MC-2439

Patient Name	: Mr.VIJAYALAYAN G.	Collected	: 09/Mar/2024 09:09AM
Age/Gender	: 55 Y 1 M 3 D/M	Received	: 09/Mar/2024 01:25PM
UHID/MR No	: CVEL.0000142385	Reported	: 09/Mar/2024 03:06PM
Visit ID	: CVELOPV200719	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 106932		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: 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.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.

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

SIN No:BED240062722

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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:
D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102,
Phone - 044-26224504 / 05

1860 500 7788
www.apolloclinic.com

Patient Name	: Mr.VIJAYALAYAN G.	Collected	: 09/Mar/2024 09:09AM
Age/Gender	: 55 Y 1 M 3 D/M	Received	: 09/Mar/2024 01:25PM
UHID/MR No	: CVEL.0000142385	Reported	: 09/Mar/2024 03:06PM
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Emp/Auth/TPA ID	: 106932		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	13.1	g/dL	13-17	Spectrophotometer
PCV	40.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.96	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	**81**	fL	83-101	Calculated
MCH	**26.5**	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	62.2	%	40-80	Electrical Impedance
LYMPHOCYTES	28.4	%	20-40	Electrical Impedance
EOSINOPHILS	3.2	%	1-6	Electrical Impedance
MONOCYTES	5.8	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4229.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1931.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	217.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	394.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	27.2	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.19		0.78- 3.53	Calculated
PLATELET COUNT	231000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	**16**	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

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

SIN No:BED240062722

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Patient Name	: Mr.VIJAYALAYAN G.	Collected	: 09/Mar/2024 09:09AM
Age/Gender	: 55 Y 1 M 3 D/M	Received	: 09/Mar/2024 01:25PM
UHID/MR No	: CVEL.0000142385	Reported	: 09/Mar/2024 03:06PM
Visit ID	: CVELOPV200719	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 106932		

DEPARTMENT OF HAEMATOLOGY

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

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

PLATELETS : Adequate in number.

PARASITES : No haemoparasites seen.

IMPRESSION : Normocytic normochromic blood picture.

NOTE/ COMMENT : Please correlate clinically.

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

SIN No:BED240062722

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Patient Name	: Mr.VIJAYALAYAN G.	Collected	: 09/Mar/2024 09:09AM
Age/Gender	: 55 Y 1 M 3 D/M	Received	: 09/Mar/2024 01:25PM
UHID/MR No	: CVEL.0000142385	Reported	: 09/Mar/2024 05:50PM
Visit ID	: CVELOPV200719	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 106932		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination
PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY				

Dr.MARQUESS RAJ
M.D,DipRCPath,D.N.B(PATH)
Consultant Pathologist

SIN No:BED240062722

This test has been performed at Apollo Health and Lifestyle Ltd - RKE ASHOK NAGAR

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

Patient Name	: Mr.VIJAYALAYAN G.	Collected	: 09/Mar/2024 09:09AM
Age/Gender	: 55 Y 1 M 3 D/M	Received	: 09/Mar/2024 03:21PM
UHID/MR No	: CVEL.0000142385	Reported	: 09/Mar/2024 04:10PM
Visit ID	: CVELOPV200719	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 106932		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	**105**	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	**193**	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:PLP1428539

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

Patient Name	: Mr.VIJAYALAYAN G.	Collected	: 09/Mar/2024 09:09AM
Age/Gender	: 55 Y 1 M 3 D/M	Received	: 09/Mar/2024 01:16PM
UHID/MR No	: CVEL.0000142385	Reported	: 09/Mar/2024 03:05PM
Visit ID	: CVELOPV200719	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 106932		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				
HBA1C, GLYCATED HEMOGLOBIN	6.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	151	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)

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

SIN No:EDT240028490

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

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Patient Name	: Mr.VIJAYALAYAN G.	Collected	: 09/Mar/2024 09:09AM
Age/Gender	: 55 Y 1 M 3 D/M	Received	: 09/Mar/2024 03:47PM
UHID/MR No	: CVEL.0000142385	Reported	: 09/Mar/2024 07:00PM
Visit ID	: CVELOPV200719	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 106932		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	**259**	mg/dL	<200	CHO-POD
TRIGLYCERIDES	99	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	57	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	**202**	mg/dL	<130	Calculated
LDL CHOLESTEROL	**182.2**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.54		0-4.97	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

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

SIN No:SE04655278

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

Patient Name	: Mr.VIJAYALAYAN G.	Collected	: 09/Mar/2024 09:09AM
Age/Gender	: 55 Y 1 M 3 D/M	Received	: 09/Mar/2024 03:47PM
UHID/MR No	: CVEL.0000142385	Reported	: 09/Mar/2024 07:00PM
Visit ID	: CVELOPV200719	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 106932		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.83	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.68	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	66.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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:SE04655278

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Patient Name	: Mr.VIJAYALAYAN G.	Collected	: 09/Mar/2024 09:09AM
Age/Gender	: 55 Y 1 M 3 D/M	Received	: 09/Mar/2024 03:47PM
UHID/MR No	: CVEL.0000142385	Reported	: 09/Mar/2024 07:00PM
Visit ID	: CVELOPV200719	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 106932		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	1.03	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	19.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	**7.40**	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.8	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.40	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		0.9-2.0	Calculated

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

SIN No:SE04655278

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , *SERUM*	66.00	U/L	30-120	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	16.00	U/L	<55	IFCC

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

SIN No:SE04655278

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Patient Name	: Mr.VIJAYALAYAN G.	Collected	: 09/Mar/2024 09:09AM
Age/Gender	: 55 Y 1 M 3 D/M	Received	: 09/Mar/2024 02:43PM
UHID/MR No	: CVEL.0000142385	Reported	: 09/Mar/2024 06:45PM
Visit ID	: CVELOPV200719	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 106932		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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)	0.7	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.33	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.580	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
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:SPL24041600

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

Patient Name	: Mr.VIJAYALAYAN G.	Collected	: 09/Mar/2024 09:09AM
Age/Gender	: 55 Y 1 M 3 D/M	Received	: 09/Mar/2024 02:43PM
UHID/MR No	: CVEL.0000142385	Reported	: 09/Mar/2024 07:31PM
Visit ID	: CVELOPV200719	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 106932		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , *SERUM*	**5.12**	ng/mL	30 -100	CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

Inadequate exposure to sunlight.
Dietary deficiency.
Vitamin D malabsorption.
Severe Hepatocellular disease.
Drugs like Anticonvulsants.
Nephrotic syndrome.

Increased levels:

Vitamin D intoxication.

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

SIN No:SPL24041600

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This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Patient Name	: Mr.VIJAYALAYAN G.	Collected	: 09/Mar/2024 09:09AM
Age/Gender	: 55 Y 1 M 3 D/M	Received	: 09/Mar/2024 02:43PM
UHID/MR No	: CVEL.0000142385	Reported	: 09/Mar/2024 06:15PM
Visit ID	: CVELOPV200719	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 106932		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , *SERUM*	210	pg/mL	107.2-653.3	CLIA

Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum.
  Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 .
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , *SERUM*	0.270	ng/mL	0-4	CLIA

The normal reference PSA for the decadal age group of 50-59 years is 0-3.5 ng/mL

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

SIN No:SPL24041600

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

Patient Name	: Mr.VIJAYALAYAN G.	Collected	: 09/Mar/2024 09:09AM
Age/Gender	: 55 Y 1 M 3 D/M	Received	: 09/Mar/2024 04:45PM
UHID/MR No	: CVEL.0000142385	Reported	: 09/Mar/2024 06:45PM
Visit ID	: CVELOPV200719	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 106932		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		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	MODIFED 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

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

SIN No:UR2300973

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

Patient Name	: Mr.VIJAYALAYAN G.	Collected	: 09/Mar/2024 09:09AM
Age/Gender	: 55 Y 1 M 3 D/M	Received	: 09/Mar/2024 05:48PM
UHID/MR No	: CVEL.0000142385	Reported	: 09/Mar/2024 06:09PM
Visit ID	: CVELOPV200719	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 106932		

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

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

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

SIN No:UF011030

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

Patient Name	: Mr. VIJAYALAYAN G.	**Age/Gender**	: 55 Y/M
UHID/MR No.	: CVEL.0000142385	**OP Visit No**	: CVELOPV200719
Sample Collected on	:	**Reported on**	: 09-03-2024 17:08
LRN#	: RAD2261317	**Specimen**	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 106932		

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.

CONCLUSION :

No obvious abnormality seen

Dr. PASUPULETI SANTOSH KUMAR
M.B.B.S., DNB (RADIODIAGNOSIS)
Radiology

Patient Name	: Mr. VIJAYALAYAN G.	**Age/Gender**	: 55 Y/M
UHID/MR No.	: CVEL.0000142385	**OP Visit No**	: CVELOPV200719
Sample Collected on	:	**Reported on**	: 09-03-2024 17:08
LRN#	: RAD2261317	**Specimen**	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 106932		

DEPARTMENT OF RADIOLOGY

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Dr. PASUPULETI SANTOSH KUMAR
M.B.B.S., DNB (RADIODIAGNOSIS)
Radiology

Patient Name	: Mr. VIJAYALAYAN G.	**Age/Gender**	: 55 Y/M
UHID/MR No.	: CVEL.0000142385	**OP Visit No**	: CVELOPV200719
Sample Collected on	:	**Reported on**	: 09-03-2024 17:29
LRN#	: RAD2261317	**Specimen**	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 106932		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size (13.9 cms) with increased echogenecity. No focal lesion is seen.
No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. **Multiple calculi seen, the largest measuring 6 mm**. Wall thickness appears normal. PV and CBD normal.

Spleen appears normal (8.0 cms). No focal lesion seen. Splenic vein appears normal.
Pancreas appears normal in echopattern. No focal/mass lesion/calcification.
No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

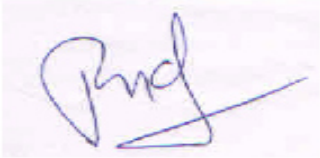
Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.
Right kidney - 8.9 x 3.1 cms. **Left kidney** - 11.2 x 4.3 cms.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.
Post void 10 ml (non significant).

Prostate is enlarged in size 3.3 x 3.9 x 3.5 cms (Vol 25.0 ml) .

IMPRESSION:-
*** GRADE I FATTY LIVER.**
*** CHOLELITHIASIS.**
*** GRADE I PROSTATOMEGALY WITH NON SIGNIFICANT POST VOID RESIDUAL URINE.**

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



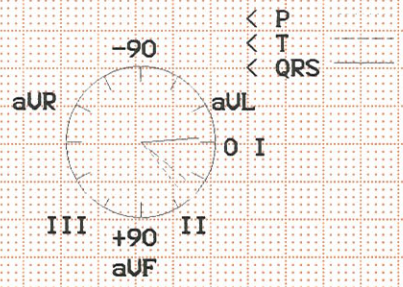
Dr. PASUPULETI SANTOSH KUMAR
M.B.B.S., DNB (RADIODIAGNOSIS)
Radiology

GE MAC1200 ST MR.UIJAYALAN, 55 000142385, APOLLO CLINIC

HR 66bpm

Measurement Results:

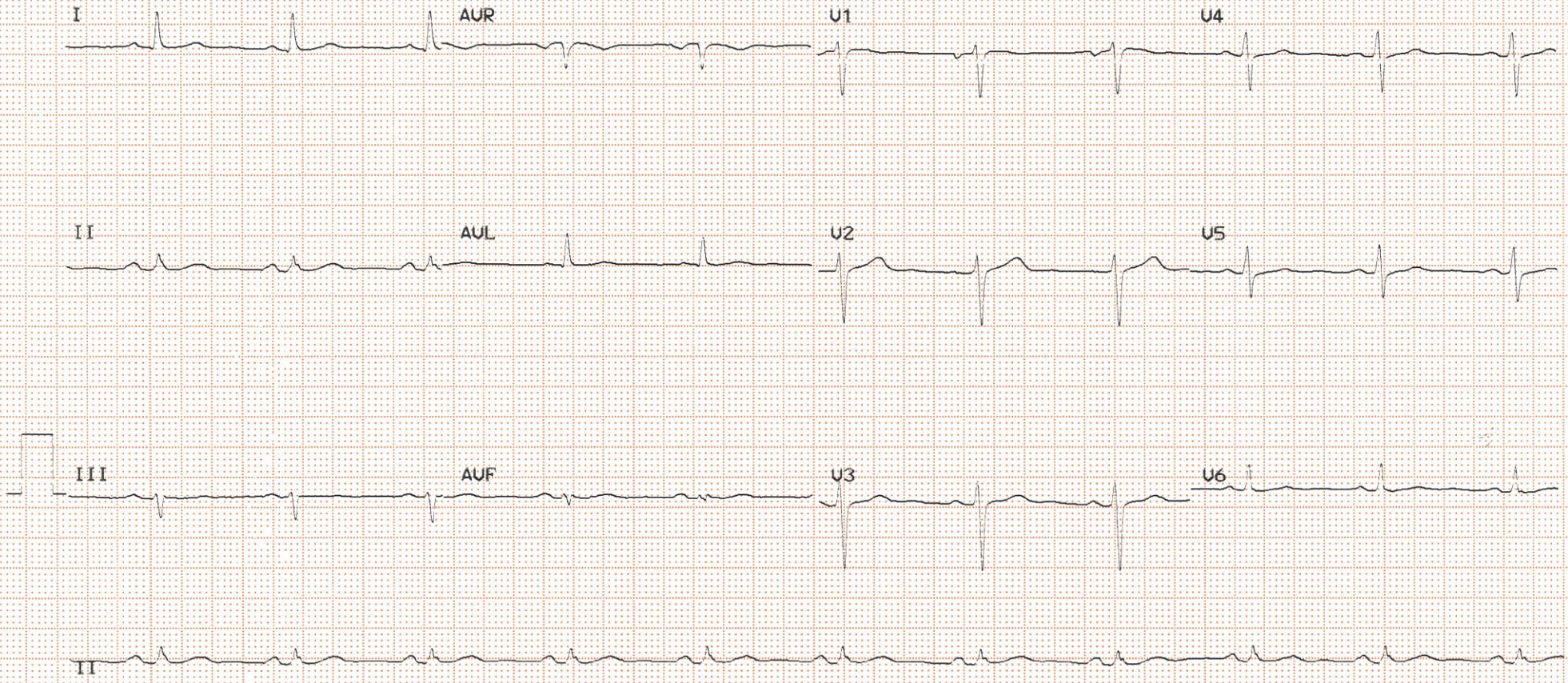
QRS	:	100	ms
QT/QTcB	:	402 / 422	ms
PR	:	164	ms
P	:	118	ms
RR/PP	:	908 / 890	ms
P/QRS/T	:	50/ -5/ 40	degrees
QTD/QTcBD	:	30 / 31	ms
Sokolow	:	1.1	mV
NK	:	9	



< P
< T
< QRS

Interpretation:

Unconfirmed report.



09.Mar.2024 01:20:12 PM 25mm/s 10mm/mV ADS 50Hz 0.08 - 20Hz 3_F1_R Automatic V6.2 M12i (1)

OPTHALMOLOGY

Apollo Medical Centre
Expertise. Closer to you.

Name Mr. Vijayalayan. G.	Date 9/3/2024
Age 55 yrs.	UHID No. 142385.
Sex: ☒ Male ☐ Female	

OPHTHAL FITNESS CERTIFICATE

		RE	LE	
DV-UCVA	:	6/24 SH	6/24 SH	perm - 6/9P 6/9P.
DV-BCVA	:			
NEAR VISION	:	N10 SH.	N10 SH.	perm - N6 N6.
ANTERIOR SEGMENT	:			
IOP	:	(N)	(N)	
FIELDS OF VISION	:			
E O M	:			
COLOUR VISION	:	Normal	Normal.	
FUNDUS	:			
IMPRESSION	:	(BE) Refractive Error.		
ADVICE	:	fit /R/A- 6 months.		

9/3/2024.

* Warm Compress. 1 — 1 x 1 month
* Refresh tears e/d 1 — 1 — 1 — 1
Y 1 month

DEPARTMENT OF ENT

CASE RECORD

Apollo Medical Centre
Expertise. Closer to you.

Date: 09/03/24 Ref. by:

Name: Mr. Vijayalayan. G Age : 55Y Sex : M / F

Consultant: Dr. Niranjana UHID : 142385

ALLERGIES :

Chief Complaints:

Pain Score : _____ Location : Character :

Throat irritation - on & off.

Snoring (+).

No daytime tiredness / headache.

Past History :

Nutritional assessment :

Build :

Social History : Smoking ☐ Ethanol ☐ Tobacco ☐

Clinical Examination :

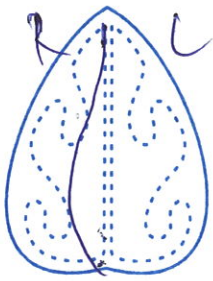
O/E B/L TM ok.

DSR.

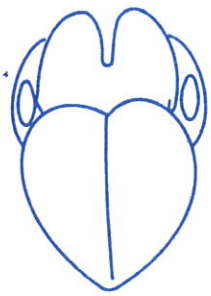
granular pharyngeal wall.

NP IV.

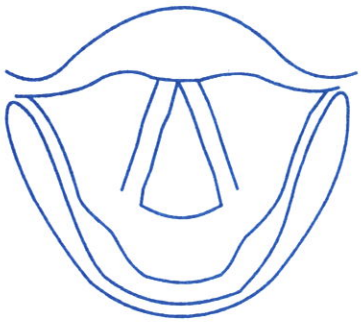
NOSE

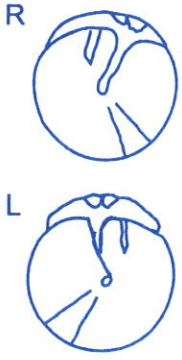


THROAT



LARYNX





Apollo Clinic
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CERTIFICATE OF MEDICAL FITNESS

Height : 162 . Cm	Weight : 77.7 kg	BMI : 29.3	BP : 130 / 80 mmHg
OPTHAL CHECK : Right Eye : 6/6		Left Eye : 6/6.	Colour vision : ✓

This is to certify that I have conducted the clinical examination

Of Mr. Vijayalayan. G. on 9/3/24.

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

- Medically Fit ✓ DM T2D Hypidemia Counselling Adv Consultation

FIT FOR WORK.

- Fit with restrictions/recommendations

Though following restrictions have been revealed, in my opinion, these are not impediments to the job.

1.....

2.....

3.....

However the employee should follow the advice/medication that has been communicated to him/her.

Review after_____

- Currently Unfit.

Review after Nil recommended

- Unfit Nil

M.S

Dr._____
Medical officer
Apollo clinic(Location)

This certificate is not meant for medico-legal purposes

APOLLO CLINIC VELACHERY CHENNAI 600 042

Dr. M S KOUTILYA CHOUDARY
MBBS., MD.,
Sqn Ldr (Retd),
Reg. No. TNMC 167543

Patient Name	: Mr. VIJAYALAYAN G.	Age	: 55 Y/M
UHID	: CVEL.0000142385	OP Visit No	: CVELOPV200719
Conducted By:	: Dr. SHANMUGA SUNDARAM D	Conducted Date	: 09-03-2024 14:29
Referred By	: SELF		

2D-ECHO WITH COLOUR DOPPLER

Dimensions:	
Ao (ed)	3.0CM
LA (es)	3.5 CM
LVID (ed)	4.1 CM
LVID (es)	2.6 CM
IVS (Ed)	1.0CM
LVPW (Ed)	1.0 CM
EF	65.00%
%FD	35.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL
LEFT VENTRICLE:	

Patient Name	: Mr. VIJAYALAYAN G.	Age	: 55 Y/M
UHID	: CVEL.0000142385	OP Visit No	: CVELOPV200719
Conducted By:	: Dr. SHANMUGA SUNDARAM D	Conducted Date	: 09-03-2024 14:29
Referred By	: SELF		

NO REGIONAL WALL MOTION ABNORMALITY

Doppler studies

AV max 0.9m/s; PG3.8 mmHg;

PV max 0.9 m/s; PG 3.3 mmHg;

MV E 0.6 m/s; MV A0.4 m/s;

TV E 0. 6 m/s; TV A 0. 3 m/s.

Impression

*NO REGIONAL WALL MOTION ABNORMALITY;

*NORMAL LEFT VENTRICULAR IN SIZE AND SYSTOLIC FUNCTION;

* NO PERICARDIAL EFFUSION/PULMONARY ARTERY HYPERTENSION;

DR SHANMUGA SUNDARAM D

CONSULTANT CARDIOLOGIST

Patient Name	: Mr. VIJAYALAYAN G.	Age	: 55 Y/M
UHID	: CVEL.0000142385	OP Visit No	: CVELOPV200719
Conducted By:	: Dr. SHANMUGA SUNDARAM D	Conducted Date	: 09-03-2024 14:29
Referred By	: SELF		