

Patient Name : Mr.SRINIVASAN T	Collected : 29/Mar/2024 09:07AM
Age/Gender : 57 Y 9 M 10 D/M	Received : 29/Mar/2024 11:22AM
UHID/MR No : CKOR.000224332	Reported : 29/Mar/2024 03:05PM
Visit ID : CKOROPV405307	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4743	

DEPARTMENT OF HAEMATOLOGY

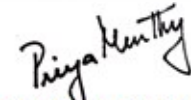
ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	17.1	g/dL	13-17	Spectrophotometer
PCV	51.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.73	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89.2	fL	83-101	Calculated
MCH	29.9	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	14.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,160	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	58.3	%	40-80	Electrical Impedance
LYMPHOCYTES	29.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.7	%	1-6	Electrical Impedance
MONOCYTES	9	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3591.28	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1798.72	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	166.32	Cells/cu.mm	20-500	Calculated
MONOCYTES	554.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	49.28	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2		0.78- 3.53	Calculated
PLATELET COUNT	201000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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Consultant Pathologist



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SIN No:BED240086842

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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WBCs: are normal in total number with normal distribution and morphology.

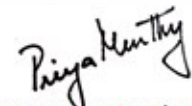
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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



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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	106	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)	97	mg/dL	70-140	HEXOKINASE

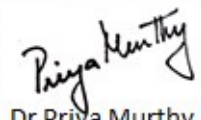
Comment:

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	6.1	%		HPLC


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ESTIMATED AVERAGE GLUCOSE (eAG)	128	mg/dL	Calculated
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Comment:

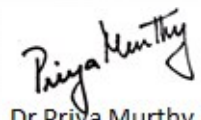
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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	184	mg/dL	<200	CHO-POD
TRIGLYCERIDES	130	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	146	mg/dL	<130	Calculated
LDL CHOLESTEROL	120.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.85		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.17		<0.11	Calculated

Comment:

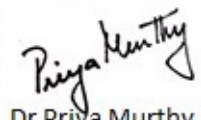
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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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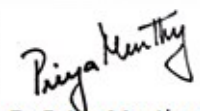
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility 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).


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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.94	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.77	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	33	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	31.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	80.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.02	g/dL	6.6-8.3	Biuret
ALBUMIN	4.34	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.68	g/dL	2.0-3.5	Calculated
A/G RATIO	1.62		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.

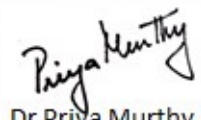
2. Cholestatic Pattern:

- 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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 Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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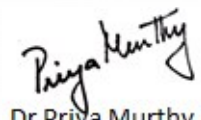
Patient Name : Mr.SRINIVASAN T	Collected : 29/Mar/2024 09:07AM
Age/Gender : 57 Y 9 M 10 D/M	Received : 29/Mar/2024 12:46PM
UHID/MR No : CKOR.0000224332	Reported : 29/Mar/2024 02:00PM
Visit ID : CKOROPV405307	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4743	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.03	mg/dL	0.67-1.17	Jaffe's, Method
UREA	18.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	8.42	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.10	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.02	g/dL	6.6-8.3	Biuret
ALBUMIN	4.34	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.68	g/dL	2.0-3.5	Calculated
A/G RATIO	1.62		0.9-2.0	Calculated


Govinda Raju N L
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 Consultant Biochemist


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SIN No:SE04680231

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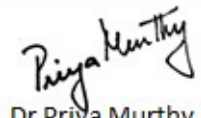
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ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	80.00	U/L	30-120	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	29.00	U/L	<55	IFCC


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Patient Name : Mr.SRINIVASAN T	Collected : 29/Mar/2024 09:07AM
Age/Gender : 57 Y 9 M 10 D/M	Received : 29/Mar/2024 12:44PM
UHID/MR No : CKOR.0000224332	Reported : 29/Mar/2024 02:10PM
Visit ID : CKOROPV405307	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.22	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.67	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.010	µIU/mL	0.35-4.94	CMIA

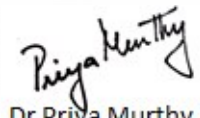
Comment:

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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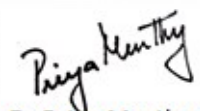

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Patient Name	: Mr.SRINIVASAN T	Collected	: 29/Mar/2024 09:07AM
Age/Gender	: 57 Y 9 M 10 D/M	Received	: 29/Mar/2024 12:44PM
UHID/MR No	: CKOR.0000224332	Reported	: 29/Mar/2024 02:10PM
Visit ID	: CKOROPV405307	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4743		

DEPARTMENT OF IMMUNOLOGY

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


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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	9.03	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:

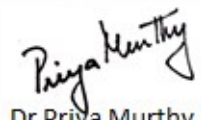
- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	100	pg/mL	107.2-653.3	CLIA


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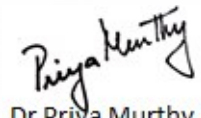
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Comment:

- 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	1.133	ng/mL	<4	CMIA


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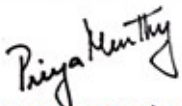
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
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



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SIN No:UR2319709

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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

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)

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

 1860 500 7788
www.apolloclinic.com

Patient Name : Mr.SRINIVASAN T	Collected : 29/Mar/2024 09:07AM
Age/Gender : 57 Y 9 M 10 D/M	Received : 29/Mar/2024 04:23PM
UHID/MR No : CKOR.0000224332	Reported : 29/Mar/2024 06:51PM
Visit ID : CKOROPV405307	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4743	

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

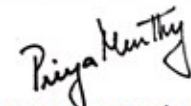
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** 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:UF011524

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

Name : Mr. Srinivasan T

Age: 57 Y

UHID:CKOR.0000224332

Address : bgl

Sex: M



Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

OP Number:CKOROPV405307

Bill No :CKOR-OCR-81851

Date : 29.03.2024 08:57

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324	
✓1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
✓2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	2 D ECHO → B.10	
✓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	ECG	
✓12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
✓13	DENTAL CONSULTATION	
✓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	
✓20	ENT CONSULTATION → B.23 Dr. Vijayalakshmi	
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	
✓27	ULTRASOUND - WHOLE ABDOMEN	
✓28	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

29) Audiometry - A.19 (N)

Physio (17)

Ht - 169cm

wt - 82.7kg

Apollo Clinic

Consent Form

Patient Name: T. SRINIVASAN Age: 52
UHID Number: EXR0000224332 Company Name: UNION BANK OF INDIA

I Mr/Mrs/Miss: T. Srinivasan Employee of UBI

(Company) want to inform you that I am not getting the.....

Test which is a part of health check package.

Reason If any: Consultation will be done on Monday

And I claim the above statement in my full consciousness.

Patient Signature: [Signature] Date: 29-03-2024

Patient Name	: Mr. Srinivasan T	Age	: 57 Y M
UHID	: CKOR.0000224332	OP Visit No	: CKOROPV405307
Reported on	: 29-03-2024 13:32	Printed on	: 29-03-2024 13:42
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appear normal.

Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.


The cardiac mediastinal shadows appear normal.

Bones and soft tissues appear normal.

IMPRESSION : NORMAL STUDY.

Printed on:29-03-2024 13:32

---End of the Report---


For **Dr. VINOD P JOSEPH**
MBBS, DNB, DMRD
Radiology

AGE: 57
Measurement Results:
QRS
QT/QTcB : 400 / 392 ms
PR : 130 ms
P : 98 ms
RR/PP : 1042 / 1040 ms
P/ORS/T : 75 / 20 / 25 degrees
QTd/QTcBd : 48 / 47 ms
Sokolow NK : 1.6 mV
8

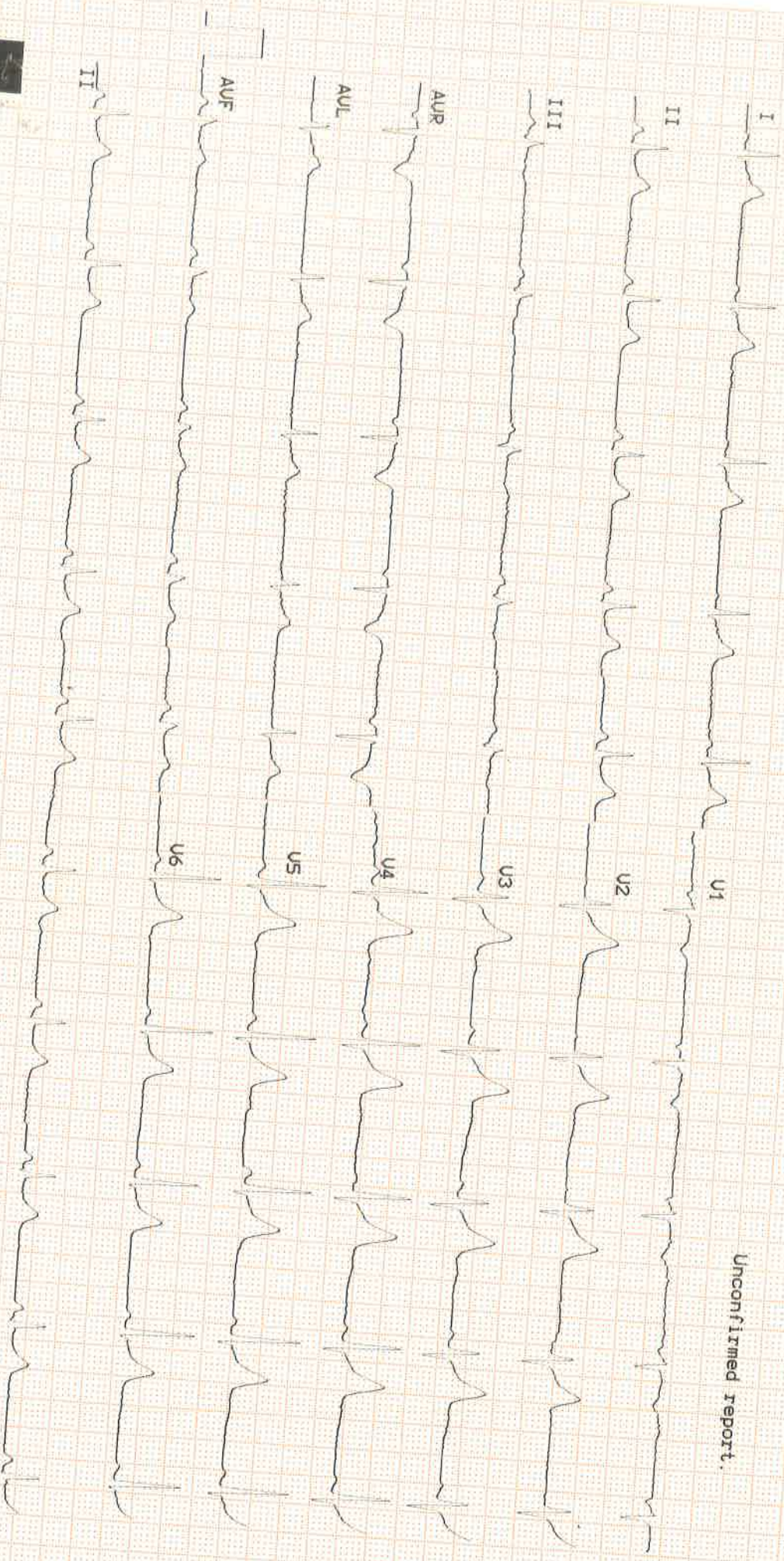


Interpretation:

HR 57 bpm

Sinus Bradycardia

Unconfirmed report.



Patient Name	: Mr. Srinivasan T	Age	: 57 Y/M
UHID	: CKOR.0000224332	OP Visit No	: CKOROPV405307
Reported By:	: Dr. MOHAN MURALI	Conducted Date	: 29-03-2024 11:46
Referred By	: SELF		

ECG REPORT

Observation :-

1. Sinus Bradycardia.
2. Heart rate is 57 beats per minutes.
3. No pathological Q wave or S-T, T changes seen.
4. Normal P, Q, R, S, T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

Dr MOHAN MURALI
CARDIOLOGIST

NOTE: KINDLY TAKE A PHOTOCOPY OF THE GRAPH
FOR FUTURE REFERENCE IF NEEDED.

----- END OF THE REPORT -----

OPHTHAL REPORT

~~Dr. [unclear]~~
~~[unclear]~~
~~[unclear]~~
~~[unclear]~~
~~[unclear]~~

NAME: Srinivasan T
AGE: 57 GENDER: MALE/FEMALE

RIGHT EYE

	SPH	CYL	AXIS	VA
DV		plano		6/6
NV	+2.50	—		N6

LEFT EYE

	SPH	CYL	AXIS	VA
DV	-1.50	—		6/6
NV	+2.50	—		N6

REMARK: psog with blue black lens

DATE: 20/03/24

cha
OPTOMETRIST

BRING THIS PRESCRIPTION IN YOUR NEXT VISIT



DR VIJAYA LAKSHMI M
M.B.B.S, D.L.O, D.N.B(ENT)
Phone No.9972044580,080-25633823/24/23

29/03/24

HEALTH CHECK- ENT

NAME: *Prinvaran-7* **P** **AGE:** *57*

EAR: **RE:** **LE:**

EXTERNAL EAR }
MIDDLE EAR } *Normal*
INNER EAR (FN) }

HEARING ASSESSMENT: **RE:** **LE:**

RHINNE }
WEBER } *Normal*
ABC }

NOSE	THROAT
AIRWAY } SEPTUM } TURBINATES } OTHERS } <i>Normal</i>	ORAL CAVITY } OROPHARYNX } PHARYNX } <i>Normal</i> LARYNX }

NECK
NECK NODES }
OTHER } *Normal*

AUDIOMETRY

IMPRESSION *Normal*

[Signature]
SIGNATURE:

Patient Name : Mr.Srinivasan T

Age : 57Year(s)

Referring Doctor : H/C

Patient ID:224332

Sex : Male

Date :29.03.2024

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size and shows normal echotexture. No biliary dilatation. No focal lesion
CBD is not dilated. **Portal vein** is normal in size, course and calibre.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid.

Pancreas to the extent visualized, appears normal in size, contour and echogenicity

Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesions.

Right Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Urinary Bladder is well distended, wall is thickened. No evidence of calculi, mass or mural lesion. Prevoid – 300ml Postvoid-175ml

Prostate: enlarged in size(23cc) and echotexture.

There is no ascites.

IMPRESSION: GRADE-I PROSTATOMEGALY WITH RESIDUAL URINE .

DR VINOD JOSEPH DNB,DMRD
RADIOLOGIST

NAME: Mr. SRINIVASAN T

AGE: 57Y

SEX: MALE

DATE: 29/03/2024

ECHOCARDIOGRAPHY REPORT

MEASUREMENT

AO - 28(20 - 35)mm	LIVD d -40(36-52)mm	IVS - 10(06 - 11)mm
LA -26(19- 40)mm	LVID s -27(23- 39)mm	PWD -11(06- 11)mm
EF - 60 (>50%)	RVID-24	

VALVES

Mitral Valve : Normal ,
Aortic Valve : NORMAL,
Tricuspid Valve : Normal, TRIVIAL TR, RVSP - 20 mmHG
Pulmonary Valve : Normal,

CHAMBERS

Left Atrium : Normal
Right Atrium : Normal
Left Ventricle : Normal ,
Right Ventricle : Normal

SEPTAE

IVS : Intact
IAS : Intact

GREAT ARTERIES

Aorta : Normal
Pulmonary Artery : Normal

DOPPLER DATA

Mitral : E > A , 0.8 / 0.5
Aortic : Normal , 1.0 m/s
Tricuspid : Normal , 0.4 / 0.6
Pulmonary : Normal, 1.10

WALL MOTION ABNORMALITIES : No RWMA

Pericardium : Normal

FINAL DIAGNOSIS

**NORMAL CHAMBERS AND VALVES
NO RWMA AT REST, LV EF - 60 %
NORMAL DIASTOLIC FUNCTION
NO OBVIOUS CLOTS/ EFFUSION/ VEGETATION**



**DR. MOHAN MURALI
DNB(MED), DNB(CARDIOLOGY)
CONSULTANT CARDIOLOGIST**

Original OP Credit Bill

Name : Mr. Srinivasan T
Age/Gender : 57 Y M
Contact No : +919945164495
Address : bgl
UHID : CKOR.0000224332

Bill No : CKOR-OCR-81851
Bill/Reg Date : 29.03.2024 08:57
Referred by : SELF
Center : Koramangala
Emp No/Auth Code : UBOIE4743



Corporate Name : ARCOFEMI HEALTHCARE LIMITED
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT

#	Department	Service Name	Qty	Rate	Discount	Amount
1	Package Charges	ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324	1	2,500.00	0.00	2,500.00

Bill Amount: 2,500.00
Total Discount: 0.00
Net Payment: 0.00
Corporate Due: 2,500.00

Received with thanks: Zero Rupees only

Authorized Signature :(Tejaswini M)

ಭಾರತ ಚುನಾವಣಾ ಆಯುಕ್ತ
ನಿರ್ದೇಶನಾಲಯ
ELECTION COMMISSION OF INDIA
IDENTITY CARD

XUL4852224



ಮತದಾರರ ಹೆಸರು : ಟಿ ಶ್ರೀನಿವಾಸನ್

Elector's Name : T Srinivasan

ತಂದೆಯ ಹೆಸರು : ಟಿ ಕೆ ತಿರುವೆಂಗಡಮ್

Father's Name : T K Thiruvengadam

ಲಿಂಗ / Sex : ಪುರುಷ / Male

ಜನ್ಮ ದಿನಾಂಕ / Date of Birth : 11/08/1968

Your appointment is confirmed

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

Wed 27-03-2024 12:34

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

Cc:Koramangala Apolloclinic <koramangala@apolloclinic.com>;Saim Qamar <saim.qamar@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>

Dear T SRINIVASAN,

Greetings from Apollo Clinics,

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

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.

Patient Name	: Mr. Srinivasan T	Age/Gender	: 57 Y/M
UHID/MR No.	: CKOR.0000224332	OP Visit No	: CKOROPV405307
Sample Collected on	:	Reported on	: 29-03-2024 13:32
LRN#	: RAD2286004	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: UBOIE4743		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appear normal.

Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.

The cardiac mediastinal shadows appear normal.

Bones and soft tissues appear normal.

IMPRESSION : NORMAL STUDY.

Dr. VINOD P JOSEPH
MBBS, DNB, DMRD
Radiology

Patient Name	: Mr. Srinivasan T	Age/Gender	: 57 Y/M
UHID/MR No.	: CKOR.0000224332	OP Visit No	: CKOROPV405307
Sample Collected on	:	Reported on	: 29-03-2024 13:16
LRN#	: RAD2286004	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: UBOIE4743		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver is normal in size and shows normal echotexture. No biliary dilatation. No focal lesion
CBD is not dilated. **Portal vein** is normal in size, course and calibre.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid.

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Prevoid – 300ml Postvoid-175ml

Prostate: enlarged in size(23cc) and echotexture.

There is no ascites.

IMPRESSION: GRADE-I PROSTATOMEGALY WITH RESIDUAL URINE .



Patient Name : Mr. Srinivasan T

Age/Gender : 57 Y/M

DR VINOD JOSEPH DNB,DMRD
RADIOLOGIST

Dr. VINOD P JOSEPH
MBBS, DNB, DMRD
Radiology

Patient Name	: Mr. Srinivasan T	Age	: 57 Y/M
UHID	: CKOR.0000224332	OP Visit No	: CKOROPV405307
Reported By:	: Dr. MOHAN MURALI	Conducted Date	: 29-03-2024 11:46
Referred By	: SELF		

ECG REPORT

Observation :-

1. Sinus Bradycardia.
2. Heart rate is 57 beats per minutes.
3. No pathological Q wave or S-T, T changes seen.
4. Normal P, Q, R, S, T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

Dr MOHAN MURALI
CARDIOLOGIST

NOTE: KINDLY TAKE A PHOTOCOPY OF THE GRAPH

Patient Name	: Mr. Srinivasan T	Age	: 57 Y/M
UHID	: CKOR.0000224332	OP Visit No	: CKOROPV405307
Reported By:	: Dr. MOHAN MURALI	Conducted Date	: 29-03-2024 11:46
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FOR FUTURE REFERENCE IF NEEDED.

----- END OF THE REPORT -----