

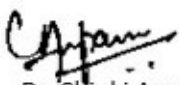
Patient Name : Mr.VINAY H M	Collected : 23/Mar/2024 08:52AM
Age/Gender : 40 Y 2 M 8 D/M	Received : 23/Mar/2024 11:46AM
UHID/MR No : CJPN.0000022175	Reported : 23/Mar/2024 01:12PM
Visit ID : CBASOPV101410	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE14554	

DEPARTMENT OF HAEMATOLOGY

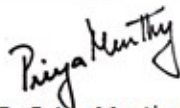
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.3	g/dL	13-17	Spectrophotometer
PCV	42.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.01	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	85.2	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,980	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59.1	%	40-80	Electrical Impedence
LYMPHOCYTES	33.9	%	20-40	Electrical Impedence
EOSINOPHILS	1.2	%	1-6	Electrical Impedence
MONOCYTES	5.6	%	2-10	Electrical Impedence
BASOPHILS	0.2	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4125.18	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2366.22	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	83.76	Cells/cu.mm	20-500	Calculated
MONOCYTES	390.88	Cells/cu.mm	200-1000	Calculated
BASOPHILS	13.96	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.74		0.78- 3.53	Calculated
PLATELET COUNT	230000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	27	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

Page 1 of 16



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SIN No:BED240079154

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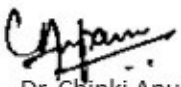
RBCs: are normocytic normochromic

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

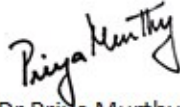
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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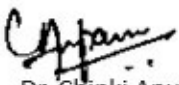
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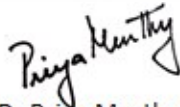
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Patient Name : Mr.VINAY H M	Collected : 23/Mar/2024 08:52AM
Age/Gender : 40 Y 2 M 8 D/M	Received : 23/Mar/2024 12:10PM
UHID/MR No : CJPN.0000022175	Reported : 23/Mar/2024 02:48PM
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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	159	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)	181	mg/dL	70-140	HEXOKINASE


Comment:

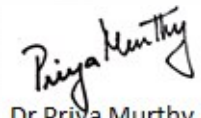
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

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				

Page 4 of 16


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HBA1C, GLYCATED HEMOGLOBIN	8.6	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	200	mg/dL	Calculated

Comment:

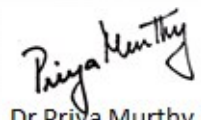
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	301	mg/dL	<200	CHO-POD
TRIGLYCERIDES	219	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	56	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	245	mg/dL	<130	Calculated
LDL CHOLESTEROL	201	mg/dL	<100	Calculated
VLDL CHOLESTEROL	43.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.37		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.23		<0.11	Calculated

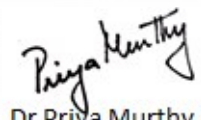
Comment:

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:


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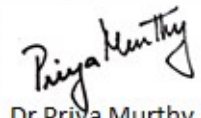
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

- 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.
- 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).



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Karnataka - 560034

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Patient Name : Mr.VINAY H M	Collected : 23/Mar/2024 08:52AM
Age/Gender : 40 Y 2 M 8 D/M	Received : 23/Mar/2024 03:50PM
UHID/MR No : CJPN.0000022175	Reported : 23/Mar/2024 05:54PM
Visit ID : CBASOPV101410	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE14554	

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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.69	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.55	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	85.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.21	g/dL	6.6-8.3	Biuret
ALBUMIN	4.46	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.75	g/dL	2.0-3.5	Calculated
A/G RATIO	1.62		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's diseases, Cirrhosis, but the increase is usually not >2.

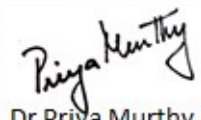
2. Cholestatic Pattern:

- 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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 Consultant Biochemist


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SIN No:SE04672251

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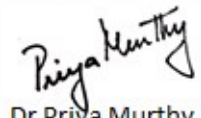
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.88	mg/dL	0.67-1.17	Jaffe's, Method
UREA	19.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.58	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.62	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.21	g/dL	6.6-8.3	Biuret
ALBUMIN	4.46	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.75	g/dL	2.0-3.5	Calculated
A/G RATIO	1.62		0.9-2.0	Calculated


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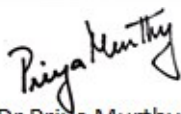
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	32.00	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				
TRI-iodothyronine (T3, TOTAL)	0.87	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	6.18	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	3.820	µIU/mL	0.35-4.94	CMIA

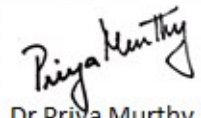
Comment:

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


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SIN No: SPL24052999

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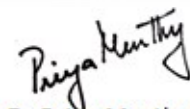
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DEPARTMENT OF IMMUNOLOGY

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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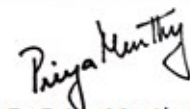
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DEPARTMENT OF IMMUNOLOGY

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	0.540	ng/mL	<4	CMIA


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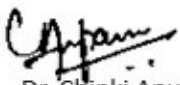
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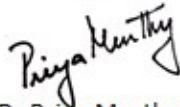
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
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



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SIN No:UR2313536

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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)

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

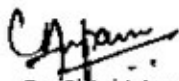
 1860 500 7788
www.apolloclinic.com

Patient Name : Mr.VINAY H M	Collected : 23/Mar/2024 11:23AM
Age/Gender : 40 Y 2 M 8 D/M	Received : 23/Mar/2024 07:56PM
UHID/MR No : CJPN.0000022175	Reported : 23/Mar/2024 09:42PM
Visit ID : CBASOPV101410	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE14554	

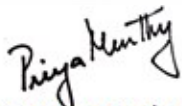
DEPARTMENT OF CLINICAL PATHOLOGY

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)	POSITIVE ++		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



SIN No:UPP017238

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 |
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APOLLO CLINICS NETWORK

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

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

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

Patient Name : Mr.VINAY H M	Collected : 23/Mar/2024 08:52AM
Age/Gender : 40 Y 2 M 8 D/M	Received : 23/Mar/2024 01:29PM
UHID/MR No : CJPN.0000022175	Reported : 23/Mar/2024 03:47PM
Visit ID : CBASOPV101410	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE14554	

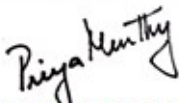
DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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



SIN No:UF011294

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

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


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

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

Customer Pending Tests
ENT, fitness by
General
physician
pending

Name : Mr. VINAY H M Address : blr Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 40 Y Sex : M	UHID :CJPN.0000022175  OP Number :CBASOPV101410 Bill No :CBAS-OCR-61494 Date : 23.03.2024 08:39
--	---	---

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	2D ECHO - R.S	
4	LIVER FUNCTION TEST (LFT)	
5	GLUCOSE, FASTING	
6	HEMOGRAM + PERIPHERAL SMEAR	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG - R.3	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
13	DENTAL CONSULTATION -	
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
15	URINE GLUCOSE(FASTING)	
16	HbA1c, GLYCATED HEMOGLOBIN	
17	X-RAY CHEST PA - R.4	
18	ENT CONSULTATION	
19	FITNESS BY GENERAL PHYSICIAN	
20	BLOOD GROUP ABO AND RH FACTOR	
21	LIPID PROFILE	
22	BODY MASS INDEX (BMI)	
23	OPHTHAL BY GENERAL PHYSICIAN	
24	ULTRASOUND - WHOLE ABDOMEN	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

TMT → Paid.
 Physio → ⑥

HT - 162
 WT - 82.1 kg
 WIP - 79
 WOD - 86
 BP - 129/84 mmHg
 PR - -76 mmHg

ECHOCARDIOGRAPHY REPORT

Name: MR VINAY H M Age: 40 YEARS GENDER: MALE

Consultant: Dr. VISHAL KUMAR H. Date : 23/03/2024

Findings

2D Echo cardiography

Chambers

- Left Ventricle: Normal, No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

Septa

- IVS: Intact
- IAS: Intact

Valves

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility
- Pulmonary Valve: Normal

Great Vessels

- Aorta: Normal
- Pulmonary Artery: Normal

Pericardium: Normal

Doppler echocardiography

Mitral Valve	E	0.77	m/sec	A	0.47	m/sec	No MR
Tricuspid Valve	E	0.36	m/sec	A	0.31	m/sec	No TR
Aortic Valve	Vmax	1.26	m/sec				No AR
Pulmonary Valve	Vmax	0.84	m/sec				No PR
Diastolic Dysfunction							

M-Mode Measurements

Parameter	Observed Value	Normal Range	
Aorta	2.5	2.6-3.6	cm
left Atrium	3.7	2.7-3.8	cm
Aortic Cusp Separation	1.7	1.4-1.7	cm
IVS - Diastole	1.1	0.9-1.1	cm
left Ventricle-Diastole	4.1	4.2-5.9	cm
Posterior wall-Diastole	0.9	0.9-1.1	cm
IVS-Systole	1.2	1.3-1.5	cm
left Ventricle-Systole	2.9	2.1-4.0	cm
Posterior wall-Systole	1.0	1.3-1.5	cm
Ejection Fraction	60	≥ 50	%
Fractional shortening	30	≥ 20	%
Right Ventricle	2.3	2.0-3.3	cm

Impression -

- Normal Sized Cardiac Chambers
- No RWMA,S
- Normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot
-

DR. VISHAL KUMAR H.
CLINICAL CARDIOLOGIST

Mr. Vinay, 40 yrs

23/3/24

Fatty liver (mild)
Hypolipidemia.

HT, 162 cm

WT, 82 kg

Advised -> both high fibre low
fat diet. Rs. 2000/-
to PA for upk.

Asst: arthralgia, joint pain
chry joint pain, limited
movement.

Total - 80 kg

1 unit - 78 kg

8-10 kg 2 unit - 74 kg

12,000/- 3 unit - 72 kg

15,000/- 4 unit - 68 kg

22,000/- 5 unit - 65 kg

White face
waxy body.

FATTY liver - 62-63 kg

Hypolipidemia

Diet 15-20%
Kut + Nucleus

D. J. Lakshminarayana
9449349333

RE: Health Check-up Bookings No. 34 (Annual)

Corporate Apollo Clinic <corporate@apolloclinic.com>

Sat 3/9/2024 3:37 PM

To: 'Customer Care :Mediwheel : New Delhi' <customercare@mediwheel.in>
Cc: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>; Electronic City <ecity@apolloclinic.com>; Electronic City <ecity@apolloclinic.com>; Aundh Apolloclinic <aundh@apolloclinic.com>; Basavanagudi Apolloclinic <basavanagudi@apolloclinic.com>; Indiranagar Apolloclinic <indiranagar@apolloclinic.com>; JP Nagar Apollo Clinic <jpnagar@apolloclinic.com>; Mysore Apolloclinic <mysore@apolloclinic.com>; Apollo Clinic Uppal <uppal@apolloclinic.com>; Velachery Apolloclinic <velachery@apolloclinic.com>; Vimannagar Apolloclinic <vimannagar@apolloclinic.com>; ITPL CLINIC <itpl@apolloclinic.com>; FO ITPL <fo.itpl@apolloclinic.com>; Dilip Baniya <Dilip.b@apolloclinic.com>; Pritam Padyal <pritam.padyal@apolloclinic.com>; Rahul Rai <rahul.rai@apolloclinic.com>; Sayan Bhattacharya <sayan.b@apollohl.com>; Fathma Shaik <fathma.shaik@apollohl.com>

📎 1 attachments (18 KB)

Copy of 09032024 Bookings.xlsx;

Namaste Team,

Greetings from Apollo Clinics,

Please find the attachment for appointments status.

Thanks & Regards,

Anvesh M. | Apollo Clinics | Pan India Toll No: 1860 500 7788 | Contact E-Mail: corporate@apolloclinic.com | www.apolloclinic.com |

From: Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>
Sent: Saturday, March 9, 2024 12:20 PM
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: Health Check-up Bookings No. 34 (Annual)

Dear Team,

Please find the attached Health Check-up Booking 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 : customercare@mediwheel.in; | Web: www.mediwheel.in

Mrs. Vinay. Mm 40/M 22/75 23/3/24

EYE CHECK UP REPORT

Vision Acuity $\left\{ \begin{array}{l} 3/60 \xrightarrow{\text{E}} 6/9 \\ 3/60 \xrightarrow{\text{E}} 6/9 \end{array} \right.$

Near Vision $\left\{ \begin{array}{l} N6 \\ \text{E} \\ N6 \end{array} \right.$

Digital IOP $\left\{ \begin{array}{l} \text{20} \\ \text{20} \end{array} \right.$

Colour Vision $\left\{ \begin{array}{l} N02 \text{af} \\ N02 \text{af} \end{array} \right.$

• Fundus:

• Ant. Segment :-

• Media:

• Pupil:

} Need Retina evaluation

BE Hi-Myopic, partially corrected by glasses. Adv. for dilated refractive Retina opinion.

PHS



ಭಾರತ ಸರ್ಕಾರ
Government of India



ವಿನಯ್ ಹೆಚ್ ಎಮ್
Vinay H M
ಜನ್ಮ ದಿನಾಂಕ/DOB: 15/01/1984
ಪುರುಷ/ MALE

Issue Date: 20/03/2013

6861 9531 8939

VID : 9106 6809 9243 2983

ರನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

MIR VINAY, H M
 Patient ID: 912
 23.03.2024
 12:03:53pm

Male
 40 yrs
 Meds:

Test Reason:
 Medical History:

Ref MD: Ordering MD:
 Technician: Test Type:
 Comment:

BRUCE: Exercise Time 09:01
 Max HR: 157 bpm 87% of max predicted 180 bpm HR at rest: 77
 Max BP: 140/90 mmHg Max RPP: 21980 mmHg*⁴bpm
 Maximum Workload: 10.10 METS
 Max. ST: -0.75 mm, 0.83 mV/s in III; EXERCISE STAGE 3 8:00
 Arrhythmia: A:42, VBI:3, PVC:15, PSVC:1
 ST/HR index: 0.32 μ V/bpm
 HR reserve used: 73 %
 HR recovery: 33 bpm
 VE recovery: 1 VE/min
 ST/HR hysteresis: 0.013 mV (V2)

BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE EXERCISE	TEST END RECOVERY
76 bpm 0.65 mm 0.69 mV/s	151 bpm 140/90 mmHg	153 bpm 140/90 mmHg	106 bpm 140/90 mmHg	76 bpm V1 -0.05 -0.50	151 bpm 140/90 mmHg	153 bpm 140/90 mmHg	106 bpm 140/90 mmHg
I 0.25 0.81	I 0.20 1.27	I 0.20 1.27	I 0.00 0.95	V2 1.45 1.00	V2 0.40 0.76	V2 -0.05 0.71	V2 0.40 0.82
II 1.20 0.84	II -0.40 1.71	II 0.00 2.12	II 0.60 2.11	V3 0.95 0.66	V3 0.85 1.43	V3 0.70 1.52	V3 1.00 1.53
III 0.55 0.12	III -0.75 0.83	III -0.25 0.74	III 0.55 1.09	V4 0.95 0.69	V4 0.65 1.50	V4 0.50 1.52	V4 0.85 1.61
aVR -0.90 -1.24	aVR 0.10 -1.38	aVR -0.05 -1.72	aVR -0.30 -2.44	V5 0.80 0.69	V5 0.40 1.46	V5 0.30 1.49	V5 0.55 1.40
aVL 0.05 0.19	aVL 0.45 -0.04	aVL 0.20 0.18	aVL -0.25 -0.09	V6 0.70 0.51	V6 0.25 1.23	V6 0.15 1.18	V6 0.35 1.22
aVF 0.85 0.47	aVF -0.55 1.33	aVF -0.10 1.41	aVF 0.55 1.53				

MIR VINAY, H M

Patient ID: 912

23.03.2024

12:03:53pm

Male

40 yrs

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

Exercise Test / Selected Medians Report

APOLLO CLINIC

BRUCE: Exercise Time 09:01

Max HR: 157 bpm 87% of max predicted 180 bpm HR at rest: 77

Max BP: 140/90 mmHg Max RPP: 21980 mmHg* bpm

Maximum Workload: 10.10 METS

Max. ST: -0.75 mm, VBI:3, PVC:15, PSVC:1

Arrhythmia: A:42, VBI:3, PVC:15, PSVC:1

ST/HR index: 0.32 μ V/bpm

HR reserve used: 73 %

HR recovery: 33 bpm

VE recovery: 1 VE/min

ST/HR hysteresis: 0.013 mV (V2)

QRS duration: BASELINE: 82 ms, PEAK EX: 84 ms, REC: 84 ms

Conclusion: GOOD EFFORT TOLERANCE

NORMAL BP NAD HR RESPONDS

NO SIGANIFICANT ST T CHANGES

NO ANGINA OR ARRRHYTHMIA DURING EXERCISE

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Room: *

Location: * 0 *

M/R VINAY, H M

Patient ID: 912

23.03.2024

12:04:21pm

Male

40 yrs

Exercise Test / ECG Strips

79 bpm

PRETEST

SUPINE

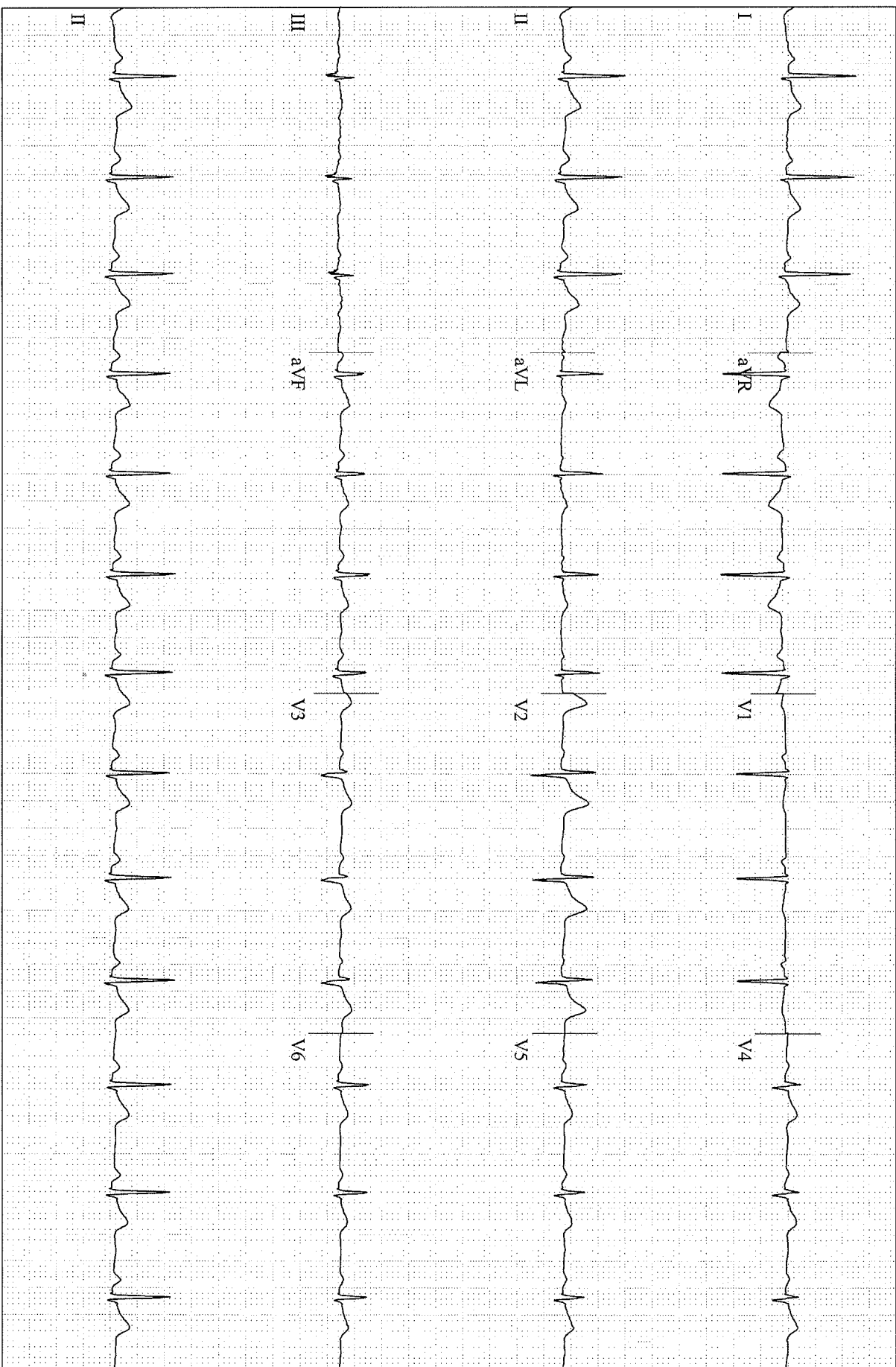
0:28

BRUCE

0.0 mph

0.0 %

APOLLO CLINIC



GE CardioSoft V7.0 (10)

25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(Q12)

Unconfirmed

Attending MD:

Page 4

MIR VINAY, H M
Patient ID: 912
23.03.2024
12:04:29pm

Male
40 yrs

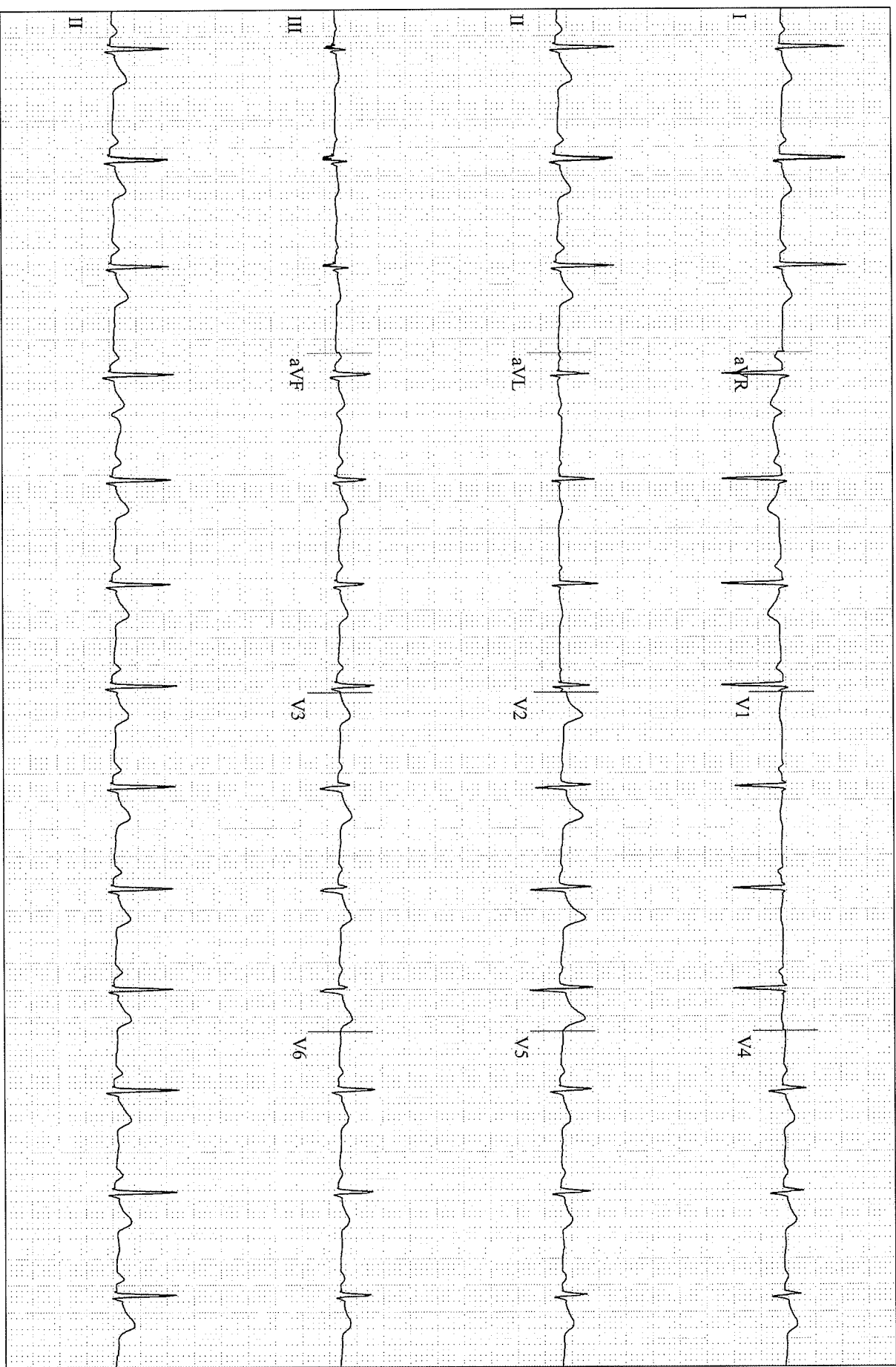
Exercise Test / ECG Strips

80 bpm

PRETEST
STANDING
0:35

BRUCE
0.0 mph
0.0 %

APOLLO CLINIC



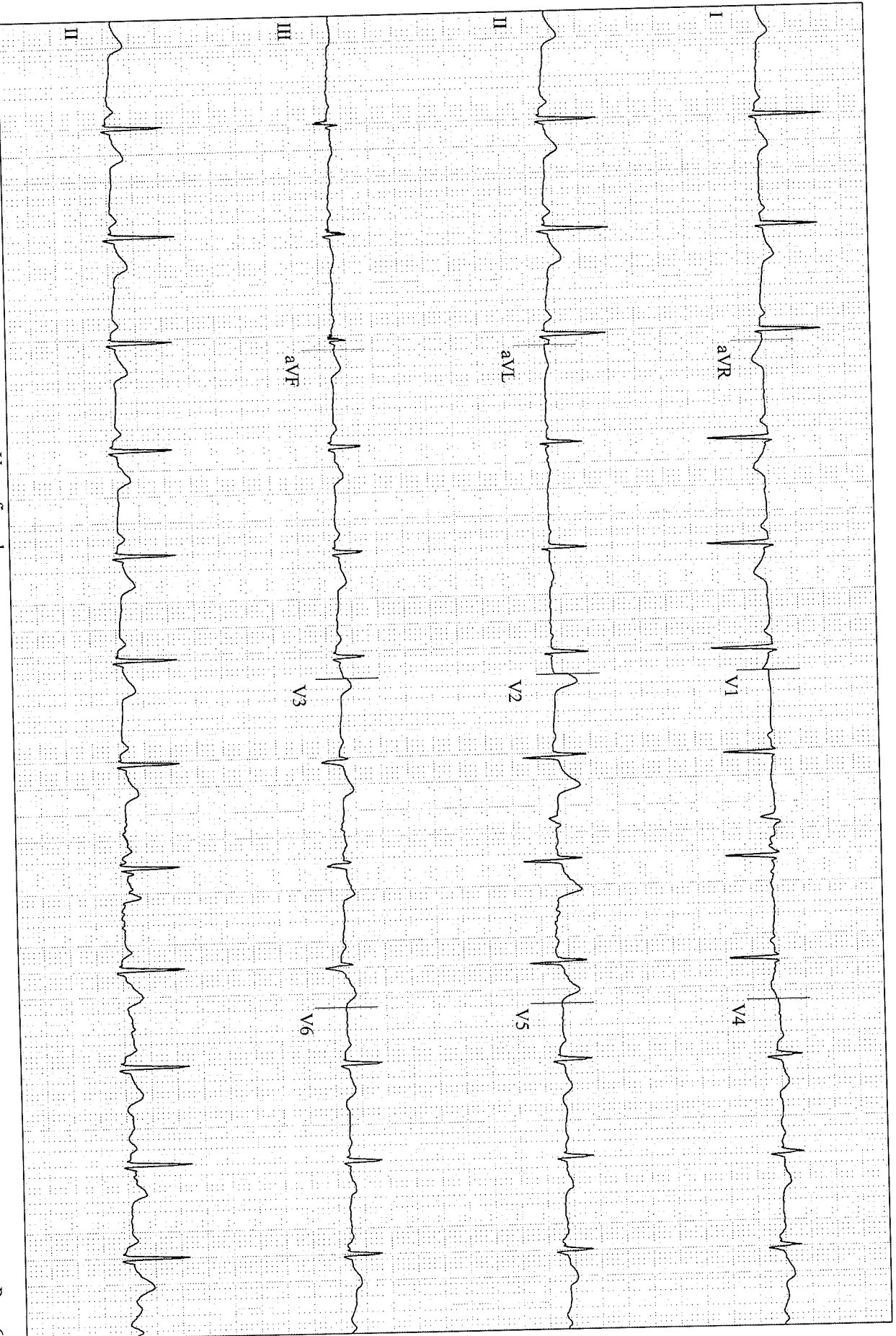
MIR VINAY, H M
Patient ID: 912
23.03.2024 Male
12:04:40pm 40 yrs

Exercise Test / ECG Strips
76 bpm

PRETEST
HYPERV.
0.47

BRUCE
0.0 mph
0.0%

APOLLO CLINIC



MR VINAY, H M
Patient ID: 912
23.03.2024 Male
12:07:29pm 40 yrs

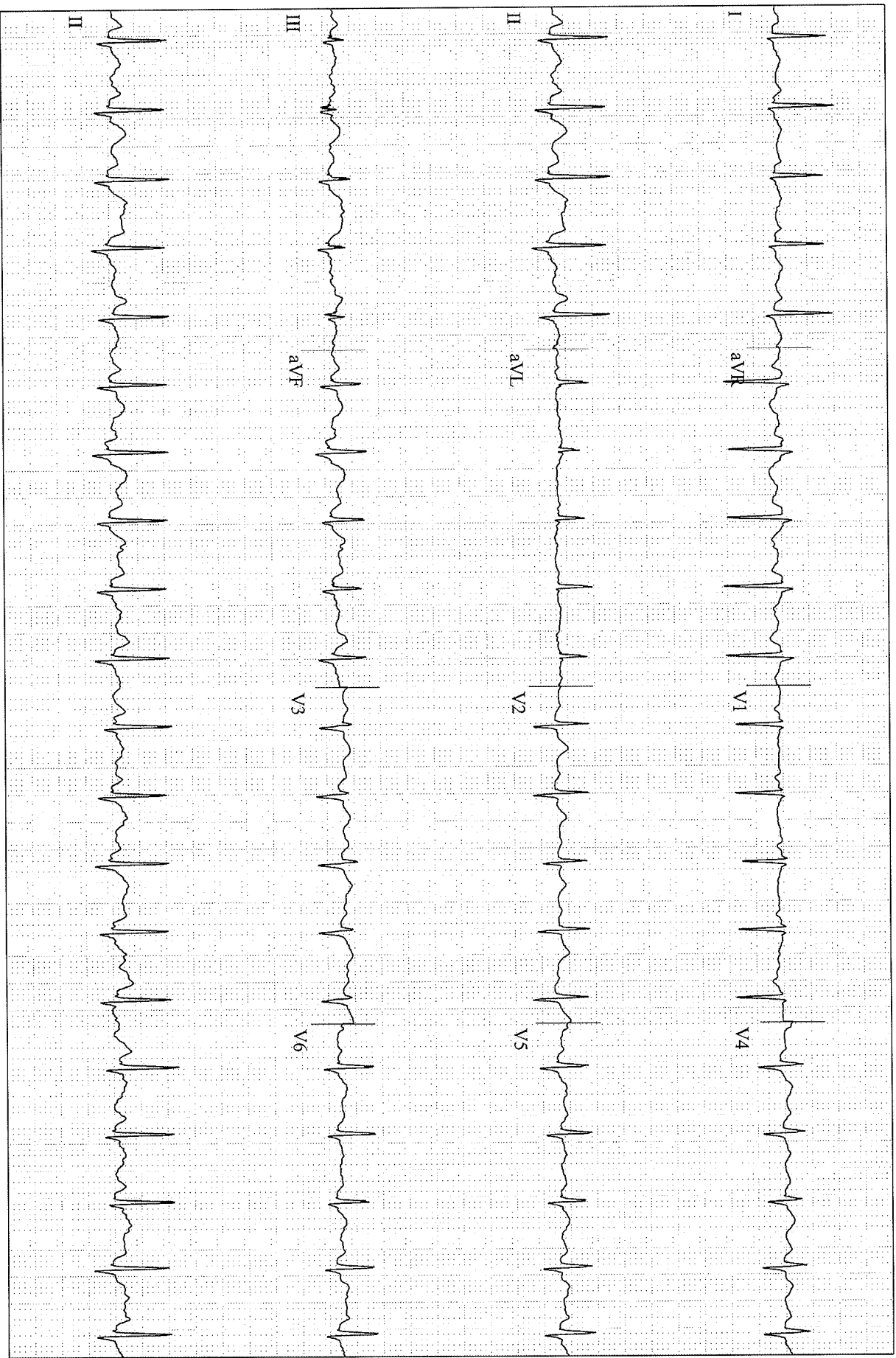
Exercise Test / ECG Strips

118 bpm
120/80 mmHg

EXERCISE
STAGE 1
2:50

BRUCE
1.7 mph
10.0%

APOLLO CLINIC



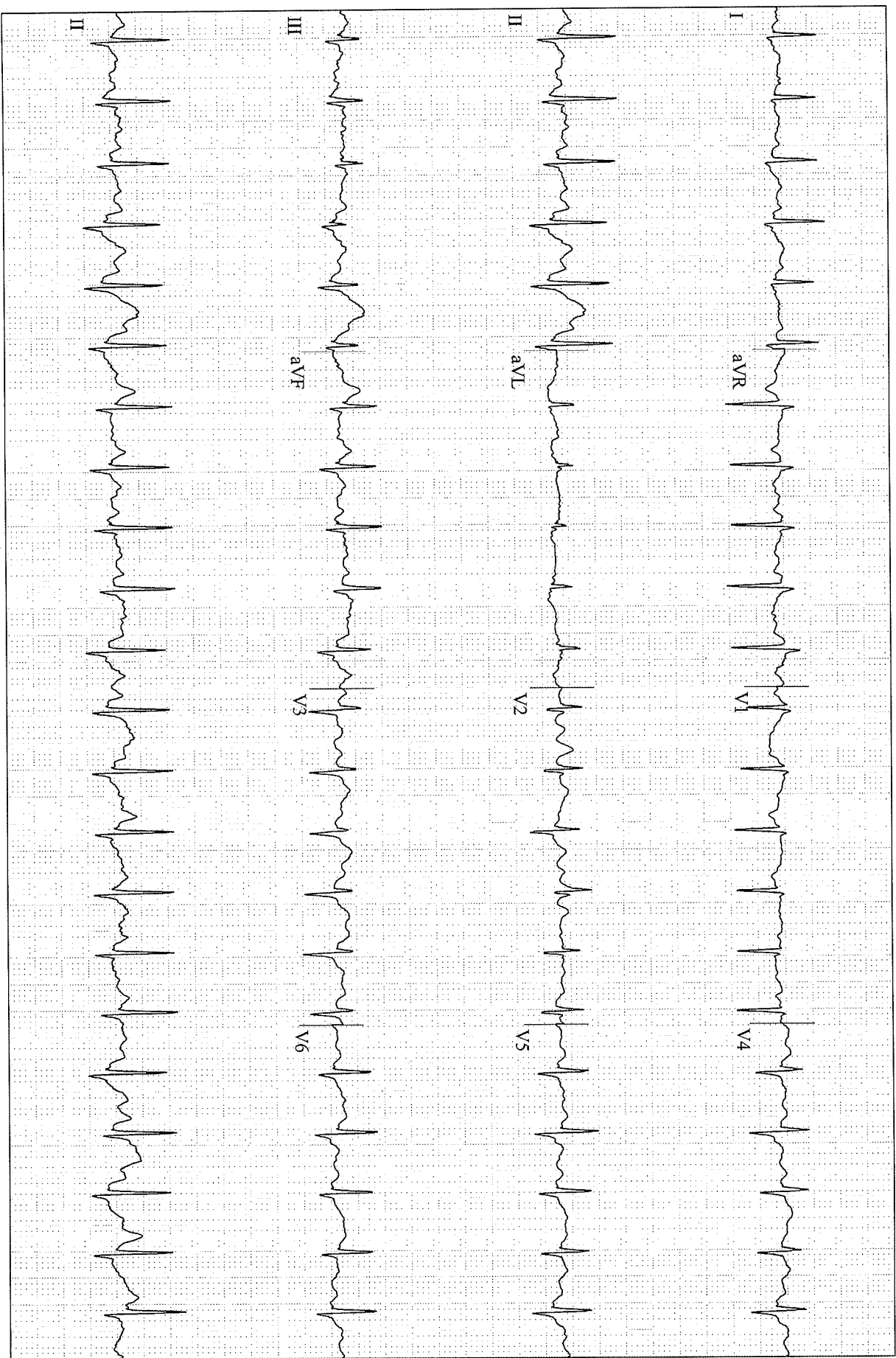
MIR VINAY, H M
Patient ID: 912
23.03.2024 Male
12:10:29pm 40 yrs

Exercise Test / ECG Strips
134 bpm
130/90 mmHg

EXERCISE
STAGE 2
5:50

BRUCE
2.5 mph
12.0 %

APOLLO CLINIC



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(Q,II)
Unconfirmed

Attending MD:

MRR VINAY, H M

Patient ID: 912

23.03.2024 Male

12:13:29pm 40 yrs

Exercise Test / ECG Strips

153 bpm

140/90 mmHg

EXERCISE STAGE 3

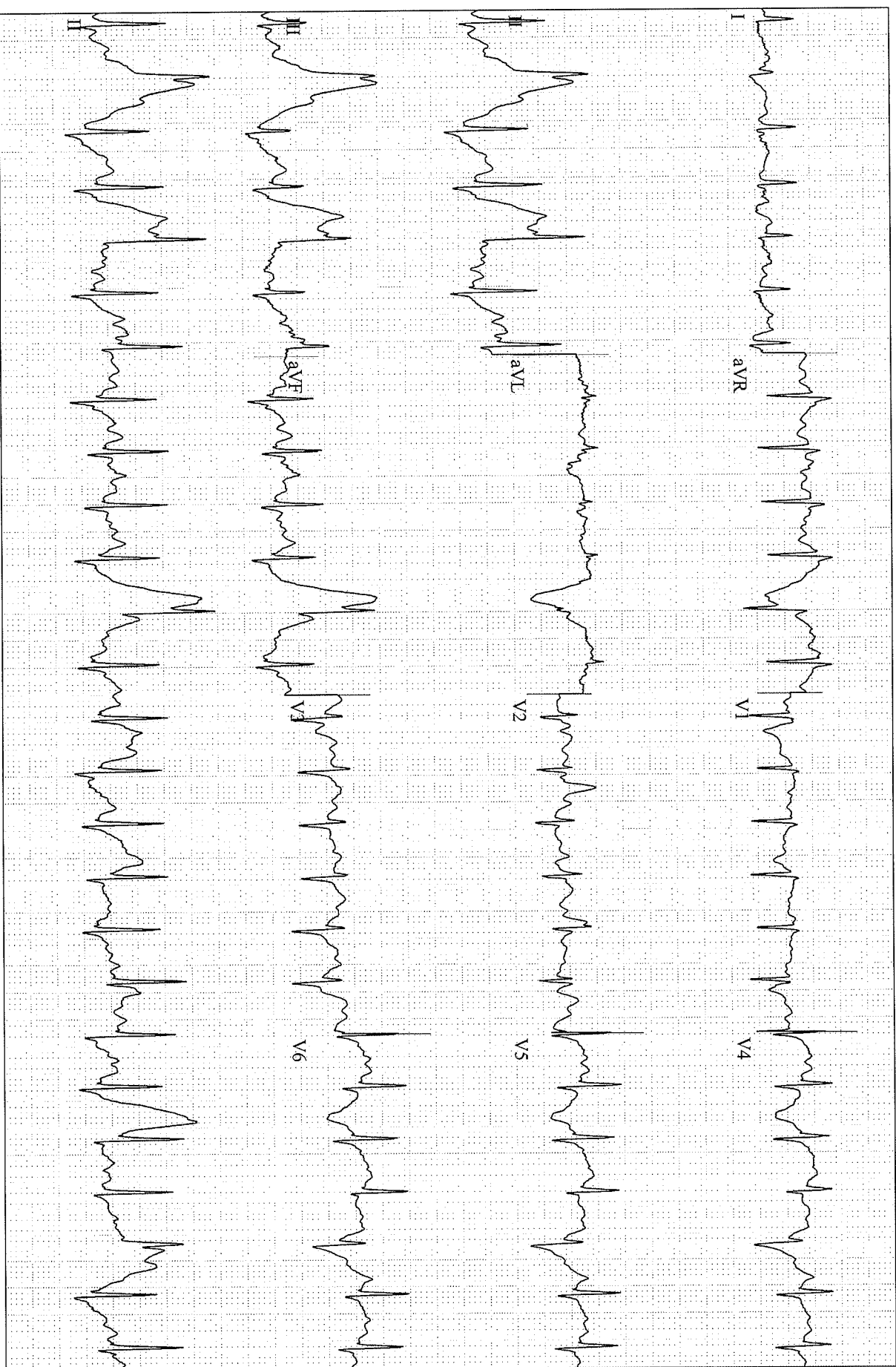
8:50

BRUCE

3.4 mph

14.0 %

APOLLO CLINIC



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(ULI)

Unconfirmed

Attending MD:

MIR VINAY, H M
Patient ID: 912
23.03.2024
12:13:40pm

Male
40 yrs

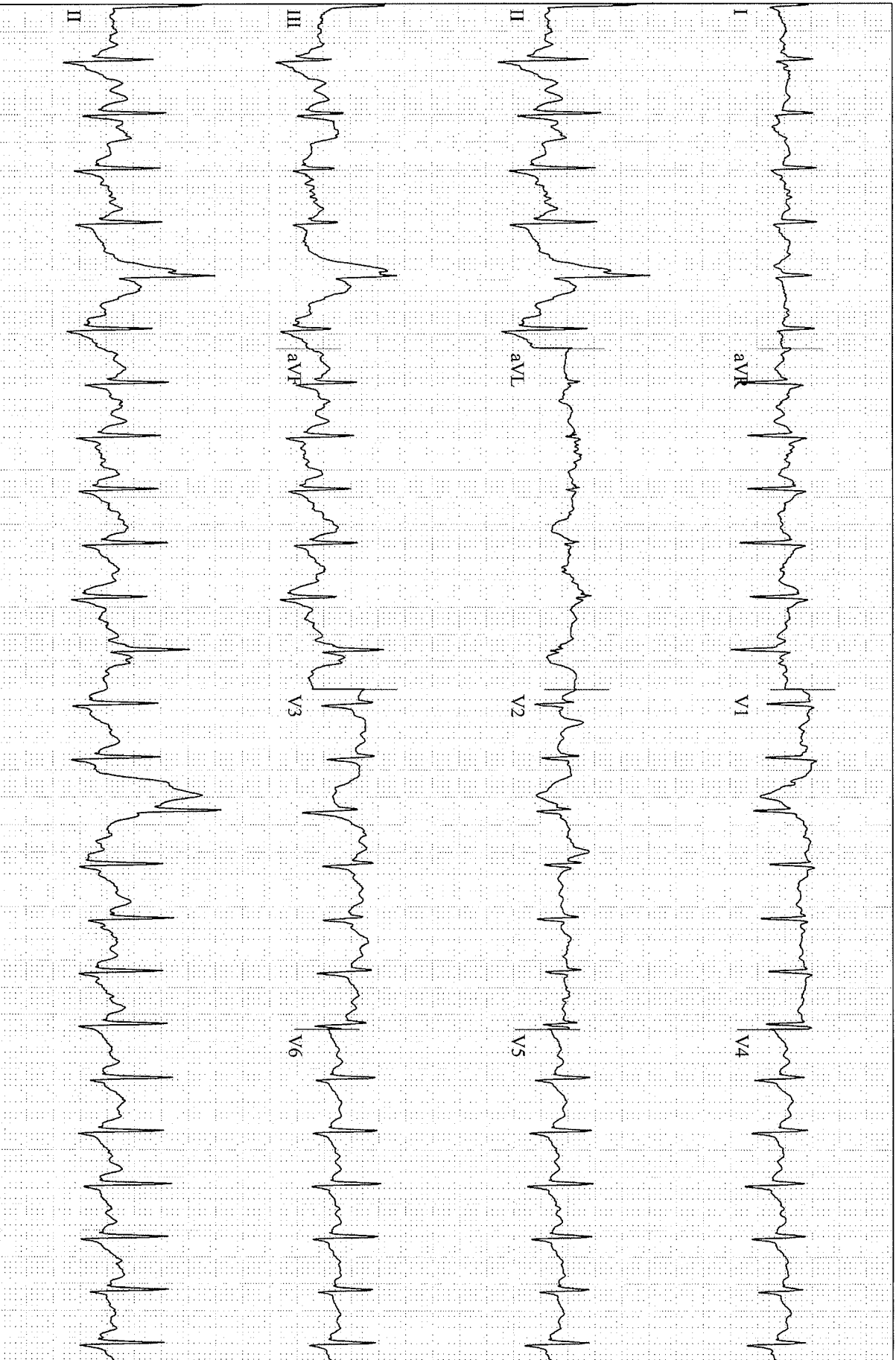
Exercise Test / ECG Strips

153 bpm
140/90 mmHg

EXERCISE
STAGE 4
9:01

BRUCE
0.0 mph
14.0 %

APOLLO CLINIC



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(1,1)

Unconfirmed

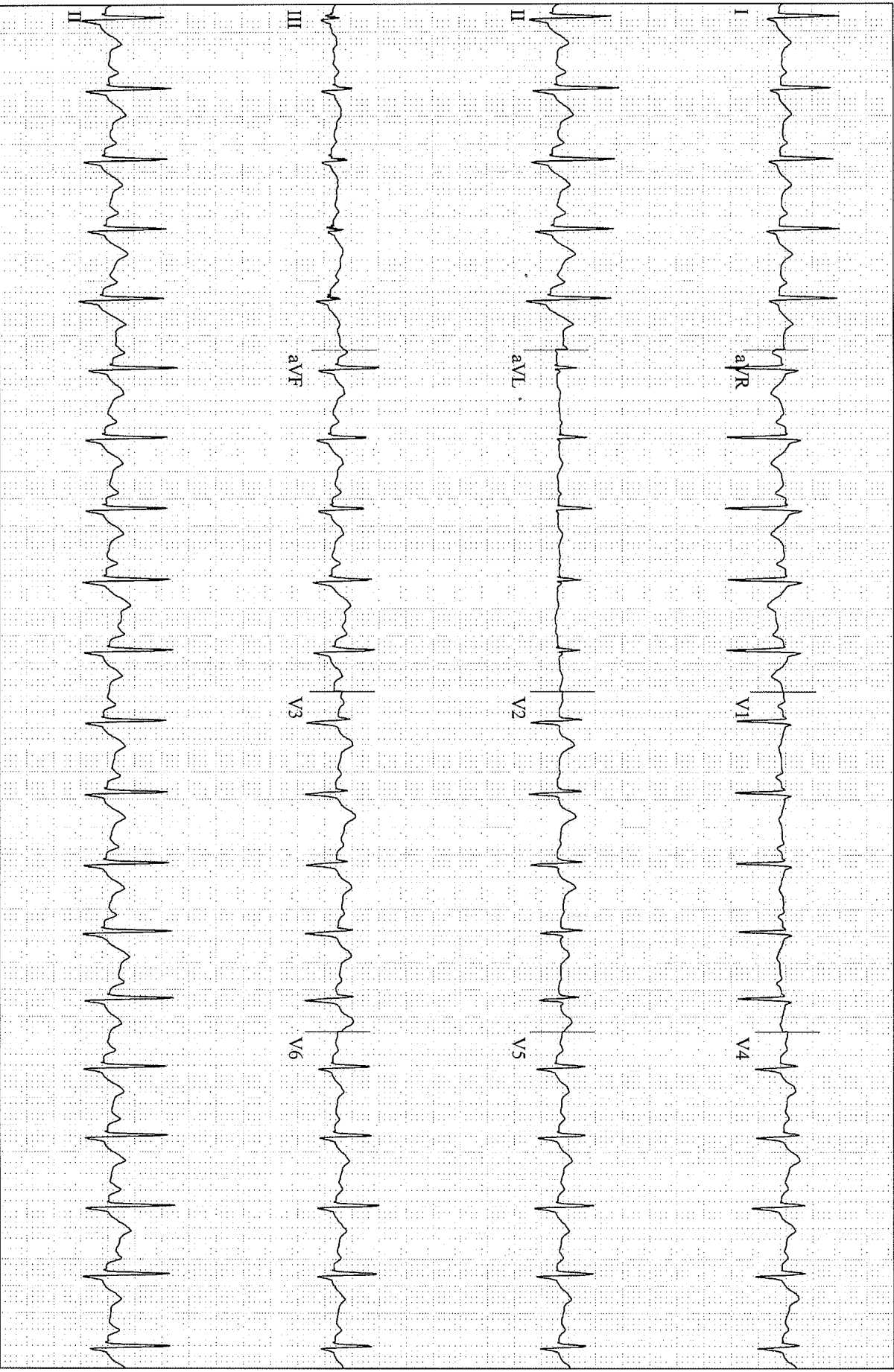
Attending MD:

MR VINAY, H M
Patient ID: 912
23.03.2024 Male
12:14:40pm 40 yrs

Exercise Test / ECG Strips
120 bpm
140/90 mmHg

RECOVERY
1:00
BRUCE
0.0 mph
0.0 %

APOLLO CLINIC



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(II, I)
Unconfirmed

Attending MD:

APOLLO CLINIC
BASAVANAGUDI
BANGALORE

EXERCISE STRESS TEST REPORT

Patient Name: MR VINAY , H M
Patient ID: 912
Height:
Weight:

DOB: 15.01.1984
Age: 40 yrs
Gender: Male
Race:

Study Date: 23.03.2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	HR [bpm]	BP [mmHg]	Comment
PRETEST	SUPINE	00:29	0.00	0.00	80		
	STANDING	00:08	0.00	0.00	80		
	HYPERV.	00:11	0.00	0.00	76		
EXERCISE	STAGE 1	03:00	1.70	10.00	120	120/80	
	STAGE 2	03:00	2.50	12.00	134	130/90	
	STAGE 3	03:00	3.40	14.00	151	140/90	
	STAGE 4	00:01	0.00	14.00	153		
RECOVERY		01:46	0.00	0.00	102	140/90	

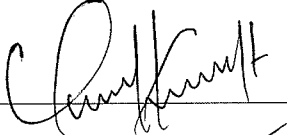
The patient exercised according to the BRUCE for 9:01 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 77 bpm rose to a maximal heart rate of 157 bpm. This value represents 87 % of the maximal, age-predicted heart rate. The resting blood pressure of --/-- mmHg , rose to a maximum blood pressure of 140/90 mmHg. The exercise test was stopped due to --.

Interpretation

--

Conclusions

GOOD EFFORT TOLERANCE
NORMAL BP NAD HR RESPONSES
NO SIGNIFICANT ST T CHANGES
NO ANGINA OR ARRHYTHMIA DURING EXERCISE
TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Physician  Technician _____

Patient Name : Mr. VINAY H M

Age/Gender : 40 Y/M

UHID/MR No. : CJPN.0000022175

OP Visit No : CBASOPV101410

Sample Collected on :

Reported on : 23-03-2024 19:51

LRN# : RAD2278025

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE14554

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

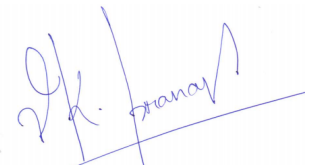
Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

IMPRESSION:

No obvious abnormality seen in the present study.



Dr. V K PRNAV VENKATESH
MBBS,MD
Radiology

Patient Name	: Mr. VINAY H M	Age/Gender	: 40 Y/M
UHID/MR No.	: CJPN.0000022175	OP Visit No	: CBASOPV101410
Sample Collected on	:	Reported on	: 23-03-2024 15:13
LRN#	: RAD2278025	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE14554		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears enlarged in size (16.1 cm) and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echo-pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Right kidney appear normal in size 10.2x1.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Left kidney appear normal in size 10.6x1.6 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate is normal in size (volume 16 cc) and echo texture.

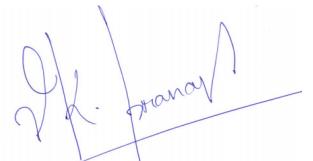
- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

IMPRESSION:-

FATTY HEPATOMEGALY.

Suggested clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



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MBBS, MD



Patient Name : Mr. VINAY H M

Age/Gender : 40 Y/M

Radiology