

Patient Name : Mr.SOMA SHETTY	Collected : 29/Mar/2024 11:33AM
Age/Gender : 51 Y 10 M 25 D/M	Received : 29/Mar/2024 04:20PM
UHID/MR No : CHSR.0000159160	Reported : 29/Mar/2024 07:03PM
Visit ID : CHSROPV307479	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4564	

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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	18.7	g/dL	13-17	Spectrophotometer
PCV	54.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	6.18	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88.9	fL	83-101	Calculated
MCH	30.3	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	14.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,880	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	63.1	%	40-80	Electrical Impedance
LYMPHOCYTES	27.3	%	20-40	Electrical Impedance
EOSINOPHILS	1.9	%	1-6	Electrical Impedance
MONOCYTES	7	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4972.28	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2151.24	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	149.72	Cells/cu.mm	20-500	Calculated
MONOCYTES	551.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	55.16	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.31		0.78- 3.53	Calculated
PLATELET COUNT	256000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-15	Modified Westgren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic



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SIN No:BED240087523

This test has been performed at Apollo Health & Lifestyle Lab, ARCOFEMI BANGALORE Laboratory

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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### DEPARTMENT OF HAEMATOLOGY

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WBCs: are normal in total number with normal distribution and morphology.

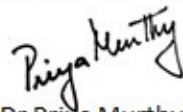
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**



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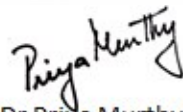
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	75	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)	116	mg/dL	70-140	HEXOKINASE

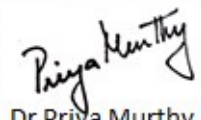
Comment:

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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC

  
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SIN No: EDT240040636

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ESTIMATED AVERAGE GLUCOSE (eAG)	123	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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	192	mg/dL	<200	CHO-POD
TRIGLYCERIDES	122	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	41	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>151</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>126.9</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.69		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.11		<0.11	Calculated

**Comment:**

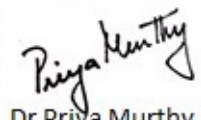
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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.

  
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SIN No:SE04680930

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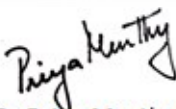
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility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

  
**Govinda Raju N L**  
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<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.78	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.63	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	77.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.13	g/dL	6.6-8.3	Biuret
ALBUMIN	4.82	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.31	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

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

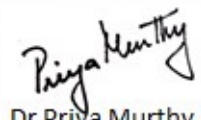
**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:**

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

  
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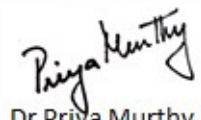
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Age/Gender : 51 Y 10 M 25 D/M	Received : 29/Mar/2024 03:24PM
UHID/MR No : CHSR.0000159160	Reported : 29/Mar/2024 05:03PM
Visit ID : CHSROPV307479	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4564	

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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.85	mg/dL	0.67-1.17	Jaffe's, Method
UREA	17.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.39	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	8.13	g/dL	6.6-8.3	Biuret
ALBUMIN	4.82	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.31	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		0.9-2.0	Calculated

  
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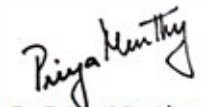
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Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	77.00	U/L	30-120	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	27.00	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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.27	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.22	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.340	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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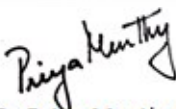


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Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	12.9	ng/mL	30 -100	CLIA

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:

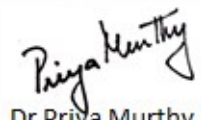
- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	215	pg/mL	107.2-653.3	CLIA

  
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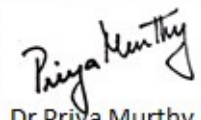
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Comment:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.439	ng/mL	<4	CMIA

  
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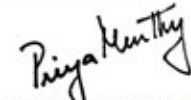
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
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
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr. Vidya Aniket Gore  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



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



SIN No:UR2320322

This test has been performed at Apollo Health & Lifestyle Lab, ARCOFEMI BANGALORE Laboratory

**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:  
323/100/123, Doddathangur Village, Neeladri Main Road,  
Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034

 **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.SOMA SHETTY	Collected : 29/Mar/2024 11:32AM
Age/Gender : 51 Y 10 M 25 D/M	Received : 29/Mar/2024 05:17PM
UHID/MR No : CHSR.0000159160	Reported : 29/Mar/2024 06:58PM
Visit ID : CHSROPV307479	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4564	

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

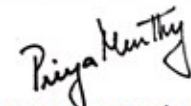
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:  
PERIPHERAL SMEAR



Dr. Vidya Aniket Gore  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



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



SIN No:UF011579

This test has been performed at Apollo Health & Lifestyle Ltd, ARCOFEMI BANGALORE Laboratory

## Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Wed 3/27/2024 1:29 PM

To:somashetty72@gmail.com <somashetty72@gmail.com>

Cc:Hsr Apolloclinic <hsr@apolloclinic.com>;Anusha SIRIPURAPU <anusha.s@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>

**Dear SOMASHETTY,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **HSR LAYOUT clinic** on **2024-03-29** at **08:00-08:15**.

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

**"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: 54, FIRST FLOOR, 12TH MAIN ROAD, HSR LAYOUT.**

**Contact No: (080) 2572 4235 -36.**

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

Customer Pending Tests  
General Consultation  
2d Echo

Name : Mr. SOMA SHETTY

Age: 51 Y

UHID:CHSR.0000159160



OP Number:CHSR0PV307479

Bill No :CHSR-OCR-67543

Date : 29.03.2024 10:37

Address : HSR

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	2 D ECHO - 60m	
4	LIVER FUNCTION TEST (LFT)	
5	GLUCOSE, FASTING	
6	HEMOGRAM + PERIPHERAL SMEAR	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	EKG ROOM - 01	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
13	DENTAL CONSULTATION ROOM - 2A	
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
15	VITAMIN D - 25 HYDROXY (D2+D3)	
16	URINE GLUCOSE(FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	ALKALINE PHOSPHATASE - SERUM/PLASMA	
19	X-RAY CHEST PA - 14	
20	ENT CONSULTATION - 83	
21	FITNESS BY GENERAL PHYSICIAN	
22	BLOOD GROUP ABO AND RH FACTOR	
23	VITAMIN B12	
24	LIPID PROFILE	
25	BODY MASS INDEX (BMI)	
26	OPHTHAL BY GENERAL PHYSICIAN - 07	
27	ULTRASOUND - WHOLE ABDOMEN - 13	
28	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Mr. Soma  
D/M



29/5/24

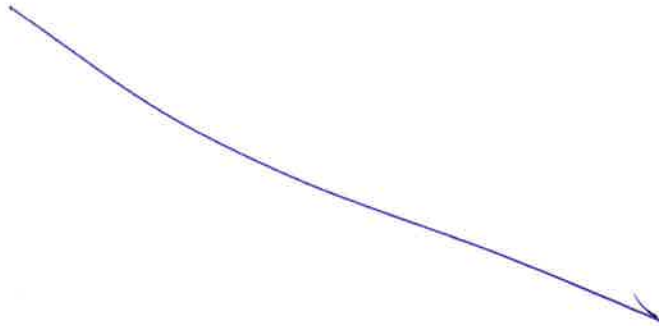
Rx

1) SHY - NM

————— (1)

2) Metoheo plus gel

————— (1)



Dr. Ashwarya

Alliance Dental Care Limited  
GSTIN: 36AAECA1118N1ZR

Corporate & Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Opp to: Ameerpet Metro Station,  
Ameerpet, Hyderabad 500038, Telangana.

Our Network: Bengaluru | Chennai | Delhi | Hyderabad | Kolkata | Madurai | Mumbai | Mysore | Nasik | Nellore |  
Pune | Trichy | Chandigarh | Coimbatore | Dehradun | Guwahati | Kurnool | Surat | Tirupati | Vijayawada | Gurugram

To book an appointment

1800 102 0288



# Apollo Clinic

## CONSENT FORM

Patient Name: Mr Soma Age: 54y

UHID Number: 159160 Company Name: Arcofem

I Mr/Mrs/Ms ..... Employee of .....

(Company) Want to inform you ~~that I am not interested in getting~~ .....

Tests done which is a part of my routine health check package.

*Consultation & 20 Edo  
next monday*

And I claim the above statement in my full consciousness.

Patient Signature: *Domey SMT* Date: 29/03/20

2024-03-29 13:15:02

Report ID: AHLLP\_01NB1EMU6TZ10RX\_V6TZ10TZ

Authorized by

*Yogesh*

Dr. Yogesh Kothari  
MD, DNB, FESC, FEP  
Reg No- KMC 44065

**Details**  
NB1EMU6TZ10RX  
159160  
soma  
male  
060016633

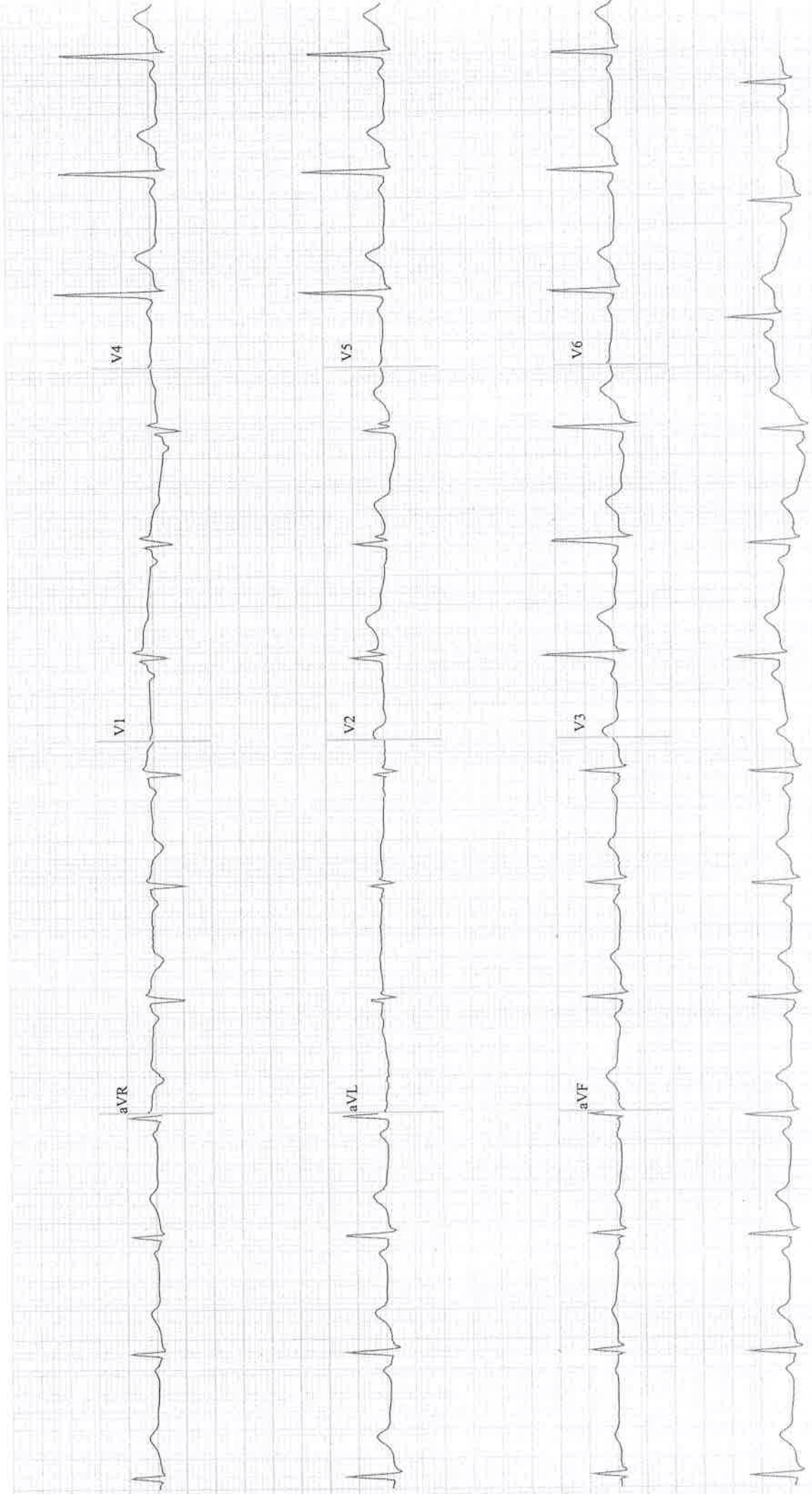
**Pre-Existing Medical-  
Conditions**

**Vitals**

**Measurements**  
HR: 74 BPM  
PR: 152 ms  
PD: 122 ms  
QRSD: 101 ms  
QRS Axis: 47 deg  
QT/QTc: 389/389 ms

**Interpretation**

Sinus Rhythm Regular  
Normal Axis  
Incomplete RBBB typical



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV



Date : 29-03-2024

MR NO : CHSR.0000159160

Name : Mr. SOMA SHETTY

Age/ Gender : 51 Y / Male

Consultation Timing: 10:36

O/E : Gen attrition  
Cat St + P

P/D : CGG

Rx : Adv salt water rinses  
scaling & polishing

**Apollo Clinic**  
Expertise. Closer to you.

Department : GENERAL

Doctor :

Registration No :

Qualification :

WT : 75.7 kg

Ht : 164

BP : 129/83

Pulse : 78

Dr. Acharya

CL NO. 20016902834  
NAME SOMIA SHETTY  
D.O.B. 04/05/1972  
VALID TILL 03/08/2020(NT)


DOI: 16062020  
B.G.: AB\*  
BADGE NO: 10212AR

VALID THROUGHOUT INDIA  
CON: MCWG 16062001

THIMMA SHETTY  
# 159, HALANAHALLI, SARJAPURA  
ROAD A KRISHNAPPA NAGAR, BANGALORE  
POST BANGALORE SOUTH, BANGALORE  
560035

City: BANGALORE  
Sign: LICENSING AUTHORITY

GOOI: 04.0: 20

Signature: 

CL NO. 20016902834  
NAME SOMIA SHETTY  
D.O.B. 04/05/1972  
VALID TILL 03/08/2020(NT)

DOI: 16062020  
B.G.: AB\*  
BADGE NO: 10212AR

VALID THROUGHOUT INDIA  
CON: MCWG 16062001

THIMMA SHETTY  
# 159, HALANAHALLI, SARJAPURA  
ROAD A KRISHNAPPA NAGAR, BANGALORE  
POST BANGALORE SOUTH, BANGALORE  
560035

City: BANGALORE  
Sign: LICENSING AUTHORITY



Date : 29-03-2024  
MR NO : CHSR.0000159160  
Name : Mr. SOMA SHETTY  
Age/ Gender : 51 Y / Male

Department : GENERAL  
Doctor :  
Registration No :  
Qualification :



Consultation Timing: 10:36

Routine

YE :  
    Ear  
    |  
    Nose  
    |  
    Throat

-N-

Klata



Date : 29-03-2024

MR NO : CHSR.0000159160

Name : Mr. SOMA SHETTY

Age/ Gender : 51 Y / Male

Consultation Timing: 10:36



Department : GENERAL

Doctor :

Registration No :

Qualification :

ophthal

6/6 with 6/6

N6 —|— N6

colour vision  $\frac{17}{17}$   $\frac{17}{17}$

Adv: New glaz

Ⓟ +0.75

Ⓛ +0.50

add +2.25 Ⓟ

**Patient Name** : Mr. SOMA SHETTY

**Age/Gender** : 51 Y/M

**UHID/MR No.** : CHSR.0000159160

**OP Visit No** : CHSR0PV307479

**Sample Collected on** :

**Reported on** : 29-03-2024 14:01

**LRN#** : RAD2286549

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : UBOIE4564

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Bilateral lung fields appear normal.

Cardiac size and shape are normal.

No mediastinal pathology is seen.

Both hila are normal in size and density.

Both CP angles are normal.

Both domes of diaphragm are normal.

**IMPRESSION : NORMAL STUDY.**

(The findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a profes

**Dr. M SONIA PAVANI**  
MBBS, M.D (Radio-Diagnosis)  
Radiology

**Patient Name** : Mr. SOMA SHETTY

**Age/Gender** : 51 Y/M

**UHID/MR No.** : CHSR.0000159160

**OP Visit No** : CHSR0PV307479

**Sample Collected on** :

**Reported on** : 29-03-2024 10:42

**LRN#** : RAD2286549

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : UBOIE4564

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## DEPARTMENT OF RADIOLOGY

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### ULTRASOUND - WHOLE ABDOMEN

**LIVER** : Normal in size and echotexture. No intra hepatic biliary / venous radicular dilation. No focal lesion seen. CBD and Main Portal vein appear normal.

**GALL BLADDER** : Well distended. Lumen is clear. Wall Thickness is normal.

**SPLEEN** : Normal in size and echotexture. No focal lesion was seen. No evidence of splenic hilar varices / collaterals.

**PANCREAS** : Only head and body visualized, appear normal.

**KIDNEYS** : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is normal. No hydronephrosis / No calculi.

**URINARY BLADDER** : Well distended. Normal in internal contents. Wall thickness is normal

**PROSTATE** : Normal in size and echotexture. No focal lesion is seen.

Prostate appears normal,

No free fluid is seen in the peritoneum

### 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. M SONIA PAVANI**  
MBBS, M.D (Radio-Diagnosis)  
Radiology