

| | |
|--------------------------------------|--|
| Patient Name : Mr.SHOBHIT SRIVASTAVA | Collected : 09/Apr/2024 08:58AM |
| Age/Gender : 35 Y 4 M 19 D/M | Received : 09/Apr/2024 01:26PM |
| UHID/MR No : CINR.0000165596 | Reported : 09/Apr/2024 02:33PM |
| Visit ID : CINROPV224689 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9559934444 | |

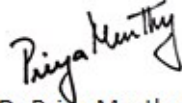
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|---------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 13.9 | g/dL | 13-17 | Spectrophotometer |
| PCV | 41.70 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 4.66 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 89.6 | fL | 83-101 | Calculated |
| MCH | 29.8 | pg | 27-32 | Calculated |
| MCHC | 33.3 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 13.4 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,070 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 57.1 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 32.7 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 2.1 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 7.8 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.3 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3465.97 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1984.89 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 127.47 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 473.46 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 18.21 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.75 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 317000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 10 | mm at the end of 1 hour | 0-15 | Modified Westgren method |
| PERIPHERAL SMEAR | | | | |



Dr. Nisha
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Consultant Pathologist



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SIN No:BED240097531

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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RBCs: are normocytic normochromic

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

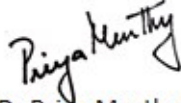
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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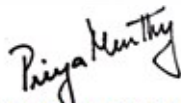
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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|----------|------|-----------------|-----------------------------|
| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
| BLOOD GROUP TYPE | A | | | Microplate Hemagglutination |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



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 83 | 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) | 135 | 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 | 5.7 | % | | HPLC |

Page 4 of 14


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SIN No:EDT240045006

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ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

| | | | |
|---------------------------------|-----|-------|------------|
| ESTIMATED AVERAGE GLUCOSE (eAG) | 117 | mg/dL | Calculated |
|---------------------------------|-----|-------|------------|


Comment:

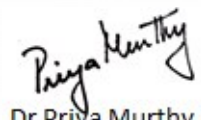
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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

Note: Dietary preparation or fasting is not required.

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


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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|-------------|-------|-----------------|----------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 169 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 156 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 45 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 124 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 93.2 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 31.2 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.76 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | 0.18 | | <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:SE04691133

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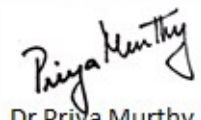
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility 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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 Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

| | |
|--------------------------------------|--|
| Patient Name : Mr.SHOBHIT SRIVASTAVA | Collected : 09/Apr/2024 08:58AM |
| Age/Gender : 35 Y 4 M 19 D/M | Received : 09/Apr/2024 01:21PM |
| UHID/MR No : CINR.0000165596 | Reported : 09/Apr/2024 01:50PM |
| Visit ID : CINROPV224689 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9559934444 | |

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|--------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.48 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.10 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.38 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 27 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 21.0 | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 78.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.52 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.62 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.90 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.59 | | 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.

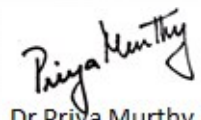
2. Cholestatic Pattern:

- 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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SIN No:SE04691133

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|--------|-----------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.92 | mg/dL | 0.67-1.17 | Jaffe's, Method |
| UREA | 19.30 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 9.0 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 5.78 | mg/dL | 3.5-7.2 | Uricase PAP |
| CALCIUM | 9.30 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.18 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 140 | mmol/L | 136-146 | ISE (Indirect) |
| POTASSIUM | 4.4 | mmol/L | 3.5-5.1 | ISE (Indirect) |
| CHLORIDE | 105 | mmol/L | 101-109 | ISE (Indirect) |
| PROTEIN, TOTAL | 7.52 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.62 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.90 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.59 | | 0.9-2.0 | Calculated |


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DEPARTMENT OF BIOCHEMISTRY

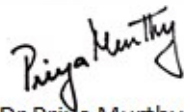
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

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

Page 10 of 14



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| UHID/MR No : CINR.0000165596 | Reported : 09/Apr/2024 02:20PM |
| Visit ID : CINROPV224689 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9559934444 | |

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324


| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-iodothyronine (T3, TOTAL) | 0.51 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 13.22 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 2.165 | µIU/mL | 0.34-5.60 | CLIA |

Comment:

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

- 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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SIN No: SPL24066010

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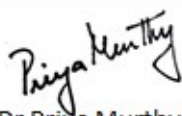
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| Visit ID | : CINROPV224689 | Status | : Final Report |
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324



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| Patient Name : Mr.SHOBHIT SRIVASTAVA | Collected : 09/Apr/2024 08:58AM |
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| UHID/MR No : CINR.0000165596 | Reported : 09/Apr/2024 04:27PM |
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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 | 6.5 | | 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 | 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 |

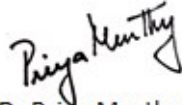
*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

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SIN No:UR2327767

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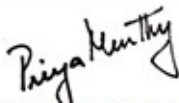
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324



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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. Shobhit Srivastava

Age/Gender : 35 Y/M

UHID/MR No. : CINR.0000165596

OP Visit No : CINROPV224689

Sample Collected on :

Reported on : 09-04-2024 14:26

LRN# : RAD2296676

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9559934444

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .


Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Dr. RAMESH G
MBBS DMRD
RADIOLOGY

| | | |
|--|---|---|
| Name : Mr. Shobhit Srivastava Address : Bangalore Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT | Age : 35 Y Sex : M | UHID :CINR.0000165596  OP Number :CINROPV224689 Bill No :CINR-OCR-96295 Date : 09.04.2024 08:54 |
|--|---|---|

| Sno | Service Type/ServiceName | Department |
|-----|--|------------|
| 1 | ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324 | |
| 1 | GAMMA GLUTAMYL TRANSFERASE (GGT) | |
| 2 | LIVER FUNCTION TEST (LFT) | |
| 3 | GLUCOSE, FASTING | |
| 4 | HEMOGRAM + PERIPHERAL SMEAR | |
| 5 | COMPLETE URINE EXAMINATION | |
| 6 | PERIPHERAL SMEAR | |
| 7 | EKG — 6 | |
| 8 | RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) | |
| 9 | GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) | |
| 10 | HbA1c, GLYCATED HEMOGLOBIN | |
| 11 | X-RAY CHEST PA — 10 | |
| 12 | FITNESS BY GENERAL PHYSICIAN | |
| 13 | BLOOD GROUP ABO AND RH FACTOR | |
| 14 | LIPID PROFILE | |
| 15 | BODY MASS INDEX (BMI) | |
| 16 | OPHTHAL BY GENERAL PHYSICIAN — 5 Pending | |
| 17 | THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) | |

Medical consultation.



Date : 09-04-2024

Department : GENERAL

MR NO : CINR.0000165596

Doctor :

Name : Mr. Shobhit Srivastava

Registration No :

Age/ Gender : 35 Y / Male

Qualification :

Consultation Timing: 08:53

| | | | |
|-----------------|-----------------|------------------------------|----------------------|
| Height : 181 cm | Weight : 102 kg | BMI : 31.1 kg/m ² | Waist Circum : 98 cm |
| Temp : 36.6 °C | Pulse : 79 bpm | Resp : 18 bpm | B.P : 125/80 mmHg |

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

Apollo Clinic, Indiranagar

#2012, 1st Floor, 100 Feet Road, HAL 2nd Stage, Indiranagar - 560038

Phone: (080) 2521 4614/15

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20.11.1988
35 Years

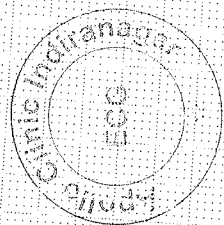
Male

09.04.2024 9:48:54
APOLLO CLINIC
INDIRANAGAR
BANGALORE

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

79 bpm
- / - mmHg

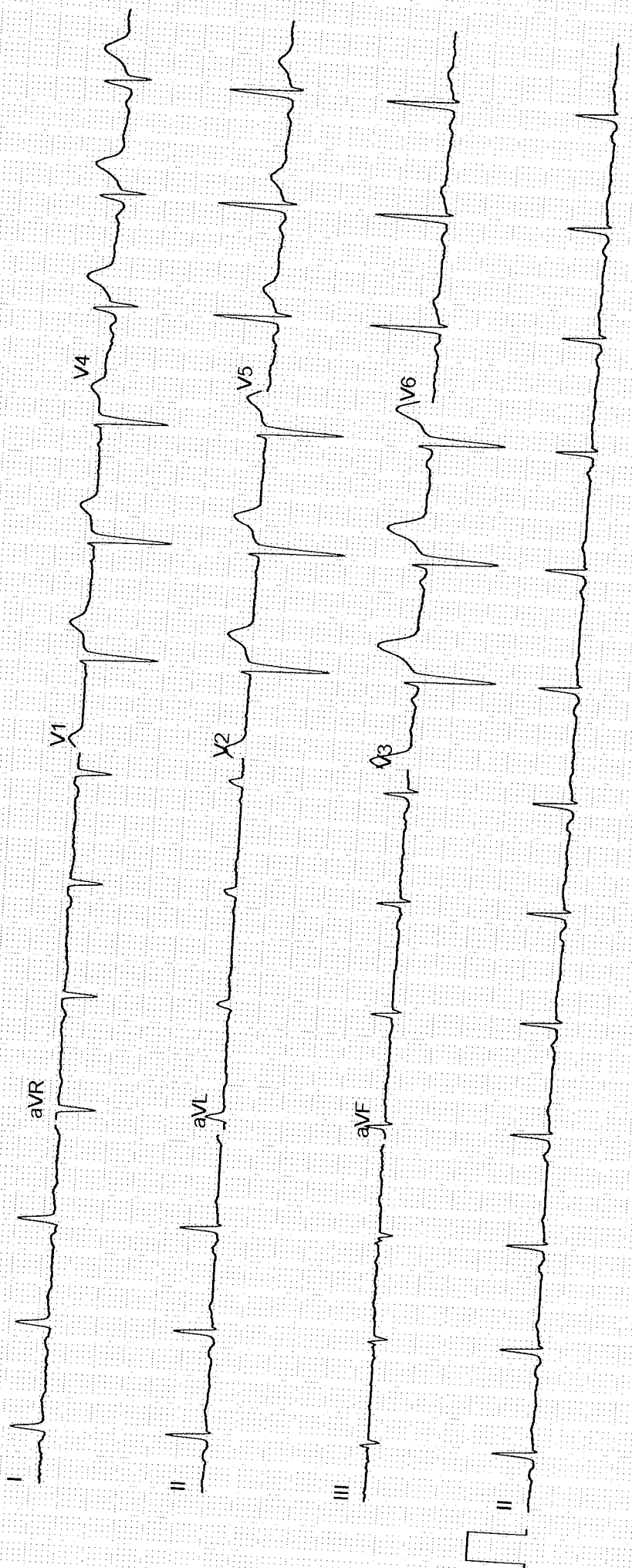
QRS 84 ms
QT/QTc/Baz 370 / 424 ms
PR 130 ms
P 100 ms
RR/PP 760 / 759 ms
P/QRS/T 40 / 30 / 45 degrees



Handwritten signature

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Handwritten signature
Dr. M. SUDHAKAR RAO
MBBS, MD (Cardio), FACC, FESC, FSCSI
Consultant Cardiologist
KMC R99 No. C1000101081K
Apollo Clinic



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz
Unconfirmed
4x2.5x3_25_R1

Dear SHOBHIT SRIVASTAVA,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **INDIRANAGAR clinic** on **2024-04-09** 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 STANDARD PLUS MALE - PAN INDIA - FY2324] |



भारत सरकार

Government of India



शोभित श्रीवास्तव
Shobhit Srivastava
जन्म तिथि / DOB : 20/11/1988
पुरुष / Male



4776 4856 5904

आधार - आम आदमी का अधिकार