

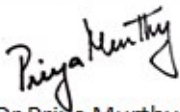
Patient Name : Mr.CHAITANYA MARX K	Collected : 09/Mar/2024 08:10AM
Age/Gender : 38 Y 7 M 28 D/M	Received : 09/Mar/2024 11:42AM
UHID/MR No : CINR.0000163981	Reported : 09/Mar/2024 01:57PM
Visit ID : CINROPV221417	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9110565821	

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	16.8	g/dL	13-17	Spectrophotometer
PCV	51.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.79	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88.5	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	14.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	11,790	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	62.1	%	40-80	Electrical Impedance
LYMPHOCYTES	28.5	%	20-40	Electrical Impedance
EOSINOPHILS	0.8	%	1-6	Electrical Impedance
MONOCYTES	8.3	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	7321.59	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3360.15	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	94.32	Cells/cu.mm	20-500	Calculated
MONOCYTES	978.57	Cells/cu.mm	200-1000	Calculated
BASOPHILS	35.37	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.18		0.78- 3.53	Calculated
PLATELET COUNT	316000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	21	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:BED240062158

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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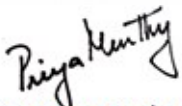
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WBCs: are mildly increased in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD LEUCOCYTOSIS.



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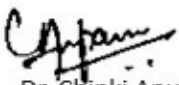
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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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	128	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $>$ or $=$ 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or $=$ 200 mg/dL on at least 2 occasions.
- Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	134	mg/dL	70-140	HEXOKINASE

Comment:

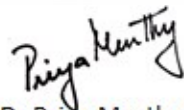
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

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				
HBA1C, GLYCATED HEMOGLOBIN	7.1	%		HPLC



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SIN No:EDT240028124

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ESTIMATED AVERAGE GLUCOSE (eAG)	157	mg/dL	Calculated
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Comment:

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

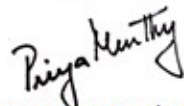
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	193	mg/dL	<200	CHO-POD
TRIGLYCERIDES	128	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	149	mg/dL	<130	Calculated
LDL CHOLESTEROL	123.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	25.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.38		0-4.97	Calculated

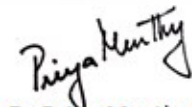
Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.


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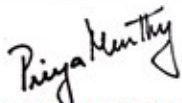
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.36	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.26	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	93	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	46.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	107.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.65	g/dL	6.6-8.3	Biuret
ALBUMIN	4.39	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.26	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		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, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

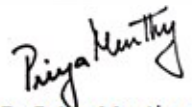
2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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


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Patient Name : Mr.CHAITANYA MARX K	Collected : 09/Mar/2024 08:10AM
Age/Gender : 38 Y 7 M 28 D/M	Received : 09/Mar/2024 11:23AM
UHID/MR No : CINR.0000163981	Reported : 09/Mar/2024 12:47PM
Visit ID : CINROPV221417	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9110565821	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.82	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	7.79	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	8.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.80	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	133	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	97	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.65	g/dL	6.6-8.3	Biuret
ALBUMIN	4.39	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.26	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		0.9-2.0	Calculated



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:SE04654697

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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

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

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 **1860 500 7788**
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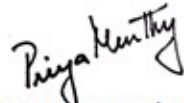
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	81.00	U/L	<55	IFCC



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Age/Gender : 38 Y 7 M 28 D/M	Received : 09/Mar/2024 11:23AM
UHID/MR No : CINR.0000163981	Reported : 09/Mar/2024 02:21PM
Visit ID : CINROPV221417	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9110565821	

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)	1.3	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.8	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.252	µIU/mL	0.34-5.60	CLIA

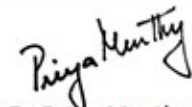
Comment:

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

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

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


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



SIN No:SPL24041125

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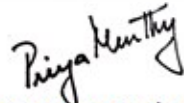
Patient Name	: Mr.CHAITANYA MARX K	Collected	: 09/Mar/2024 08:10AM
Age/Gender	: 38 Y 7 M 28 D/M	Received	: 09/Mar/2024 11:23AM
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Visit ID	: CINROPV221417	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9110565821		

DEPARTMENT OF IMMUNOLOGY

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



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Dr Priya Murthy
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Consultant Pathologist



SIN No:SPL24041125

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Patient Name : Mr.CHAITANYA MARX K	Collected : 09/Mar/2024 08:10AM
Age/Gender : 38 Y 7 M 28 D/M	Received : 09/Mar/2024 12:27PM
UHID/MR No : CINR.0000163981	Reported : 09/Mar/2024 01:37PM
Visit ID : CINROPV221417	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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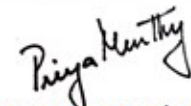
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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
pH	7.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	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
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Consultant Pathologist



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



SIN No:UR2300455

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Patient Name : Mr.CHAITANYA MARX K	Collected : 09/Mar/2024 08:10AM
Age/Gender : 38 Y 7 M 28 D/M	Received : 09/Mar/2024 08:01PM
UHID/MR No : CINR.0000163981	Reported : 09/Mar/2024 08:30PM
Visit ID : CINROPV221417	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

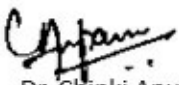
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

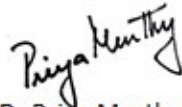
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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:UF010992

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Name : Mr. Chaitanya Marx K

Age: 38 Y

UHID: CINR.0000163981

Address : BANGALORE

Sex: M



OP Number: CINROPV221417

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No : CINR-OCR-94841

Date : 09.03.2024 08:01

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2D ECHO - (9) 9:30 Am	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	DIET CONSULTATION	
7	COMPLETE URINE EXAMINATION	
8	URINE GLUCOSE (POST PRANDIAL)	
9	PERIPHERAL SMEAR	
10	ECG	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
12	DENTAL CONSULTATION	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
14	URINE GLUCOSE (FASTING)	
15	HbA1c, GLYCATED HEMOGLOBIN	
16	X-RAY CHEST PA	
17	ENT CONSULTATION	
18	FITNESS BY GENERAL PHYSICIAN	
19	BLOOD GROUP ABO AND RH FACTOR	
20	LIPID PROFILE	
21	BODY MASS INDEX (BMI)	
22	OPHTHAL BY GENERAL PHYSICIAN	
23	ULTRASOUND - WHOLE ABDOMEN	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	



Date HOSPITALS : 09-03-2024

Department : GENERAL

MR NO : CINR.0000163981

Doctor :

Name : Mr. Chaitanya Marx K

Registration No :

Age/ Gender : 38 Y / Male

Qualification :

Consultation Timing: 08:01

Height : 177cm	Weight : 119.4 kg	BMI : 38.1 kg/m ²	Waist Circum : 124cm
Temp : 98.2°F	Pulse : 100b/min	Resp : 20b/min	B.P : 140/80 mmHg

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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Website : www.apolloclinic.com

OPHTHAL PRESCRIPTION

PATIENT NAME : *MR Chaitanya a mase*

DATE : *9/3/24*

UHID NO : *L63981*

AGE : *38*

OPTOMETRIST NAME: Ms.Swathi

GENDER: *M*

This is to certify that I have examined

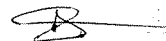
years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>
Add	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>

PD - RE: *32* - LE: *34* -

Colour Vision: *normal*

Remarks: *plus cut low surf.*



Apollo clinic Indiranagar

NAME: MR CHAITANYA M K	AGE/SEX: 38Y/M	OP NUMBER: 163981
Ref By : SLEF	DATE: 09-03-2024	

M mode and doppler measurements:

CM	CM	M/sec	
AO: 2.8	IVS(D): 1.3	MV: E Vel: 0.6	A Vel : 0.9
LA: 3.1	LVIDD(D): 4.6	AV Peak: 0.9	
	LVPW(D): 1.1	PV peak: 0.9	
	IVS(S): 1.4		
	LVID(S): 2.7		
	LVPW(S): 1.6		
	LVEF: 55%		
	TAPSE: 2.1		

Descriptive findings:

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

Pericardium:	Normal
IVC:	Normal
Others	---

IMPRESSION :

Mild concentric LVH

No Regional wall motion abnormality

No MR/AR/TR

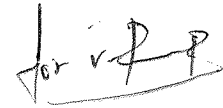
No clot/vegetation/pericardial effusion

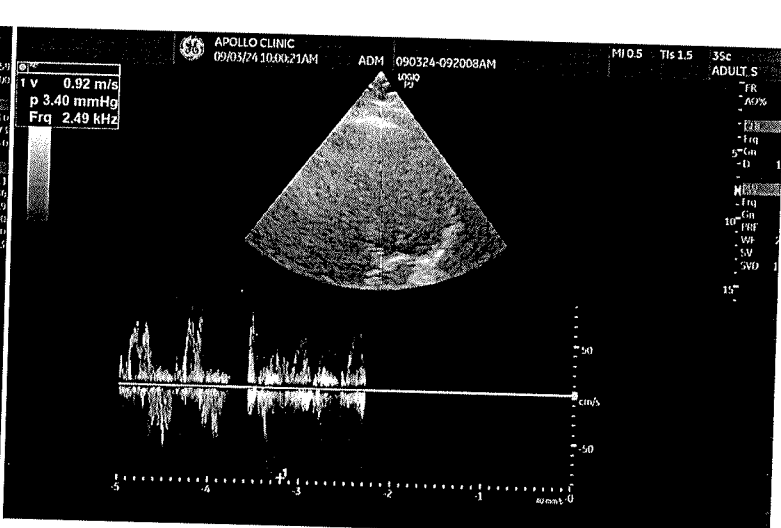
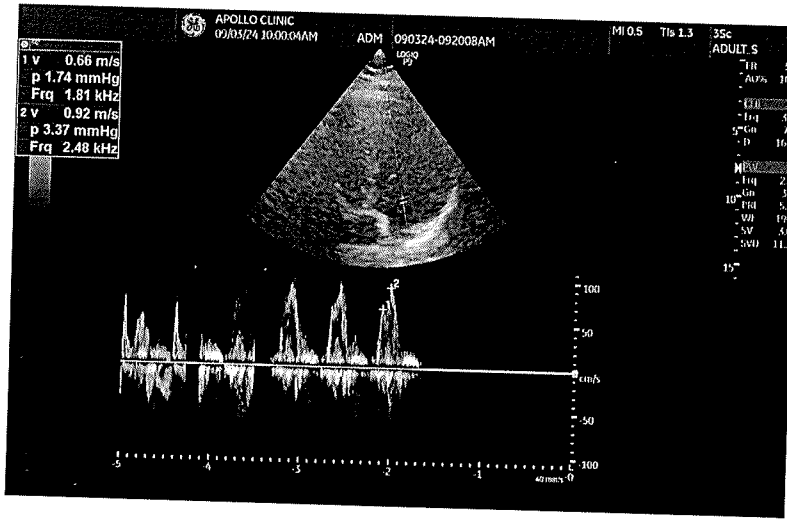
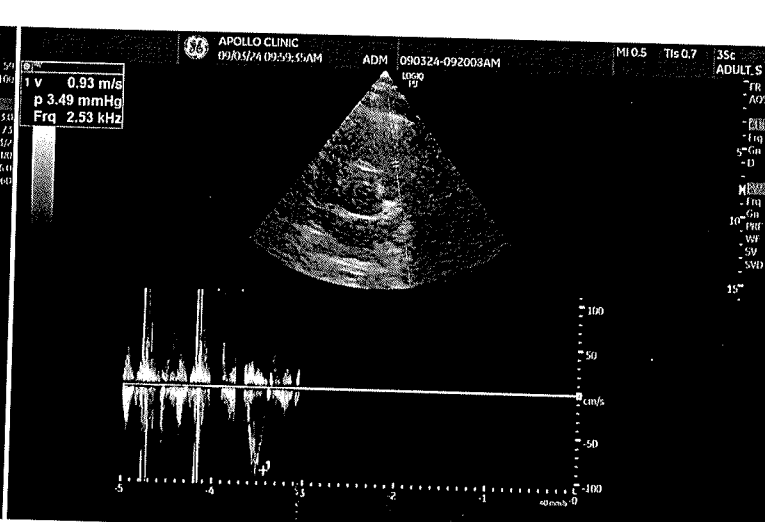
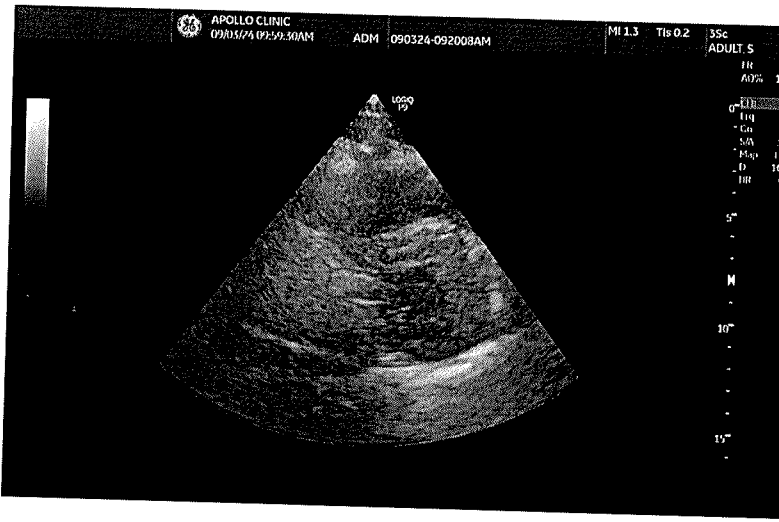
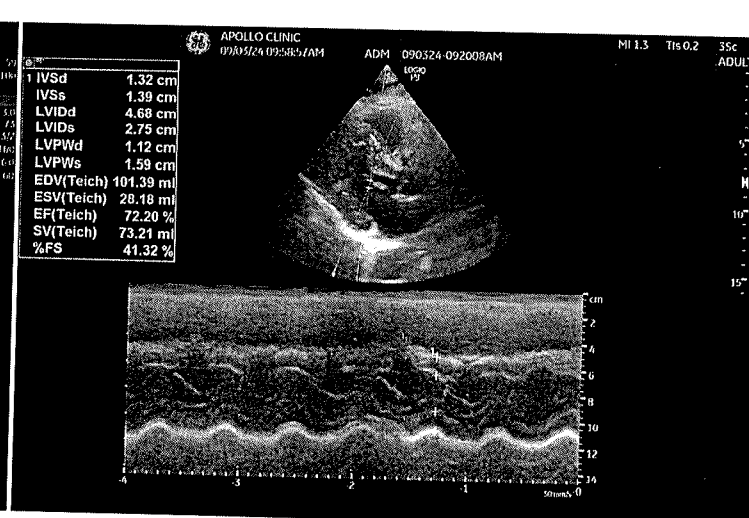
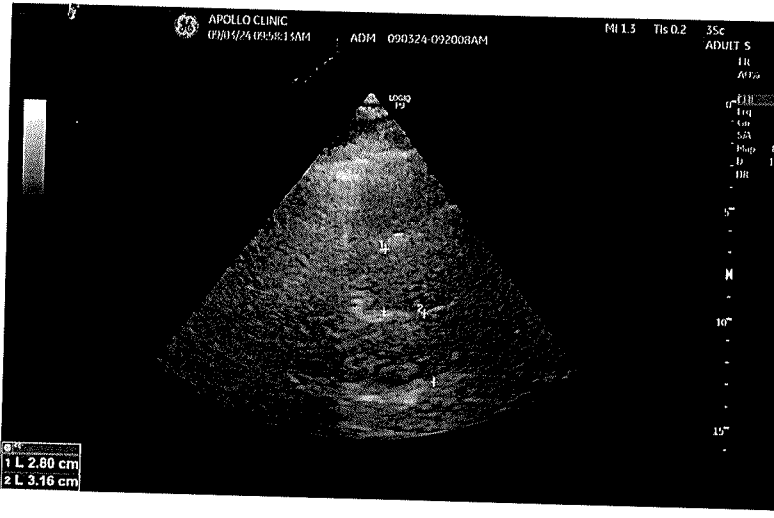
Grade I LV diastolic dysfunction

Normal LV systolic function - LVEF= 55%

DR JAGADEESH H V MD,DM

CONSULTANT CARDIOLOGIST





LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. K CHAITANYA MARX
EC NO.	166495
DESIGNATION	BRANCH OPERATIONS
PLACE OF WORK	BYADGI
BIRTHDATE	12-07-1985
PROPOSED DATE OF HEALTH CHECKUP	09-03-2024
BOOKING REFERENCE NO.	23M166495100093244E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **22-02-2024** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



बैंक ऑफ़ बड़ोदा
Bank of Baroda

नाम

Name

चैतन्या मार्क्स के.


Chaitanya Marx K.

EC No.

166495




नामिकर्ता प्राधिकारी
Authorized Authority


हस्ताक्षर
Signature

Patient Name : Mr. Chaitanya Marx K

Age/Gender : 38 Y/M

UHID/MR No. : CINR.0000163981

OP Visit No : CINROPV221417

Sample Collected on :

Reported on : 09-03-2024 16:08

LRN# : RAD2260774

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9110565821

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. Chaitanya Marx K

Age/Gender : 38 Y/M

UHID/MR No. : CINR.0000163981

OP Visit No : CINROPV221417

Sample Collected on :

Reported on : 09-03-2024 15:03

LRN# : RAD2260774

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9110565821

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size(16.3cm), 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.

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 10.8x5.6 cm.

Left kidney measures 10.4x6.6 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