


8,9,12.

Name : Mr. K V ANIL KUMAR Address : MYSORE Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 48 Y Sex : M	UHID :CMYS 0000060277  OP Number :CMYSOPV123979 Bill No :CMYS-OCR-22864 Date : 29.03.2024 07:50
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	2 D ECHO	
4	LIVER FUNCTION TEST (LFT)	
5	GLUCOSE, FASTING	
6	HEMOGRAM + PERIPHERAL SMEAR	H → 140
7	DIET CONSULTATION → P	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE (POST PRANDIAL)	
10	PERIPHERAL SMEAR	W → 82.3
11	ECG	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
13	DENTAL CONSULTATION	
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	Bp → 130/80
15	URINE GLUCOSE (FASTING)	
16	HbA1c, GLYCATED HEMOGLOBIN	
17	X RAY CHEST PA	
18	ENT CONSULTATION → P	
19	FITNESS BY GENERAL PHYSICIAN → P	
20	BLOOD GROUP ABO AND RH FACTOR	
21	LIPID PROFILE	
22	BODY MASS INDEX (BMI)	
23	OPHTHAL BY GENERAL PHYSICIAN	
24	ULTRASOUND - WHOLE ABDOMEN	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of K.V. Anil Kumar on 29-3-24

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. [Signature]
Medical Officer
The Apollo Clinic, Mysore.
Apollo Health & Lifestyle Ltd..
1 Floor, 23, Kalidasa Road
MYSORE-570 002

Apollo Health and Lifestyle Limited
 (CIN: U85110TG2000PLC115819)
 Regd. Office: 1, 10-60/62, Avinaka 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 | Sarajapur Road: Mysore (VV Mohalla)
 Online appointments: www.apolloclinic.com

This certificate is not meant for medico-legal purposes

TO BOOK AN APPOINTMENT
1860/500 7788

Date : 29-03-2024
MR NO : CMYS.0000060277

Department : GENERAL
Doctor : ROHITH.H.K.

Name : Mr. K V ANIL KUMAR

Registration No :

Age/ Gender : 48 Y / Male

Qualification :

Consultation Timing: 07:50

Height : 170	Weight : 82.3	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 130/80

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

HbA_{1c} - 8
FBS - 189
PPBS - 270

D came for Annual Health checkup
No fresh opht
No Hb DM, HTN

I,
- HbA_{1c},
- FBS
- PPBS. } x 1 month.

- Tab. Glycomet-500mg-30
1-e-1



Follow up date :

Doctor Signature

Apollo Clinic
Apollo Health & Lifestyle Ltd.
1 Floor, 23, Kalidasa Road
MYSORE-570 002

Date : 29-03-2024
MR NO : CMYS.0000060277

Department : GENERAL
Doctor :

Name : Mr. K V ANIL KUMAR
Age/ Gender : 48 Y / Male

Registration No : H. Haccen Kumar
Qualification : MS (Gen)

Consultation Timing: 07:50

Height : 170	Weight : 82.3	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 130/80

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Come for medical checkup

Trinitary to @

Ear - External normal @

Nose - nasal mucosa @

oral cavity & oropharynx @

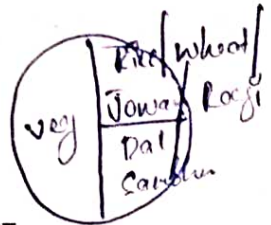
normal @

AI P.C.A'S

Follow up date : R/7 3 weeks


Doctor Signature

Apollo Clinic
Apollo Health & Lifestyle Ltd.
1 Floor, 23, Kalidasa Road
MYSORE-570 002



Date : 29-03-2024

MR NO : CMYS.0000060277

Department : GENERAL Dietetics

Doctor : Madhura. B.P

Name : Mr. K V ANIL KUMAR

Registration No :

Age/ Gender : 48 Y / Male

Qualification : M.Sc Nutrition & Dietetics
PhD*

Consultation Timing: 07:50

IBW - 70kg

Height : 170	Weight : 82.3	BMI : 28.4	Waist Circum : 104
Temp :	Pulse :	Resp :	B.P : 130/80

General Examination / Allergies History

FBS - 169
 PPBS - 270
 HbA1c - 8.0%
 Total cholesterol - 207
 Triglycerides - 216
 NON HDL - 167
 LDL - 123.79
 VLDL - 43.1
 chol/HDL - 5.16

Clinical Diagnosis & Management Plan

4th - Grade II Fatty Liver
 -> Advised low fat, diabetic diet with complex carbohydrates & avoid simple sugar.
 -> Fruits like Apple, Papaya, Muskmelon, orange, Mosambi & Guava can be taken 100gms/day if FBS is below 150mg/dl.
 -> Avoid sweet vegetables like potato, sweet potato, Yau & Arbi.

Follow up date :

Doctor Signature
 Madhura B.P
 21/3/2024

Apollo Clinic
 # 23, 1st Floor,
 Kalidasa Road, Mysore - 02
 Ph : 0821-400040/41

Date : 29-03-2024
MR NO : CMYS.0000060277

Department : GENERAL
Doctor :

Name : Mr. K V ANIL KUMAR
Age/ Gender : 48 Y / Male

Registration No :
Qualification :

Consultation Timing: 07:50

Height : 170	Weight : 82.3	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 130/80

General Examination
Allergies History

Clinical Diagnosis & Management Plan

CLD/By Dr. Jyothishree

O/E

+6 missing.

8/ partially erupted DC

ADV - Extraction

CA + F, S + F

ADV - oral prophylaxis

Jyothishree

Follow up date :

Doctor Signature
Apollo Clinic
Apollo Health & Lifestyle Ltd.
1 Floor, 23, Kalidasa Road
MYSORE-570 002

Date : 29-03-2024
MR NO : CMYS.0000060277

Department : GENERAL [Ophthal]
Doctor :

Name : Mr. K V ANIL KUMAR

Registration No :
Qualification :

Age/ Gender : 48 Y / Male

Consultation Timing: 07:50

Height : 176	Weight : 82.3	BMI :	Waist Circum :
Temp : Nor	Pulse : 90/min.	Resp : 20/min.	B.P : 130/80

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

-NO-

Wearing corrected Spectacles.
7 years.

NO fresh complaints.

- NO H/O T2DM / HTN.

vision	(R)	(L)
Far	- N 6	N 6
Near	- 6/6	6/6
colour	- (N)	(N)

Follow up date :

Doctor Signature

Regular Eye check

Apollo Clinic
Apollo Health & Lifestyle Ltd.
1 Floor 2B Kalidasa Road
MYSORE-570 002

Patient Name	: Mr. K V ANIL KUMAR	Age	: 48 Y M
UHID	: CMYS.0000060277	OP Visit No	: CMYSOPV123979
Reported on	: 29-03-2024 15:27	Printed on	: 29-03-2024 15:28
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:29-03-2024 15:27

---End of the Report---



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

Apollo Health and Lifestyle Limited

(CIN: U65110TG2000PLC115819)

Ring Road, Plot No. 110-60/02, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

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APOLLO CLINICS NETWORK KARNATAKA

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Koramangala | Sarjapur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 778**

Patient's Name : Mr. Anilkumar

Age & sex : 48Yrs /Male

Date : 29.03.2024

UHID No :

2D ECHOCARDIOGRAPHY STUDY

Impression:

- Concentric left ventricular hypertrophy
- Normal left ventricular systolic function. EF 63%
- No regional wall motion abnormality
- Normal valves
- No clots. No pericardial effusion

Findings

Left Ventricle:	Concentric LVH
Right Ventricle	Normal
Left Atrium	Normal
Right Atrium	Normal
Aorta	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Valves	Normal
Pericardium	Normal
Doppler	LV diastolic dysfunction

Apollo Health and Lifestyle Limited

KIN URS1107G2000PLC115819

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Dr. C.B. KESHAVAMURTHY MD, DM, DNB

Bangalore | Bavaiahgudi | Bellandur | Electronic City | Jayanagar | MSR Layout | Indira Nagar | JP Nagar | Kundalahalli |

CONSULTANT CARDIOLOGIST

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient's Name : Mr. Anilkumar

Date : 29.03.2024

Age & sex : 48Yrs /Male

UHID No :

Measurements

AO : 2.46 cm
LA : 3.15 cm

RV : 2.17 cm
LVIDd : 3.94 cm
LVIDs : 2.60 cm
IVSd : 1.27 cm
IVSs : 1.40 cm
PWd : 1.27 cm
PWs : 1.50 cm
EF : 63.0 %
FS : 34.0 %

Doppler

MV	TV	AV	PV
E: 0.52 m/s	E 0.58 m/s	V max 0.99 m/s	V max 1.00 m/s
A: 0.61 m/s	A 0.48 m/s		
MR Nil	TR Nil	AR Nil	PR Nil

Dr. C.B. KESHAVAMURTHY MD, DM, DNB

CONSULTANT CARDIOLOGIST

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Koramangala | Sarjapur Road | Mysore (VV Mohalla)
Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name: Mr.Anil kumar	Date: 29.03.2024	Referring Doctor: Self
Age / Sex :48yrs /Male	UHID :	
ULTRASONOGRAPHY – ABDOMEN & PELVIS		

LIVER: It is normal in size, outline and is increased in 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 10.9x4.4 cm with parenchymal thickness of 1.3 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 11.0x4.5cm with parenchymal thickness of 1.4 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen. **Simple cortical cyst in the lower pole measuring 3.5x2.5 cm.**

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: GRADE II FATTY LIVER.


Dr. Chetan H. DNB
Consultant Radiologist.

Apollo Health and Lifestyle Limited

ICP#: URS11GTG2000PLC115819
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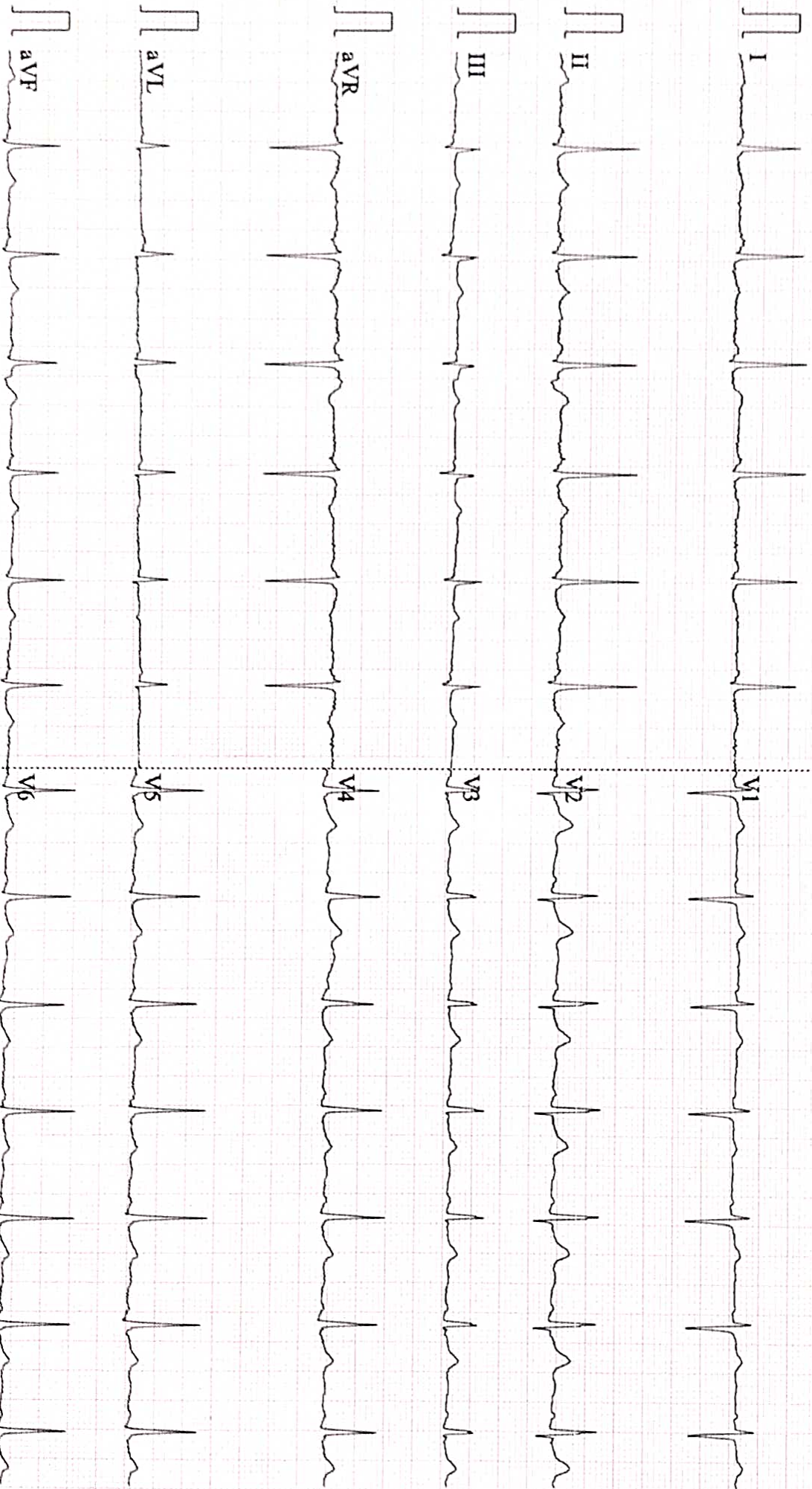
TO BOOK AN APPOINTMENT

 **1860 500 77**

MR K V ANIL KUMAR
Male 48Years
170cm 82kg 130/80 mmHg

Unconfirmed Report.

Apollo Clinic
Apollo Health & Lifestyle Ltd.,
1 Floor 23, Kalidasa Road
MYSORE-570 002



Patient Name	: Mr.K V ANIL KUMAR	Collected	: 29/Mar/2024 07:56AM
Age/Gender	: 48 Y 8 M 6 D/M	Received	: 29/Mar/2024 10:19AM
UHID/MR No	: CMYS.0000060277	Reported	: 29/Mar/2024 02:17PM
Visit ID	: CMYSOPV123979	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 919308755408		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

R.B.C: Majority are normocytic normochromic.
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:BED240086373




Patient Name	: Mr.K V ANIL KUMAR	Collected	: 29/Mar/2024 07:56AM
Age/Gender	: 48 Y 8 M 6 D/M	Received	: 29/Mar/2024 10:19AM
UHID/MR No	: CMYS.0000060277	Reported	: 29/Mar/2024 01:32PM
Visit ID	: CMYSOPV123979	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 919308755408		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	17.7	g/dL	13-17	Spectrophotometer
PCV	54.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	6.53	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	27	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	12.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57.3	%	40-80	Electrical Impedance
LYMPHOCYTES	33	%	20-40	Electrical Impedance
EOSINOPHILS	2.8	%	1-6	Electrical Impedance
MONOCYTES	6.2	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3724.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2145	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	182	Cells/cu.mm	20-500	Calculated
MONOCYTES	403	Cells/cu.mm	200-1000	Calculated
BASOPHILS	45.5	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.74		0.78- 3.53	Calculated
PLATELET COUNT	250000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	11	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:BED240086373



Patient Name	: Mr.K V ANIL KUMAR	Collected	: 29/Mar/2024 07:56AM
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DEPARTMENT OF HAEMATOLOGY

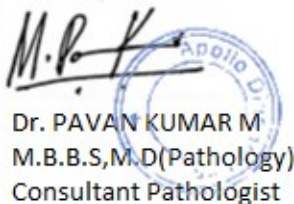
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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:BED240086373



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			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:BED240086373



Patient Name : Mr.K V ANIL KUMAR	Collected : 29/Mar/2024 07:56AM
Age/Gender : 48 Y 8 M 6 D/M	Received : 29/Mar/2024 11:39AM
UHID/MR No : CMYS.000060277	Reported : 29/Mar/2024 12:12PM
Visit ID : CMYSOPV123979	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919308755408	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	169	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.

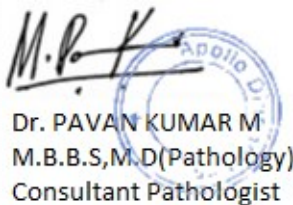
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	270	mg/dl	70-140	GOD, POD

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	8.0	%		HPLC



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

SIN No:EDT240039914



Patient Name	: Mr.K V ANIL KUMAR	Collected	: 29/Mar/2024 07:56AM
Age/Gender	: 48 Y 8 M 6 D/M	Received	: 29/Mar/2024 11:39AM
UHID/MR No	: CMYS.0000060277	Reported	: 29/Mar/2024 12:12PM
Visit ID	: CMYSOPV123979	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 919308755408		

DEPARTMENT OF BIOCHEMISTRY

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

ESTIMATED AVERAGE GLUCOSE (eAG)	183	mg/dL	Calculated
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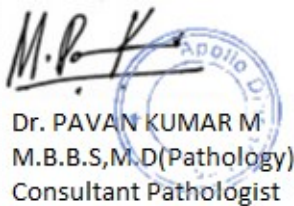
Comment:

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:EDT240039914



Patient Name	: Mr.K V ANIL KUMAR	Collected	: 29/Mar/2024 07:56AM
Age/Gender	: 48 Y 8 M 6 D/M	Received	: 29/Mar/2024 10:19AM
UHID/MR No	: CMYS.0000060277	Reported	: 29/Mar/2024 11:49AM
Visit ID	: CMYSOPV123979	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 919308755408		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	207	mg/dl	0-200	CHOD
TRIGLYCERIDES	216	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	40	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	167	mg/dL	<130	Calculated
LDL CHOLESTEROL	123.79	mg/dL	<100	Calculated
VLDL CHOLESTEROL	43.1	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.16		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.37		<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
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Consultant Pathologist

SIN No:SE04679749



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Age/Gender	: 48 Y 8 M 6 D/M	Received	: 29/Mar/2024 10:19AM
UHID/MR No	: CMYS.0000060277	Reported	: 29/Mar/2024 11:49AM
Visit ID	: CMYSOPV123979	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.87	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.22	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.65	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	36	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/l	0-35	IFCC
ALKALINE PHOSPHATASE	82.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	6.40	g/dl	6.4-8.3	Biuret
ALBUMIN	4.37	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.03	g/dL	2.0-3.5	Calculated
A/G RATIO	2.15		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:

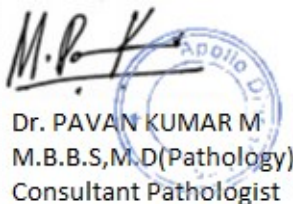
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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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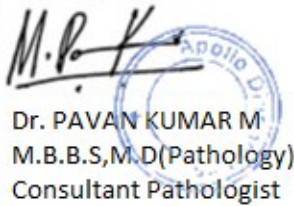


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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.13	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	6.00	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	2.8	mg/dl	6-20	Urease, UV
URIC ACID	4.60	mg/dL	3.5-7.2	Uricase
CALCIUM	9.82	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.24	mg/dl	2.7-4.5	Molybdate
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.40	g/dl	6.4-8.3	Biuret
ALBUMIN	4.37	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.03	g/dL	2.0-3.5	Calculated
A/G RATIO	2.15		0.9-2.0	Calculated



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SIN No:SE04679749

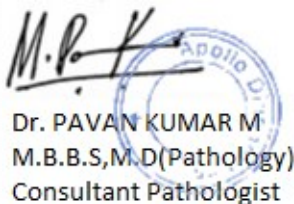


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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	41.00	U/l	0-55	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

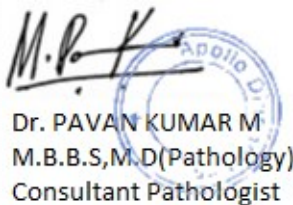
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.27	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.48	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.340	µIU/mL	0.35-4.94	CMIA

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

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

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



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SIN No:SPL24058388



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DEPARTMENT OF IMMUNOLOGY

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



Dr. PAVAN KUMAR M
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SIN No:SPL24058388



Patient Name : Mr.K V ANIL KUMAR	Collected : 29/Mar/2024 07:56AM
Age/Gender : 48 Y 8 M 6 D/M	Received : 30/Mar/2024 11:22AM
UHID/MR No : CMYS.0000060277	Reported : 30/Mar/2024 12:46PM
Visit ID : CMYSOPV123979	Status : Final Report
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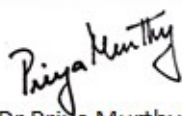
DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.160	ng/mL	<4	CMIA



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SIN No:IM07243529

Patient Name	: Mr.K V ANIL KUMAR	Collected	: 29/Mar/2024 07:56AM
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		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	2 - 3	/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



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SIN No:UR2319279



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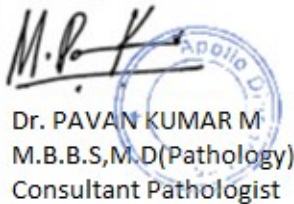
DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***



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