

Patient Name	: Mr.SUNIL V PATIL	Collected	: 23/Mar/2024 08:26AM
Age/Gender	: 40 Y 11 M 18 D/M	Received	: 23/Mar/2024 10:17AM
UHID/MR No	: CMYS.0000060182	Reported	: 23/Mar/2024 12:35PM
Visit ID	: CMYSOPV123757	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: asapp3333k		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA


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

SIN No:BED240078887



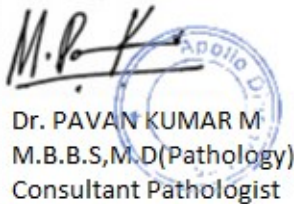
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Age/Gender	: 40 Y 11 M 18 D/M	Received	: 23/Mar/2024 10:17AM
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DEPARTMENT OF HAEMATOLOGY

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	14.9	g/dL	13-17	Spectrophotometer
PCV	45.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.07	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90	fL	83-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	49.2	%	40-80	Electrical Impedance
LYMPHOCYTES	38.9	%	20-40	Electrical Impedance
EOSINOPHILS	5.9	%	1-6	Electrical Impedance
MONOCYTES	5.6	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2214	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1750.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	265.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	252	Cells/cu.mm	200-1000	Calculated
BASOPHILS	18	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.26		0.78- 3.53	Calculated
PLATELET COUNT	201000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	16	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

R.B.C: Majority are normocytic normochromic.



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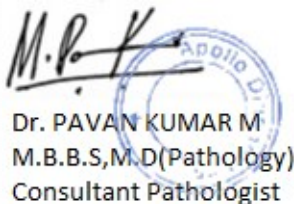
ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

W.B.C: Are normal in number,morphology and distribution.

Platelets: Adequate and are seen in singles and clumps.

Hemoparasites: Not seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	101	mg/dl	74-106	GOD, POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

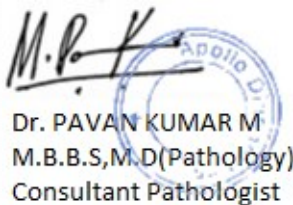
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	128	mg/dl	70-140	GOD, POD

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC



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ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL	Calculated
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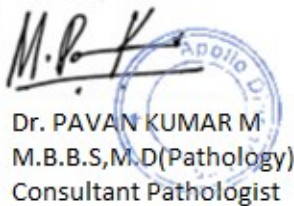
Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	217	mg/dl	0-200	CHOD
TRIGLYCERIDES	162	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	45	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	172	mg/dL	<130	Calculated
LDL CHOLESTEROL	140.05	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.32	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.86		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.20		<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.



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

- 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.
- 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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.89	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.21	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.68	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/l	0-35	IFCC
ALKALINE PHOSPHATASE	68.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	7.10	g/dl	6.4-8.3	Biuret
ALBUMIN	4.76	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.34	g/dL	2.0-3.5	Calculated
A/G RATIO	2.03		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

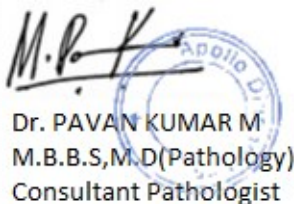
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.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

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.08	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	20.79	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	9.7	mg/dl	6-20	Urease, UV
URIC ACID	6.10	mg/dL	3.5-7.2	Uricase
CALCIUM	10.19	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.95	mg/dl	2.7-4.5	Molybdate
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.10	g/dl	6.4-8.3	Biuret
ALBUMIN	4.76	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.34	g/dL	2.0-3.5	Calculated
A/G RATIO	2.03		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	68.00	U/l	53-128	IFCC (AMP buffer)

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	28.00	U/l	0-55	IFCC


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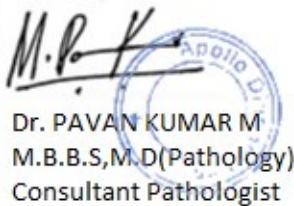
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.84	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	6.26	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.080	µIU/mL	0.35-4.94	CMIA

Comment:

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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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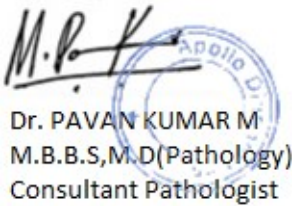
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Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	9.1	ng/mL		CMIA

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	83	pg/mL	187 - 883	CMIA



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

SIN No:SPL24052781



Patient Name	: Mr.SUNIL V PATIL	Collected	: 23/Mar/2024 08:26AM
Age/Gender	: 40 Y 11 M 18 D/M	Received	: 23/Mar/2024 10:36AM
UHID/MR No	: CMYS.0000060182	Reported	: 23/Mar/2024 01:20PM
Visit ID	: CMYSOPV123757	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: asapp3333k		

DEPARTMENT OF IMMUNOLOGY

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

Result is rechecked. Kindly correlate clinically

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

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.



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

SIN No:SPL24052781




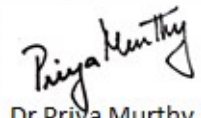
Patient Name : Mr.SUNIL V PATIL	Collected : 23/Mar/2024 08:26AM
Age/Gender : 40 Y 11 M 18 D/M	Received : 24/Mar/2024 11:09AM
UHID/MR No : CMYS.0000060182	Reported : 24/Mar/2024 11:56AM
Visit ID : CMYSOPV123757	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : asapp3333k	

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
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.287	ng/mL	<4	CMIA


Govinda Raju N L
MSc, MPhil, (Phd)
Consultant Biochemist


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



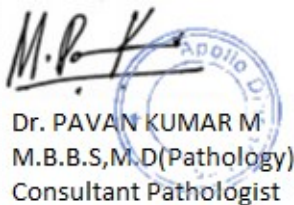
SIN No:IM07210607

Patient Name : Mr.SUNIL V PATIL	Collected : 23/Mar/2024 08:26AM
Age/Gender : 40 Y 11 M 18 D/M	Received : 23/Mar/2024 01:00PM
UHID/MR No : CMYS.0000060182	Reported : 23/Mar/2024 02:29PM
Visit ID : CMYSOPV123757	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : asapp3333k	

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	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No:UR2313285



Patient Name : Mr.SUNIL V PATIL	Collected : 23/Mar/2024 08:26AM
Age/Gender : 40 Y 11 M 18 D/M	Received : 23/Mar/2024 01:00PM
UHID/MR No : CMYS.0000060182	Reported : 23/Mar/2024 02:28PM
Visit ID : CMYSOPV123757	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : asapp3333k	

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)	NEGATIVE		NEGATIVE	Dipstick

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

*** End Of Report ***



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

SIN No:UF011281



Patient Name : Mr. VELPURI NAGASIVAJIBABU

Age/Gender : 48 Y/M

UHID/MR No. : CMAR.0000344298

OP Visit No : CMAROPV789725

Sample Collected on :

Reported on : 22-03-2024 19:21

LRN# : RAD2276400

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 8660537145

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

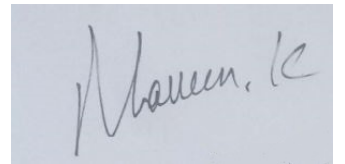
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name	: Mr. VELPURI NAGASIVAJIBABU	Age/Gender	: 48 Y/M
UHID/MR No.	: CMAR.0000344298	OP Visit No	: CMAROPV789725
Sample Collected on	:	Reported on	: 22-03-2024 14:51
LRN#	: RAD2276400	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 8660537145		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size (13.6cm), shape and shows diffuse increase in echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Partially distended.No definite calculi identified in this state of distension . No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 8.7cm and parenchymal thickness measures 1.8cm.

Left kidney measures 10.1cm and parenchymal thickness measures 1.9cm.

URINARY BLADDER: Partially distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is enlarged in size It measures 3.8x3.8x3.5cm.vol - 26.6cc

No free fluid or lymphadenopathy is seen.

Visualized bowel loops appears normal.

IMPRESSION:

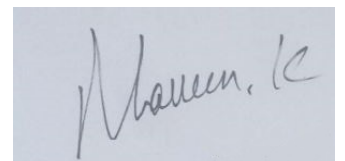
GRADE I FATTY INFILTRATION OF LIVER.

GRADE I PROSTATOMEGALY.

Suggested clinical correlation and further evaluation if needed.

Report disclaimer :

- 1.Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically;this report is not valid for medicolegal purpose
- 3 .please note: non obstructing ureteric calculi; small renal/ ureteric calculi may not always be detected on USG; a CT KUB is advised if symptoms persist .
- 4.Printing mistakes should immediately be brought to notice for correction.
- 5.This is USG Abdomen screening.



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name	: Mr.SUNIL V PATIL	Collected	: 23/Mar/2024 08:26AM
Age/Gender	: 40 Y 11 M 18 D/M	Received	: 23/Mar/2024 10:17AM
UHID/MR No	: CMYS.0000060182	Reported	: 23/Mar/2024 12:35PM
Visit ID	: CMYSOPV123757	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: asapp3333k		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA


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

SIN No:BED240078887



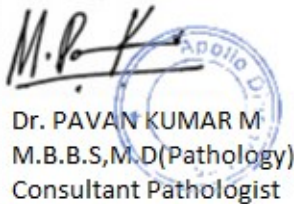
Patient Name	: Mr.SUNIL V PATIL	Collected	: 23/Mar/2024 08:26AM
Age/Gender	: 40 Y 11 M 18 D/M	Received	: 23/Mar/2024 10:17AM
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DEPARTMENT OF HAEMATOLOGY

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	14.9	g/dL	13-17	Spectrophotometer
PCV	45.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.07	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90	fL	83-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	49.2	%	40-80	Electrical Impedance
LYMPHOCYTES	38.9	%	20-40	Electrical Impedance
EOSINOPHILS	5.9	%	1-6	Electrical Impedance
MONOCYTES	5.6	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2214	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1750.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	265.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	252	Cells/cu.mm	200-1000	Calculated
BASOPHILS	18	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.26		0.78- 3.53	Calculated
PLATELET COUNT	201000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	16	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

R.B.C: Majority are normocytic normochromic.



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

SIN No:BED240078887



Patient Name	: Mr.SUNIL V PATIL	Collected	: 23/Mar/2024 08:26AM
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DEPARTMENT OF HAEMATOLOGY

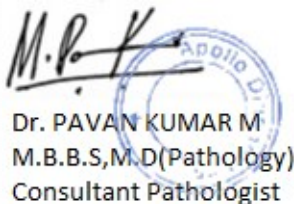
ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

W.B.C: Are normal in number,morphology and distribution.

Platelets: Adequate and are seen in singles and clumps.

Hemoparasites: Not seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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

SIN No:BED240078887



Patient Name	: Mr.SUNIL V PATIL	Collected	: 23/Mar/2024 08:26AM
Age/Gender	: 40 Y 11 M 18 D/M	Received	: 23/Mar/2024 10:17AM
UHID/MR No	: CMYS.0000060182	Reported	: 23/Mar/2024 01:58PM
Visit ID	: CMYSOPV123757	Status	: Final Report
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Emp/Auth/TPA ID	: asapp3333k		

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	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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

SIN No:BED240078887



Patient Name	: Mr.SUNIL V PATIL	Collected	: 23/Mar/2024 08:26AM
Age/Gender	: 40 Y 11 M 18 D/M	Received	: 23/Mar/2024 01:37PM
UHID/MR No	: CMYS.0000060182	Reported	: 23/Mar/2024 02:19PM
Visit ID	: CMYSOPV123757	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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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	101	mg/dl	74-106	GOD, POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

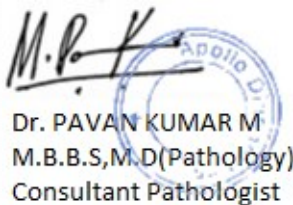
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	128	mg/dl	70-140	GOD, POD

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC



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

SIN No:EDT240036022



Patient Name	: Mr.SUNIL V PATIL	Collected	: 23/Mar/2024 08:26AM
Age/Gender	: 40 Y 11 M 18 D/M	Received	: 23/Mar/2024 01:37PM
UHID/MR No	: CMYS.0000060182	Reported	: 23/Mar/2024 02:19PM
Visit ID	: CMYSOPV123757	Status	: Final Report
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Emp/Auth/TPA ID	: asapp3333k		

DEPARTMENT OF BIOCHEMISTRY

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

ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL	Calculated
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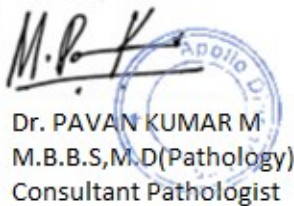
Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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

SIN No:EDT240036022



Patient Name : Mr.SUNIL V PATIL	Collected : 23/Mar/2024 08:26AM
Age/Gender : 40 Y 11 M 18 D/M	Received : 23/Mar/2024 10:43AM
UHID/MR No : CMYS.0000060182	Reported : 23/Mar/2024 11:42AM
Visit ID : CMYSOPV123757	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : asapp3333k	

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	217	mg/dl	0-200	CHOD
TRIGLYCERIDES	162	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	45	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	172	mg/dL	<130	Calculated
LDL CHOLESTEROL	140.05	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.32	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.86		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.20		<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.



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

SIN No:SE04671976



Patient Name	: Mr.SUNIL V PATIL	Collected	: 23/Mar/2024 08:26AM
Age/Gender	: 40 Y 11 M 18 D/M	Received	: 23/Mar/2024 10:43AM
UHID/MR No	: CMYS.0000060182	Reported	: 23/Mar/2024 11:42AM
Visit ID	: CMYSOPV123757	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: asapp3333k		

DEPARTMENT OF BIOCHEMISTRY

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

- 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.
- 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).



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

SIN No:SE04671976



Patient Name	: Mr.SUNIL V PATIL	Collected	: 23/Mar/2024 08:26AM
Age/Gender	: 40 Y 11 M 18 D/M	Received	: 23/Mar/2024 10:43AM
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Visit ID	: CMYSOPV123757	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: asapp3333k		

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	0.89	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.21	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.68	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/l	0-35	IFCC
ALKALINE PHOSPHATASE	68.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	7.10	g/dl	6.4-8.3	Biuret
ALBUMIN	4.76	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.34	g/dL	2.0-3.5	Calculated
A/G RATIO	2.03		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:

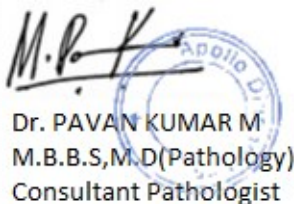
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:SE04671976



Patient Name	: Mr.SUNIL V PATIL	Collected	: 23/Mar/2024 08:26AM
Age/Gender	: 40 Y 11 M 18 D/M	Received	: 23/Mar/2024 10:43AM
UHID/MR No	: CMYS.0000060182	Reported	: 23/Mar/2024 11:54AM
Visit ID	: CMYSOPV123757	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: asapp3333k		

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	1.08	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	20.79	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	9.7	mg/dl	6-20	Urease, UV
URIC ACID	6.10	mg/dL	3.5-7.2	Uricase
CALCIUM	10.19	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.95	mg/dl	2.7-4.5	Molybdate
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.10	g/dl	6.4-8.3	Biuret
ALBUMIN	4.76	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.34	g/dL	2.0-3.5	Calculated
A/G RATIO	2.03		0.9-2.0	Calculated



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

SIN No:SE04671976



Patient Name : Mr.SUNIL V PATIL	Collected : 23/Mar/2024 08:26AM
Age/Gender : 40 Y 11 M 18 D/M	Received : 23/Mar/2024 10:43AM
UHID/MR No : CMYS.0000060182	Reported : 23/Mar/2024 11:42AM
Visit ID : CMYSOPV123757	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : asapp3333k	

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	68.00	U/l	53-128	IFCC (AMP buffer)

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	28.00	U/l	0-55	IFCC


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

SIN No:SE04671976



Patient Name : Mr.SUNIL V PATIL	Collected : 23/Mar/2024 08:26AM
Age/Gender : 40 Y 11 M 18 D/M	Received : 23/Mar/2024 10:36AM
UHID/MR No : CMYS.0000060182	Reported : 23/Mar/2024 01:20PM
Visit ID : CMYSOPV123757	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : asapp3333k	

DEPARTMENT OF IMMUNOLOGY

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

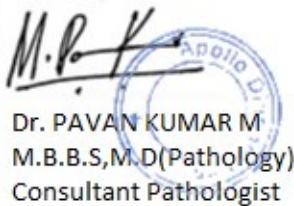
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.84	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	6.26	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.080	µIU/mL	0.35-4.94	CMIA

Comment:

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

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


SIN No:SPL24052781



Patient Name	: Mr.SUNIL V PATIL	Collected	: 23/Mar/2024 08:26AM
Age/Gender	: 40 Y 11 M 18 D/M	Received	: 23/Mar/2024 10:36AM
UHID/MR No	: CMYS.0000060182	Reported	: 23/Mar/2024 01:20PM
Visit ID	: CMYSOPV123757	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: asapp3333k		

DEPARTMENT OF IMMUNOLOGY

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


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

SIN No:SPL24052781



Patient Name : Mr.SUNIL V PATIL	Collected : 23/Mar/2024 08:26AM
Age/Gender : 40 Y 11 M 18 D/M	Received : 23/Mar/2024 10:36AM
UHID/MR No : CMYS.0000060182	Reported : 23/Mar/2024 01:20PM
Visit ID : CMYSOPV123757	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : asapp3333k	

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	9.1	ng/mL		CMIA

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.

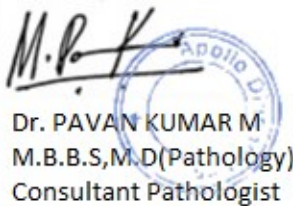
Decreased Levels:

- 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	83	pg/mL	187 - 883	CMIA



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

SIN No:SPL24052781



Patient Name	: Mr.SUNIL V PATIL	Collected	: 23/Mar/2024 08:26AM
Age/Gender	: 40 Y 11 M 18 D/M	Received	: 23/Mar/2024 10:36AM
UHID/MR No	: CMYS.0000060182	Reported	: 23/Mar/2024 01:20PM
Visit ID	: CMYSOPV123757	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: asapp3333k		

DEPARTMENT OF IMMUNOLOGY

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

Result is rechecked. Kindly correlate clinically

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

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.



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

SIN No:SPL24052781




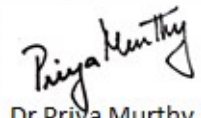
Patient Name : Mr.SUNIL V PATIL	Collected : 23/Mar/2024 08:26AM
Age/Gender : 40 Y 11 M 18 D/M	Received : 24/Mar/2024 11:09AM
UHID/MR No : CMYS.0000060182	Reported : 24/Mar/2024 11:56AM
Visit ID : CMYSOPV123757	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : asapp3333k	

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
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.287	ng/mL	<4	CMIA


Govinda Raju N L
MSc, MPhil, (Phd)
Consultant Biochemist


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



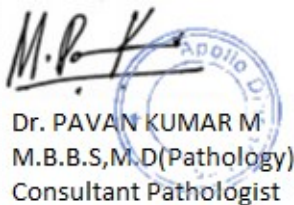
SIN No:IM07210607

Patient Name : Mr.SUNIL V PATIL	Collected : 23/Mar/2024 08:26AM
Age/Gender : 40 Y 11 M 18 D/M	Received : 23/Mar/2024 01:00PM
UHID/MR No : CMYS.0000060182	Reported : 23/Mar/2024 02:29PM
Visit ID : CMYSOPV123757	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : asapp3333k	

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	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No:UR2313285



Patient Name : Mr.SUNIL V PATIL	Collected : 23/Mar/2024 08:26AM
Age/Gender : 40 Y 11 M 18 D/M	Received : 23/Mar/2024 01:00PM
UHID/MR No : CMYS.0000060182	Reported : 23/Mar/2024 02:28PM
Visit ID : CMYSOPV123757	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : asapp3333k	

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)	NEGATIVE		NEGATIVE	Dipstick

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

*** End Of Report ***



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

SIN No:UF011281



Date : 23-03-2024
 MR NO : CMYS.0000060182
 Name : Mr. Sunil V Patil
 Age/ Gender : 40 Y / Male

Department : GENERAL
 Doctor :
 Registration No :
 Qualification : ENT

Consultation Timing: 08:17

Height : 170	Weight : 77.4	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 120/80

General Examination /
 Allergies History

Clinical Diagnosis & Management Plan

Rac - of tm - nasal.
 abn - ons to (R)
 throat - also

Adh

1.) 7. Mouth wise A
 for x 5d

Signature

Follow up date :

Doctor Signature

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

Date : 23-03-2024

Department : GENERAL [Dental]

MR NO : CMYS.0000060182

Doctor :

Name : Mr. Sunil V Patil

Registration No :

Age/ Gender : 40 Y / Male

Qualification :

Consultation Timing: 08:17

Height : 570	Weight : 77.4	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 120/80

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

O/E

Green spacing noted on ULL arch.

ASU - ortho intervention

CAFP, ST-P

ASU - oral prophylaxis

Follow up date :

Doctor Signature

Sankar
Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0822-4006040/41

Informed Consent/Declaration For Test Exclusion


Patient Name: Sunil V Patil Age: 40 Years

UHID Number: 60182

Please tick and sign the relevant part

I certify that I will skip Echo + diet + phy + opthal. Test from my own.

No refund is provided for the above excluded test and i have been informed about the same.

Patient signature  Date 23/03/24.

Witness signature: N. K. Kishor Date: 23/03/24

Patient Name	: Mr. Sunil V Patil	Age	: 40 Y M
UHID	: CMYS.0000060182	OP Visit No	: CMYSOPV123757
Reported on	: 23-03-2024 15:08	Printed on	: 23-03-2024 15:09
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY


X-RAY CHEST PA

Both lung fields and hila are normal .
No obvious active pleuro-parenchymal lesion seen .
Both costophrenic and cardiophrenic angles are clear .
Both diaphragms are normal in position and contour .
Thoracic wall and soft tissues appear normal.

IMPRESSION :NORMAL STUDY .

Printed on:23-03-2024 15:08

---End of the Report---



Dr. CHETAN HOLEPPAGOL
MBBS, DNB(RADIO DIAGNOSIS)
Radiology

Apollo Health and Lifestyle Limited

(CIN: U85110TG2000PLC115819)

Regd. Office: 110-60-62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

Ph No: 040 4904 7777 Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK KARNATAKA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name: Mr. Sunil	Date: 23.03.2024	Referring Doctor: Self
Age / Sex : 40yrs / Male	UHID : 60182	
ULTRASONOGRAPHY – ABDOMEN & PELVIS		

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

GALL BLADDER: It is distended and normal. No evidence of calculi.

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

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

RIGHT KIDNEY: It measures 9.1x4.4 cm with parenchymal thickness of 1.6 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 9.9x5.0 cm with parenchymal thickness of 1.5 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

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

PROSTATE: It is normal in size, outline and echotexture.

No e/o free fluid in the abdomen.

IMPRESSION: NORMAL STUDY.


Dr. Chetan H, DNB
Consultant Radiologist.

Apollo Health and Lifestyle Limited

(CIN: U85107TG2000PLC115819)

Regd Office: 1-10-60-62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

Ph. No: (040) 4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apolloh.com | www.apolloh.com

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

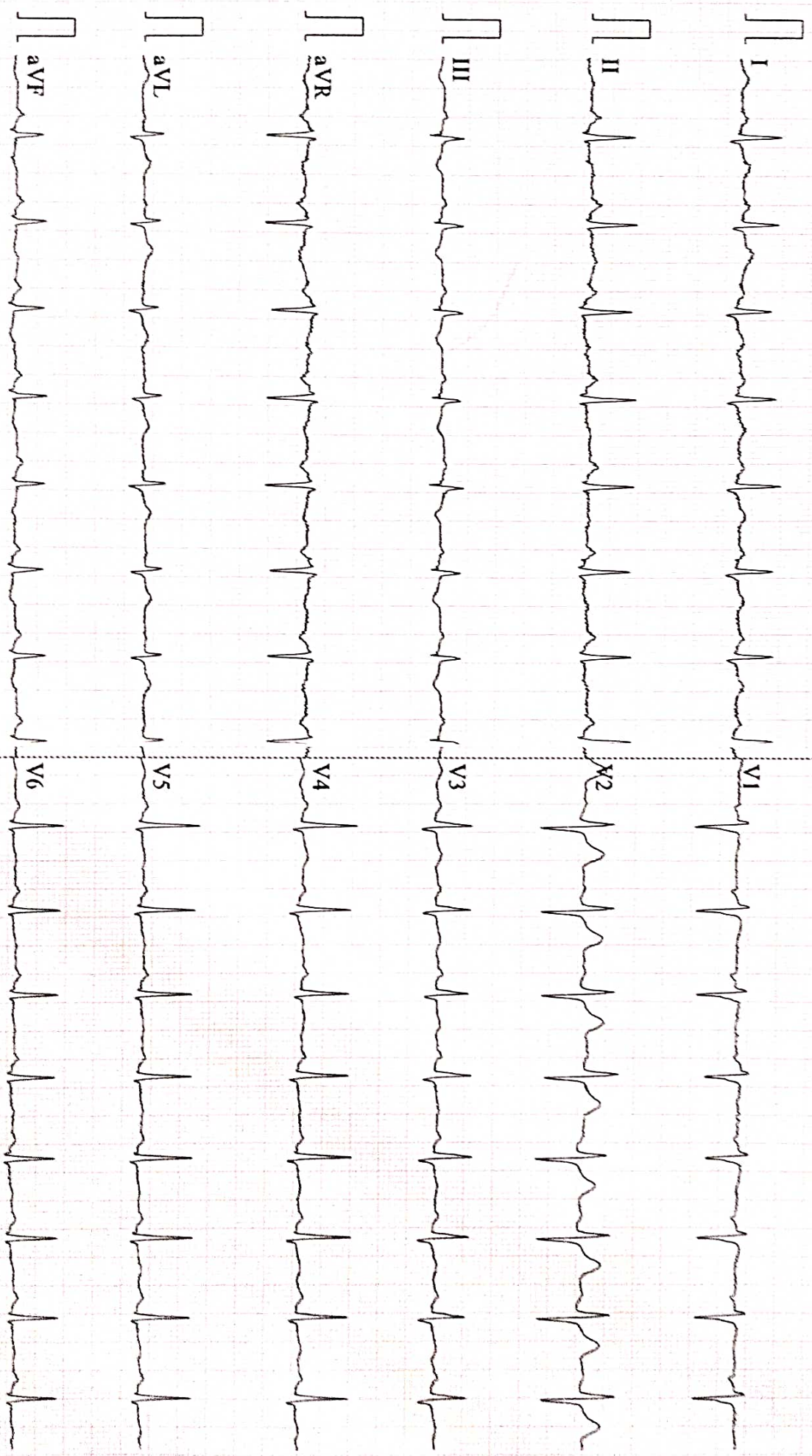
 **1860 500 7788**

MR SUNIL V PATIL,
Male 40Years
170cm 77kg 120/80 mmHg

Diagnosis Information:

Unconfirmed Report.

Apollo Clinic
23, 1st Floor,
Kallidasa Road, Mysore - 02
Ph : 0821-4005040/41



0.5~45Hz AC50 25mm/s 10mm/mV 2*5.0s 99 CARDIART 8 D VI.43 Glasgow V28.6.0 APOLLO CLINIC MYSURU

Patient Name : Mr. Sunil V Patil

Age/Gender : 40 Y/M

UHID/MR No. : CMYS.0000060182

OP Visit No : CMYSOPV123757

Sample Collected on :

Reported on : 23-03-2024 15:09

LRN# : RAD2277793

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : asapp3333k

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

IMPRESSION :NORMAL STUDY .

Dr. CHETAN HOLEPPAGOL
MBBS, DNB(RADIO DIAGNOSIS)
Radiology

Patient Name	: Mr. Sunil V Patil	Age/Gender	: 40 Y/M
UHID/MR No.	: CMYS.0000060182	OP Visit No	: CMYSOPV123757
Sample Collected on	:	Reported on	: 23-03-2024 11:38
LRN#	: RAD2277793	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: asapp3333k		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

GALL BLADDER: It is distended and normal. No evidence of calculi.

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

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

RIGHT KIDNEY: It measures 9.1x4.4 cm with parenchymal thickness of 1.6 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 9.9x5.0 cm with parenchymal thickness of 1.5 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

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

FOOTNOTE: It is normal in size, outline and echotexture.

No e/o free fluid in the abdomen.

IMPRESSION: NORMAL STUDY.

Chetan H, DNB

Consultant Radiologist.

Dr. CHETAN HOLEPPAGOL
MBBS, DNB(RADIO DIAGNOSIS)
Radiology

Name: Mr. Sunil V Patil
Age/Gender: 41 Y/M
Address: mysore
Location: MYSORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: MYSORE_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SABAH JAVED

MR No: CMYS.0000060182
Visit ID: CMYSOPV123757
Visit Date: 23-03-2024 08:17
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: **For Corporate Health Checkup,**

SYSTEMIC REVIEW

****Weight**

--->: **Stable,**

Number of kgs: **80.1,**

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: **Nil Significant,**

Cancer: **NILL,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Fitness Report

Fitness.: **YES,**

Fitness: **FIT ,**

DISCLAIMER

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

Doctor's Signature

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA


SUNIL V PATIL

VENKANAGOUDA GOVINDAGOUDA
PATIL

05/04/1983

Permanent Account Number

ASAPP3333K


Signature



7028080

From: noreply@apolloclinics.info
Sent: 22 March 2024 12:00
To: RH Mysuru [Union Bank Of India]
Cc: mysore@apolloclinic.com; mkt.mysore@apolloclinic.com; syamsunder.m@apollohl.com
Subject: Your appointment is confirmed

You don't often get email from noreply@apolloclinics.info. [Learn why this is important](#)

कृपया सावधानी बरतें एवं ध्यान दें: यह ई-मेल बाहर से प्राप्त हुई है. कृपया प्रेषक के ई-मेल पते को पूर्ण रूप से जाँचे (केवल प्रेषक का नाम ही नहीं). प्रेषक की पहचान किए बिना लिंक पर क्लिक न करें एवं संलग्न को न खोले और पहचाने की दी गई सामग्री सुरक्षित है अथवा नहीं. संदिग्ध मेल के संबंध में, कृपया antiphishing@cisof.unionbankofindia.bank पर रिपोर्ट करें

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Dear SUNIL VENKANAGOUDA,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **KALIDASA RAOD clinic** on **2024-03-23** at **08:30-08:45**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: 23, KALIDASA ROAD, VV MOHLLA, MYSORE.

Contact No: (0821) 400 6040 - 41.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic

From: Mediawheel <wellness@mediawheel.in>
Sent: 22 March 2024 12:00
To: RH Mysuru [Union Bank Of India]
Cc: customercare@mediawheel.in
Subject: Health Check up Booking Confirmed Request(UBOIE4472),Package Code-PKG10000476, Beneficiary Code-311290

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

कृपया सावधानी बरतें एवं ध्यान दें: यह ई-मेल बाहर से प्राप्त हुई है। कृपया प्रेषक के ई-मेल पते को पूर्ण रूप से जाँचे (केवल प्रेषक का नाम ही नहीं)। प्रेषक की पहचान किए बिना लिंक पर क्लिक न करें एवं संलग्न को न खोले और पहचानने की दी गई सामग्री सुरक्षित है अथवा नहीं। संदिग्ध मेल के संबंध में, कृपया [antiphishing\[Dot\]ciso\[At the rate\]unionbankofindia\[Dot\]bank](#) पर रिपोर्ट करें

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011-41195959

Dear **SUNIL VENKANAGOUDA PATIL,**

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

Hospital Package Name : Mediawheel Full Body Health Checkup Male Above 40
Patient Package Name : Executive Health Checkup Male
Name of Diagnostic/Hospital : Apollo clinic - Kalidasa Road
Address of Diagnostic/Hospital- : Apollo Clinic, 23, Kalidasa Road, VV Mohalla, Mysore -570002
City : Mysore
State :
Pincode : 110045
Appointment Date : 23-03-2024
Confirmation Status : Booking Confirmed
Preferred Time : 9:00am
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
SUNIL VENKANAGOUDA PATIL	40 year	Male

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team

Please Download Mediwheel App



You have received this mail because your e-mail ID is registered with **Arcofemi Healthcare Limited** This is a system-generated e-mail please don't reply to this message.

Please visit to our **Terms & Conditions** for more informaion. [Click here](#) to unsubscribe.

@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Ms. Velpuri Nagasivaiah on 22/03/24

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	

Dr. _____
Medical Officer



This certificate is not meant for medico-legal purposes

Date : 22-03-2024
MR NO : CMAR.0000344298

Department : GENERAL
Doctor :

Name : Mr. VELPURI NAGASIVAJIBABU
Age/ Gender : 48 Y / Male

Registration No :
Qualification :

Consultation Timing: 09:15

Height : 171 cm	Weight : 74 kgs	BMI :	Waist Circum :
Temp :	Pulse : 92b/min	Resp :	B.P : 126/88 mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

CPD / B ENT
D/E FAI 1st @
No : DAI @ ant
Phew : @

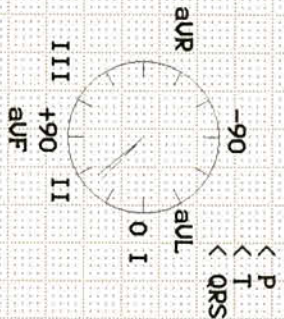
S

Follow up date:

Doctor Signature

Measurement Results

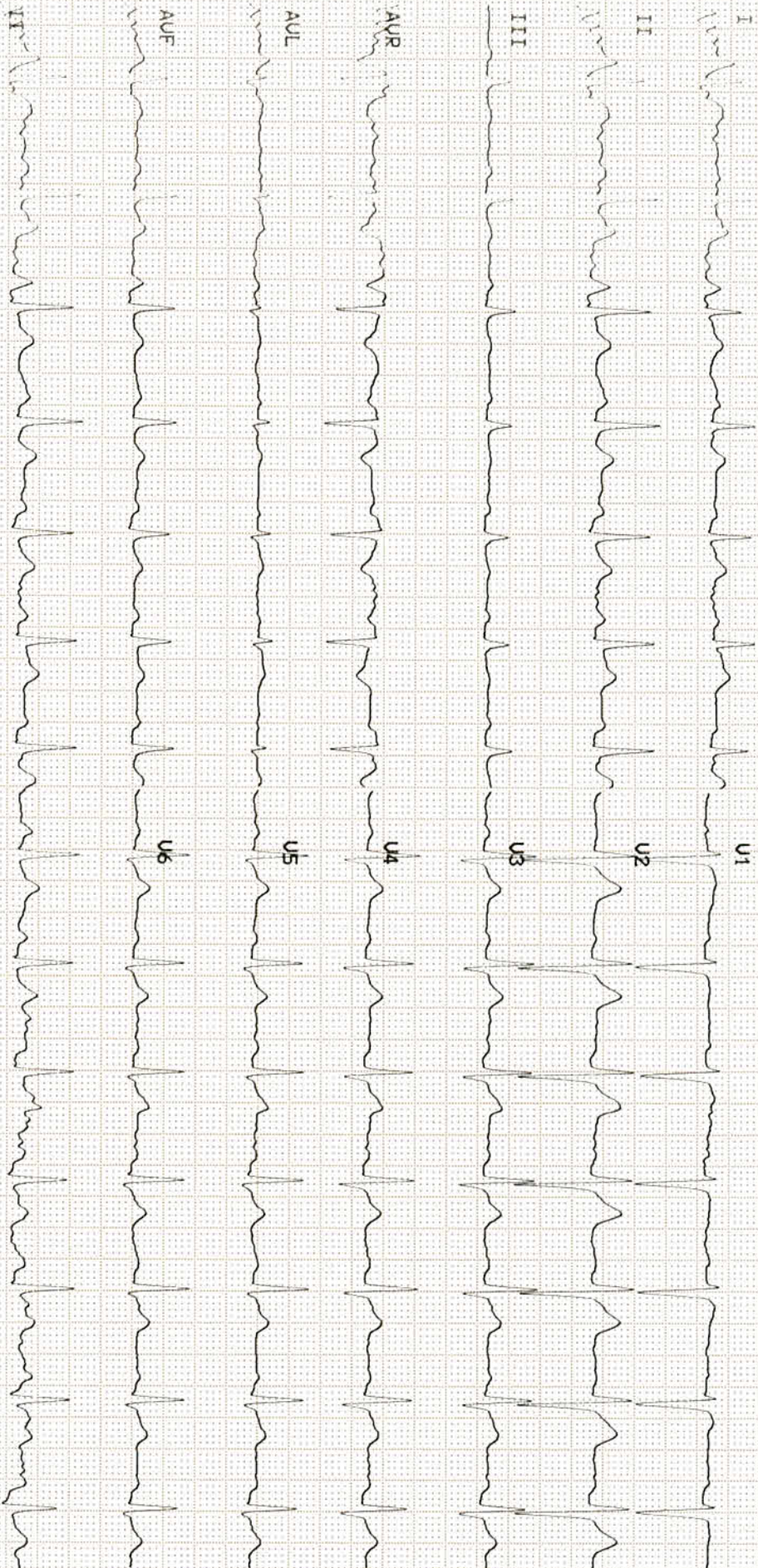
QRS 110 ms
QT/QTcB 346 / 414 ms
PP 162 ms
P 114 ms
RR/PP 700 / 690 ms
P/QRS/T 50 / 50 / 45 degrees
QTd/QTcBd 60 / 72 ms
Sokolow NK 1.9 mV
12



Interpretation:

normal ECG

Unconfirmed report.



Patient Name : Mr. VELPURI NAGASIVAJIBABU Age : 48 Y/M
 UHID : CMAR.0000344298 OP Visit No : CMAROPV789725
 Conducted By: : Dr. PRASHANT RAMDAS WANKHADE Conducted Date : 22-03-2024 19:59
 Referred By : SELF

ECHO (2D & COLOUR DOPPLER)

DIMENSIONS	VALUES	VALUES(RANGE)	DIMENSIONS	VALUES	VALUES(RANGE)
AO(ed)	30mm	25 - 37 mm	IVS(ed)	08mm	06 - 11 mm
LA(es)	28mm	19 - 40 mm	LVPW(ed)	08mm	06 - 11 mm
LVID(ed)	43mm	35 - 55 mm	EF	60 %	(50 – 70 %)
LVID(es)	26mm	24 - 42 mm			

MORPHOLOGICAL DATA

Situs	Solitus
Cardiac position	Levocardia
Systemic veins	Normal
Pulmonary veins	Normal
Mitral valve	Normal, MVE- 0.58m/s, MVA- 0.69m/s, MVE/A-0.84
Aortic Valve	Normal, 0.99m/s
Tricuspid Valve	Normal, Trace TR PASP-12+10=22mmHg
Pulmonary Valve	Normal, 0.87m/s
Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal

Patient Name : Mr. VELPURI NAGASIVAJIBABU Age : 48 Y/M
UHID : CMAR.0000344298 OP Visit No : CMAROPV789725
Conducted By: : Dr. PRASHANT RAMDAS WANKHADE Conducted Date : 22-03-2024 19:59
Referred By : SELF

Left Atrium	Normal
LV – RWMA	No RWMA at rest.
LV – FUNCTION	Normal systolic function
Pericardium	Normal Study
Doppler Studies	Normal
Doppler Summary	Normal
Rhythm	Sinus
IMPRESSION	Normal cardiac chambers Normal valves No RWMA at rest Normal LV Systolic function Diastolic dysfunction-Type I No pulmonary hypertension Normal pericardium, No intracardiac masses / thrombi

Dr. Prashant Ramdas
Consultant Cardiologist
DMC No. 53011