

Patient Name : Mr.PADMANABHAN M	Collected : 12/Dec/2023 09:02AM
Age/Gender : 59 Y 0 M 15 D/M	Received : 12/Dec/2023 11:59AM
UHID/MR No : GBAN.0000018883	Reported : 12/Dec/2023 01:29PM
Visit ID : CBASOPV97919	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 291869	

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
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	13.8	g/dL	13-17	Spectrophotometer
PCV	41.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.66	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88.9	fL	83-101	Calculated
MCH	29.6	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,920	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	51.7	%	40-80	Electrical Impedance
LYMPHOCYTES	39.3	%	20-40	Electrical Impedance
EOSINOPHILS	2.2	%	1-6	Electrical Impedance
MONOCYTES	6.5	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3060.64	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2326.56	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	130.24	Cells/cu.mm	20-500	Calculated
MONOCYTES	384.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.76	Cells/cu.mm	0-100	Calculated

PLATELET COUNT	238000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	18	mm at the end of 1 hour	0-15	Modified Westegren method

PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC
 WBC WITHIN NORMAL LIMITS
 PLATELETS ARE ADEQUATE ON SMEAR
 NO HEMOPARASITES SEEN

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

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Test Name	Result	Unit	Bio. Ref. Range	Method
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SIN No:BED230306721

NABL renewal accreditation under process

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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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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ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

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

BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Age/Gender : 59 Y 0 M 15 D/M	Received : 12/Dec/2023 12:09PM
UHID/MR No : GBAN.0000018883	Reported : 12/Dec/2023 12:31PM
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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
GLUCOSE, FASTING , NAF PLASMA	90	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.



SIN No:PLF02069926

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Patient Name : Mr.PADMANABHAN M	Collected : 12/Dec/2023 09:02AM
Age/Gender : 59 Y 0 M 15 D/M	Received : 12/Dec/2023 12:03PM
UHID/MR No : GBAN.0000018883	Reported : 12/Dec/2023 12:59PM
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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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	82	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.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	120	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. 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.

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4. 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.
5. 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)



SIN No:PLP1396166,EDT230112942

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Age/Gender : 59 Y 0 M 15 D/M	Received : 12/Dec/2023 11:42AM
UHID/MR No : GBAN.0000018883	Reported : 12/Dec/2023 12:55PM
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	171	mg/dL	<200	CHO-POD
TRIGLYCERIDES	184	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	121	mg/dL	<130	Calculated
LDL CHOLESTEROL	84.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	36.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.42		0-4.97	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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.56	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.49	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	98.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.90	g/dL	6.6-8.3	Biuret
ALBUMIN	4.07	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.83	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		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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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	1.41	mg/dL	0.72 – 1.18	JAFFE 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	6.34	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.32	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101–109	ISE (Indirect)



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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034



Patient Name : Mr.PADMANABHAN M	Collected : 12/Dec/2023 09:02AM
Age/Gender : 59 Y 0 M 15 D/M	Received : 12/Dec/2023 11:42AM
UHID/MR No : GBAN.0000018883	Reported : 12/Dec/2023 12:37PM
Visit ID : CBASOPV97919	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 291869	

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
ALKALINE PHOSPHATASE , <i>SERUM</i>	98.00	U/L	30-120	IFCC
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	17.00	U/L	<55	IFCC



SIN No:SE04567023

NABL renewal accreditation under process

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

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



Patient Name : Mr.PADMANABHAN M	Collected : 12/Dec/2023 09:02AM
Age/Gender : 59 Y 0 M 15 D/M	Received : 12/Dec/2023 11:46AM
UHID/MR No : GBAN.0000018883	Reported : 12/Dec/2023 01:06PM
Visit ID : CBASOPV97919	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 291869	

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
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

Test Name	Result	Unit	Bio. Ref. Range	Method
TRI-iodothyronine (T3, TOTAL)	0.96	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	4.62	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.470	µIU/mL	0.35-4.94	CMIA

Comment:

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

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

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



SIN No:SPL23180219

NABL renewal accreditation under process

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



Patient Name : Mr.PADMANABHAN M	Collected : 12/Dec/2023 09:02AM
Age/Gender : 59 Y 0 M 15 D/M	Received : 12/Dec/2023 11:46AM
UHID/MR No : GBAN.0000018883	Reported : 12/Dec/2023 12:57PM
Visit ID : CBASOPV97919	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 291869	

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	25.5	ng/mL		CMIA

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.

VITAMIN B12 , SERUM	265	pg/mL	187 - 883	CMIA
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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. A significant increase in RBC MCV may be an important

Patient Name	: Mr.PADMANABHAN M	Collected	: 12/Dec/2023 09:02AM
Age/Gender	: 59 Y 0 M 15 D/M	Received	: 12/Dec/2023 11:46AM
UHID/MR No	: GBAN.0000018883	Reported	: 12/Dec/2023 12:57PM
Visit ID	: CBASOPV97919	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 291869		

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
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indicator of vitamin B12 deficiency.

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.



SIN No:SPL23180219

NABL renewal accreditation under process

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Patient Name : Mr.PADMANABHAN M	Collected : 12/Dec/2023 09:02AM
Age/Gender : 59 Y 0 M 15 D/M	Received : 12/Dec/2023 11:46AM
UHID/MR No : GBAN.0000018883	Reported : 12/Dec/2023 01:06PM
Visit ID : CBASOPV97919	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 291869	

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
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.442	ng/mL	<4	CMIA



SIN No:SPL23180219

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Address:
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 Karnataka - 560034



Patient Name : Mr.PADMANABHAN M	Collected : 12/Dec/2023 09:01AM
Age/Gender : 59 Y 0 M 15 D/M	Received : 12/Dec/2023 01:00PM
UHID/MR No : GBAN.0000018883	Reported : 12/Dec/2023 02:21PM
Visit ID : CBASOPV97919	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 291869	

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
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

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

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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
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



SIN No:UR2239588

NABL renewal accreditation under process

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Karnataka- 560034

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

Patient Name	: Mr.PADMANABHAN M	Collected	: 12/Dec/2023 09:02AM
Age/Gender	: 59 Y 0 M 15 D/M	Received	: 12/Dec/2023 01:00PM
UHID/MR No	: GBAN.0000018883	Reported	: 12/Dec/2023 02:56PM
Visit ID	: CBASOPV97919	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 291869		

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
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

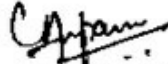
Result/s to Follow:
PERIPHERAL SMEAR



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



Dr.Shobha Emmanuel
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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



Patient Name : Mr. Padmanabhan M

Age/Gender : 59 Y/M

UHID/MR No. : GBAN.0000018883

OP Visit No : CBASOPV97919

Sample Collected on :

Reported on : 12-12-2023 14:51

LRN# : RAD2176243

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 291869

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

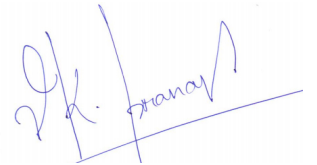
Both costophrenic and cardiophrenic angles are clear.

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

Patient Name : Mr. Padmanabhan M

Age/Gender : 59 Y/M

UHID/MR No. : GBAN.0000018883

OP Visit No : CBASOPV97919

Sample Collected on :

Reported on : 12-12-2023 13:35

LRN# : RAD2176243

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 291869

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears normal in size (13.0 cm) and increased in echotexture. Few small multifocal hyperechoic hemangioma in SEGMENT VIII. 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: Post nephrectomy status.

Left kidney appear normal in size 11.2x1.6 cm, shape and echopattern. Upper-pole simple cortical cyst measuring 1.6x1.2 cm.

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. Pre-void 105 cc and Post-void 25cc, Non significant.

Prostate is mildly enlarged in size and volume measuring 3.8x3.7x3.6 cm (volume 27 cc) and echo texture.

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

IMPRESSION:-

Grade I Fatty Liver.

Hepatic Hemangioma's as described above.

Right Post Nephrectomy Status.

Left Renal Cortical Simple Cyst.

Grade I Prostatomegaly suggested PSA correlation.

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 PRNAV VENKATESH



Patient Name : Mr. Padmanabhan M

Age/Gender : 59 Y/M

MBBS,MD
Radiology

Name : Mr. Padmanabhan M

Age: 59 Y

Sex: M

UHID:GBAN.0000018883



Address : #86,I B Cross, 5th Block, BSK 3rd Stage,3rd Phase

OP Number:CBASOPV97919

 Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
 INDIA OP AGREEMENT

Bill No :CBAS-OCR-59595

Date : 12.12.2023 08:59

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
4	HbA1c, GLYCATED HEMOGLOBIN	
5	2 D-ECHO R5 X TMT → 1st floor	
6	ALKALINE PHOSPHATASE - SERUM/PLASMA	
7	LIVER FUNCTION TEST (LFT)	
8	X-RAY CHEST PA 9:35 am. R9	
9	GLUCOSE, FASTING	
10	HEMOGRAM + PERIPHERAL SMEAR	
11	ENT CONSULTATION	
12	FITNESS BY GENERAL PHYSICIAN	
13	DIET CONSULTATION	
14	COMPLETE URINE EXAMINATION	
15	URINE GLUCOSE(POST PRANDIAL)	
16	PERIPHERAL SMEAR	
17	ECG	
18	BLOOD GROUP ABO AND RH FACTOR	
19	VITAMIN B12	
20	LIPID PROFILE	
21	BODY MASS INDEX (BMI)	
22	OPHTHAL BY GENERAL PHYSICIAN	
23	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
24	ULTRASOUND - WHOLE ABDOMEN R5! 10:45 - 11:00 am.	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
26	DENTAL CONSULTATION R5 First floor.	
27	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
28	VITAMIN D - 25 HYDROXY (D2+D3)	

Physio → (6)

HT - 174

WT - 83.4

BP - 130/90

PR - 92

W.d - 103

H.P - 105

Padmanabhan. M.
59/M.

12/12/23
12:35

pt has come for general dental check up.

On Examination

$\frac{4}{4}$ Cervical abrasion adms Comp filling $\frac{4}{4}$

Car. , st - adv. oral prophylaxis

↑

Dr. Deepthi

99000/8997.

EYE CHECK UP REPORT

Mr. Padmanabhan

59 y/m

12/12/23

18883

Vision $\left\{ \begin{array}{l} 6/6 \\ \approx RGP \end{array} \right.$
Acuity $\left\{ \begin{array}{l} 6/6 \end{array} \right.$

Near $\left\{ \begin{array}{l} N24 \\ \approx RGP \end{array} \right.$
Vision $\left\{ \begin{array}{l} N24 \end{array} \right.$

Digital $\left(\begin{array}{c} \text{N} \end{array} \right)$
IOP $\left(\begin{array}{c} \text{N} \end{array} \right)$

Colour $\left\{ \begin{array}{l} \text{Normal} \end{array} \right.$
Vision $\left\{ \begin{array}{l} \text{Normal} \end{array} \right.$

• Fundus: Normal @ study

• Ant. Segment :- WNL

• Media: Normal

Pupil: APP

RC +2.0, SPH, N⁶ Adv glasses for near

Reading only

CHS

Mr. Padmanabhan, 59yrs.

12/12/23

CV - 1.5gm/dl. K - 4.8 -

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Broken Wheat. My Soap.
Traditional.
Breakfast.

Kechi.
Idly / Dosa
(3) / (2)

(No cornflakes /
(OV)
OATS
Ragi, millets.
Avoid: Fruit juices,
canned dals, Sady,

Boiled up -
Rice, white itus.

Alcohol, smoking,
deep fried items,
packed foods.

Avoid: Drugs,
pulses,

paracetol.

hi salted, hisweetened probi
Tender coconut, banana,
Tea, coffee (strong)

Dr. Whitaker

Follow up date:

Doctor Signature

Fw: Your appointment is confirmed

Padmanabhan Munirathinam <padhunaidu@yahoo.com>

Tue 12/12/2023 8:31 AM

To:Basavanagudi Apolloclinic <basavanagudi@apolloclinic.com>

Health check confirmation mail

Padmanabhan
Union bank of India
PF 600276

Sent from Yahoo Mail for iPhone

Begin forwarded message:

On Saturday, December 9, 2023, 1:56 PM, noreply@apolloclinics.info wrote:

Dear PADMANABHAN M .,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **BASAVANAGUDI clinic** on **2023-12-12** at **08:30-08:45**.

Payment Mode	Credit
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."

Apollo Clinic

CONSENT FORM

Patient Name: Padmanabhan Age:

UHID Number: Company Name:

I Mr/Mrs/Ms Padmanabhan 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.

*EMT & Fitne by GP
Pandin*

And I claim the above statement in my full consciousness.

Patient Signature: Date:



सिद्धि-संस्था
GOVERNMENT OF INDIA

ನಮ್ ಪದ್ಮನಾಭನ್
M Padmanabhan
ಜನ್ಮ ದಿನಾಂಕ/DOB: 27/06/1964
ಲಿಂಗ/ GENDER: MALE
Mobile No: 9845836767



5183 7161 8658
VID : 9182 0000 7629 6712

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

MR PADAMANABHAN, M
 ID: 008723
 59 years
 174cm
 12-Dec-2023
 11:06:04
 Meds: HYPERTENSION

Asian
 83kg

Referred by: ARCOFEMI
 Test ind:

BRUCE
 Max HR: 156bpm
 Max BP: 140/90
 Reason for Termination: 10.1METS
 Total Exercise time: 8:22
 96% of max predicted 161bpm
 Maximum workload: 10.1METS

25.0 mm/s
 10.0 mm/mV
 100hz

Comments: MODERATE EFFORT TOLERANCE
 NORMALBP NAD HR RESPONS
 NO SIGNIFICANT STT CHANGES
 NO ANGINA OR ARRHYTHMAL DURING EXERCISE
 TMT IS NEGATIVEFOR INDUCIBLE ISCHEMIA

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	WorkLoad (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	0:15	***	***	1.0	97	130/90	126
	STANDING	0:10	***	***	1.0	97	130/90	126
EXERCISE	HYPERTENT	0:20	0.8	0.0	1.1	100	130/90	130
	STAGE 1	3:00	1.7	10.0	4.6	127	130/90	165
	STAGE 2	3:00	2.5	12.0	7.0	141	140/90	197
RECOVERY	STAGE 3	2:22	3.4	14.0	10.1	156	140/90	218
	Post	3:05	***	***	1.0	116	140/90	162

Technician:

THE APOLLO CLINIC, BASAVANGUDI, BANGALOR
 Unconfirmed
 Arrow CC

MAC55 009A

Vent. rate 94 bpm
 PR interval 138 ms
 QRS duration 78 ms
 QT/QTc 350/437 ms
 P-R-T axes 60 13 48
 BP 130/90mmHg

Normal sinus rhythm
 Low voltage QRS
 Borderline ECG

Technician:
 Test ind:
 Meds: HYPERTENSION

Referred by: ARCOFEMI

Unconfirmed

