

Patient Name : Mr. PREMAKUMARAN PRAJITH Age : 42 Y/M  
 UHID : CMAR.0000338620 OP Visit No : CMAROPV768210  
 Conducted By: : Conducted Date : 29-01-2024 19:52  
 Referred By : SELF

**ECHO ( 2D & COLOUR DOPPLER)**

| DIMENSIONS | VALUES | VALUES(RANGE) | DIMENSIONS | VALUES | VALUES(RANGE) |
|------------|--------|---------------|------------|--------|---------------|
| AO(ed)     | 30mm   | 25 - 37 mm    | IVS(ed)    | 09mm   | 06 - 11 mm    |
| LA(es)     | 35mm   | 19 - 40 mm    | LVPW(ed)   | 08mm   | 06 - 11 mm    |
| RVID(ed)   | 17mm   | 07 - 21 mm    | EF         | 60 %   | (50 – 70 %)   |
| LVID(ed)   | 45mm   | 35 - 55 mm    | %FD        | 35%    | (25 – 40%)    |
| LVID(es)   | 30mm   | 24 - 42 mm    |            |        |               |

**MORPHOLOGICAL DATA**

|                         |            |
|-------------------------|------------|
| Situs                   | Solitus    |
| Cardiac position        | Levocardia |
| Systemic veins          | Normal     |
| Pulmonary veins         | Normal     |
| Mitral valve            | Normal     |
| Aortic Valve            | Normal     |
| Tricuspid Valve         | Normal     |
| Pulmonary Valve         | Normal     |
| Right Ventricle         | Normal     |
| Left Ventricle          | Normal     |
| Interatrial Septum      | Intact     |
| Interventricular Septum | Intact     |
| Pulmonary Artery        | Normal     |
| Aorta                   | Normal     |
| Right Atrium            | Normal     |
| Left Atrium             | Normal     |

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|                 |  |
|-----------------|--|
| LV – RWMA       | No RWMA at rest.   |
| LV – FUNCTION   | Normal systolic function   |
| Pericardium     | Normal Study   |
| Doppler Studies | Normal   |
| Doppler Summary | Normal   |
| Rhythm          | Sinus  |
| IMPRESSION      | Normal cardiac chambers<br>Normal valves<br>Normal LV Systolic function<br>No pulmonary hypertension<br>No RWMA at rest<br>Normal pericardium,<br>No intracardiac masses / thrombi |

**Dr. Kapil Rangan**  
**Consultant Cardiologist**  
**KMC No. 88625**

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Premakumaran P on 27/1/24

After reviewing the medical history and on clinical examination it has been found that he/she is

|  | Tick                                |
|--|-------------------------------------|
| <ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>  | <input checked="" type="checkbox"/> |
| <ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p> |                                     |
| <ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>   |                                     |
| <ul style="list-style-type: none"> <li>• Unfit</li> </ul>  |                                     |

Dr. \_\_\_\_\_  
Medical Officer



*This certificate is not meant for medico-legal purposes*

Date : 27-01-2024 Department : GENERAL  
 MR NO : CMAR.0000338620 Doctor :  
 Name : Mr. PREMAKUMARAN PRAJITH Registration No :  
 Age/ Gender : 42 Y / Male Qualification :

Consultation Timing: 08:46

|                 |                  |        |                     |
|-----------------|------------------|--------|---------------------|
| Height : 173 cm | Weight : 71.7 kg | BMI :  | Waist Circum :      |
| Temp :          | Pulse : 84 bpm   | Resp : | B.P : 110 / 70 mmHg |

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

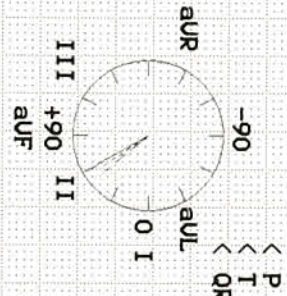
Follow up date:

Doctor Signature



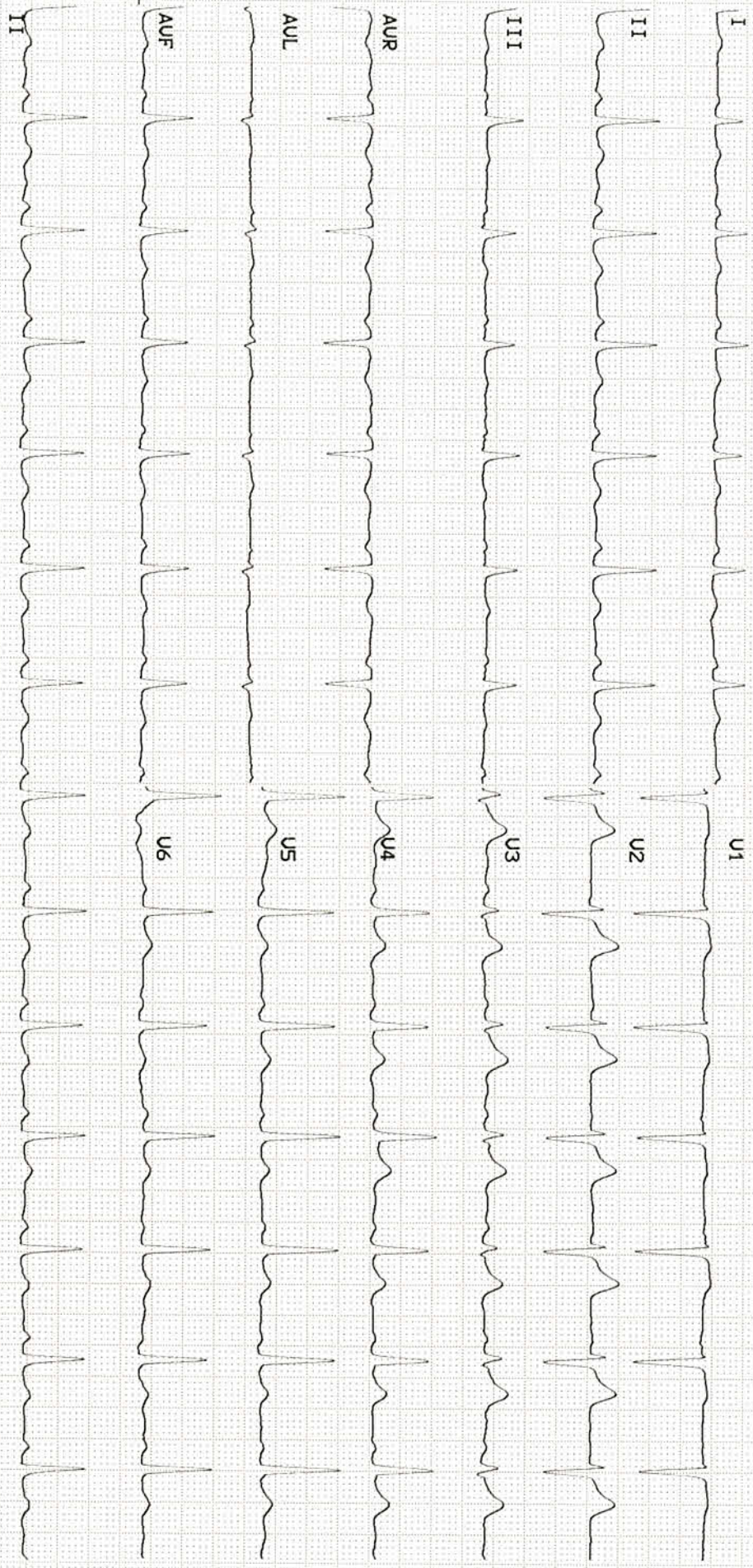
Measurement Results:

|           |   |                      |
|-----------|---|----------------------|
| QRS       | : | 100 ms               |
| QT/QTcB   | : | 364 / 428 ms         |
| PR        | : | 140 ms               |
| P         | : | 100 ms               |
| RR/PP     | : | 724 / 715 ms         |
| P/QRS/T   | : | 55 / 60 / 50 degrees |
| QTd/QTcBd | : | 42 / 49 ms           |
| Sokolow   | : | 2.3 mV               |
| NK        | : | 11                   |



Interpretation:

normal ECG



Unconfirmed report.



|                    |                            |             |                    |
|--------------------|----------------------------|-------------|--------------------|
| Patient Name       | : Mr. PREMAKUMARAN PRAJITH | Age         | : 42 Y M           |
| UHID               | : CMAR.0000338620          | OP Visit No | : CMAROPV768210    |
| Reported on        | : 27-01-2024 14:34         | Printed on  | : 27-01-2024 16:17 |
| Adm/Consult Doctor | :                          | Ref Doctor  | : SELF             |

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER:** Appears normal in size ( 15.0 cm), shape and **shows diffuse increase in echopattern.** No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

**GALLBLADDER:** Partially distended.No definite calculi identified in this state of distension . No evidence of abnormal wall thickening noted.

**SPLEEN:** Appears normal in size, and shows normal echopattern. No focal parenchymal lesions identified.

**PANCREAS:** Head and body appears normal. Rest obscured by bowel gas.

**KIDNEYS:** Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 9.4 cm and parenchymal thickness measures 1.3 cm.

Left kidney measures 10.8 cm and parenchymal thickness measures 1.7 cm.

**URINARY BLADDER:** Partially distended and appears normal. No evidence of abnormal wall thickening noted.

**PROSTATE:** Prostate is normal in size and echo-pattern. It measure 3.3 x 3.1 x 3.1 cm.vol - 16.7 cc

No free fluid or lymphadenopathy is seen.

Visualized bowel loops appears normal.

#### IMPRESSION:

**GRADE I FATTY INFILTRATION OF LIVER.**

**NO OTHER SIGNIFICANT ABNORMALITY DETECTED.**

Suggested clinical correlation and further evaluation if needed.

|                    |                            |             |                    |
|--------------------|----------------------------|-------------|--------------------|
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Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
- 3 .please note: non obstructing ureteric calculi; small renal/ ureteric calculi may not always be detected on USG; a CT KUB is advised if symptoms persist .
4. Printing mistakes should immediately be brought to notice for correction.
5. This is USG Abdomen screening.

Printed on: 27-01-2024 14:34

---End of the Report---



**Dr. NAVEEN KUMAR K**  
MBBS, DMRD Radiology, (DNB)  
Radiology

|                    |                                 |                 |                 |
|--------------------|---------------------------------|-----------------|-----------------|
| <b>NAME</b>        | <b>MR. PREMAKUMARAN PRAJITH</b> | <b>DATE</b>     | <b>27/01/24</b> |
| <b>AGE</b>         | <b>42 YRS</b>                   | <b>SEX</b>      | <b>MALE.</b>    |
| <b>REFERRED BY</b> | <b>Dr. KAPIL RANGAN</b>         | <b>BILL NO:</b> | <b>-</b>        |

**ECHO (COLOUR DOPPLER)**

| <b>DIMENSIONS</b> | <b>VALUES</b> | <b>VALUES(RANGE)</b> | <b>DIMENSIONS</b> | <b>VALUES</b> | <b>VALUES(RANGE)</b> |
|-------------------|---------------|----------------------|-------------------|---------------|----------------------|
| AO(ed)            | 25mm          | 25 - 37 mm           | IVS(ed)           | 10mm          | 06 - 11 mm           |
| LA(es)            | 34mm          | 19 - 40 mm           | LVPW(ed)          | 09mm          | 06 - 11 mm           |
| RVID(ed)          | 16mm          | 07 - 21 mm           | EF                | 60 %          | (50 - 70 %)          |
| LVID(ed)          | 38mm          | 35 - 55 mm           | %FD               | 30%           | (25 - 40%)           |
| LVID(es)          | 22mm          | 24 - 42 mm           |                   |               |                      |

**MORPHOLOGICAL DATA**

|                         |            |
|-------------------------|------------|
| Situs                   | Solitus    |
| Cardiac position        | Levocardia |
| Systemic veins          | Normal     |
| Pulmonary veins         | Normal     |
| Mitral valve            | Normal     |
| Aortic Valve            | Normal     |
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| Right Ventricle         | Normal     |
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| Interatrial Septum      | Intact     |
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| Aorta                   | Normal     |



|                 |   |
|-----------------|---|
| Right Atrium    | Normal  |
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| LV – RWMA       | No RWMA at rest.  |
| LV – FUNCTION   | Normal systolic function  |
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| Doppler Summary | Normal  |
| Rhythm          | Sinus   |
| IMPRESSION      | <p>Normal cardiac chambers</p> <p>Normal valves</p> <p>Normal LV Systolic function</p> <p>No pulmonary hypertension</p> <p>No RWMA at rest</p> <p>Normal pericardium,</p> <p>No intracardiac masses / thrombi</p> |

  
Dr. Kapil Rangan

Consultant Cardiologist

KMC No. 88625

**Patient Name** : Mr. PREMAKUMARAN PRAJITH

**Age/Gender** : 42 Y/M

**UHID/MR No.** : CMAR.0000338620

**OP Visit No** : CMAROPV768210

**Sample Collected on** :

**Reported on** : 27-01-2024 18:34

**LRN#** : RAD2217781

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 9746150670D

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. NAVEEN KUMAR K**  
**MBBS, DMRD Radiology, (DNB)**  
Radiology

|                            |                            |                    |                    |
|----------------------------|----------------------------|--------------------|--------------------|
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| <b>UHID/MR No.</b>         | : CMAR.0000338620          | <b>OP Visit No</b> | : CMAROPV768210    |
| <b>Sample Collected on</b> | :                          | <b>Reported on</b> | : 27-01-2024 14:36 |
| <b>LRN#</b>                | : RAD2217781               | <b>Specimen</b>    | :                  |
| <b>Ref Doctor</b>          | : SELF                     |                    |                    |
| <b>Emp/Auth/TPA ID</b>     | : 9746150670D              |                    |                    |

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#### IMPRESSION:

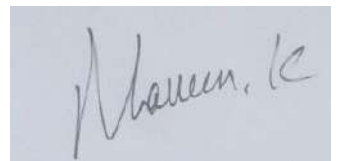
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**Dr. NAVEEN KUMAR K**  
**MBBS, DMRD Radiology, (DNB)**  
Radiology



|  |  |
|--|--|
| Patient Name : Mr.PREMAKUMARAN PRAJITH | Collected : 27/Jan/2024 08:57AM            |
| Age/Gender : 42 Y 2 M 26 D/M           | Received : 27/Jan/2024 11:34AM             |
| UHID/MR No : CMAR.0000338620           | Reported : 27/Jan/2024 01:37PM             |
| Visit ID : CMAROPV768210               | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9746150670D          |  |

DEPARTMENT OF HAEMATOLOGY

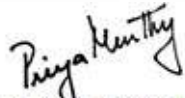
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name                                   | Result      | Unit                    | Bio. Ref. Range | Method                         |
|---|-------------|-------------------------|-----------------|--------------------------------|
| <b>HEMOGRAM , WHOLE BLOOD EDTA</b>          |             |                         |                 |                                |
| <b>HAEMOGLOBIN</b>                          | 16.2        | g/dL                    | 13-17           | Spectrophotometer              |
| PCV   | 46.60       | %                       | 40-50           | Electronic pulse & Calculation |
| RBC COUNT                                   | 5.34        | Million/cu.mm           | 4.5-5.5         | Electrical Impedence           |
| MCV   | 87.2        | fL                      | 83-101          | Calculated                     |
| MCH   | 30.2        | pg                      | 27-32           | Calculated                     |
| MCHC  | <b>34.7</b> | g/dL                    | 31.5-34.5       | Calculated                     |
| R.D.W                                       | <b>14.2</b> | %                       | 11.6-14         | Calculated                     |
| TOTAL LEUCOCYTE COUNT (TLC)                 | 5,620       | cells/cu.mm             | 4000-10000      | Electrical Impedence           |
| <b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>  |             |                         |                 |                                |
| NEUTROPHILS                                 | <b>38.4</b> | %                       | 40-80           | Electrical Impedence           |
| LYMPHOCYTES                                 | <b>48.8</b> | %                       | 20-40           | Electrical Impedence           |
| EOSINOPHILS                                 | 5.6         | %                       | 1-6             | Electrical Impedence           |
| MONOCYTES                                   | 6.5         | %                       | 2-10            | Electrical Impedence           |
| BASOPHILS                                   | 0.7         | %                       | <1-2            | Electrical Impedence           |
| <b>ABSOLUTE LEUCOCYTE COUNT</b>             |             |                         |                 |                                |
| NEUTROPHILS                                 | 2158.08     | Cells/cu.mm             | 2000-7000       | Calculated                     |
| LYMPHOCYTES                                 | 2742.56     | Cells/cu.mm             | 1000-3000       | Calculated                     |
| EOSINOPHILS                                 | 314.72      | Cells/cu.mm             | 20-500          | Calculated                     |
| MONOCYTES                                   | 365.3       | Cells/cu.mm             | 200-1000        | Calculated                     |
| BASOPHILS                                   | 39.34       | Cells/cu.mm             | 0-100           | Calculated                     |
| <b>PLATELET COUNT</b>                       | 295000      | cells/cu.mm             | 150000-410000   | Electrical impedence           |
| <b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b> | 2           | mm at the end of 1 hour | 0-15            | Modified Westergren            |
| <b>PERIPHERAL SMEAR</b>                     |             |                         |                 |                                |

RBCs: are normocytic normochromic



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



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



SIN No: BED240019449

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

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

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

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Karnataka - 560034

 1860 500 7788  
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DEPARTMENT OF HAEMATOLOGY

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

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

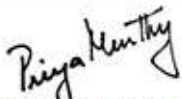
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**



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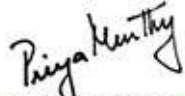
DEPARTMENT OF HAEMATOLOGY

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

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



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|  |  |
|--|--|
| Patient Name : Mr.PREMAKUMARAN PRAJITH | Collected : 27/Jan/2024 08:57AM            |
| Age/Gender : 42 Y 2 M 26 D/M           | Received : 27/Jan/2024 11:43AM             |
| UHID/MR No : CMAR.0000338620           | Reported : 27/Jan/2024 01:12PM             |
| Visit ID : CMAROPV768210               | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9746150670D          |  |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name                     | Result | Unit  | Bio. Ref. Range | Method     |
|-------------------------------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 105    | 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) | 115    | 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 |        |      |                 |        |



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SIN No:EDT240008236

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DEPARTMENT OF BIOCHEMISTRY

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

|                                 |     |       |            |
|---------------------------------|-----|-------|------------|
| HBA1C, GLYCATED HEMOGLOBIN      | 5.5 | %     | HPLC       |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 111 | 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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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name                    | Result | Unit  | Bio. Ref. Range | Method                     |
|------------------------------|--------|-------|-----------------|----------------------------|
| <b>LIPID PROFILE , SERUM</b> |        |       |                 |                            |
| TOTAL CHOLESTEROL            | 276    | mg/dL | <200            | CHO-POD                    |
| TRIGLYCERIDES                | 179    | mg/dL | <150            | GPO-POD                    |
| HDL CHOLESTEROL              | 56     | mg/dL | 40-60           | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL          | 220    | mg/dL | <130            | Calculated                 |
| LDL CHOLESTEROL              | 184.4  | mg/dL | <100            | Calculated                 |
| VLDL CHOLESTEROL             | 35.8   | mg/dL | <30             | Calculated                 |
| CHOL / HDL RATIO             | 4.93   |       | 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<br>Near Optimal 100-129  | 130 - 159       | 160 - 189 | ≥ 190     |
| HDL                 | ≥ 60                                   |                 |           |           |
| NON-HDL CHOLESTEROL | Optimal <130;<br>Above Optimal 130-159 | 160-189         | 190-219   | >220      |

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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

Page 6 of 16



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| Visit ID : CMAROPV768210               | Status : Final Report                      |
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**DEPARTMENT OF BIOCHEMISTRY**

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



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| Test Name                                | Result | Unit  | Bio. Ref. Range | Method             |
|--|--------|-------|-----------------|--------------------|
| <b>LIVER FUNCTION TEST (LFT) , SERUM</b> |        |       |                 |                    |
| BILIRUBIN, TOTAL                         | 0.59   | mg/dL | 0.3-1.2         | DPD                |
| BILIRUBIN CONJUGATED (DIRECT)            | 0.07   | mg/dL | <0.2            | DPD                |
| BILIRUBIN (INDIRECT)                     | 0.52   | mg/dL | 0.0-1.1         | Dual Wavelength    |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)      | 44     | U/L   | <50             | IFCC               |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT)    | 26.0   | U/L   | <50             | IFCC               |
| ALKALINE PHOSPHATASE                     | 59.00  | U/L   | 30-120          | IFCC               |
| PROTEIN, TOTAL                           | 7.11   | g/dL  | 6.6-8.3         | Biuret             |
| ALBUMIN                                  | 4.66   | g/dL  | 3.5-5.2         | BROMO CRESOL GREEN |
| GLOBULIN                                 | 2.45   | g/dL  | 2.0-3.5         | Calculated         |
| A/G RATIO                                | 1.9    |       | 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.



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3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



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| Test Name   | Result | Unit   | Bio. Ref. Range | Method                   |
|---|--------|--------|-----------------|--------------------------|
| <b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b> |        |        |                 |                          |
| CREATININE  | 0.98   | mg/dL  | 0.67-1.17       | Jaffe's, Method          |
| UREA  | 29.00  | mg/dL  | 17-43           | GLDH, Kinetic Assay      |
| BLOOD UREA NITROGEN   | 13.6   | mg/dL  | 8.0 - 23.0      | Calculated               |
| URIC ACID   | 7.00   | mg/dL  | 3.5-7.2         | Uricase PAP              |
| CALCIUM   | 9.50   | mg/dL  | 8.8-10.6        | Arsenazo III             |
| PHOSPHORUS, INORGANIC                                       | 3.45   | mg/dL  | 2.5-4.5         | Phosphomolybdate Complex |
| SODIUM  | 141    | mmol/L | 136-146         | ISE (Indirect)           |
| POTASSIUM   | 4.4    | mmol/L | 3.5-5.1         | ISE (Indirect)           |
| CHLORIDE  | 107    | mmol/L | 101-109         | ISE (Indirect)           |



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|--|--|
| Patient Name : Mr.PREMAKUMARAN PRAJITH | Collected : 27/Jan/2024 08:57AM            |
| Age/Gender : 42 Y 2 M 26 D/M           | Received : 27/Jan/2024 11:58AM             |
| UHID/MR No : CMAR.0000338620           | Reported : 27/Jan/2024 12:39PM             |
| Visit ID : CMAROPV768210               | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9746150670D          |  |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name                                   | Result | Unit | Bio. Ref. Range | Method |
|---|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 31.00  | U/L  | <55             | IFCC   |



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

SIN No:SE04610507

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| Age/Gender : 42 Y 2 M 26 D/M           | Received : 27/Jan/2024 01:07PM             |
| UHID/MR No : CMAR.0000338620           | Reported : 27/Jan/2024 05:19PM             |
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| Emp/Auth/TPA ID : 9746150670D          |  |

DEPARTMENT OF IMMUNOLOGY

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

| Test Name  | Result | Unit   | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| <b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b> |        |        |                 |        |
| TRI-iodothyronine (T3, TOTAL)                      | 0.89   | ng/mL  | 0.64-1.52       | CMIA   |
| THYROXINE (T4, TOTAL)                              | 6.80   | µg/dL  | 4.87-11.72      | CMIA   |
| THYROID STIMULATING HORMONE (TSH)                  | 2.570  | µIU/mL | 0.35-4.94       | CMIA   |

Comment:

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

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

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




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

SIN No:SPL24012749

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| Visit ID : CMAROPV768210               | Status : Final Report                      |
| Ref Doctor : Dr.SELF                   | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9746150670D          |  |

DEPARTMENT OF IMMUNOLOGY

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

|      |      |      |      |  |
|------|------|------|------|--|
| High | High | High | High | Pituitary Adenoma; TSHoma/Thyrotropinoma |
|------|------|------|------|--|



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DEPARTMENT OF IMMUNOLOGY

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

| Test Name                                       | Result | Unit  | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|--------|
| TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM | 0.564  | ng/mL | <4              | CMIA   |



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| Patient Name : Mr.PREMAKUMARAN PRAJITH | Collected : 27/Jan/2024 08:57AM            |
| Age/Gender : 42 Y 2 M 26 D/M           | Received : 27/Jan/2024 11:48AM             |
| UHID/MR No : CMAR.0000338620           | Reported : 27/Jan/2024 12:36PM             |
| Visit ID : CMAROPV768210               | Status : Final Report                      |
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DEPARTMENT OF CLINICAL PATHOLOGY

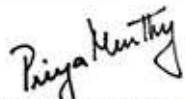
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name  | Result      | Unit | Bio. Ref. Range  | Method                     |
|--|-------------|------|------------------|----------------------------|
| <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  |
| BLOOD  | NEGATIVE    |      | NEGATIVE         | Peroxidase                 |
| NITRITE  | NEGATIVE    |      | NEGATIVE         | Diazotization              |
| LEUCOCYTE ESTERASE                                   | NEGATIVE    |      | NEGATIVE         | LEUCOCYTE ESTERASE         |
| <b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b> |             |      |                  |                            |
| PUS CELLS  | 2-3         | /hpf | 0-5              | Microscopy                 |
| EPITHELIAL CELLS                                     | 1-2         | /hpf | <10              | MICROSCOPY                 |
| RBC  | NIL         | /hpf | 0-2              | MICROSCOPY                 |
| CASTS  | NIL         |      | 0-2 Hyaline Cast | MICROSCOPY                 |
| CRYSTALS   | ABSENT      |      | ABSENT           | MICROSCOPY                 |

Page 15 of 16



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



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



SIN No: UR2269052

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| Age/Gender : 42 Y 2 M 26 D/M           | Received : 27/Jan/2024 11:48AM             |
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| Visit ID : CMAROPV768210               | Status : Final Report                      |
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| Emp/Auth/TPA ID : 9746150670D          |  |

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

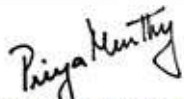
\*\*\* End Of Report \*\*\*

Result/s to Follow:  
PERIPHERAL SMEAR

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



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



SIN No: UF010341

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