

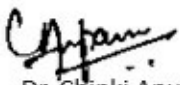
Patient Name : Mr.T GURUPRASAD	Collected : 21/Mar/2024 08:42AM
Age/Gender : 59 Y 6 M 0 D/M	Received : 21/Mar/2024 12:02PM
UHID/MR No : CBAS.0000092085	Reported : 21/Mar/2024 02:34PM
Visit ID : CBASOPV101327	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES4449	

DEPARTMENT OF HAEMATOLOGY

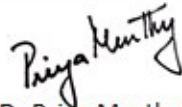
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	13.6	g/dL	13-17	Spectrophotometer
PCV	41.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.87	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	86	fL	83-101	Calculated
MCH	28	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	<b>10,300</b>	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	62.2	%	40-80	Electrical Impedence
LYMPHOCYTES	29	%	20-40	Electrical Impedence
EOSINOPHILS	4	%	1-6	Electrical Impedence
MONOCYTES	4.7	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	6406.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2987	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	412	Cells/cu.mm	20-500	Calculated
MONOCYTES	484.1	Cells/cu.mm	200-1000	Calculated
BASOPHILS	10.3	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.14		0.78- 3.53	Calculated
PLATELET COUNT	<b>488000</b>	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	<b>36</b>	mm at the end of 1 hour	0-15	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

Page 1 of 14



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SIN No:BED240075868

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

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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 |  
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Status : Final Report  
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## DEPARTMENT OF HAEMATOLOGY

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

RBCs: are normocytic normochromic

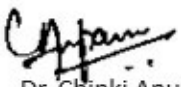
WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

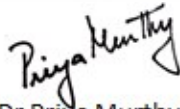
HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**

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**DEPARTMENT OF HAEMATOLOGY**

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

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



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Age/Gender : 59 Y 6 M 0 D/M	Received : 21/Mar/2024 12:08PM
UHID/MR No : CBAS.0000092085	Reported : 21/Mar/2024 01:41PM
Visit ID : CBASOPV101327	Status : Final Report
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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	93	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  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  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)	113	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				

Page 4 of 14



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SIN No:EDT240034767

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

HBA1C, GLYCATED HEMOGLOBIN	6.3	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	134	mg/dL	Calculated


Comment:

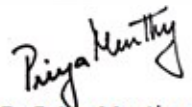
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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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UHID/MR No : CBAS.0000092085	Reported : 21/Mar/2024 12:55PM
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ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	266	mg/dL	<200	CHO-POD
TRIGLYCERIDES	113	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	217	mg/dL	<130	Calculated
LDL CHOLESTEROL	194.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.44		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<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:**



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SIN No:SE04668950

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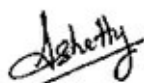
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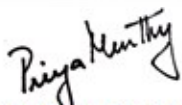
**DEPARTMENT OF BIOCHEMISTRY**

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

- 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.
- 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 STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.46	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.06	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	119.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.77	g/dL	6.6-8.3	Biuret
ALBUMIN	4.03	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.74	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		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's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:** • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



DR.SHIVARAJA SHETTY  
M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST



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



SIN No:SE04668950

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



Patient Name : Mr.T GURUPRASAD	Collected : 21/Mar/2024 08:42AM
Age/Gender : 59 Y 6 M 0 D/M	Received : 21/Mar/2024 11:55AM
UHID/MR No : CBAS.0000092085	Reported : 21/Mar/2024 12:55PM
Visit ID : CBASOPV101327	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES4449	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	1.03	mg/dL	0.67-1.17	Jaffe's, Method
UREA	22.20	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>7.55</b>	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.18	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.77	g/dL	6.6-8.3	Biuret
ALBUMIN	4.03	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.74	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		0.9-2.0	Calculated



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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)

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 1860 500 7788  
www.apolloclinic.com

Patient Name : Mr.T GURUPRASAD	Collected : 21/Mar/2024 08:42AM
Age/Gender : 59 Y 6 M 0 D/M	Received : 21/Mar/2024 11:55AM
UHID/MR No : CBAS.0000092085	Reported : 21/Mar/2024 12:51PM
Visit ID : CBASOPV101327	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES4449	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	17.00	U/L	<55	IFCC



**DR.SHIVARAJA SHETTY**  
**M.B.B.S,M.D(Biochemistry)**  
**CONSULTANT BIOCHEMIST**

SIN No:SE04668950

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



Patient Name : Mr.T GURUPRASAD	Collected : 21/Mar/2024 08:42AM
Age/Gender : 59 Y 6 M 0 D/M	Received : 21/Mar/2024 11:55AM
UHID/MR No : CBAS.000092085	Reported : 21/Mar/2024 12:44PM
Visit ID : CBASOPV101327	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES4449	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.4	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.665	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

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




DR.SHIVARAJA SHETTY  
M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

SIN No:SPL24050953

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 **1860 500 7788**  
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Patient Name : Mr.T GURUPRASAD  
Age/Gender : 59 Y 6 M 0 D/M  
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

## DEPARTMENT OF IMMUNOLOGY

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

High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma



DR.SHIVARAJA SHETTY  
M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

SIN No:SPL24050953

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Patient Name : Mr.T GURUPRASAD	Collected : 21/Mar/2024 08:42AM
Age/Gender : 59 Y 6 M 0 D/M	Received : 21/Mar/2024 03:35PM
UHID/MR No : CBAS.0000092085	Reported : 21/Mar/2024 04:39PM
Visit ID : CBASOPV101327	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES4449	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

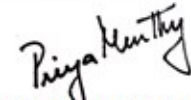
\*\*\* End Of Report \*\*\*

Result/s to Follow:

Page 13 of 14



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:UR2310802

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

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 **1860 500 7788**  
www.apolloclinic.com

Patient Name : Mr.T GURUPRASAD  
Age/Gender : 59 Y 6 M 0 D/M  
UHID/MR No : CBAS.0000092085  
Visit ID : CBASOPV101327  
Ref Doctor : Dr.SELF  
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Collected : 21/Mar/2024 08:42AM  
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

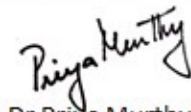
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

PERIPHERAL SMEAR

Page 14 of 14



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:UR2310802

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**Patient Name** : Mr. T GURUPRASAD

**Age/Gender** : 59 Y/M

**UHID/MR No.** : CBAS.0000092085

**OP Visit No** : CBASOPV101327

**Sample Collected on** :

**Reported on** : 21-03-2024 13:47

**LRN#** : RAD2274455

**Specimen** :

**Ref Doctor** : Dr.sanjana

**Emp/Auth/TPA ID** : UBOIES4449

---

**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

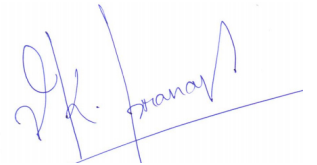
Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.


**IMPRESSION:**

**No obvious abnormality seen in the present study.**



**Dr. V K PRNAV VENKATESH**  
**MBBS,MD**  
Radiology

Customer Pending Tests  
fitness by  
general  
physician  
pending

<b>Name</b> : Mr. T GURUPRASAD  <b>Address</b> : BLR  <b>Plan</b> : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 59 Y  <b>Sex</b> : M	<b>UHID</b> :CBAS.0000092085  *CBAS.0000092085* <b>OP Number</b> :CBASOPV101327 <b>Bill No</b> :CBAS-OCR-61442 <b>Date</b> : 21.03.2024 08:32
---	---	--

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	
<del>1</del>	<del>GAMMA GLUTAMYL TRANSFERASE (GGT)</del>	
<del>2</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<del>3</del>	<del>GLUCOSE, FASTING</del>	
<del>4</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
<del>5</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>6</del>	<del>PERIPHERAL SMEAR</del>	
<del>7</del>	<del>ECG</del>	
<del>8</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
<del>9</del>	<del>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)</del>	
<del>10</del>	<del>HbA1c, GLYCATED HEMOGLOBIN</del>	
<del>11</del>	<del>X-RAY CHEST PA → 4</del>	
<del>12</del>	<del>FITNESS BY GENERAL PHYSICIAN</del>	
<del>13</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	
<del>14</del>	<del>LIPID PROFILE</del>	
<del>15</del>	<del>BODY MASS INDEX (BMI)</del>	
<del>16</del>	<del>OPHTHAL BY GENERAL PHYSICIAN R3</del>	
<del>17</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	

→ physico - ⑥ S, T, W, YP

→ dental - ⑩

✓ PFT

✓ TMT

Ht - 164

wt - 86.7

BP - 138 / 78 }  
 PR - 68 }

Wd - 108

H-P - 108



GURUPRASAD

ID: 92085 Age: 59 (20-03-1965)

Gender	Male	Height	164 cm	Asthma	No
Ethnicity	Asian	Weight	86 kg	BMI	32
Smoker	No			COPD	--

FVC (ex only)

Your FEV1 / Predicted: 57 %

Test Date	21-03-2024 09:38:19	Interpretation	GOLD(2003)/Hardie	Value Selection	Best Value
Post Time		Predicted	Hankinson (NHANES III), 1999	BTPS (IN/EX)	1.00/1.02
			* 1.00		

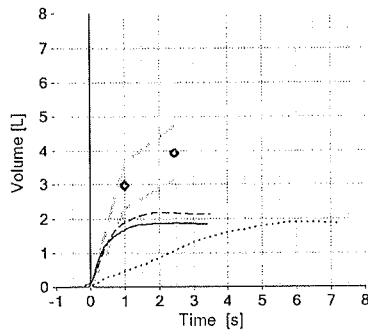
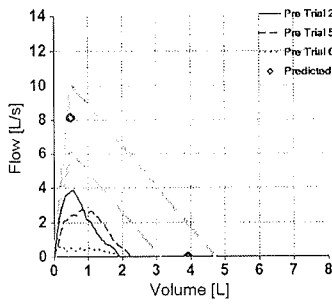
Parameter	Pred	LLN	Pre				%Pred
			Best	Trial 2	Trial 5	Trial 6	
FVC [L]	3.92	3.13	1.88*	1.88*	2.20*	1.91*	48
FEV1 [L]	2.98	2.31	1.70*	1.70*	1.90*	0.46*	57
FEV1/FVC	0.758	0.661	0.901	0.901	0.862	0.242*	119
FEF25-75 [L/s]	2.54	1.18	2.00	2.00	2.16	0.42*	79
PEF [L/s]	8.12	6.15	3.92*	3.92*	2.78*	0.67*	48
FET [s]	-	-	2.4	2.4	1.9	5.9	-

Caution: Poor session quality. Interpret with care

\* Indicates value outside normal range or significant post change.

Session Quality Pre D - Only one acceptable trial

System Interpretation Pre No interpretation, not enough acceptable maneuvers





भारत सरकार  
Government of India



Issue Date: 14/01/2014



तसे गुरु प्रसाद  
Thonse Guru Prasad  
जन्म तिथि/DOB: 31/10/1965  
पुरुष/ MALE

7813 3168 0339

VID : 9148 7358 0384 8290

मेरा आधार, मेरी पहचान

Dear T GURUPRASAD,

We have received your booking request for the following health checkup, please upload your approval letter as soon as possible to enable us to confirm your booking.

Upload HRM Letter

**User Package Name** : Executive Health Checkup Male For Self And Spouse

**Name of Diagnostic/Hospital** : Apollo Clinic - Basavanagudi

**Address of Diagnostic/Hospital-** : Apollo Clinic, # 99, Bull Temple Road , Next to Ramakrishna mutt, Basavanagudi - 560019

**Appointment Date** : 21-03-2024

**Preferred Time** : 8:30am

Member Information		
Booked Member Name	Age	Gender
T GURUPRASAD	58 year	Male
Geetha prasad	56 year	Female

**Tests included in this Package**

- Bmi Check
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- Eye Check-up consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile

Thanks,

Mediwheel Team

Please Download Mediwheel App

EYE CHECK UP REPORT

Mr. T. Gururajadas 59/m 9/20/85

Vision  $\left\{ \begin{array}{l} 6/36p \xrightarrow{PH} 6/12p \\ es/c/L \end{array} \right.$   
Acuity  $\left\{ \begin{array}{l} 6/9p \xrightarrow{PH} 6/6p \end{array} \right.$

Digital  $\left\{ \begin{array}{l} \text{mild} \\ \text{Stony} \\ \text{Hard} \end{array} \right.$   
IOP

21/3/24  
Near  $\left\{ \begin{array}{l} N18 \\ es/c/L \end{array} \right.$   
Vision  $\left\{ \begin{array}{l} N18 \end{array} \right.$   
Colour  $\left\{ \begin{array}{l} Normal \end{array} \right.$   
Vision  $\left\{ \begin{array}{l} Normal \end{array} \right.$

- Fundus: Good Retina Evaluation
- Ant. Segment :- Alternate Exotropia (D=N)
- Media: Hazy view CE - Blepharitis  
Pupil: RR

RE Myopic Astigmatism Presbyopia,  
Partially corrected by soft toric  
Contact lenses. Adv for dilated refractive  
Retina Opinion. CHG





APOLLO CLINIC  
BASAVANAGUDI  
BANGALORE

## EXERCISE STRESS TEST REPORT

Patient Name: MR GURUPRASAD, T  
Patient ID: 632  
Height:  
Weight:

DOB: 31.10.1965  
Age: 58 yrs  
Gender: Male  
Race:

Study Date: 21.03.2024  
Test Type: --  
Protocol: BRUCE

Referring Physician: --  
Attending Physician: --  
Technician: --

### Medications:

--

### Medical History:

--

### Reason for Exercise Test:

--

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [ mph ]	Grade [ % ]	HR [ bpm ]	BP [ mmHg ]	Comment
PRETEST	SUPINE	01:22	0.00	0.00	75		
	STANDING	00:15	0.00	0.00	74		
	HYPERV.	00:32	0.80	0.00	77		
EXERCISE	STAGE 1	03:00	1.70	10.00	117	138/80	
	STAGE 2	03:00	2.50	12.00	144	140/90	
	STAGE 3	03:00	3.40	14.00	153	150/90	
	STAGE 4	00:05	0.00	15.90	153		
RECOVERY		02:05	0.00	0.00	101	150/90	

The patient exercised according to the BRUCE for 9:04 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 71 bpm rose to a maximal heart rate of 153 bpm. This value represents 94 % of the maximal, age-predicted heart rate. The resting blood pressure of --/-- mmHg, rose to a maximum blood pressure of 150/90 mmHg. The exercise test was stopped due to --.

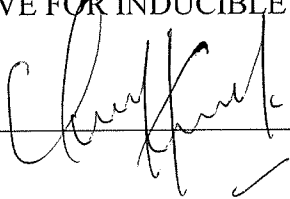
### Interpretation

--

### Conclusions

GOOD EFFORT TOLERANCE  
NORMAL BP NAD HR RESPONCS  
NO ANGINA OR ARRHYTHMIA DURING EXRECISE  
NO SIGANIFICANT ST T CHANGES  
TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Physician



Technician

Patient ID: 632  
 21.03.2024  
 10:55:03am

Male  
 58 yrs  
 Meds:

Test Reason:  
 Medical History:

Ref. MD: Ordering MD:  
 Technician: Test Type:  
 Comment:

BRUCE: Exercise Time 09:04  
 Max HR: 153 bpm 94 % of max predicted 162 bpm HR at rest: 71  
 Max BP: 150/90 mmHg Max RPP: 22950 mmHg\*bpm  
 Maximum Workload: 10.10 METS  
 Max. ST: -0.35 mm, -1.14 mV/s in V2; EXERCISE STAGE 3 8:29  
 Arrhythmia: A:4, PVC:1, PSVC:2  
 ST/HR index: 0.36  $\mu$ V/bpm  
 HR reserve used: 90 %  
 HR recovery: 42 bpm  
 VE recovery: 0 VE/min  
 ST/HR hysteresis: 0.014 mV (V2)

BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY
78 bpm 0.30 mm 0.29 mV/s	153 bpm 150/90 mmHg 0.15 1.00	153 bpm 0.30 0.06	101 bpm 150/90 mmHg 1.55 0.45 0.57	78 bpm 0.50 0.28	153 bpm 150/90 mmHg 2.20 0.69	153 bpm -1.90 -0.57	101 bpm 150/90 mmHg 1.55 0.75 0.56
I	I	I	I	V1	V1	V1	V1
0.40 0.42	0.45 1.99	0.20 0.55	0.70 1.56	V2	V2	V2	V2
II	II	II	II	V3	V3	V3	V3
0.15 0.03	0.30 0.89	-0.10 0.80	0.30 0.80	V4	V4	V4	V4
III	III	III	III	V5	V5	V5	V5
-0.35 -0.73	-0.30 -2.52	-0.25 -0.94	-0.60 -1.90	V6	V6	V6	V6
aVR	aVR	aVR	aVR	aVF	aVF	aVF	aVF
0.10 -0.14	-0.10 0.07	0.25 -0.56	0.10 -0.19	V5	V5	V5	V5
aVL	aVL	aVL	aVL	V6	V6	V6	V6
0.30 0.23	0.35 1.45	0.10 0.62	0.50 1.13	aVR	aVR	aVR	aVR
aVF	aVF	aVF	aVF	aVL	aVL	aVL	aVL
				aVF	aVF	aVF	aVF

GE CardioSoft V7.0 (10)  
 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1

Unconfirmed

Attending MD:

Patient ID: 632

21.03.2024

10:55:03am

Male

58 yrs

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

BRUCE: Exercise Time 09:04

Max HR: 153 bpm 94 % of max predicted 162 bpm HR at rest: 71

Max BP: 150/90 mmHg Max RPP: 22950 mmHg\*bpm

Maximum Workload: 10.10 METS

Max. ST: -0.35 mm, -1.14 mV/s in V2; EXERCISE STAGE 3 8:29

Arrhythmia: A:4, PVC:1, PSVC:2

ST/HR index: 0.36  $\mu$ V/bpm

HR reserve used: 90 %

HR recovery: 42 bpm

VE recovery: 0 VE/min

ST/HR hysteresis: 0.014 mV (V2)

QRS duration: BASELINE: 88 ms, PEAK EX: 86 ms, REC: 92 ms

**Conclusion:** GOOD EFFORT TOLERANCE

NORMAL BP NAD HR RESPON

NO ANGINA OR ARRHYTHMIA DURING EXERCISE

NO SIGANIFICANT ST T CHANGES

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Room:

Location: \* 0 \*

MR GURUPRASAD, T  
Patient ID: 632  
21.03.2024  
10:55:23am

Male  
58 yrs

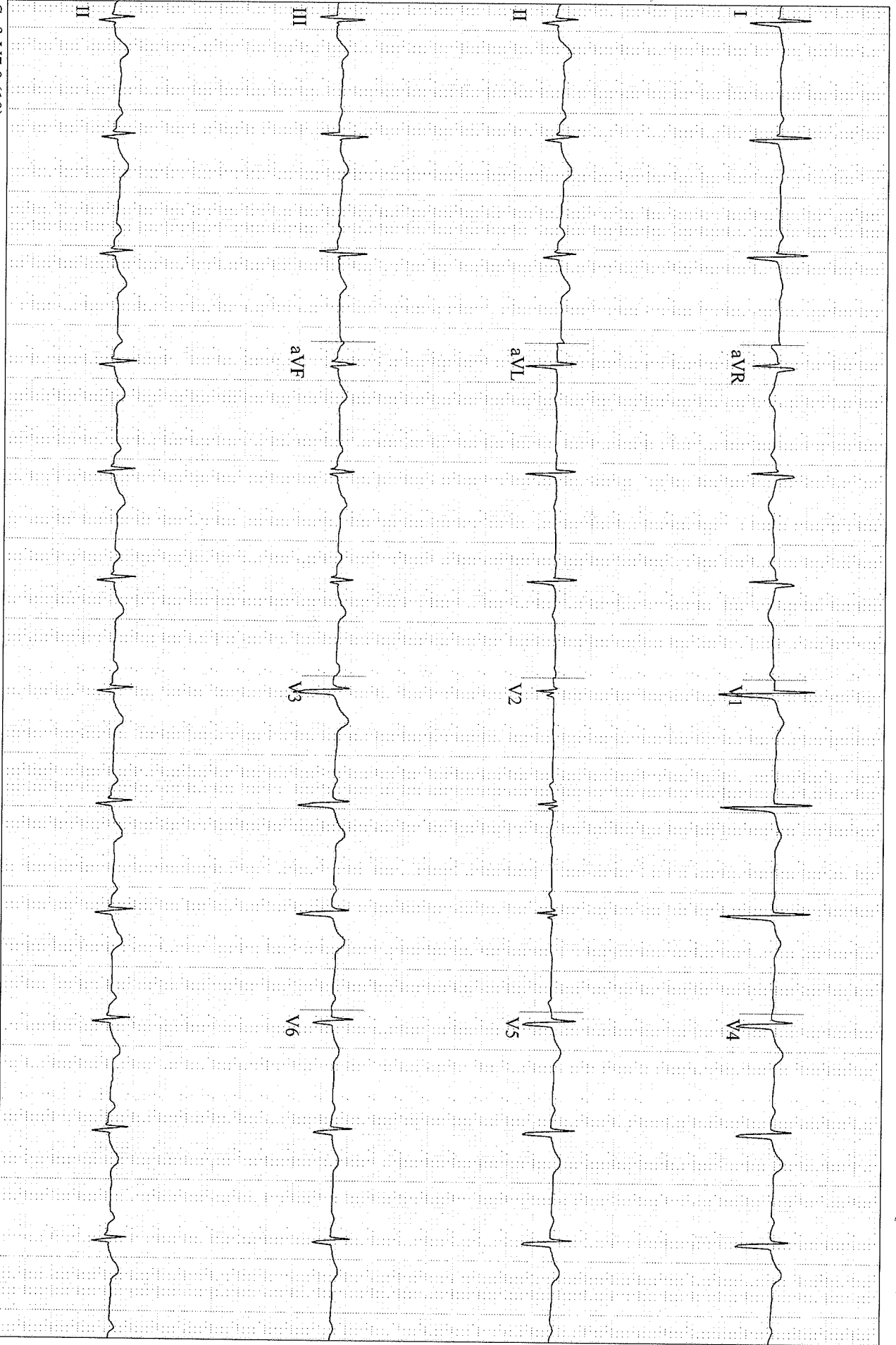
NSR

Exercise Test / ECG Strips  
71 bpm

PRETEST  
SUPINE  
0:20

BRUCE  
0.0 mph  
0.0 %

APOLLO CLINIC  
*[Signature]*



GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V1,I)  
Unconfirmed

Attending MD:



MR GURUPRASAD, T  
Patient ID: 632  
21.03.2024  
10:55:50am

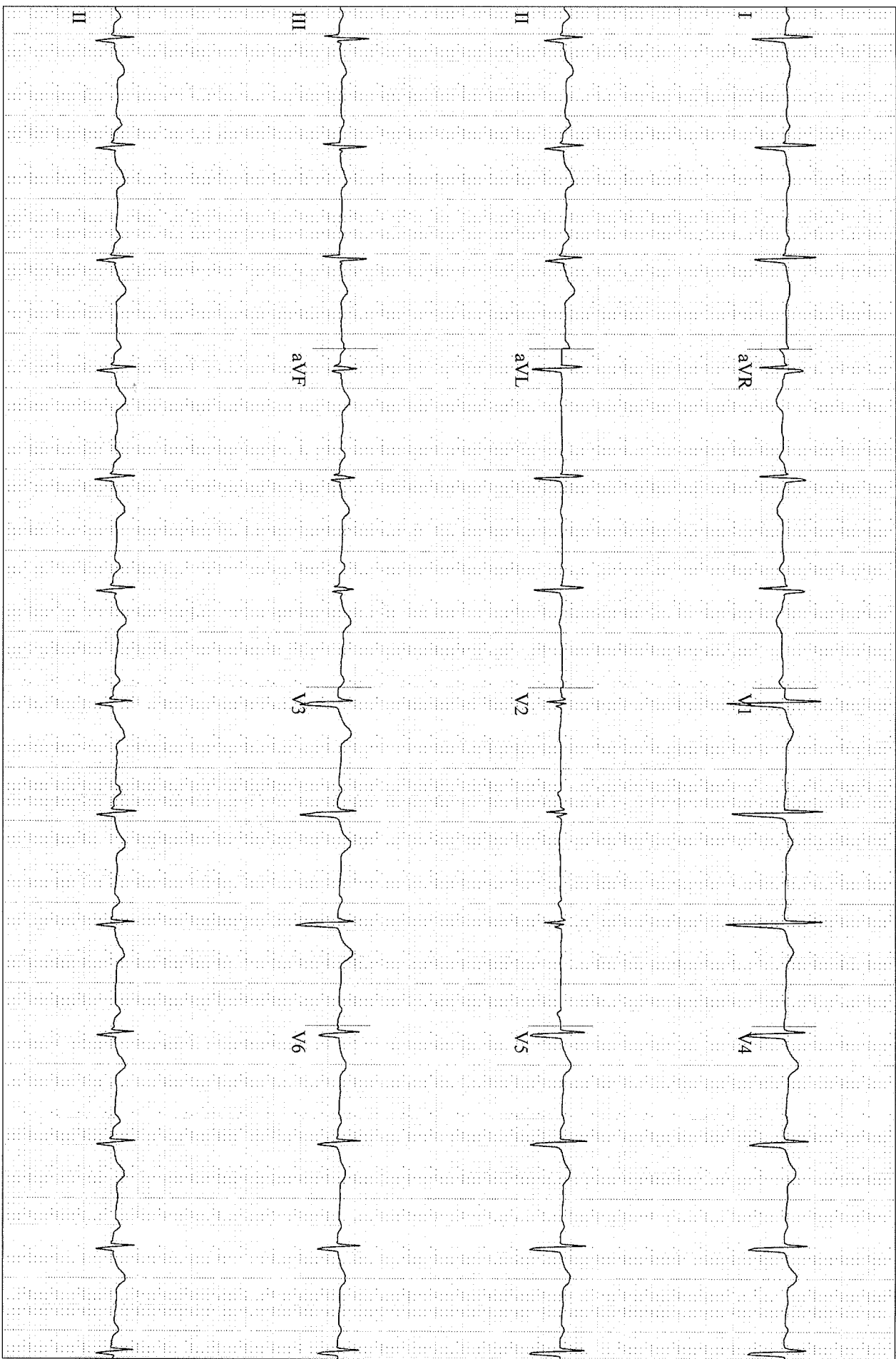
Male  
58 yrs

Exercise Test / ECG Strips  
75 bpm

PRETEST  
SUPINE  
0:46

BRUCE  
0.0 mph  
0.0 %

APOLLO CLINIC



GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V1,I)

Unconfirmed

Attending MD:

Patient Name : Mrs.GEETHA PRASAD	Collected : 21/Mar/2024 08:49AM
Age/Gender : 57 Y 6 M 0 D/F	Received : 21/Mar/2024 12:03PM
UHID/MR No : CBAS.0000092086	Reported : 21/Mar/2024 01:18PM
Visit ID : CBASOPV101328	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES4449	

DEPARTMENT OF HAEMATOLOGY

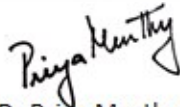
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	14.5	g/dL	12-15	Spectrophotometer
PCV	41.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.69	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	89	fL	83-101	Calculated
MCH	30.9	pg	27-32	Calculated
MCHC	<b>34.7</b>	g/dL	31.5-34.5	Calculated
R.D.W	12.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,000	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	50.6	%	40-80	Electrical Impedence
LYMPHOCYTES	37.8	%	20-40	Electrical Impedence
EOSINOPHILS	<b>8</b>	%	1-6	Electrical Impedence
MONOCYTES	3.5	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3542	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2646	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	<b>560</b>	Cells/cu.mm	20-500	Calculated
MONOCYTES	245	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.34		0.78- 3.53	Calculated
PLATELET COUNT	271000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-20	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

Page 1 of 14



Dr. Chinki Anupam  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



Dr Priya Murthy  
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Consultant Pathologist



SIN No:BED240075897

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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

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Address:  
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Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034

 1860 500 7788  
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Patient Name : Mrs.GEETHA PRASAD	Collected : 21/Mar/2024 08:49AM
Age/Gender : 57 Y 6 M 0 D/F	Received : 21/Mar/2024 12:03PM
UHID/MR No : CBAS.0000092086	Reported : 21/Mar/2024 01:18PM
Visit ID : CBASOPV101328	Status : Final Report
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Emp/Auth/TPA ID : UBOIES4449	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

RBCs: are normocytic normochromic

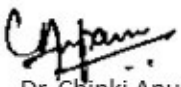
WBCs: are normal in total number with relative increase in eosinophils.

PLATELETS: appear adequate in number.

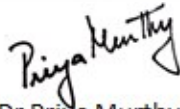
HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE EOSINOPHILIA.**

Kindly correlate clinically.



Dr. Chinki Anupam  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



Dr Priya Murthy  
M.B.B.S,M.D(Pathology)  
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SIN No:BED240075897

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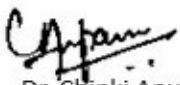
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Age/Gender : 57 Y 6 M 0 D/F	Received : 21/Mar/2024 12:03PM
UHID/MR No : CBAS.0000092086	Reported : 21/Mar/2024 03:12PM
Visit ID : CBASOPV101328	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES4449	

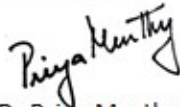
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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



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Patient Name : Mrs.GEETHA PRASAD	Collected : 21/Mar/2024 08:49AM
Age/Gender : 57 Y 6 M 0 D/F	Received : 21/Mar/2024 12:08PM
UHID/MR No : CBAS.0000092086	Reported : 21/Mar/2024 02:16PM
Visit ID : CBASOPV101328	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES4449	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	164	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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	8.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	203	mg/dL		Calculated


Result is rechecked. Kindly correlate clinically

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	

  
**DR.SHIVARAJA SHETTY**  
 M.B.B.S,M.D(Biochemistry)  
 CONSULTANT BIOCHEMIST

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



SIN No:EDT240034783

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

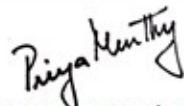
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**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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Patient Name : Mrs.GEETHA PRASAD	Collected : 21/Mar/2024 08:49AM
Age/Gender : 57 Y 6 M 0 D/F	Received : 21/Mar/2024 11:56AM
UHID/MR No : CBAS.0000092086	Reported : 21/Mar/2024 12:55PM
Visit ID : CBASOPV101328	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES4449	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	133	mg/dL	<200	CHO-POD
TRIGLYCERIDES	130	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>34</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	99	mg/dL	<130	Calculated
LDL CHOLESTEROL	72.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.90		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.22</b>		<0.11	Calculated

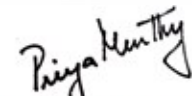
**Comment:**

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:**

  
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SIN No:SE04668976

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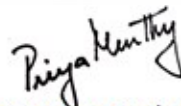
**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

- 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.
- 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 HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.42	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.21	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.21	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	105.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.12	g/dL	6.6-8.3	Biuret
ALBUMIN	4.42	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.64		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, Wilsons'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:SE04668976

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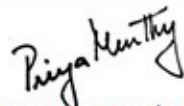
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.73	mg/dL	0.51-0.95	Jaffe's, Method
UREA	21.20	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.56	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.77	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.12	g/dL	6.6-8.3	Biuret
ALBUMIN	4.42	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.64		0.9-2.0	Calculated



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Patient Name : Mrs.GEETHA PRASAD	Collected : 21/Mar/2024 08:49AM
Age/Gender : 57 Y 6 M 0 D/F	Received : 21/Mar/2024 11:56AM
UHID/MR No : CBAS.0000092086	Reported : 21/Mar/2024 12:51PM
Visit ID : CBASOPV101328	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES4449	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	21.00	U/L	<38	IFCC



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Patient Name : Mrs.GEETHA PRASAD	Collected : 21/Mar/2024 08:49AM
Age/Gender : 57 Y 6 M 0 D/F	Received : 21/Mar/2024 11:55AM
UHID/MR No : CBAS.0000092086	Reported : 21/Mar/2024 12:44PM
Visit ID : CBASOPV101328	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.2	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.176	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




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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	5-6	/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

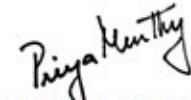
\*\*\* End Of Report \*\*\*

Result/s to Follow:

Page 13 of 14



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Consultant Pathologist



Dr Priya Murthy  
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Consultant Pathologist



SIN No:UR2310827

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Karnataka- 560034

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www.apolloclinic.com

**APOLLO CLINICS NETWORK**  
Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)



Patient Name	: Mrs.GEETHA PRASAD	Collected	: 21/Mar/2024 08:48AM
Age/Gender	: 57 Y 6 M 0 D/F	Received	: 21/Mar/2024 11:40AM
UHID/MR No	: CBAS.0000092086	Reported	: 21/Mar/2024 12:35PM
Visit ID	: CBASOPV101328	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIES4449		

DEPARTMENT OF CLINICAL PATHOLOGY

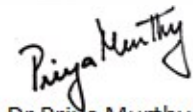
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

PERIPHERAL SMEAR

Page 14 of 14



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:UR2310827

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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** : Mrs. Geetha Prasad

**Age/Gender** : 57 Y/F

**UHID/MR No.** : CBAS.0000092086

**OP Visit No** : CBASOPV101328

**Sample Collected on** :

**Reported on** : 21-03-2024 11:53

**LRN#** : RAD2274472

**Specimen** :

**Ref Doctor** : Dr.sanjana

**Emp/Auth/TPA ID** : UBOIES4449

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver:** appears normal in size (15.0 cm) and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal. No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

**Spleen** appears normal. No focal lesion seen. Splenic vein appears normal.

**Pancreas** appears normal in echo-pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

**Right kidney** appear normal in size 9.7x1.1 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

**Left kidney** appear normal in size 10.2x1.3 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

**Uterus** is bulky in size with anteverted position and measuring 12.0x6.7x7.3 cm. Multiple intramural and subserosal fibroids of varying sizes largest in intramural location of posterior wall measuring 5.9x3.8cm, posterior wall seedling subserosal fibroids, largest measuring 3.1x3.5 cm. Endometrial echo-complex appears normal and measures 0.9 cm.

**Both ovaries** appear normal in size, shape and echotexture. Right ovary measuring 2.6x2.0 cm and left ovary measuring 2.9x2.2 cm. No evidence of any adnexal pathology noted.

- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

### **IMPRESSION:-**

**GRADE I FATTY LIVER.**

**BULKY FIBROID UTERUS.**

### **Suggested clinical correlation.**

The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



**Dr. V K PRANAV VENKATESH**




**Patient Name** : Mrs. Geetha Prasad

**Age/Gender** : 57 Y/F

MBBS,MD  
Radiology

Customer Pending Tests

gynec  
consultation,  
LBC test,  
dental, ENT,  
fitness by gp  
pending

<b>Name</b> : Mrs. Geetha Prasad  <b>Address</b> : BLR  <b>Plan</b> : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 57 Y  <b>Sex</b> : F	<b>UHID</b> :CBAS.0000092086  <b>OP Number</b> :CBASOPV101328 <b>Bill No</b> :CBAS-OCR-61443 <b>Date</b> : 21.03.2024 08:35
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324	
<del>1</del>	<del>GAMMA GLUTAMYL TRANSFERASE (GGT)</del>	
<del>2</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<del>3</del>	<del>GLUCOSE, FASTING</del>	
<del>4</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
5	GYNAECOLOGY CONSULTATION	
<del>6</del>	<del>DIET CONSULTATION</del>	
<del>7</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>8</del>	<del>PERIPHERAL SMEAR</del>	
<del>9</del>	<del>ECG</del>	
10	LBC PAP TEST- PAPSURE <i>SKIP</i>	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<del>12</del>	<del>DENTAL CONSULTATION</del> <i>-&gt; skip</i>	
13	HbA1c, GLYCATED HEMOGLOBIN	
<del>14</del>	<del>ENT CONSULTATION</del> <i>-&gt; skip</i>	
15	FITNESS BY GENERAL PHYSICIAN	
<del>16</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	
<del>17</del>	<del>LIPID PROFILE</del>	
<del>18</del>	<del>BODY MASS INDEX (BMI)</del>	
<del>19</del>	<del>OPHTHAL BY GENERAL PHYSICIAN</del>	
20	ULTRASOUND - WHOLE ABDOMEN	
<del>21</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	

→ Physio - (6) } (T, W, Y)  
 → Dental - (10) } first floor

Ht - 159  
 Wt - 61.1  
 BP - 126 / 71  
 PR - 73  
 C/d - 82  
 H.P - 96

# Apollo Clinic

## CONSENT FORM

Patient Name: Mrs. Geetha Prasad Age: 54y

UHID Number: ..... Company Name: Accofemi

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

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

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

And I claim the above statement in my full consciousness.

LBC, PAP Test  
Skipped, Physician  
consultation Skipped,  
Dental Skipped, Ent  
consultation Skipped.

Patient Signature: [Signature] Date: 21.03.2024

EYE CHECK UP REPORT

Mr. Geetha Prasad      57/12 92086      21/3/24

Vision      6/9P → PH → 6/6  
Acuity      6/18 → PH → 6/6p  
Digital      (2)  
IOP      (2)

Near      N12  
Vision      unaided  
Colour      N12  
Vision      Normal

• Fundus:

• Ant. Segment :-

• Media:

} Need retinal Evaluation

Pupil:

Miotic pupils

BE SIMC (OS > OD)?

Adv for dilated refraction & retinal Evaluation

PHS



Date: IST: 2024-03-21 09:30:28

Personal Details  
UHID: 01P3FGAT6TROQDY  
PatientID: 92086

Name: GEETHA PRASAD  
Age: 57  
Gender: Female  
Mobile: 6868998989

Report ID: AHLLP\_01P3FGAT6TROQDY\_V6TROQES  
Interpretation

Normal sinus rhythm  
Normal axis

Measurements  
HR: 80 BPM  
PR: 174 ms  
PD: 118 ms  
QRSd: 72 ms  
QRS Axis: 19 deg  
QT/QTc: 376/376 ms

Vitals

Pre-Existing Medical-  
Conditions

Symptoms

Authorized by

*Yogesh*

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



Disclaimer: This report is based on ECG alone and should be used as an adjunct to clinical history, symptoms and results of other non-invasive tests and must be interpreted by a qualified physician.  
Normal ECG does not rule out heart disease. Abnormal ECG does not always mean severe heart disease. Comments & report is based on available data, clinical correlation is important.

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

Mr. Geetha Prasad, 57yr.

21/3/21

Diabetes - DM (17-18yr)  
No renal m/o - DM.

Ht, 159cm  
Wt, 61.1kg  
IBW, 50kg

HbA1c - 7.1% Glycocont.  
0-0-1.  
Eucapnic.

Admits 1600kcal Diabetic diet.

Renal ultra sub - nephroskel,  
(mbsp)

↓  
Waller - 45mm - 45mm

BF -> cut joints of leg & hand.

Now 1600kcal diet.

1-2ps -> water, 1 cup milk -> 100ml  
① ②

4-5ps -> 1 cup milk.

7pm -> No milk.  
Waller, 45mm -> 45mm

Dr. Rohini  
9442349333

Dear T GURUPRASAD,

We have received your booking request for the following health checkup, please upload your approval letter as soon as possible to enable us to confirm your booking.

Upload HRM Letter

**User Package Name** : Executive Health Checkup Male For Self And Spouse

**Name of Diagnostic/Hospital** : Apollo Clinic - Basavanagudi

**Address of Diagnostic/Hospital-** : Apollo Clinic, # 99, Bull Temple Road , Next to Ramakrishna mutt, Basavanagudi - 560019

**Appointment Date** : 21-03-2024

**Preferred Time** : 8:30am

Member Information		
Booked Member Name	Age	Gender
T GURUPRASAD	58 year	Male
Geetha prasad	56 year	Female

**Tests included in this Package**

- Bmi Check
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- Eye Check-up consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile

Thanks,

Mediwheel Team

Please Download Mediwheel App



ಭಾರತ ಸರ್ಕಾರ  
Government of India

Issue Date: 06/11/2017



ಗೀತಾ ಪ್ರಸಾದ್  
Geetha Prasad  
ಜನ್ಮ ದಿನಾಂಕ/DOB: 13/05/1966  
♀/ FEMALE

6522 6793 1867

VID : 9187 6929 3061 2703

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು