

Patient Name : Mr.KISLAY GUPTA  
Age/Gender : 33 Y 0 M 5 D/M  
UHID/MR No : CINR.0000160386  
Visit ID : CINROPV214003  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 7065158884

Collected : 22/Dec/2023 11:07AM  
Received : 22/Dec/2023 01:01PM  
Reported : 22/Dec/2023 06:19PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

## DEPARTMENT OF HAEMATOLOGY

### PERIPHERAL SMEAR , WHOLE BLOOD EDTA

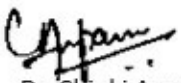
RBCs: are normocytic normochromic

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

PLATELETS: appear adequate, normal morphology.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE EOSINOPHILIA.**



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



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



SIN No:BED230317789

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

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#### APOLLO CLINICS NETWORK

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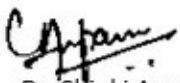
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	15	g/dL	13-17	Spectrophotometer
PCV	44.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.63	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	95.5	fL	83-101	Calculated
MCH	32.3	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	15	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,410	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	54.4	%	40-80	Electrical Impedance
LYMPHOCYTES	30.1	%	20-40	Electrical Impedance
EOSINOPHILS	9	%	1-6	Electrical Impedance
MONOCYTES	6.2	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2399.04	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1327.41	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	396.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	273.42	Cells/cu.mm	200-1000	Calculated
BASOPHILS	13.23	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	140000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	mm at the end of 1 hour	0-15	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic

Page 2 of 17



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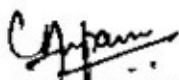
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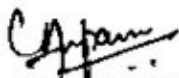
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			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	89	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)	78	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	5.6	%		HPLC



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CONSULTANT BIOCHEMIST

SIN No:EDT230117560

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ESTIMATED AVERAGE GLUCOSE (eAG)	114	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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	153	mg/dL	<200	CHO-POD
TRIGLYCERIDES	72	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	41	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	112	mg/dL	<130	Calculated
LDL CHOLESTEROL	97.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.73		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	3.42	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.44	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	2.98	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	41	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	39.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	68.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.79	g/dL	6.6-8.3	Biuret
ALBUMIN	4.96	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.83	g/dL	2.0-3.5	Calculated
A/G RATIO	1.75		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:**



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CONSULTANT BIOCHEMIST

SIN No:SE04578879

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Patient Name : Mr.KISLAY GUPTA	Collected : 22/Dec/2023 11:07AM
Age/Gender : 33 Y 0 M 5 D/M	Received : 22/Dec/2023 01:16PM
UHID/MR No : CINR.0000160386	Reported : 22/Dec/2023 03:16PM
Visit ID : CINROPV214003	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7065158884	

### DEPARTMENT OF BIOCHEMISTRY

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

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



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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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	1.02	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	23.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.72	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.02	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	<b>135</b>	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	<b>98</b>	mmol/L	101–109	ISE (Indirect)



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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
<b>GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM</b>	52.00	U/L	<55	IFCC



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Patient Name : Mr.KISLAY GUPTA	Collected : 22/Dec/2023 11:07AM
Age/Gender : 33 Y 0 M 5 D/M	Received : 22/Dec/2023 02:12PM
UHID/MR No : CINR.0000160386	Reported : 22/Dec/2023 03:18PM
Visit ID : CINROPV214003	Status : Final Report
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Emp/Auth/TPA ID : 7065158884	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.22	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.58	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>9.091</b>	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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SIN No:SPL23188296

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Patient Name	: Mr.KISLAY GUPTA	Collected	: 22/Dec/2023 11:07AM
Age/Gender	: 33 Y 0 M 5 D/M	Received	: 22/Dec/2023 02:12PM
UHID/MR No	: CINR.0000160386	Reported	: 22/Dec/2023 03:18PM
Visit ID	: CINROPV214003	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 7065158884		

DEPARTMENT OF IMMUNOLOGY

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



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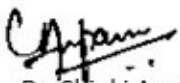


Patient Name : Mr.KISLAY GUPTA	Collected : 22/Dec/2023 11:07AM
Age/Gender : 33 Y 0 M 5 D/M	Received : 22/Dec/2023 01:15PM
UHID/MR No : CINR.0000160386	Reported : 22/Dec/2023 02:59PM
Visit ID : CINROPV214003	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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Consultant Pathologist



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



SIN No:UR2247580

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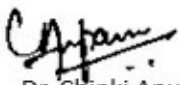
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Patient Name : Mr.KISLAY GUPTA	Collected : 22/Dec/2023 01:35PM
Age/Gender : 33 Y 0 M 5 D/M	Received : 22/Dec/2023 03:58PM
UHID/MR No : CINR.0000160386	Reported : 22/Dec/2023 07:40PM
Visit ID : CINROPV214003	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7065158884	

**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



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SIN No:UPP016041

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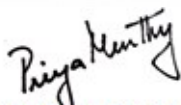
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Age/Gender : 33 Y 0 M 5 D/M	Received : 22/Dec/2023 01:15PM
UHID/MR No : CINR.0000160386	Reported : 22/Dec/2023 03:06PM
Visit ID : CINROPV214003	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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



Dr Priya Murthy  
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Consultant Pathologist



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



SIN No:UF010038

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Name : Mr. Kislay Gupta

Age: 33 Y

UHID: CINR.0000160386

Sex: M



Address : bangalore

OP Number: CINROPV214003

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Bill No : CINR-OCR 91994

Date : 22.12.2023 11:03

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
<del>1</del>	<del>URINE GLUCOSE(FASTING)</del>	
<del>2</del>	<del>GAMMA-GLUTAMYL TRANSFERASE (GGT)</del>	
<del>3</del>	<del>HbA1c. GLYCATED HEMOGLOBIN</del>	
<del>4</del>	<del>2 D ECHO</del> <span style="margin-left: 100px;">- 9</span>	
<del>5</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<del>6</del>	<del>X-RAY CHEST PA</del>	
<del>7</del>	<del>GLUCOSE, FASTING</del>	
<del>8</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
<del>9</del>	<del>ENT CONSULTATION</del>	
<del>10</del>	<del>FITNESS BY GENERAL PHYSICIAN</del>	
<del>11</del>	<del>DIET CONSULTATION</del>	
<del>12</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>13</del>	<del>URINE GLUCOSE(POST PRANDIAL)</del>	
<del>14</del>	<del>PERIPHERAL SMEAR</del>	
<del>15</del>	<del>EKG - 6</del>	
<del>16</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	
<del>17</del>	<del>LIPID PROFILE</del>	
<del>18</del>	<del>BODY MASS INDEX (BMI)</del>	
<del>19</del>	<del>OPHTHAL BY GENERAL PHYSICIAN</del> <span style="margin-left: 20px;">- 5</span>	
<del>20</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
<del>21</del>	<del>ULTRASOUND - WHOLE ABDOMEN</del> <span style="margin-left: 20px;">- 9</span> <span style="margin-left: 20px;">- 1 Pm</span>	
<del>22</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	
<del>23</del>	<del>DENTAL CONSULTATION</del> <span style="margin-left: 20px;">- 1</span>	
<del>24</del>	<del>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)</del> <span style="margin-left: 20px;">- 8</span> <span style="margin-left: 20px;">2 Pm</span>	



Pericardium:	Normal
IVC:	Normal
Others	---

**IMPRESSION :**

Normal cardiac chamber and valves

No Regional wall motion abnormality

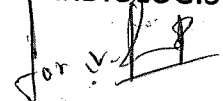
No MR/AR/TR

No clot/vegetation/pericardial effusion

Normal LV systolic function - LVEF= 60%

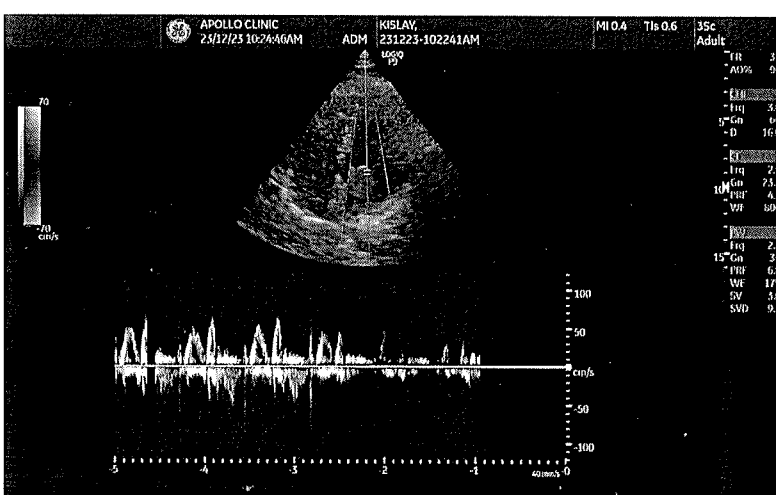
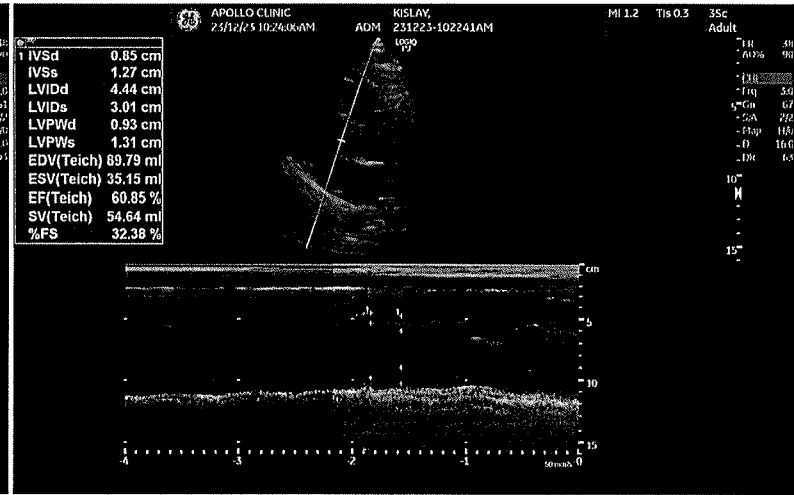
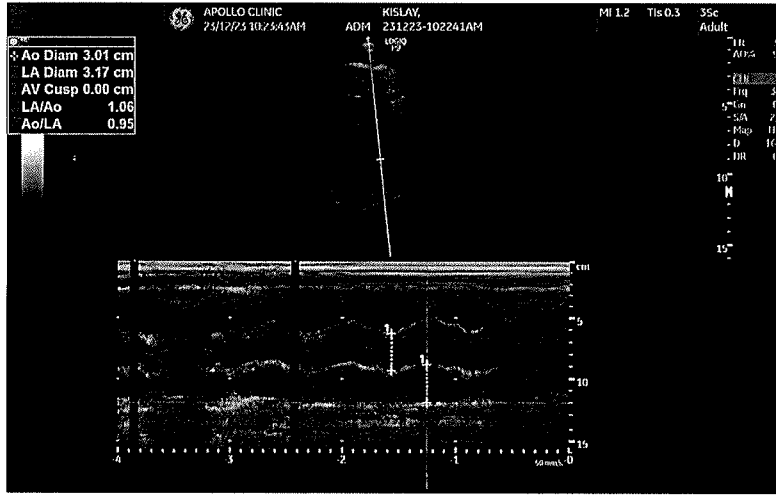
**DR JAGADEESH H V MD,DM**

**CONSULTANT CARDIOLOGIST**



**Dr. JAGADEESH H V**  
MBBS,MD, DM(Cardio)  
Consultant Cardiologist  
KMC Reg No.86848  
Apollo Clinic





Mr kiskey gupta  
ID: 460386

17.12.1990  
33 Years

Male

22.12.2023 12:54:48

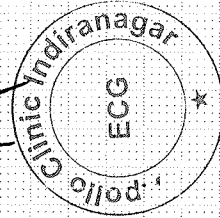
APOLLO CLINIC  
INDIRANAGAR  
BANGALORE

Location:  
Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

QRS : 70 ms  
QT / QTcBaz : 332 / 380 ms  
PR : 134 ms  
P : 82 ms  
RR / PP : 758 / 759 ms  
P / QRS / T : 54 / 80 / 17 degrees

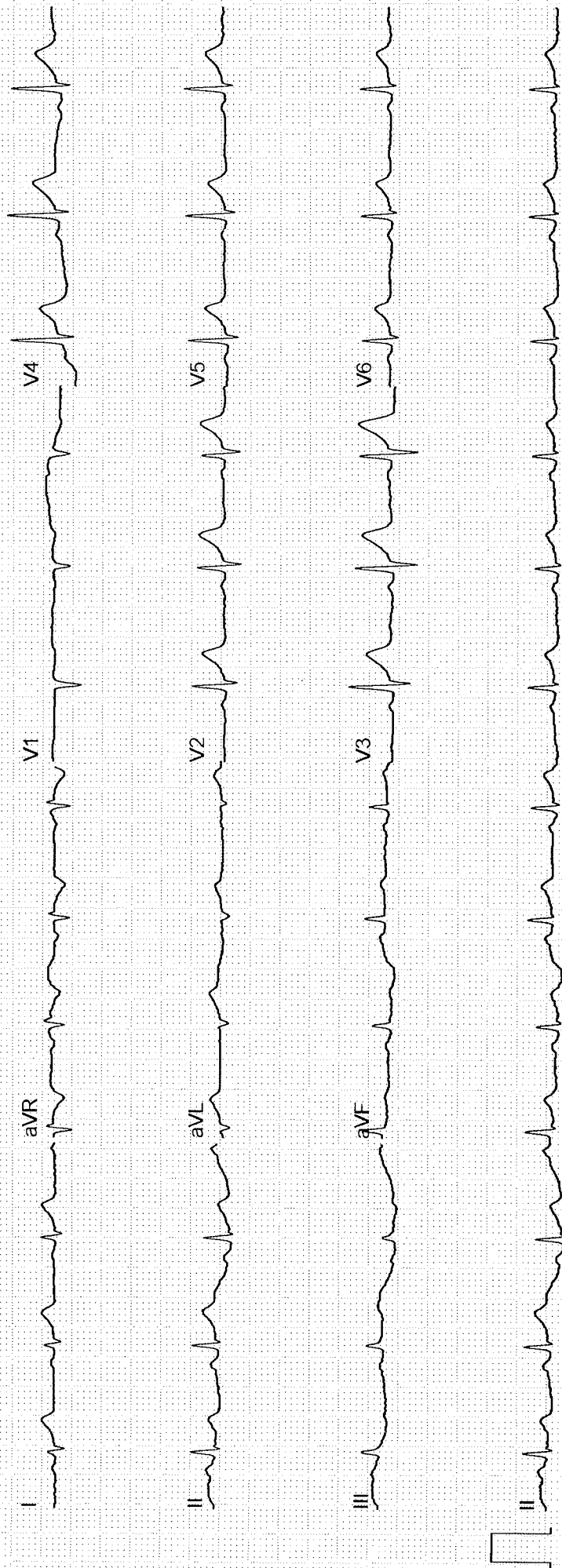
Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

*[Handwritten Signature]*



*[Handwritten Signature]*  
**DR. N. SUDHAKAR RAO**  
DM(Cardiol) FACC,FESC,FSCAI  
MBBS, MD, DM(Cardiol) Cardiologist  
Consultant Cardiologist  
KMC Reg No. CI50000013KTK  
Apollo Clinic

79 bpm  
-- / -- mmHg



Date : 22-12-2023

Department : GENERAL

MR NO : CINR.0000160386

Doctor :

Name : Mr. Kislay Gupta

Registration No :

Age/ Gender : 33 Y / Male

Qualification :

Consultation Timing: 11:03

Height : 172 - c	Weight : 77.5 kg	BMI : 26.19 kg/m <sup>2</sup>	Waist Circum : 91 - c
Temp : 98.6 °F	Pulse : 69 bpm	Resp : 18 bpm	B.P : 130/80 mmHg

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

## OPHTHAL PRESCRIPTION

PATIENT NAME : *Mr. Vishay Gupta*

DATE : *22/12/23*

UHID NO : *160386*

AGE : *33*

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>2.00</i>	<i>0.75</i>			<i>2.00</i>	<i>0.75</i>	<i>165</i>	
Add	<i>←</i>	<i>←</i>			<i>←</i>	<i>←</i>		

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

Colour Vision: *normal (16)*

Remarks:

Apollo clinic Indiranagar





## Health Check up Booking Request(bobE3158), Beneficiary Code-167723

message

Mediwheel <wellness@mediwheel.in>  
o: kislai.gupta@gmail.com  
c: customercare@mediwheel.in

Tue, 19 Dec 2023 at 9:15 pm



011-41195959

Dear MR. GUPTA KISLAY

We have received your booking request for the following health checkup

**Booking Date** : 19-12-2023  
**User Package Name** : Mediwheel Full Body Health Checkup Male Below 40  
**Hospital Package Name** : Mediwheel Full Body Annual Plus  
**Health Check Code** : PKG10000366  
**Name of Diagnostic/Hospital** : Apollo Clinic - Indiranagar  
**Address of Diagnostic/Hospital-** : 2012,1st floor, Above vision express, Next to Starbucks, 100 feet road, HAL 2nd stage, Indiranagar - 560038  
**Appointment Date** : 22-12-2023  
**Preferred Time** : 9:00am-9:00pm

Member Information		
Booked Member Name	Age	Gender
MR. GUPTA KISLAY	33 year	Male

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

**Tests included in this Package**

- Bmi Check
- Ent Consultation
- Dietician Consultation
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile

Thanks,  
Mediwheel Team

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

KISLAY GUPTA

UTTAM KUMAR GUPTA

17/12/1990

Permanent Account Number

DIDPK0487B

*Kislay Gupta*

Signature



06/11/2013

**Patient Name** : Mr. Kislay Gupta

**Age/Gender** : 33 Y/M

**UHID/MR No.** : CINR.0000160386

**OP Visit No** : CINROPV214003

**Sample Collected on** :

**Reported on** : 22-12-2023 18:24

**LRN#** : RAD2187216

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 7065158884

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

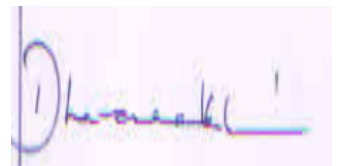
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. DHANALAKSHMI B**  
**MBBS, DMRD**  
Radiology

**Patient Name** : Mr. Kislay Gupta

**Age/Gender** : 33 Y/M

**UHID/MR No.** : CINR.0000160386

**OP Visit No** : CINROPV214003

**Sample Collected on** :

**Reported on** : 22-12-2023 13:32

**LRN#** : RAD2187216

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 7065158884

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

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

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

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

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

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

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

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

No free fluid or lymphadenopathy is seen.

#### IMPRESSION:

**GRADE I FATTY LIVER.**



**Dr. DHANALAKSHMI B**  
MBBS, DMRD  
Radiology