





: Mr.ERRAPPA N

Age/Gender

: 55 Y 8 M 7 D/M

UHID/MR No

: CINR.0000164771

Visit ID

: CINROPV222984

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

: 9844670392

Collected

: 23/Mar/2024 09:11AM

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: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

### **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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.7	g/dL	13-17	Spectrophotometer
PCV	40.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.68	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	85.7	fL	83-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,960	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (	DLC)			
NEUTROPHILS	63.8	%	40-80	Electrical Impedance
LYMPHOCYTES	26.2	%	20-40	Electrical Impedance
EOSINOPHILS	1.5	%	1-6	Electrical Impedance
MONOCYTES	8.3	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3802.48	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1561.52	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	89.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	494.68	Cells/cu.mm	200-1000	Calculated
BASOPHILS	11.92	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.44		0.78- 3.53	Calculated
PLATELET COUNT	298000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

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

SIN No:BED240079350 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) Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telang www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744 na - 500 016 | APOLLO CLINICS NETWORK

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



Page 1 of 15







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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



Dr Priya Murthy 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 FAC	TOR , WHOLE BLOOD EDT	Ā		
BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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



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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
GLUCOSE, FASTING , NAF PLASMA	123	mg/dL	70-100	HEXOKINASE
Comment:				

### .comment:

As per American Diabetes Guidelines, 2023

F,		
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
- 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)	251	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

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), W	/HOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	6.3	%		HPLC

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Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist

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

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ESTIMATED AVERAGE GLUCOSE (eAG)	134	mg/dL	Calculated

### **Comment:**

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

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

Note: Dietary preparation or fasting is not required.

- 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)

Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist M.B.B.S, M.D (Pathology) Consultant Pathologist

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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			
LIPID PROFILE , SERUM							
TOTAL CHOLESTEROL	217	mg/dL	<200	CHO-POD			
TRIGLYCERIDES	138	mg/dL	<150	GPO-POD			
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition			
NON-HDL CHOLESTEROL	172	mg/dL	<130	Calculated			
LDL CHOLESTEROL	144.3	mg/dL	<100	Calculated			
VLDL CHOLESTEROL	27.6	mg/dL	<30	Calculated			
CHOL / HDL RATIO	4.82		0-4.97	Calculated			
ATHEROGENIC INDEX (AIP)	0.13		<0.11	Calculated			

### **Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100- 129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 - 0.20	>0.21	

### Note:

1) Measurements in the same patient on different days can show physiological and analytical variations.

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Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist M.B.B.S, M.D (Pathology) Consultant Pathologist



SIN No:SE04672455

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

- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When

Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.

7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 7 of 15



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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
IVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.90	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.76	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	38	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	74.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.79	g/dL	6.6-8.3	Biuret
ALBUMIN	4.60	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.19	g/dL	2.0-3.5	Calculated
A/G RATIO	2.1		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.

Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist Dr Priya Murthy
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), SEF	RUM		
CREATININE	0.81	mg/dL	0.67-1.17	Jaffe's, Method
UREA	13.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.60	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.51	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	6.79	g/dL	6.6-8.3	Biuret
ALBUMIN	4.60	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.19	g/dL	2.0-3.5	Calculated
A/G RATIO	2.1		0.9-2.0	Calculated

Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 9 of 15



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.00	U/L	<55	IFCC

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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
THYROID PROFILE TOTAL (T3, T4, TSH) ,	SERUM	<u>'</u>		
TRI-IODOTHYRONINE (T3, TOTAL)	1.4	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	11.9	μg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	3.010	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	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

Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 11 of 15



SIN No:SPL24053161

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.ERRAPPA N

Age/Gender

: 55 Y 8 M 7 D/M

UHID/MR No

: CINR.0000164771

Visit ID

: CINROPV222984

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 9844670392 Collected

: 23/Mar/2024 09:11AM

Received

: 23/Mar/2024 01:19PM

Reported

: 23/Mar/2024 02:56PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

### **DEPARTMENT OF IMMUNOLOGY**

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

Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 12 of 15



SIN No:SPL24053161

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)

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









: Mr.ERRAPPA N

Age/Gender

: 55 Y 8 M 7 D/M

UHID/MR No

: CINR.0000164771

Visit ID

: CINROPV222984

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

: 9844670392

Collected

: 23/Mar/2024 09:11AM

Received

: 23/Mar/2024 01:19PM

Reported

: 23/Mar/2024 02:56PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

### **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	0.630	ng/mL	<4	CMIA

Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 13 of 15



SIN No:SPL24053161

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

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APOLLO CLINICS NETWORK









: Mr.ERRAPPA N

Age/Gender

: 55 Y 8 M 7 D/M

UHID/MR No

: CINR.0000164771

Visit ID

: CINROPV222984

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 9844670392 Collected

: 23/Mar/2024 09:10AM

Received

: 23/Mar/2024 01:29PM

Reported

: 23/Mar/2024 04:10PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

### **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
COMPLETE URINE EXAMINATION (	CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
рН	7.0		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	1		
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

Page 14 of 15

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



SIN No:UR2313720

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.ERRAPPA N

Age/Gender

: 55 Y 8 M 7 D/M

UHID/MR No

: CINR.0000164771

Visit ID

: CINROPV222984

Ref Doctor Emp/Auth/TPA ID

: 9844670392

: Dr.SELF

Collected

: 23/Mar/2024 09:10AM

Received

: 23/Mar/2024 01:29PM

Reported

: 23/Mar/2024 03:58PM

Status

: Final Report

**NEGATIVE** 

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

Dipstick

### **DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

**NEGATIVE** 

Result/s to Follow: PERIPHERAL SMEAR

**URINE GLUCOSE(FASTING)** 

Page 15 of 15

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

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

SIN No:UF011313

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





Name : Mr. Errappa N

Address: BANGALORE

Plan

Age: 55 Y

Sex: M

: ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT

UHID:CINR.0000164771



OP Number: CINROPV222984
Bill No : CINR-OCR-95464

2 P	Serive Type/ServiceName ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MAI GAMMA GLUTAMYL TRANFERASE (GGT) PROSTATIC SPECIFIC ANTICEN (BC)	Date : 23.03.2024 08:31   Department
2 P	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MAI	Department
_32 4 []	GAMMA GLUTAMYL TRANFERASE (GGT)	Department
_32 4 []	ROSTATIC CREGOT	F - 2D ECHO
_32 4 []	YOUTUIL SPECIFIC AND COM	BE - 2D ECHO - PAN INDIA - FY2324
A L	PECHO (PSA TOTAL)	
	IVER FUNCTION TEST (LFT)	
5 G	LUCOSE, FASTING	
6 Hi	EMOGRAM + PERIPHERAL SMEAR	
7 DI	IET CONSULTATION	
8 ec	OMPLETE URINE EXAMINATION	
9 UR	RINE GLUCOSTAN	
10 PE	RINE GLUCOSE(POST PRANDIAL) RIPHERAL SMEAR	
+1 EC	CG CONTRACT SMEAR	
12/05/	NAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
15 LIDY	UCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
Adrio	Alc, GLYCATED HEMOGLOBIN	
//A-K/	AY CHEST PA AON	
8 ENT	CONSULTATION	
9 FITN	ESS BY GENERAL PHYSICIAN	
OBLU	OD GROUP ABO AND RHEACTOR	
LLILL	PROFILE	
BODY	Y MASS INDEX (BMI)	
<b>ЈОРТН</b>	IAL BY GENERAL PHYSICIAN	
ULIK	ASOUND - WHOLE ARDOMEN	
THYR	ROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
	(TOTAL 13, TOTAL T4, TSH)	



HOSPITALS: 23-03-2024

Department

GENERAL

MR NO

CINR.0000164771

Doctor

Name

: Mr. Errappa N

Registration No

Age/ Gender

55 Y / Male Qualification

Consultation Timing:

08:31

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

General Examination / Allergies History

Height:

Temp:

Clinical Diagnosis & Management Plan

Follow up date:

**Doctor Signature** 

Phone: (080) 2521 4614/15

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Website

: www.apolloclinic.com

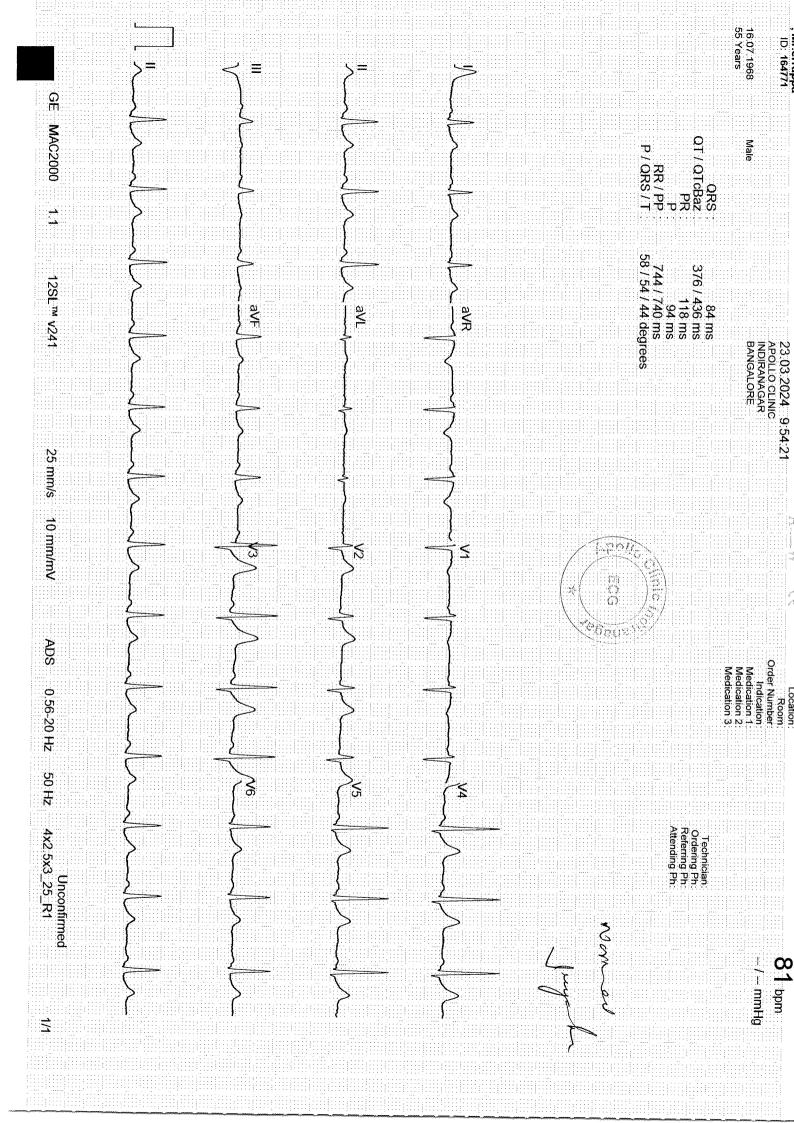
# **OPTHAL PRESCRIPTION**

PATIENT NAME: MR. Ervappa. N.

DATE: 23/3/24

Apollo clinic indiranagar

1HID NO: 1647741			А	GE : 5	5
OPTOMETRIST NAME: Ms.Swathi					
				·	,
ve exami	ned				
of his/he	er eye exar	ninatior	are as	follows,	
GHT EYE			LE	FT EYE	
AXIS	BCVA	SPH _	CYL	AXIS	BCVA
	,	195			
	•				
rall	`				i. (BO)
	Is.Swath  ve exami  of his/he	Is.Swathi  ve examined  of his/her eye exam  SHT EYE  AXIS  BCVA	Is.Swathi  ve examined  of his/her eye examination	Is.Swathi GENDER  Ve examined  of his/her eye examination are as  GHT EYE  AXIS  BCVA  SPH  CYL	ve examined of his/her eye examination are as follows,  SHT EYE  AXIS  BCVA  SPH  CYL  AXIS







NAME: MR ERRAPPA N	AGE/SEX: 55Y/M	OP NUMBER: 164771
Ref By : SLEF	DATE: 23-03-2024	

# M mode and doppler measurements:

CM	CM	M/sec	
AO: 2.4	IVS(D): 1.0	MV: E Vel: 0.7	A Vel : 0.7
LA: 2.9	LVIDD(D): 4.6	AV Peak: 1.0	
	LVPW(D): 1.0	PV peak: 0.6	
,	IVS(S): 1.2		
	LVID(S): 3.2		
	LVPW(S): 1.4		
Andre	LVEF: 55%		
	TAPSE: 2.4		

# **Descriptive findings:**

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal
Aortic Valve:	Normal
Tricuspid Valve:	Normal
IAS:	Normal
IVS:	Normal

**Apollo Health and Lifestyle Limited** 

1

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

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





Pericardium:	Normal	
IVC:	Normal	
Others		

## **IMPRESSION:**

Normal cardiac chamber and valves

No Regional wall motion abnormality

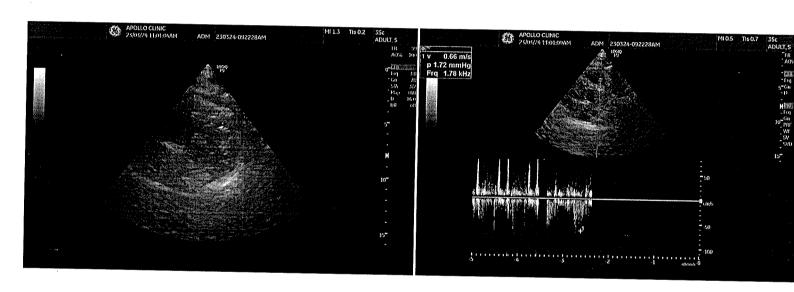
No MR/AR/TR

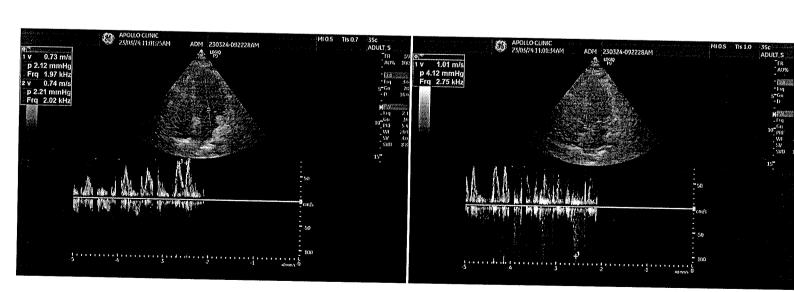
No clot/vegetation/pericardial effusion

Normal LV systolic function - LVEF= 55%

DR JAGADEESH H V MD, DM

**CONSULTANT CARDIOLOGIST** 





From: Customer Care: Mediwheel: New Delhi < customercare@mediwheel.in>

Sent: 28 February 2024 17:14

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

Cc: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>; Network : Mediwheel : New Delhi

<network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>

Subject: Re: Health Checkup Bookings No. 43 (Annual)

Dear Team.

Please find attached Health Checkup Bookings file and confirm the same.

Thanks & Regards
Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030
Ph No. 011-41195959

Email: <u>customercare@mediwheel.in</u>; | Web: <u>www.mediwheel.in</u>

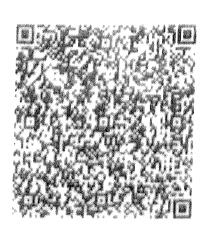


# 

ಬರ್ತ ಎರ್ರಟ್ಟ

Ray Day Oct Com: To 7/1968

EL QUEL





Patient Name : Mr. Errappa N Age/Gender : 55 Y/M

UHID/MR No. : 0

: CINR.0000164771

OP Visit No

: CINROPV222984

Sample Collected on

: RAD2277937

: 9844670392

Reported on

: 23-03-2024 20:21

Ref Doctor Emp/Auth/TPA ID

LRN#

: SELF

Specimen

:

### 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. Errappa N Age/Gender : 55 Y/M

 UHID/MR No.
 : CINR.0000164771
 OP Visit No
 : CINROPV222984

 Sample Collected on
 : 23-03-2024 16:11

Ref Doctor : SELF

### **DEPARTMENT OF RADIOLOGY**

### **ULTRASOUND - WHOLE ABDOMEN**

LIVER: Appears normal in size, shape and echopattern **mildly increased**. 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.

: 9844670392

Emp/Auth/TPA ID

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.

Right kidney measures 10.2x4.5 cm.

Left kidney measures 10.4x4.2 cm.

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 is seen.

IMPRESSION:

GRADE I FATTY LIVER.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY