

09-03-2024 10:53:52 AM

MR BALASUBRAMAYAM N V K

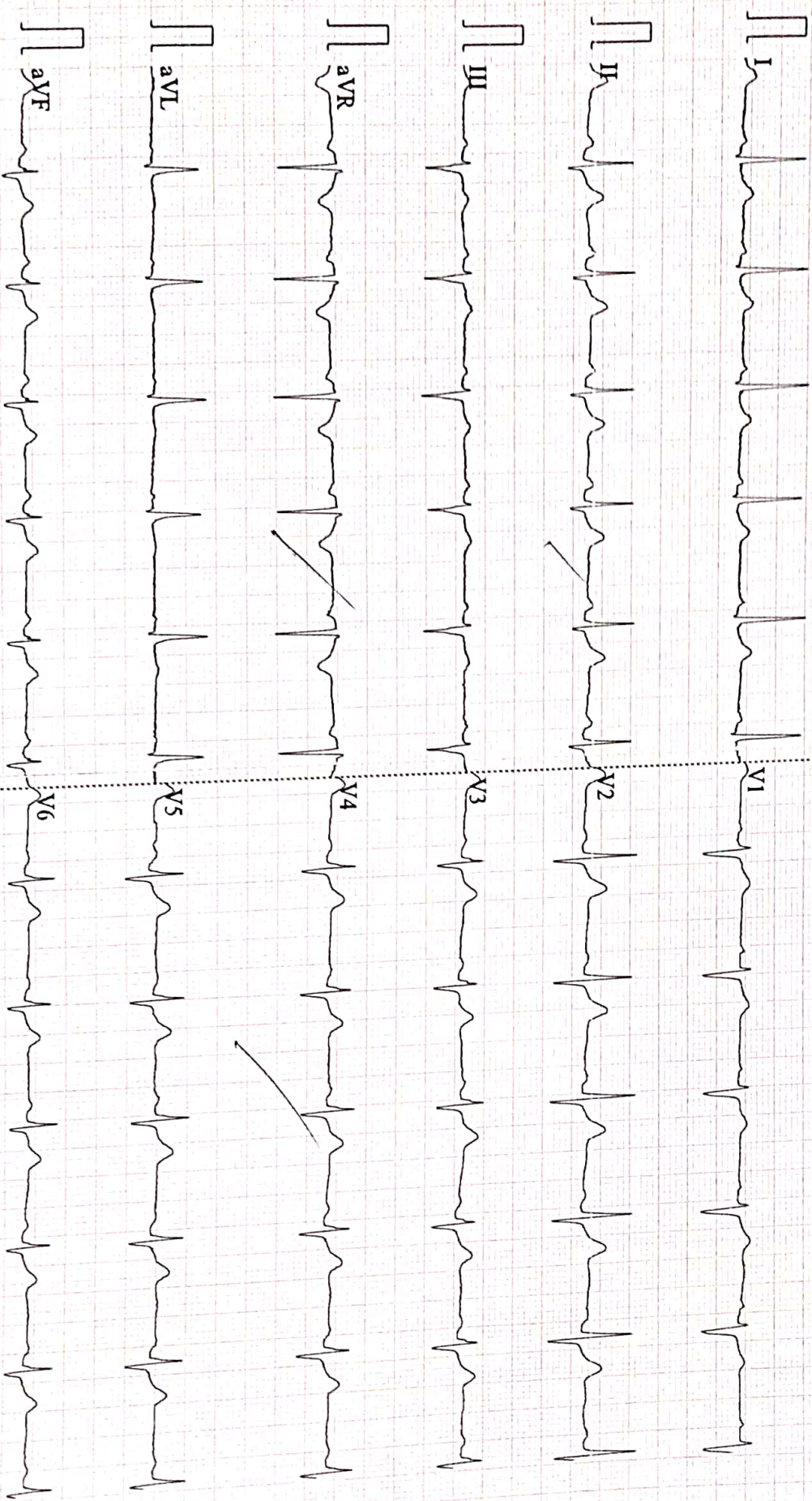
Male 49Years

163cm 64kg 100/70 mmHg

Diagnosis Information:

Unconfirmed Report.

Apollo Clinic
23, 1st Floor,
Kallidasa Road, Mysore - 02
Ph: 0821-4006040/41



0.5-45Hz AC50 25mm/s 10mm/mV 2*5.0s 71 CARDIART 8 D V1.43 Glasgow V28.6.0 APOLLO CLINIC MYSURU

Patient Name : Mr. BALASUBRAMANYAM N V K
UHID : CMYS.0000059979
Reported on : 09-03-2024 15:46
Adm/Consult Doctor :

Age : 49 Y M
OP Visit No : CMYSOPV123230
Printed on : 09-03-2024 15:46
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

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.

IMPRESSION :NORMAL STUDY.

Pradeep

Printed on:09-03-2024 15:46

---End of the Report---

Dr. PRADEEP KUMAR C N
MBBS DNB(RADIOLOGY)
Radiology

Apollo Health and Lifestyle Limited

ICMR (UBS110TG2000PLC115819)
Regd Office: 1-10-60-12, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
Ph.No: 041-4-234-7777 Fax No: 4104-7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

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Koramangala | Sarjapur Road | Mysore: (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name: Mr Balasubramnaian	Date:09.03.2024	Doctor:Dr. Self
Age / Sex:49 yrs /Male	UHID No :59979	OP:
ULTRASONOGRAPHY – ABDOMEN & PELVIS		

LIVER: It is normal in size and echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

GALL BLADDER: It is well distended and normal. No e/o calculi.

SPLEEN: It is normal in size, outline and echopattern. No e/o focal lesions.

PANCREAS: It is normal in size, outline and echopattern.

RIGHT KIDNEY: It Measures 97x48 mm with parenchymal thickness of 13 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 109x54 mm with parenchymal thickness of 16 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

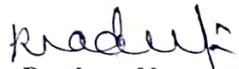
URINARY BLADDER: It is well distended. The UB wall is normal. No e/o calculi.

PROSTATE: It measures 26x27x27 mm with a volume of 10 cc. It is normal in size, outline and echotexture. The vascularity of prostate is normal.

RIF: No evidence of focal collection or mass lesion seen. Appendix is not visualized.

OTHERS: No e/o free fluid in the abdomen. No e/o lymphadenopathy. No e/o gut wall thickening. No mass lesion seen in the abdomen.

IMPRESSION: NORMAL STUDY.


Dr. Pradeep Kumar C N, DNB
Consultant Radiologist.

Apollo Health and Lifestyle Limited

REG. NO. 19/2010/2020/OP/01158191

Regd. Office: 11/2/40/02, Ashoka Bagh/Plot: Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
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Kumarangaswamy | Sampige Road, Mysore | VV Mohalla

Online appointments: www.apolloh.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient's Name : Mr. Balasubramanyam N V K	Age & Sex; 49Yrs /Male
Date : 09.03.2024	UHID No:059979

2D ECHOCARDIOGRAPHY STUDY

Impression:

- Normal chambers and valves
- No regional wall motion abnormality
- Normal left ventricular systolic function. EF 69 %
- No clots. No pericardial effusion
-

Findings

Left Ventricle:	No RWMA
Right Ventricle	Normal
Left Atrium	Normal
Right Atrium	Normal
Aorta	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Valves	Normal
Pericardium	Normal
Doppler	Normal

Apollo Health and Lifestyle Limited

(CIN: U65110TG2000PLC115819)

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Koramangala | Rajapur Road | **Mysore** - IVV Mahallai

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient's Name : Mr. Balasubramanyam N V K	Age & Sex; 49Yrs /Male
Date : 09.03.2024	UHID No:059979

Measurements

AO : 2.6 cm
LA : 2.6 cm

RV : 3.0 cm
LVIDd 4.63 cm
LVIDs : 2.83 cm
IVSd : 0.83 cm
IVSs : 1.40 cm
PWd : 1.05 cm
PWs : 1.40 cm
EF : 69.0 %
FS : 39.0 %

Doppler

MV		TV		AV		PV	
E	0.73 m/s	E	---	V max	1.14 m/s	V max	1.07 m/s
A:	0.46 m/s	A	---				

Dr. GURU PRASAD. B. V, MBBS, PGDCC
CONSULTANT – NON-INVASIVE CARDIOLOGY

Dr. GURU PRASAD. B. V.
MBBS, PGDCC (CARDIO)
CCMH, CCFD(CCP), PCC, CCEBDM
Consultant- Non-invasive Cardiology
1st Floor, Apollo

Apollo Health and Lifestyle Limited

ICR No. DSS11DTC2000PVC115819
Regd. Office: 1-10-60-62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
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Kovvur: Bangalore Road, **Mysore:** IVV Mahalla

Online appointments: www.apolloh.com

TO BOOK AN APPOINTMENT

1860 500 7788

Name: Mr. BALASUBRAMANYAM N V K
Age/Gender: 49 Y/M
Address: MYSORE
Location: MYSORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: MYSORE_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SABAH JAVED

MR No: CMYS.0000059979
Visit ID: CMYSOPV123230
Visit Date: 09-03-2024 08:22
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: For Annual Health Checkup,

SYSTEMIC REVIEW

**Weight

--->: Stable,

Number of kgs: 64.5,

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: Nil Significant,

**Cancer: NIL,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

IMPRESSION

Finding Category : within normal limits,

EKG

: NORMAL,

RECOMMENDATION

DISCLAIMER

Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

Doctor's Signature