





Patient Name : Mr.RIDHI SUNDAR ROUT

Age/Gender : 36 Y 8 M 15 D/M
UHID/MR No : CINR.0000164011
Visit ID : CINROPV221462

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9665902276 Collected : 09/Mar/2024 09:12AM Received : 09/Mar/2024 11:18AM

Reported : 09/Mar/2024 01:58PM

Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF HAEMATOLOGY**

# ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.8	g/dL	13-17	Spectrophotometer
PCV	43.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.27	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	83.2	fL	83-101	Calculated
MCH	28.1	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,220	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (	DLC)			
NEUTROPHILS	52.3	%	40-80	Electrical Impedance
LYMPHOCYTES	36.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.9	%	1-6	Electrical Impedance
MONOCYTES	8.5	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3776.06	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2613.64	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	209.38	Cells/cu.mm	20-500	Calculated
MONOCYTES	613.7	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7.22	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.44		0.78- 3.53	Calculated
PLATELET COUNT	303000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	18	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

Page 1 of 15

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

SIN No:BED240062757

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Page 2 of 15



M.B.B.S, M.D (Pathology) Consultant Pathologist

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

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

M.B.B.S, M.D (Pathology) Consultant Pathologist

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#### **DEPARTMENT OF BIOCHEMISTRY**

# ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING, NAF PLASMA	97	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:

- 1.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
- 2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	111	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) , $\nu$	VHOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC

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



SIN No:EDT240028506

CONSULTANT BIOCHEMIST

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Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744 APOLLO CLINICS NETWORK









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# ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

ESTIMATED AVERAGE GLUCOSE	111	mg/dL	Calculated
(eAG)			

#### **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.
- 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)

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

M.B.B.S, M.D (Pathology) Consultant Pathologist



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Reported

# ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	257	mg/dL	<200	CHO-POD
TRIGLYCERIDES	249	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	212	mg/dL	<130	Calculated
LDL CHOLESTEROL	162.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	49.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.72		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

- 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.

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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:SE04655317

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

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

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Consultant Pathologist

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#### **DEPARTMENT OF BIOCHEMISTRY**

Status

# ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.68	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.58	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	51	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	77.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.63	g/dL	6.6-8.3	Biuret
ALBUMIN	4.78	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.85	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		0.9-2.0	Calculated

#### **Comment:**

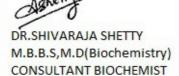
LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

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 > 1In 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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M.B.B.S, M.D (Pathology) Consultant Pathologist



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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SER	RUM		
CREATININE	0.87	mg/dL	0.67-1.17	Jaffe's, Method
UREA	20.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	8.36	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.89	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.63	g/dL	6.6-8.3	Biuret
ALBUMIN	4.78	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.85	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		0.9-2.0	Calculated

M.B.B.S,M.D(Pathology)

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

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

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#### **DEPARTMENT OF IMMUNOLOGY**

#### ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method				
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM								
TRI-IODOTHYRONINE (T3, TOTAL)	1	ng/mL	0.7-2.04	CLIA				
THYROXINE (T4, TOTAL)	13.1	μg/dL	5.48-14.28	CLIA				
THYROID STIMULATING HORMONE (TSH)	4.424	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	Т3	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

Page 11 of 15

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

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



SIN No:SPL24041628

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

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

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK









: Mr.RIDHI SUNDAR ROUT

Age/Gender UHID/MR No : 36 Y 8 M 15 D/M

Visit ID

: CINR.0000164011 : CINROPV221462

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 9665902276

Collected

: 09/Mar/2024 09:12AM

Received

: 09/Mar/2024 11:31AM

Reported Status : 09/Mar/2024 02:22PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF IMMUNOLOGY**

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

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

Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 12 of 15



SIN No:SPL24041628

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

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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









Patient Name : Mr.RIDHI SUNDAR ROUT

Age/Gender : 36 Y 8 M 15 D/M UHID/MR No : CINR.0000164011 Visit ID : CINROPV221462

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9665902276 Collected : 09/Mar/2024 09:11AM Received : 09/Mar/2024 12:27PM

: 09/Mar/2024 01:38PM Reported

: Final Report : ARCOFEMI HEALTHCARE LIMITED Sponsor Name

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

Status

# ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Result Unit		Method	
COMPLETE URINE EXAMINATION (	CUE) , URINE				
PHYSICAL EXAMINATION					
COLOUR	PALE YELLOW		PALE YELLOW	Visual	
TRANSPARENCY	CLEAR		CLEAR	Visual	
рН	6.0		5-7.5	DOUBLE INDICATOR	
SP. GRAVITY	1.015		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	MODIFED EHRLICH REACTION	
BLOOD	NEGATIVE		NEGATIVE	Peroxidase	
NITRITE	NEGATIVE		NEGATIVE	Diazotization	
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE	
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	1			
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	

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

Page 13 of 15



SIN No:UR2301008

THE PLEST HOUSE POPULATION THE PROPERTY OF THE









: Mr.RIDHI SUNDAR ROUT

Age/Gender

: 36 Y 8 M 15 D/M

UHID/MR No

: CINR.0000164011

Visit ID

: CINROPV221462

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 9665902276 Collected

: 09/Mar/2024 01:34PM

Received

: 09/Mar/2024 05:09PM

Reported

: 09/Mar/2024 10:26PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

# ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

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

Page 14 of 15



SIN No:UPP017059

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

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









: Mr.RIDHI SUNDAR ROUT

Age/Gender

: 36 Y 8 M 15 D/M

UHID/MR No

: CINR.0000164011

Visit ID

: CINROPV221462

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 9665902276

Collected

: 09/Mar/2024 09:11AM

Received

: 09/Mar/2024 12:27PM

Reported

: 09/Mar/2024 04:36PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

# ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

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

Result/s to Follow: PERIPHERAL SMEAR

Dr. Vidya Aniket Gore M.B.B.S,M.D(Pathology) Consultant Pathologist

Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 15 of 15



SIN No:UF011034

THE IT IS THE STEERS HAIS VOE PROPORTION THE PROPORTION THE PROPORTION THE IT IS THE STEER AND A PROPORTION THE IT IS THE IT IS THE STEER AND A PROPORTION THE ST





Name : Mr. Ridhi Sundar Rout

**Age:** 36 Y

Sex: M

Address: BANGALORE

UHID:CINR.0000164011

**OP Number:**CINROPV221462

1	: ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN	Or Mannock Charles	F Y draw to to Value			
Plan	INDIA OP AGREEMENT	Bill No :CINR-OCR-94877				
	INDIA OF AGREEMENT	Date : 09.03.2024	09:11			
Sno	Serive Type/ServiceName		Department			
1	ARÇOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO	) - PAN INDIA - FY23	24			
ار	GAMMA GLUTAMYL TRANFERASE (GGT)					
2	2 D ЕСНО	4				
	LIVER FUNCTION TEST (LFT)					
3	GLUCOSE, FASTING					
1	HEMOGRAM + PERIPHERAL SMEAR					
(	DIET CONSULTATION		**************************************			
	COMPLETE URINE EXAMINATION					
1	URINE GLUCOSE(POST PRANDIAL)	FRANCIS NA JULIUSANI AUGUS E SERBES FRANCIS	ritti			
5	PERJPHERAL SMEAR					
\ <u>\</u>	ECG .	1 1986 (1984 - 1984) 1 1 18 1 19 10 10 10				
1	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	Named as CIMBC				
12	DENTAL CONSULTATION —	Na A.O. R - R.W.	P 1 7 7			
1	CLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	e : (e),03,30% a	Kiri i			
114	URINE GLUCOSE(FASTING)	television of the second service services	Esperiment			
31.5	HbAJe, GLYCATED HEMOGLOBIN	A PARMA A SAME	1:			
H	X-RAY CHEST PA —	**** ** ** * *** * ** * * * * * * * *	The second of the second second second			
1	ENT CONSULTATION		• • • • • • • • • • • • • • • • • • • •			
18	FITNESS BY GENERAL PHYSICIAN		And the second of the second o	1. 4. 4.		
4	BLOOD GROUP ABO AND RH FACTOR	92 21 V V V V V V V V V V V V V V V V V V				
(20	LIPID PROFILE	construction of the second second second second second	Provide the Company of the Company o			
P	BODY MASS INDEX (BMI)	VI Port 40				
22	OPTHAL BY GENERAL PHYSICIAN	V	A C	1 . 4 6 440		
-23	ULTRASOUND - WHOLE ABDOMEN - after	11830 am				
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)					
— <i>—</i>						
		······································	The second secon			
		and the second of the second o		** * ** * 40		
			1	4 - W - 1 - 1 - 1 - Max		
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			garante de la casa de	and the same of the same		
			4			
				19.46		



Date Apollo
Date Hospitals09-03-2024

Department

: GENERAL

MR NO

: CINR.0000164011

Doctor

Name

: Mr. Ridhi Sundar Rout

Registration No

Qualification

Age/ Gender

36 Y / Male

Consultation Timing:

09:10

Height: 1760a	Weight: 96.2 kg	BMI: 31.11-ghz	Waist Circum: 106 ca)
Temp: 98.7	Pulse: 986/m	Resp: 2061m	B.P: 130190000119

General Examination / Allergies

History

Clinical Diagnosis & Management Plan

Follow up date:

**Doctor Signature** 

Apollo Clinic, Indiranagar

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

Phone: (080) 2521 4614/15

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# **OPTHAL PRESCRIPTION**

PATIENT NAME: TOP-	milli	Sundra	DATE: 9/3/24
UHID NO: 16 WOLL			AGE: 36

OPTOMETRIST NAME: Ms.Swathi GENDER: M

This is to certify that I have examined

years and findings of his/her eye examination are as follows,

		RIC	GHT EYE		LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	<u>ب</u>	$-\mathcal{O}($	an			A	( or ru	7
Add								

PD-RE:3/-Colour Vision: Wo word B. O.

Remarks: Why wet Jew out

Apollo clinic indiranagar

74 bom		Nothers of the state of the sta					med 1/1
	Technician: Ordering Ph: Referring Ph: Attending Ph:		\			}	Unconfirmed 4x2.5x3_25_R1
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Location. Room. Order Number: Indication: Medication 1. Medication 2.	Medication 3::				<u> </u>	_	0.56-20 Hz
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9.43.41			{	<u>{</u> }	\ \ \ \	\{ 	25 mm/s
09 03 2024 9: APOLLO CLINIC INDIRANAGAR BANGALORE			{		}	ş	
0.60 APOL INDIE BANK	80 ms 390 / 432 ms 146 ms 110 ms 812 / 810 ms 40 / 12 / 37 degrees		avr A	aw	aVF	}	12SL™ v241
Маје	QRS QT/QTcBaz PR P RR/PP P/QRS/T				<b>*</b>		AC2000 1.1
Mr ridhi ID: 164011 24.06:1987 36 Years			<u> </u>	<u>{</u> =7		<u>}</u>	GE MAC2000





TO BOOK AN ADDOMITMENT

NAME: MR RIDHI SUNDAR ROUT	AGE/SEX: 36Y/M	OP NUMBER: 164011	
Ref By : SLEF	DATE: 09-03-2024		

# M mode and doppler measurements:

CM	CM	M/sec	
AO: 2.6	IVS(D): 1.4	MV: E Vel: 0.5.	A Vel : 0.4
LA: 3.0	LVIDD(D): 3.9	AV Peak: 0.8	
	LVPW(D): 1.3	PV peak: 0.7	
	IVS(S): 1.5		
	LVID(S): 2.8		
	LVPW(S): 1.4		
	LVEF: 55%		
	TAPSE: 2.2		

# **Descriptive findings:**

Left Ventricle	Concentric LVH
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal
Aortic Valve:	Normal
Tricuspid Valve:	Normal
IAS:	Normal
IV5:	Normal

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com





Pericardium:	Normal
IVC:	Normal
Others	

**IMPRESSION:** 

**Concentric LVH** 

No Regional wall motion abnormality

No MR/AR/TR

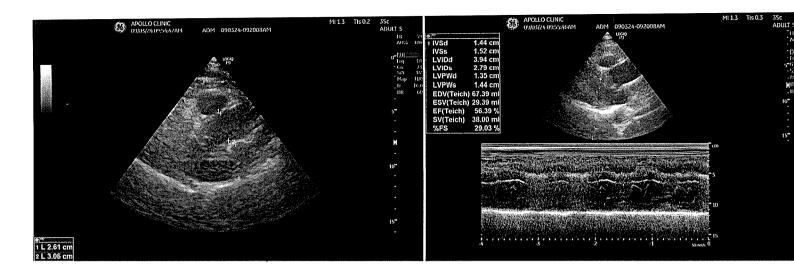
No clot/vegetation/pericardial effusion

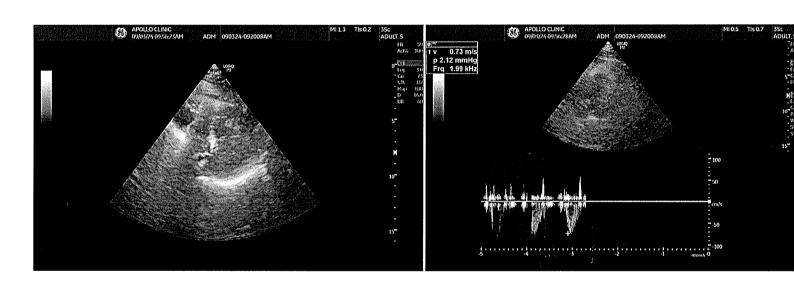
Normal LV systolic function - LVEF= 55%

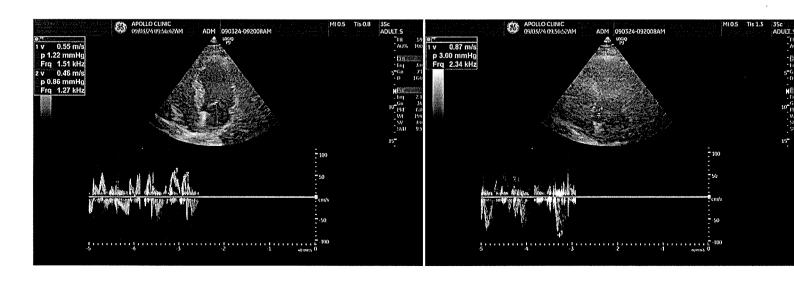
DR JAGADEESH H V MD,DM

**CONSULTANT CARDIOLOGIST** 

TO DOOK AN ADDOMITMENT







From: Wellness: Mediwheel: New Delhi < wellness@mediwheel.in >

Sent: 06 March 2024 11:19

To: Corporate Apollo Clinic < corporate@apolloclinic.com >

**Cc:** Customer Care :Mediwheel : New Delhi < customercare@mediwheel.in >; deepak c < deepak.c@apollohl.com >; Network : Mediwheel : New Delhi < network@mediwheel.in >

Subject: Health checkup booking No. 63

Dear Team

Please find the attached health checkup booking and confirm the same.

Thanks & Regards
Lav Gupta

Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030 M. 8800465156 Email : wellness@mediwheel.in; | Web: www.mediwheel.in

nw Delt in mid 650 Mark (200 Sept.)

12000





**Patient Name** : Mr. Ridhi Sundar Rout Age/Gender : 36 Y/M

UHID/MR No.

: CINR.0000164011

**OP Visit No** : CINROPV221462 Reported on

Specimen

Sample Collected on

LRN#

: RAD2261493

: 09-03-2024 16:26

**Ref Doctor** : SELF Emp/Auth/TPA ID

: 9665902276

# DEPARTMENT OF RADIOLOGY

# X-RAY CHEST PA

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

# **CONCLUSION:**

No obvious abnormality seen

Dr. DHANALAKSHMI B MBBS, DMRD

Radiology



Patient Name : Mr. Ridhi Sundar Rout Age/Gender : 36 Y/M

**UHID/MR No.** : CINR.0000164011 **OP Visit No** : CINROPV221462

Sample Collected on : Reported on : 09-03-2024 11:46

**Ref Doctor** : SELF **Emp/Auth/TPA ID** : 9665902276

# **DEPARTMENT OF RADIOLOGY**

#### **ULTRASOUND - WHOLE ABDOMEN**

LIVER: Appears normal in size, **shape and show mild diffusely increased echogenicity.** No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

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

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

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

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in size and echo-pattern.

No free fluid or lymphadenopathy is seen.

**IMPRESSION:** 

GRADE I FATTY LIVER.

Dr. DHANALAKSHMI B

MBBS, DMRD

Radiology