

| | |
|----------------------------------|--|
| Patient Name : Mr.VIJAY GANESH K | Collected : 16/Mar/2024 09:33AM |
| Age/Gender : 47 Y 10 M 14 D/M | Received : 16/Mar/2024 01:02PM |
| UHID/MR No : CANN.0000234423 | Reported : 16/Mar/2024 03:06PM |
| Visit ID : CANNOPV396601 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : UBOIE4157 | |

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

| | |
|----------------|--|
| METHODOLOGY | : Microscopic |
| RBC MORPHOLOGY | : Microcytic hypochromic RBC's admixed with predominantly normocytic normochromic RBC's noted. |
| WBC MORPHOLOGY | : Normal in number, Morphology and distribution. No abnormal cells seen. |
| PLATELETS | : Adequate in number. |
| PARASITES | : No haemoparasites seen |
| NOTE/COMMENT | : Please correlate clinically. |



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

SIN No:BED240070738

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

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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 | 14 | g/dL | 13-17 | Spectrophotometer |
| PCV | 42.50 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 5.58 | Million/cu.mm | 4.5-5.5 | Electrical Impedence |
| MCV | 76.1 | fL | 83-101 | Calculated |
| MCH | 25.1 | pg | 27-32 | Calculated |
| MCHC | 32.9 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 14.7 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,800 | cells/cu.mm | 4000-10000 | Electrical Impedence |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 58.4 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 33.1 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 3.5 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 4.6 | % | 2-10 | Electrical Impedence |
| BASOPHILS | 0.4 | % | <1-2 | Electrical Impedence |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3971.2 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2250.8 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 238 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 312.8 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 27.2 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.76 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 223000 | cells/cu.mm | 150000-410000 | Electrical impedence |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 4 | mm at the end of 1 hour | 0-15 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

METHODOLOGY : Microscopic

RBC MORPHOLOGY : Microcytic hypochromic RBC's admixed with predominantly normocytic normochromic

Page 2 of 15



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DEPARTMENT OF HAEMATOLOGY

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

RBC's noted.

WBC MORPHOLOGY : Normal in number, Morphology and distribution. No abnormal cells seen.

PLATELETS : Adequate in number.

PARASITES : No haemoparasites seen

NOTE/COMMENT : Please correlate clinically.



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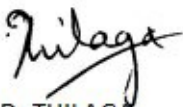
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DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|----------|------|-----------------|-----------------------------|
| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
| BLOOD GROUP TYPE | O | | | Microplate Hemagglutination |
| Rh TYPE | Positive | | | Microplate Hemagglutination |
| PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY | | | | |



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| Patient Name : Mr.VIJAY GANESH K | Collected : 16/Mar/2024 12:04PM |
| Age/Gender : 47 Y 10 M 14 D/M | Received : 16/Mar/2024 03:54PM |
| UHID/MR No : CANN.0000234423 | Reported : 16/Mar/2024 07:05PM |
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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 | 87 | mg/dL | 70-100 | HEXOKINASE |

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 125 | 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.



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



SIN No:PLP1432215

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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 |
|---|--------|-------|-----------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.9 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 123 | mg/dL | | Calculated |

Note: The Above Sample was found to have a Possible heterozygous Hemoglobin (HbAE) as HPLC result show a P-HV3 value of 1.2% .While P-HV3 value <2.3% may not significantly interfere with HbA1c results, clinical Correlation may be required for interpretation. Alternatively, estimation of fructosamine can also be done.


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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SIN No:EDT240032351

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|------------|-------|-----------------|----------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 201 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 70 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 47 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 154 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 140 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 14 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.28 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | < 0.01 | | <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 |
| ATHEROGENIC INDEX(AIP) | <0.11 | 0.12 – 0.20 | >0.21 | |

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine

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DEPARTMENT OF BIOCHEMISTRY

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

eligibility of drug therapy.

- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

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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.VIJAY GANESH K | Collected : 16/Mar/2024 09:33AM |
| Age/Gender : 47 Y 10 M 14 D/M | Received : 16/Mar/2024 02:32PM |
| UHID/MR No : CANN.0000234423 | Reported : 16/Mar/2024 04:59PM |
| Visit ID : CANNOPV396601 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : UBOIE4157 | |

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 | 1.70 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.32 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 1.38 | mg/dL | 0.0-1.1 | CALCULATED |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 19 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 21.0 | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 95.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.40 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.30 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 3.10 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.39 | | 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.



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



SIN No:SE04663687

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| | | | |
|-----------------|---------------------|--------------|-------------------------------|
| Patient Name | : Mr.VIJAY GANESH K | Collected | : 16/Mar/2024 09:33AM |
| Age/Gender | : 47 Y 10 M 14 D/M | Received | : 16/Mar/2024 02:32PM |
| UHID/MR No | : CANN.0000234423 | Reported | : 16/Mar/2024 08:04PM |
| Visit ID | : CANNOPV396601 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : UBOIE4157 | | |

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 | 0.89 | mg/dL | 0.72 – 1.18 | JAFFE METHOD |
| UREA | 17.00 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 7.9 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 3.90 | mg/dL | 3.5–7.2 | Uricase PAP |
| CALCIUM | 9.30 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 2.50 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 138 | mmol/L | 136–146 | ISE (Indirect) |
| POTASSIUM | 4.5 | mmol/L | 3.5–5.1 | ISE (Indirect) |
| CHLORIDE | 104 | mmol/L | 101–109 | ISE (Indirect) |
| PROTEIN, TOTAL | 7.40 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.30 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 3.10 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.39 | | 0.9-2.0 | Calculated |



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| Patient Name : Mr.VIJAY GANESH K | Collected : 16/Mar/2024 09:33AM |
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| UHID/MR No : CANN.0000234423 | Reported : 16/Mar/2024 04:50PM |
| Visit ID : CANNOPV396601 | 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. Range | Method |
|--|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 25.00 | U/L | <55 | IFCC |



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|----------------------------------|--|
| Patient Name : Mr.VIJAY GANESH K | Collected : 16/Mar/2024 09:33AM |
| Age/Gender : 47 Y 10 M 14 D/M | Received : 16/Mar/2024 01:54PM |
| UHID/MR No : CANN.0000234423 | Reported : 16/Mar/2024 06:00PM |
| Visit ID : CANNOPV396601 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : UBOIE4157 | |

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) | 0.69 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 8.72 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 1.070 | 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 |

- 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 |



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



SIN No: SPL24047296

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|----------------------------------|--|
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| UHID/MR No : CANN.0000234423 | Reported : 16/Mar/2024 06:00PM |
| Visit ID : CANNOPV396601 | Status : Final Report |
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| Emp/Auth/TPA ID : UBOIE4157 | |

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 |
|--|--------|-------|-----------------|--------|
| TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM | 0.520 | ng/mL | 0-4 | CLIA |

The normal reference PSA for the decadal age group of 40-49 years is 0-2.5 ng/mL



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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 | 7.0 | | 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 |
| BLOOD | NEGATIVE | | NEGATIVE | Peroxidase |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | LEUCOCYTE ESTERASE |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 2-4 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 1-3 | /hpf | <10 | MICROSCOPY |
| RBC | NIL | /hpf | 0-2 | MICROSCOPY |
| CASTS | ABSENT | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |

Page 14 of 15



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

SIN No:UR2306920

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| | |
|----------------------------------|--|
| Patient Name : Mr.VIJAY GANESH K | Collected : 16/Mar/2024 09:33AM |
| Age/Gender : 47 Y 10 M 14 D/M | Received : 16/Mar/2024 03:55PM |
| UHID/MR No : CANN.0000234423 | Reported : 16/Mar/2024 07:08PM |
| Visit ID : CANNOPV396601 | Status : Final Report |
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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 |
|------------------------------|----------|------|-----------------|----------|
| URINE GLUCOSE(POST PRANDIAL) | NEGATIVE | | NEGATIVE | Dipstick |

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

*** End Of Report ***

Page 15 of 15



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

SIN No:UF011182

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Patient Name : Mr. VIJAY GANESH K

Age/Gender : 47 Y/M

UHID/MR No. : CANN.0000234423

OP Visit No : CANNOPV396601

Sample Collected on :

Reported on : 18-03-2024 16:19

LRN# : RAD2269414

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : UBOIE4157

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:

***NO SIGNIFICANT ABNORMALITY DETECTED.**

Dr. ASHIQ MOHAMMED JEFFREY

MD

Radiology

AY GANESH.K
4423 RMC

Male

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 84 ms
QT / QTcBaz : 374 / 412 ms
PR : 182 ms
P : 100 ms
RR / PP : 826 / 821 ms
P / QRS / T : 58 / 55 / 38 degrees

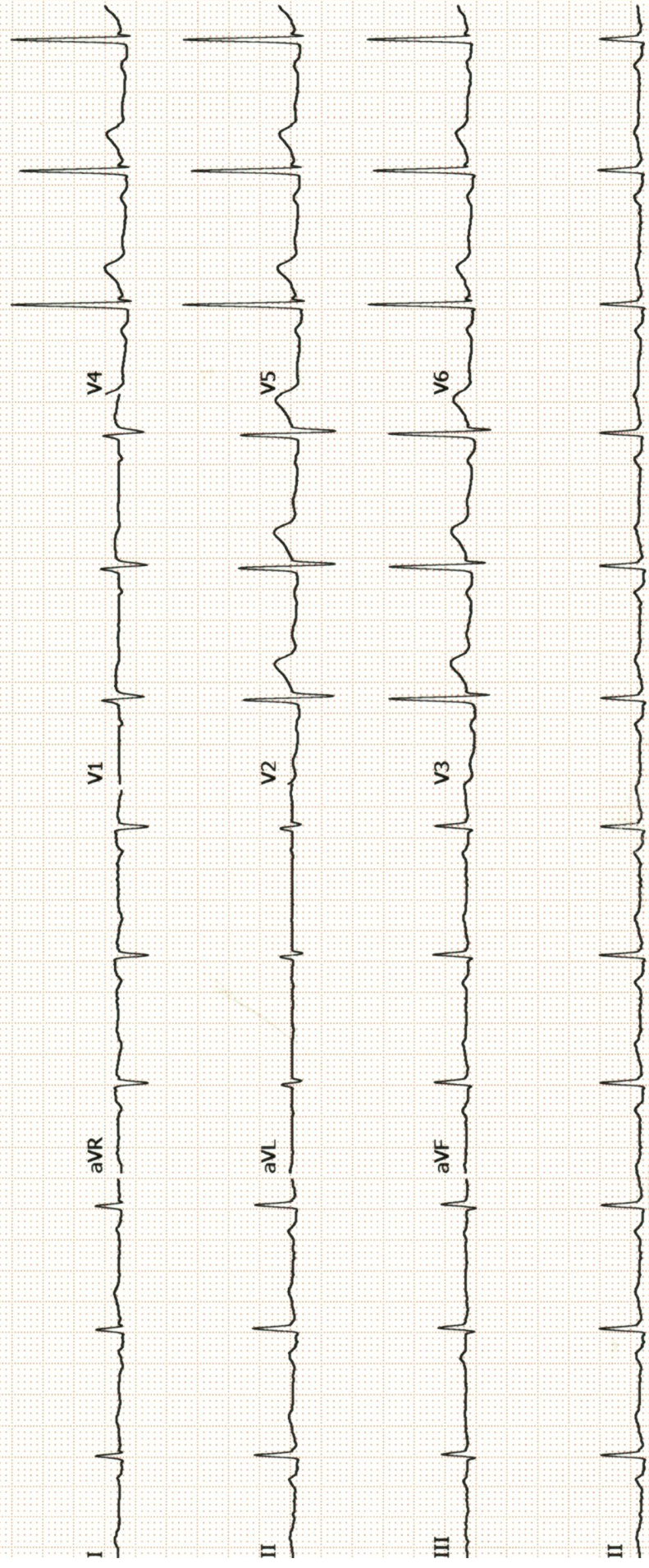
16.03.2024 1:16:06 PM
APOLLO MEDICAL CENTER
ANNA NAGAR
CHENNAI

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

73 bpm
-- / -- mmHg

Handwritten signature



Handwritten signature

Patient Name : Mr. VIJAY GANESH K

Age/Gender : 47 Y/M

UHID/MR No. : CANN.0000234423

OP Visit No : CANNOPV396601

Sample Collected on :

Reported on : 17-03-2024 14:08

LRN# : RAD2269414

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : UBOIE4157

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver is normal in size and show 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 and spleen appear normal.
Spleen measures 9.7cms.

Portal and splenic veins appear normal.
No evidence of ascites or lymphadenopathy.

Diaphragmatic movements are satisfactory.
There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 10.7 x 5.1cms.
Left kidney measures 12.0 x 5.4cms.
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 3.7 x 2.9 x 2.9cms volume 16cc and shows normal echopattern.
Seminal vesicles appear normal.
Bladder is normal in contour.

IMPRESSION:

Patient Name : Mr. VIJAY GANESH K

Age/Gender : 47 Y/M

***GRADE - I FATTY LIVER.**

DISCLAIMER: THIS ULTRASOUND SCREENING STUDY IS BASED ON SOUND WAVES AND REFLECTION. NOT A DIRECT VISUALISATION OF ORGANS. BASED ON PATIENT HABITUS, BOWEL GAS OBSCURATION AND OTHER FACTORS, MANY CONDITIONS MAY NOT BE PICKED UP BY US STUDY AND SHOULD BE TREATED WITH CLINICAL CORRELATION. NOT AN MLC DOCUMENT. MANY INCIDENTAL FINDINGS OF LOW PRIORITY MIGHT NOT BE MENTIONED AS IT IS NOT A FOCUSED STUDY.

Dr. PRAVEENA SHEKAR T
MBBS, DMRD, FAGE
Radiology

| | | | |
|--------------|----------------------------|----------------|--------------------|
| Patient Name | : Mr. VIJAY GANESH K | Age | : 47 Y/M |
| UHID | : CANN.0000234423 | OP Visit No | : CANNOPV396601 |
| Reported By: | : Dr. ARULNITHI AYYANATHAN | Conducted Date | : 17-03-2024 13:09 |
| Referred By | : SELF | | |

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 73 beats per minutes.

Impression:

NORMAL RESTING ECG.

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

Dr. ARULNITHI AYYANATHAN

CANN - 234423
OCL 101027

यूनियन बैंक Union Bank
of India

नाम : के विजय गणेश
Name : K. Vijay Ganesh
कर्मचारी संख्या / Employee No. 676926
जन्म दिन / Birth Date : 02.05.1976
ब्लड ग्रुप / Blood Group : O+ve

जारी करने का स्थान
Place of Issue: Chennai

जारी करने की तारीख
Date of Issue: 22.03.2021

हस्ताक्षर / Signature

अधिकृत प्राधिकारी / Issuing Authority

[Handwritten Signature]

Mr. Vijay Ganesh

47/M

16/8/20

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

General Examination / Allergies
History

Ro

Adv Restoration +

Adv Scaling

↓
Dr. Sr

Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

ENT check up

Vijay Ganesh

47/M

16/3/24

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

General Examination / Allergies
History

% freq. colds
Sneezing

O/E Bil HT

Imp: Allergic rhino sinusitis



Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

Name: Vijay ganesh . k
 Occupation:
 Age: 47 Sex: Male Female
 Address:
 Ph:

Date: 16/3/24 Reg. No.: 284228
 Ref. Physician:
 Copies to:

REPORT ON OPHTHALMIC EXAMINATION

History: has diabetic ~~eye~~ post 2 years taking tablets.

Present Complaint: (Reading + 1.75 N16)

ON EXAMINATION:

| | RE | LE |
|-------------------------|------|------|
| Ocular Movements : | Full | Full |
| Anterior Segment : | Full | Full |
| Intra-Ocular-Pressure : | N | N |
| Visual Acuity: D.V. : | N | N |
| Without Glass : | 6/6 | 6/6 |
| With Glass : | 6/6 | 6/6 |
| N.V. : | N | N |
| Visual Fields : | N | N |
| Fundus : | N | N |
| Impression : | BCU | BCU |
| Advice : | | |
| Colour Vision : | N | N |

Patient Name : Mr. VIJAY GANESH K Age : 47 Y/M
UHID : CANN.0000234423 OP Visit No : CANNOPV396601
Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 16-03-2024 14:37
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

| | |
|--------------------------|--------|
| Ao (ed) | 3.3CM |
| LA (es) | 3.6CM |
| LVID (ed) | 4.8CM |
| LVID (es) | 3.5CM |
| IVS (Ed) | 0.8CM |
| LVPW (Ed) | 0.9CM |
| EF | 65% |
| %FD | 35% |
| MITRAL VALVE : | NORMAL |
| AML | NORMAL |
| PML | NORMAL |
| AORTIC VALVE | NORMAL |
| TRICUSPID VALVE | NORMAL |
| PULMONARY VALVE | NORMAL |
| RIGHT VENTRICLE | NORMAL |
| INTER ATRIAL SEPTUM | INTACT |
| INTER VENTRICULAR SEPTUM | INTACT |
| PULMONARY ARTERY | NORMAL |
| AORTA | NORMAL |
| RIGHT ATRIUM | NORMAL |
| LEFT ATRIUM | NORMAL |
| LEFT VENTRICLE | NORMAL |
| PERICARDIUM | NORMAL |

| | | | |
|---------------|----------------------|----------------|--------------------|
| Patient Name | : Mr. VIJAY GANESH K | Age | : 47 Y/M |
| UHID | : CANN.0000234423 | OP Visit No | : CANNOPV396601 |
| Conducted By: | : Dr. RAKESH P GOPAL | Conducted Date | : 16-03-2024 14:37 |
| Referred By | : SELF | | |

DOPPLER STUDIES MITRAL INFLOW :

E : 0.6m/sc A: 0.4 m/sc

Velocity / Gradient Across Pulmonic Valve : 0.7m/sc

Velocity / Gradient Across Aortic Valve : 0.9m/sc

IMPRESSION :

NO RWMA

NORMAL LEFT VENTRICULAR FUNCTION(EF - 65%)

NORMAL CARDIAC CHAMBERS & VALVES

TRIVIAL TRICUSPID REGURGITATION

NO PAH / CLOT / PE .

Dr.
RAKESH P
GOPAL

Patient Name : Mr. VIJAY GANESH K
UHID : CANN.0000234423
Conducted By: : Dr. RAKESH P GOPAL
Referred By : SELF

Age : 47 Y/M
OP Visit No : CANNOPV396601
Conducted Date : 16-03-2024 14:37
