

Patient Name	: Mr.GRANDHI MANIK LAL	Collected	: 29/Mar/2024 08:27AM
Age/Gender	: 57 Y 9 M 0 D/M	Received	: 29/Mar/2024 01:13PM
UHID/MR No	: CVEL.0000142943	Reported	: 29/Mar/2024 05:11PM
Visit ID	: CVELOPV202083	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4417		

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:BED240086530

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)
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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	15.3	g/dL	13-17	Spectrophotometer
PCV	44.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.91	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90.1	fL	83-101	Calculated
MCH	31	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	65.0	%	40-80	Electrical Impedance
LYMPHOCYTES	23.4	%	20-40	Electrical Impedance
EOSINOPHILS	2.1	%	1-6	Electrical Impedance
MONOCYTES	9.1	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5330	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1918.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	172.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	746.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	32.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.78		0.78- 3.53	Calculated
PLATELET COUNT	215000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

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

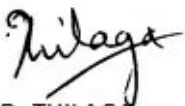
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



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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	95	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)	96	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:PLP1439435

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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	137	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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SIN No:EDT240040021

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	92	mg/dL	<200	CHO-POD
TRIGLYCERIDES	76	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	32	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	60	mg/dL	<130	Calculated
LDL CHOLESTEROL	44.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.88		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.02		<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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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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Visit ID	: CVELOPV202083	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4417		

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	1.02	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.25	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.77	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	67.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.90	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.56		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'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:SE04679912

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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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.85	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	27.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.10	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	6.90	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.56		0.9-2.0	Calculated



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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	67.00	U/L	30-120	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	22.00	U/L	<55	IFCC



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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)	0.78	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.6	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.700	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



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SIN No: SPL24058500

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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	29	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	371	pg/mL	107.2-653.3	CLIA

Comment:



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M.D.(Biochemistry)



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DEPARTMENT OF IMMUNOLOGY

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

- 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	0.470	ng/mL	0-4	CLIA

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



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M.D.(Biochemistry)



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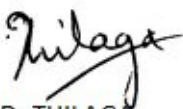
Patient Name : Mr.GRANDHI MANIK LAL	Collected : 29/Mar/2024 08:27AM
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DEPARTMENT OF CLINICAL PATHOLOGY

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	6.0		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	POSITIVE ++++		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

SIN No:UR2319414

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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)	POSITIVE (++++)		NEGATIVE	Dipstick

Result Rechecked

*** End Of Report ***

Page 16 of 16



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

SIN No:UF011506

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

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. GRANDHI MANIK LAL

Age/Gender : 57 Y/M

UHID/MR No. : CVEL.0000142943

OP Visit No : CVELOPV202083

Sample Collected on :

Reported on : 29-03-2024 16:08

LRN# : RAD2285710

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : UBOIE4417

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. GRANDHI MANIK LAL

Age/Gender : 57 Y/M

UHID/MR No. : CVEL.0000142943

OP Visit No : CVELOPV202083

Sample Collected on :

Reported on : 29-03-2024 14:16

LRN# : RAD2285710

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : UBOIE4417

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size (13.0cms) with increased echogenicity. No focal lesion is seen. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen. 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.

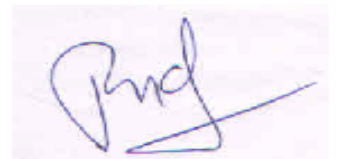
Right kidney - 9.8 x 4.4 cms. **Left kidney** - 10.0 x 5.2 cms.

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.

Prostate is normal in size 3.2 x 3.0 x 2.1 cms (Vol 14.8 ml) and echo texture.

IMPRESSION:- * GRADE I FATTY LIVER.

(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

Name: Mr. GRANDHI MANIK LAL
Age/Gender: 57 Y/M
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. R NIRANJANA

MR No: CVEL.0000142943
Visit ID: CVELOPV202083
Visit Date: 29-03-2024 08:20
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. GRANDHI MANIK LAL
Age/Gender: 57 Y/M
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. BENITA JAYACHANDRAN

MR No: CVEL.0000142943
Visit ID: CVELOPV202083
Visit Date: 29-03-2024 08:20
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. GRANDHI MANIK LAL
Age/Gender: 57 Y/M
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. YASODHA KUMARA REDDY MOKKALA

MR No: CVEL.0000142943
Visit ID: CVELOPV202083
Visit Date: 29-03-2024 08:20
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mr. GRANDHI MANIK LAL
Age/Gender: 57 Y/M
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SHILFA NIGAR N

MR No: CVEL.0000142943
Visit ID: CVELOPV202083
Visit Date: 29-03-2024 08:20
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
29-03-2024 15:36	78 Beats/min	110/80 mmHg	18 Rate/min	98 F	73.7 cms	Kgs	%	%	Years	0	100 cms	102 cms	cms		AHLL05400

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
29-03-2024 15:36	78 Beats/min	110/80 mmHg	18 Rate/min	98 F	73.7 cms	Kgs	%	%	Years	0	100 cms	102 cms	cms		AHLL05400

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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142943

Grandhi, Manik Lal

From: Mediwheel <wellness@mediwheel.in>
Sent: 27 March 2024 18:10
To: Grandhi, Manik Lal
Cc: customercare@mediwheel.in
Subject: Health Check up Booking Confirmed Request(UBOIE4417),Package Code-PKG10000440, Beneficiary Code-311055

13

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

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CAUTION AND ATTENTION PLEASE: This is an external email. Please check the sender's full email address (not just the sender name) .Do not click links or open attachments unless you recognize the sender and know the content is safe. In case of any suspicious email, please report it to [antiphishing\[Dot\]ciso\[At the rate\]unionbankofindia\[Dot\]bank](mailto:antiphishing[Dot]ciso[At the rate]unionbankofindia[Dot]bank)



011-41195959

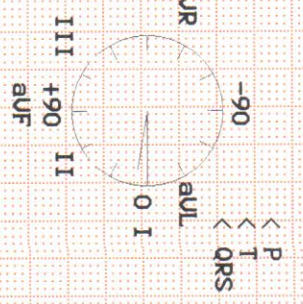
Dear **MANIK LAL GRANDHI,**

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Plus Annual Check Advanced With Vitamin Male
Patient Package Name : Executive Health Checkup Male
Name of Diagnostic/Hospital : Apollo Clinic - Velachary
Address of Diagnostic/Hospital- : Apollo Clinic, Plot no:46, 7th street, Near Vijayanagar bus stand, Tansi nagar, Velachery - 600042
City : Chennai
State : Tamil Nadu
Pincode : 600042
Appointment Date : 29-03-2024
Confirmation Status : Booking Confirmed
Preferred Time : 8:00am-8:30am
Booking Status : Booking Confirmed

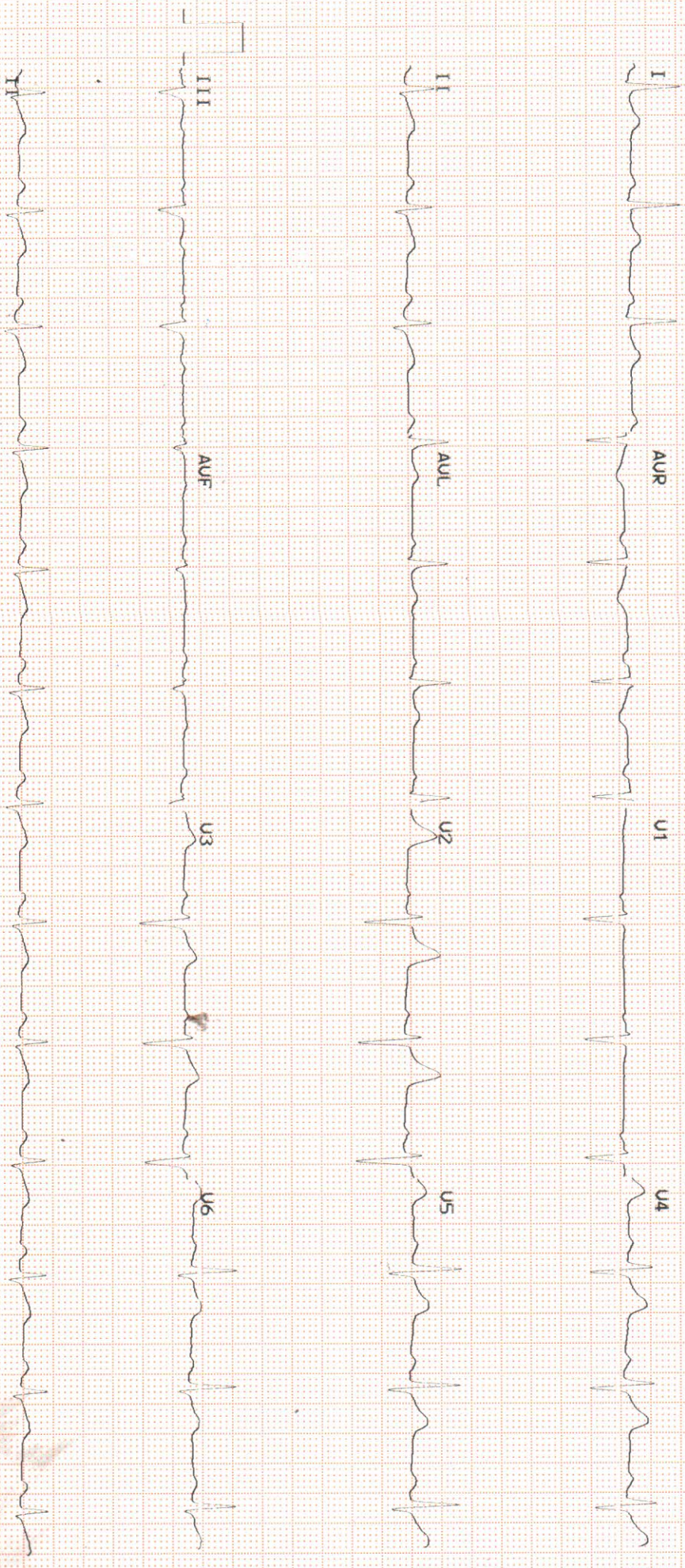
Measurement Results:

QRS	108 ms
QT/QTcB	390 / 439 ms
PR	172 ms
P	122 ms
RR/PP	790 / 790 ms
p/QRST	10 / 0 degrees
QTd/QTcBD	42 / 47 ms
Sokolow	1.4 mV
NK	11



Interpretation:

Unconfirmed report.



Name	Mr. Grandhi Manik Lal	Date	29/3/2024
Age	57 yrs	UHID No.	142948
Sex:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		

OPHTHAL FITNESS CERTIFICATE

Thyroid x104ms (normal).
H/o HTN x 34yrs
H/o (Stuntex).

DV-UCVA :	RE 6/12 ^{-1st}	LE 6/12 ^{-1st}	Far mt 6/6 6/6
DV-BCVA :			
NEAR VISION :	N ₁₂	N ₁₂	Far mt N ₆ N ₆
ANTERIOR SEGMENT :			
IOP :			
FIELDS OF VISION :	(N)	(N)	
E O M :			
COLOUR VISION :	Normal	Normal	
FUNDUS :			
IMPRESSION :	(Be) Refractive error		
ADVICE :	Cont. Same px / fit / e/a - 6 months		

(Signature)
29/3/2024

Patient Name : Mr. GRANDHI MANIK LAL Age : 57 Y/M
UHID : CVEL.0000142943 OP Visit No : CVELOPV202083
Conducted By: : Dr. SHANMUGA SUNDARAM D Conducted Date : 29-03-2024 12:02
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	3.5 CM
LA (es)	3.5 CM
LVID (ed)	3.7 CM
LVID (es)	2.3 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	0.9 CM
EF	69.00%
%FD	39.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACY
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL
LEFT VENTRICLE:	

Patient Name	: Mr. GRANDHI MANIK LAL	Age	: 57 Y/M
UHID	: CVEL.0000142943	OP Visit No	: CVELOPV202083
Conducted By:	: Dr. SHANMUGA SUNDARAM D	Conducted Date	: 29-03-2024 12:02
Referred By	: SELF		

NO REGIONAL WALL MOTION ABNORMALITY

COLOUR AND DOPPLER STUDIES;

AV max 1.0 m/s; PG 4.5 mmHg;

PV max 1.0 m/s; PG 4.1 mmHg;

MV E 0.5 m/s; MV A 0.6 m/s;

TV E 0.5 m/s; TV A 0.3 m/s.

IMPRESSION:

* S/P PTCA

*NO REGIONAL WALL MOTION ABNORMALITY;

*LEFT VENTRICULAR NORMAL IN SIZE AND SYSTOLIC

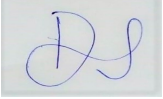
FUNCTION:

*GRADE 1 LEFT VENTRICULAR DIASTOLIC DYSFUNCTION;

*NO PERICARDIAL EFFUSION/ PULMONARY ARTERY

HYPERTENSION.

Patient Name : Mr. GRANDHI MANIK LAL Age : 57 Y/M
UHID : CVEL.0000142943 OP Visit No : CVELOPV202083
Conducted By: : Dr. SHANMUGA SUNDARAM D Conducted Date : 29-03-2024 12:02
Referred By : SELF



DR SHANMUGASUNDARAM

CONSULTANT CARDIOLOGIST