

Patient Name : Mr.ARIKATA MANOJ KUMAR	Collected : 23/Dec/2023 09:29AM
Age/Gender : 34 Y 5 M 29 D/M	Received : 23/Dec/2023 11:15AM
UHID/MR No : CKOR.0000145376	Reported : 23/Dec/2023 03:05PM
Visit ID : CKOROPV392834	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BOB52340	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	17.2	g/dL	13-17	Spectrophotometer
PCV	49.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	6	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83.2	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,540	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	55.1	%	40-80	Electrical Impedance
LYMPHOCYTES	30.2	%	20-40	Electrical Impedance
EOSINOPHILS	4.9	%	1-6	Electrical Impedance
MONOCYTES	8.8	%	2-10	Electrical Impedance
BASOPHILS	1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3603.54	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1975.08	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	320.46	Cells/cu.mm	20-500	Calculated
MONOCYTES	575.52	Cells/cu.mm	200-1000	Calculated
BASOPHILS	65.4	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	198000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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



SIN No: BED230318765

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

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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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 - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	92	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)	109	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	6.1	%		HPLC



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SIN No:EDT230117965

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ESTIMATED AVERAGE GLUCOSE (eAG)	128	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	173	mg/dL	<200	CHO-POD
TRIGLYCERIDES	202	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	27	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	146	mg/dL	<130	Calculated
LDL CHOLESTEROL	106	mg/dL	<100	Calculated
VLDL CHOLESTEROL	40.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.42		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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.63	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.51	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	41	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	48.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.16	g/dL	6.6-8.3	Biuret
ALBUMIN	4.29	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.87	g/dL	2.0-3.5	Calculated
A/G RATIO	1.49		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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- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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Karnataka- 560034

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Patient Name : Mr.ARIKATA MANOJ KUMAR	Collected : 23/Dec/2023 09:29AM
Age/Gender : 34 Y 5 M 29 D/M	Received : 23/Dec/2023 11:28AM
UHID/MR No : CKOR.0000145376	Reported : 23/Dec/2023 01:26PM
Visit ID : CKOROPV392834	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BOB52340	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.86	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	9.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	4.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.49	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.25	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101–109	ISE (Indirect)



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

SIN No:SE04580071

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Patient Name : Mr.ARIKATA MANOJ KUMAR
Age/Gender : 34 Y 5 M 29 D/M
UHID/MR No : CKOR.0000145376
Visit ID : CKOROPV392834
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : BOB52340

Collected : 23/Dec/2023 09:29AM
Received : 23/Dec/2023 11:28AM
Reported : 23/Dec/2023 12:24PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	37.00	U/L	<55	IFCC



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Patient Name : Mr.ARIKATA MANOJ KUMAR	Collected : 23/Dec/2023 09:29AM
Age/Gender : 34 Y 5 M 29 D/M	Received : 23/Dec/2023 11:29AM
UHID/MR No : CKOR.0000145376	Reported : 23/Dec/2023 02:12PM
Visit ID : CKOROPV392834	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BOB52340	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.83	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	5.83	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	10.440	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




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

SIN No:SPL23189074

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Patient Name	: Mr.ARIKATA MANOJ KUMAR	Collected	: 23/Dec/2023 09:29AM
Age/Gender	: 34 Y 5 M 29 D/M	Received	: 23/Dec/2023 11:29AM
UHID/MR No	: CKOR.0000145376	Reported	: 23/Dec/2023 02:12PM
Visit ID	: CKOROPV392834	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: BOB52340		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
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SIN No:SPL23189074

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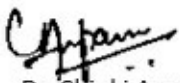
Patient Name : Mr.ARIKATA MANOJ KUMAR	Collected : 23/Dec/2023 09:29AM
Age/Gender : 34 Y 5 M 29 D/M	Received : 23/Dec/2023 02:01PM
UHID/MR No : CKOR.0000145376	Reported : 23/Dec/2023 02:28PM
Visit ID : CKOROPV392834	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BOB52340	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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	6.5		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

Page 14 of 15



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:UR2248342

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Patient Name : Mr.ARIKATA MANOJ KUMAR	Collected : 23/Dec/2023 09:29AM
Age/Gender : 34 Y 5 M 29 D/M	Received : 23/Dec/2023 11:56AM
UHID/MR No : CKOR.0000145376	Reported : 23/Dec/2023 02:57PM
Visit ID : CKOROPV392834	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BOB52340	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

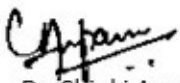
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

Page 15 of 15



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:UF010062

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

Name : Mr. Arikata Manoj Kumar

Age: 34 Y

UHID:CKOR.0000145376

Address : Ejipura vivek nagar

Sex: M



Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

OP Number:CKOROPV392834

Bill No :CKOR-OCR-79853

Date : 23.12.2023 08:56

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	HbA1c, GLYCATED HEMOGLOBIN	
4	LIVER FUNCTION TEST (LFT)	
5	X-RAY CHEST PA <i>WY</i>	
6	GLUCOSE, FASTING	
7	HEMOGRAM + PERIPHERAL SMEAR	
8	ENT CONSULTATION	
9	CARDIAC STRESS TEST(TMT) <i>R. NO - 23 Dr. vijan</i>	
10	FITNESS BY GENERAL PHYSICIAN <i>R. NO - 09</i>	
11	DIET CONSULTATION	
12	COMPLETE URINE EXAMINATION	
13	URINE GLUCOSE(POST PRANDIAL)	
14	PERIPHERAL SMEAR	
15	ECG <i>94</i>	
16	BLOOD GROUP ABO AND RH FACTOR	
17	LIPID PROFILE	
18	BODY MASS INDEX (BMI)	
19	OPHTHAL BY GENERAL PHYSICIAN	
20	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) <i>R. NO - 20 ✓</i>	
21	ULTRASOUND - WHOLE ABDOMEN	
22	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
23	DENTAL CONSULTATION <i>R. NO - 15</i>	
24	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

Height - 166cm

Weight - 72.8 Kg

BP → 140/70mmHg

P → 81



Apollo Clinic

Consent Form

Patient Name: Arikalē Manoj Kumar Age: 34
UHID Number: Company Name: Bank of Baroda

I Mr/Mrs/Miss: Arikalē Manoj Kumar Employee of Bank of Baroda

(Company) want to inform you that I am not getting the Consultation

Test which is a part of health check package.

Reason If any: Consultation will be done on Monday 23.12.23

And I claim the above statement in my full consciousness

Patient Signature: A.M.K. Date: 23.12.23



DR. MAHABALESHWAR.M
MBBS.(MYS), MD(AIIMS DELHI)FICS
D.O (JIPMER)
REG.NO:KMC:9748

DATE: 23/12/23
OP NO:

THE APOLLO MEDICAL CENTER KORAMANGALA

NAME: Anikata. Menoj Kumar.
AGE : 34
GENDER: M

OPHTHALMIC REPORT

RIGHT EYE

LEFT EYE

GENERAL APPEARANCE

VISION - DISTANCE

WITHOUT GLASS

sls / sls
veles

WITH GLASS

GLASS POWER

NEAR

WITHOUT GLASS

ns w

WITH GLASS

GLASS POWER

COLOUR

- normal

ANTERIOR SEGMENT:-

FUNDUS

Myope

I.O.P: DIGITAL

DOCTOR SIGNATURE



DR VIJAYA LAKSHMI M
M.B.B.S, D.L.O, D.N.B(ENT)
Phone No.9972044580,080-25633823/24/23

23/12/23

HEALTH CHECK- ENT

NAME: *Aritakhe Manoj Kumar* **AGE:** *34*

EAR: **RE:** **LE:**

EXTERNAL EAR

MIDDLE EAR

INNER EAR (FN)

Normal

LN nod (LF)

HEARING ASSESSMENT: **RE:** **LE:**

RHINNE

WEBER

ABC

Normal

NOSE

THROAT

AIRWAY

ORAL CAVITY

SEPTUM

OROPHARYNX

TURBINATES

PHARYNX

OTHERS

LARYNX

Normal

Normal

NECK

NECK NODES

OTHER

Normal

AUDIOMETRY

IMPRESSION

Normal

[Signature]
SIGNATURE:

Patient Name : Mr Arikata Manoj Kumar

Patient ID: 145376

Age : 34 Year(s)

Sex : Male

1Referring Doctor : H/C

Date : 23.12.2023

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size and shows increased echotexture. No biliary dilatation. No focal lesion
CBD is not dilated. **Portal vein** is normal in size, course and calibre.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid.

Pancreas to the extent visualized, appears normal in size, contour and echogenicity

Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesions.

Right Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Urinary Bladder is well distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

Prostate: normal in size and echotexture.

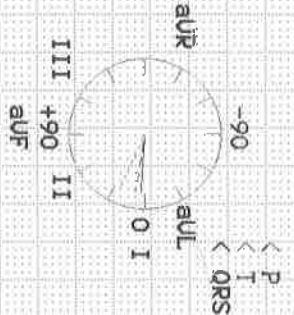
There is no ascites.

IMPRESSION: GRADE I FATTY LIVER.

**DR VINOD JOSEPH, DNB, DMRD
RADIOLOGIST**



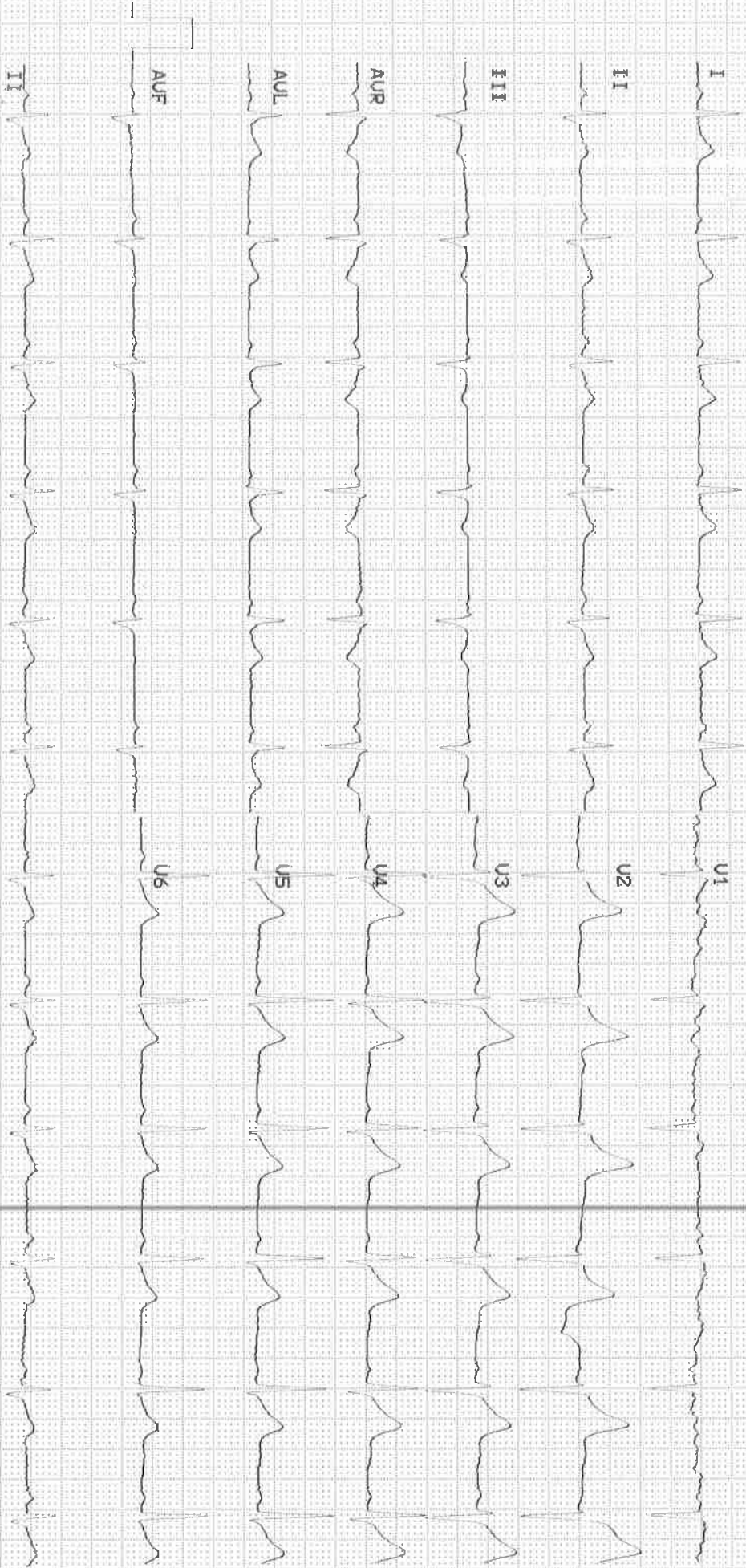
AGE: 34
 Measurement Results:
 QRS : 110 ms
 QT/QTcB : 394 / 428 ms
 PR : 136 ms
 P : 112 ms
 RR/PP : 846 / 850 ms
 P/ORS/T : 25 / 5 / 10 degrees
 QTd/QTcBD : 34 / 37 ms
 Sokolow : 1.9 mV
 NK : 10



Interpretation:

(N) SR-4

Unconfirmed report.



Patient Name	: Mr. Arikata Manoj Kumar	Age	: 34 Y/M
UHID	: CKOR.0000145376	OP Visit No	: CKOROPV392834
Reported By:	: Dr. MOHAN MURALI	Conducted Date	: 23-12-2023 15:47
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 70 beats per minutes.
3. No pathological Q wave or S-T, T changes seen.
4. Normal P, Q, R, S, T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

Dr MOHAN MURALI
CARDIOLOGIST

NOTE: KINDLY TAKE A PHOTOCOPY OF THE GRAPH
FOR FUTURE REFERENCE IF NEEDED.

Patient Name	: Mr. Arikata Manoj Kumar	Age	: 34 Y M
UHID	: CKOR.0000145376	OP Visit No	: CKOROPV392834
Reported on	: 23-12-2023 13:18	Printed on	: 23-12-2023 13:40
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appear normal.

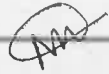
Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.

The cardiac and mediastinal shadows appear normal.

Bones and soft tissues appear normal.

IMPRESSION : NORMAL STUDY.



DR VINOD JOSEPH DNB,DMRD
RADIOLOGIST

Printed on:23-12-2023 13:18

---End of the Report---

Patient Name : Mr.ARIKATA MANOJ KUMAR	Collected : 23/Dec/2023 09:29AM
Age/Gender : 34 Y 5 M 29 D/M	Received : 23/Dec/2023 11:15AM
UHID/MR No : CKOR.0000145376	Reported : 23/Dec/2023 03:05PM
Visit ID : CKOROPV392834	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BOB52340	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	17.2	g/dL	13-17	Spectrophotometer
PCV	49.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	6	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83.2	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,540	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	55.1	%	40-80	Electrical Impedance
LYMPHOCYTES	30.2	%	20-40	Electrical Impedance
EOSINOPHILS	4.9	%	1-6	Electrical Impedance
MONOCYTES	8.8	%	2-10	Electrical Impedance
BASOPHILS	1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3603.54	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1975.08	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	320.46	Cells/cu.mm	20-500	Calculated
MONOCYTES	575.52	Cells/cu.mm	200-1000	Calculated
BASOPHILS	65.4	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	198000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

Patient Name : Mr.ARIKATA MANOJ KUMAR	Collected : 23/Dec/2023 09:29AM
Age/Gender : 34 Y 5 M 29 D/M	Received : 23/Dec/2023 11:15AM
UHID/MR No : CKOR.0000145376	Reported : 23/Dec/2023 03:05PM
Visit ID : CKOROPV392834	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BOB52340	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



Patient Name : Mr.ARIKATA MANOJ KUMAR	Collected : 23/Dec/2023 09:29AM
Age/Gender : 34 Y 5 M 29 D/M	Received : 23/Dec/2023 11:15AM
UHID/MR No : CKOR.0000145376	Reported : 23/Dec/2023 03:11PM
Visit ID : CKOROPV392834	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BOB52340	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Blo. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mr.ARIKATA MANOJ KUMAR	Collected : 23/Dec/2023 09:29AM
Age/Gender : 34 Y 5 M 29 D/M	Received : 23/Dec/2023 11:25AM
UHID/MR No : CKOR.0000145376	Reported : 23/Dec/2023 01:25PM
Visit ID : CKOROPV392834	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BOB52340	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	92	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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	109	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.

HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA

HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	mg/dL		Calculated

Comment:

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

REFERENCE GROUP	HBA1C %
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Patient Name : Mr.ARIKATA MANOJ KUMAR	Collected : 23/Dec/2023 09:29AM
Age/Gender : 34 Y 5 M 29 D/M	Received : 23/Dec/2023 11:25AM
UHID/MR No : CKOR.0000145376	Reported : 23/Dec/2023 01:25PM
Visit ID : CKOROPV392834	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BOB52340	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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)



Patient Name : Mr.ARIKATA MANOJ KUMAR	Collected : 23/Dec/2023 09:29AM
Age/Gender : 34 Y 5 M 29 D/M	Received : 23/Dec/2023 11:28AM
UHID/MR No : CKOR.0000145376	Reported : 23/Dec/2023 01:26PM
Visit ID : CKOROPV392834	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BOB52340	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	173	mg/dL	<200	CHO-POD
TRIGLYCERIDES	202	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	27	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	146	mg/dL	<130	Calculated
LDL CHOLESTEROL	106	mg/dL	<100	Calculated
VLDL CHOLESTEROL	40.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.42		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.



SIN No:SE04580071

Patient Name : Mr.ARIKATA MANOJ KUMAR	Collected : 23/Dec/2023 09:29AM
Age/Gender : 34 Y 5 M 29 D/M	Received : 23/Dec/2023 11:28AM
UHID/MR No : CKOR.0000145376	Reported : 23/Dec/2023 01:26PM
Visit ID : CKOROPV392834	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BOB52340	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.63	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.51	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	41	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	48.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.16	g/dL	6.6-8.3	Biuret
ALBUMIN	4.29	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.87	g/dL	2.0-3.5	Calculated
A/G RATIO	1.49		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:

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

Patient Name	Mr.ARIKATA MANOJ KUMAR	Collected	: 23/Dec/2023 09:29AM
Age/Gender	: 34 Y 5 M 29 D/M	Received	: 23/Dec/2023 11:28AM
UHID/MR No	: CKOR.0000145376	Reported	: 23/Dec/2023 01:26PM
Visit ID	: CKOROPV392834	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: BOB52340		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Blo. Ref. Range	Method
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Patient Name : Mr.ARIKATA MANOJ KUMAR	Collected : 23/Dec/2023 09:29AM
Age/Gender : 34 Y 5 M 29 D/M	Received : 23/Dec/2023 11:28AM
UHID/MR No : CKOR.0000145376	Reported : 23/Dec/2023 01:26PM
Visit ID : CKOROPV392834	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BOB52340	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.86	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	9.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	4.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.49	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.25	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101–109	ISE (Indirect)



Patient Name	: Mr.ARIKATA MANOJ KUMAR
Age/Gender	: 34 Y 5 M 29 D/M
UHID/MR No	: CKOR.0000145376
Visit ID	: CKOROPV392834
Ref Doctor	: Dr.SELF
Emp/Auth/TPA ID	: BOB52340

Collected	: 23/Dec/2023 09:29AM
Received	: 23/Dec/2023 11:28AM
Reported	: 23/Dec/2023 12:24PM
Status	: Final Report
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Blo. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	37.00	U/L	<55	IFCC



Patient Name : Mr.ARIKATA MANOJ KUMAR	Collected : 23/Dec/2023 09:29AM
Age/Gender : 34 Y 5 M 29 D/M	Received : 23/Dec/2023 11:29AM
UHID/MR No : CKOR.0000145376	Reported : 23/Dec/2023 02:12PM
Visit ID : CKOROPV392834	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BOB52340	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-iodothyronine (T3, TOTAL)	0.83	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	5.83	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	10.440	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

TSH	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



Patient Name : Mr.ARIKATA MANOJ KUMAR	Collected : 23/Dec/2023 09:29AM
Age/Gender : 34 Y 5 M 29 D/M	Received : 23/Dec/2023 02:01PM
UHID/MR No : CKOR.0000145376	Reported : 23/Dec/2023 02:28PM
Visit ID : CKOROPV392834	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BOB52340	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Blo. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		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



SIN No:UR2248342

Patient Name : Mr.ARIKATA MANOJ KUMAR	Collected : 23/Dec/2023 09:29AM
Age/Gender : 34 Y 5 M 29 D/M	Received : 23/Dec/2023 11:56AM
UHID/MR No : CKOR.0000145376	Reported : 23/Dec/2023 02:57PM
Visit ID : CKOROPV392834	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BOB52340	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

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

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

Result/s to Follow:
PERIPHERAL SMEAR

Shetty

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

Shobha

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

Anupam

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



Original OP Credit Bill

Name : Mr. Arikata Manoj Kumar
Age/Gender : 34 Y M
Contact No : +918125330332
Address : Ejipura vivek nagar
UHID : CKOR.0000145376

Bill-No : CKOR-OCR-79853
Bill/Reg Date : 23.12.2023 08:56
Referred by : SELF
Center : Koramangala
Emp No/Auth Code : BOB52340



Corporate Name : ARCOFEMI HEALTHCARE LIMITED
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT

#	Department	Service Name	Qty	Rate	Discount	Amount
1	Package Charges	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324	1	2,000.00	0.00	2,000.00

Bill Amount: 2,000.00
Total Discount: 0.00
Net Payment: 0.00
Corporate Due: 2,000.00

Received with thanks: Zero Rupees only

Authorized Signature (Tojaswini M)



అరికాథ మనోజ్ కుమార్
Arikatha Manoj Kumar

వ్యక్తి పుట్టిన సంవత్సరం/Year of Birth: 1989
పురుషుడు / Male

7778 8704 8383

అధార్ - సామాన్యుని హక్కు

Manojkumar - Health Check up Booking Confirmed Request(bobS52340),Package Code-
PKG10000377, Beneficiary Code-298560

Manoj Kumar <manoj.aqj@gmail.com>

Sat 23-12-2023 08:51

To:Koramangala Apolloclinic <koramangala@apolloclinic.com>

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Thu, 21 Dec 2023 at 5:58 PM

Subject: Health Check up Booking Confirmed Request(bobS52340),Package Code-PKG10000377, Beneficiary
Code-298560

To: <manoj.aqj@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

Dear Arikata Manojkumar,

We are pleased to confirm your health checkup booking request with the following details.

Booking Date : 06-12-2023
Hospital Package Name : Mediwheel Full Body Health Annual Plus Check
Patlent Package Name : Mediwheel Full Body Health Checkup Female Below 40
Name of Diagnostic/Hospital : Apollo Medical Centre
Address of Diagnostic/Hospital- City : Apollo Medical centre, Plot 51, 5th Block, Opp. Jyothi Nivas College, Koramangala - 5600095
State : Bangalore
Pincode : 560095
Appointment Date : 23-12-2023
Confirmation Status : Booking Confirmed
Preferred Time : 9:00am-9:30am
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Chivukula Sowjanya	32 year	Female

Note - Please note to not pay any amount .

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with

APOLLO MEDICAL CENTRE
KORAMANGALA
BANGALORE

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: MR, ARIKATA MANOJ KUMAR
Patient ID: 145376
Height: 166 cm
Weight: 72.8 kg

DOB: 24.06.1989
Age: 34 yrs
Gender: Male
Race: Asian

Study Date: 23.12.2023
Test Type: --
Protocol: BRUCE
Medications:
NIL

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

Medical History:
NIL

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	HR [bpm]	BP [mmHg]	Comment
PRETEST	SUPINE	00:22	0.00	0.00	85	140/80	
	STANDING	00:04	0.00	0.00	85	140/80	
	HYPERV.	00:03	0.00	0.00	82	140/80	
	WARM-UP	00:07	0.00	0.00	79	140/80	
EXERCISE	STAGE 1	03:00	1.70	10.00	110	150/80	
	STAGE 2	02:08	2.50	12.00	122	160/80	
	STAGE 3	03:00	3.40	14.00	148	170/80	
	STAGE 4	01:20	4.20	16.00	173	170/80	
RECOVERY		03:04	0.00	0.00	130	160/80	1:47 No symptoms

The patient exercised according to the BRUCE for 9:26 min:s, achieving a work level of Max. METS: 13.40. The resting heart rate of 96 bpm rose to a maximal heart rate of 173 bpm. This value represents 93 % of the maximal, age-predicted heart rate. The resting blood pressure of 140/80 mmHg, rose to a maximum blood pressure of 170/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.

Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP Response to Exercise: NORMAL HR AND BP RESPONSE.

Chest Pain: none.

Arrhythmias: NO ANGINA OR ARRHYTHMIA.

ST Changes: NO SIGNIFICANT ST DEPRESSION DURING EXC AND REC.

Overall impression: Normal stress test.

Conclusions

STRESS TSET NEGATIVE FOR INDUCIBLE ISCHEMIA

Physician _____

Technician _____

DR. RAJENDRA N. SHARMA

MBBS; MD (General Medicine)
PG-DIABETES/CARDIAC (P-I-FI)
PG-THYROID (PHEU) PHYSICIAN
DIABETES, THYROID, SPECIALIST
KMC : 33095, MOB : 9740199006

MIR, ARIKATA MANOJ KUMAR

Patient ID: 145376

23.12.2023 Male 166 cm 72.8 kg

12:49:02pm 34 yrs Asian

Exercise Test / Linked Medians

PRETEST

SUPINE

00:20

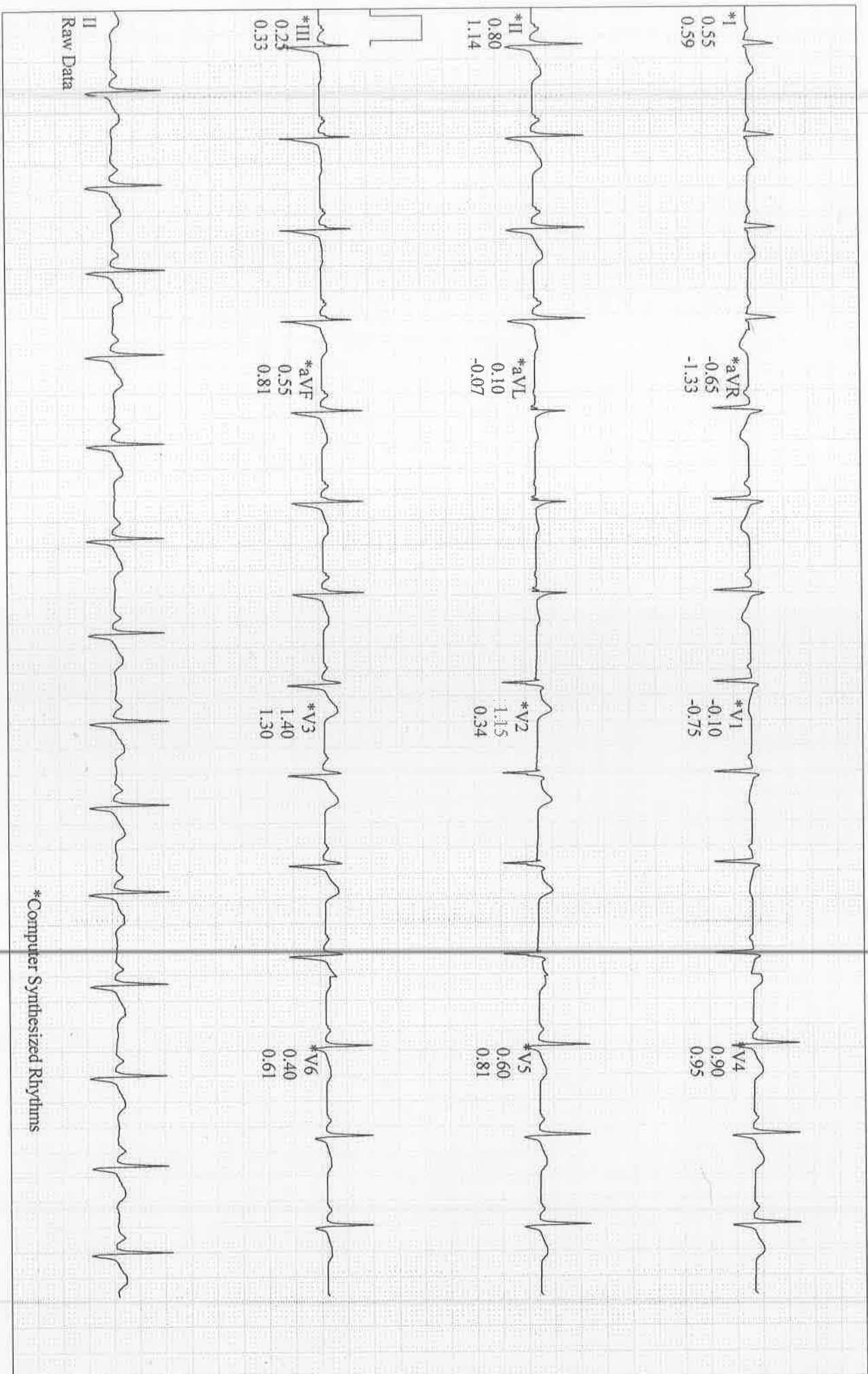
BRUCE

0.0 mph

0.0 %

APOLLO MEDICAL CENTRE

Lead
ST Level (mm)
ST Slope (mV/s)



GE CardisSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(IL,V4)

*Computer Synthesized Rhythms

Start of Test: 12:48:41pm

MR, ARIKATA MANOJ KUMAR

Patient ID: 145376

Male 166 cm 72.8 kg

23.12.2023 34 yrs Asian

12:52:07pm

Exercise Test / Linked Medians

EXERCISE

STAGE 1

02:50

BRUCE

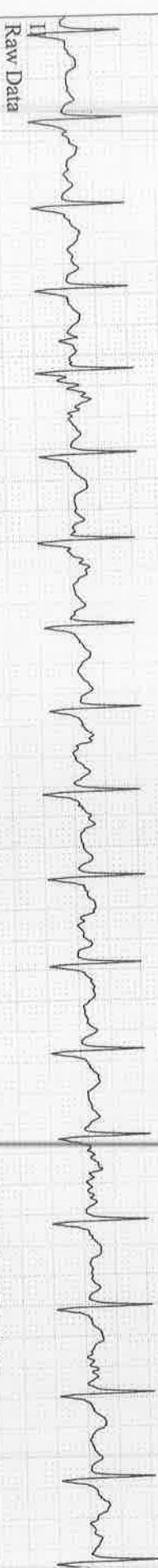
1.7 mph

10.0%

APOLLO MEDICAL CENTRE

Lead
ST Level (mm)
ST Slope (mV/s)

110 bpm
150/80 mmHg



*Computer Synthesized Rhythms

GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(V4,II)

Start of Test: 12:48:41pm

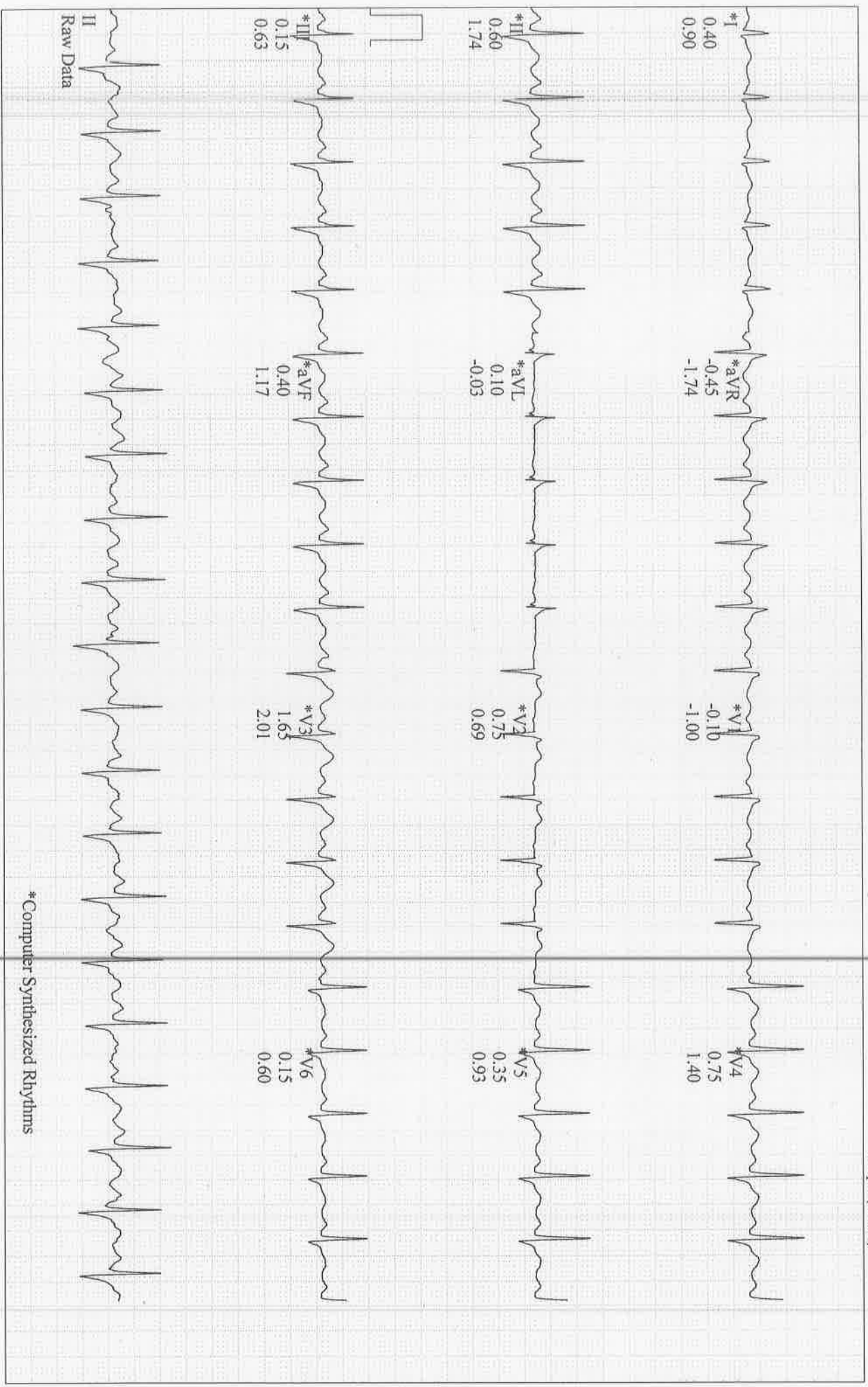
MR, ARIKATA MANOJ KUMAR
 Patient ID: 145376
 23.12.2023 Male 166 cm 72.8 kg
 12:54:21pm 34 yrs Asian

Exercise Test / Linked Medians
 EXERCISE
 STAGE 2
 05:04
 122 bpm
 160/80 mmHg

BRUCE
 2.5 mph
 12.0%

APOLLO MEDICAL CENTRE

Lead
 ST Level (mm)
 ST Slope (mV/s)



GE CardioSoft V7.0 (10)
 25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(V4,II)

*Computer Synthesized Rhythms

Start of Test: 12:48:41pm

MR, ARIKATA MANOJ KUMAR

Patient ID: 145376

23.12.2023 Male 166 cm 72.8 kg

12:57:14pm 34 yrs Asian

Exercise Test / Linked Medians

EXERCISE

STAGE 3

07:57

148 bpm
170/80 mmHg

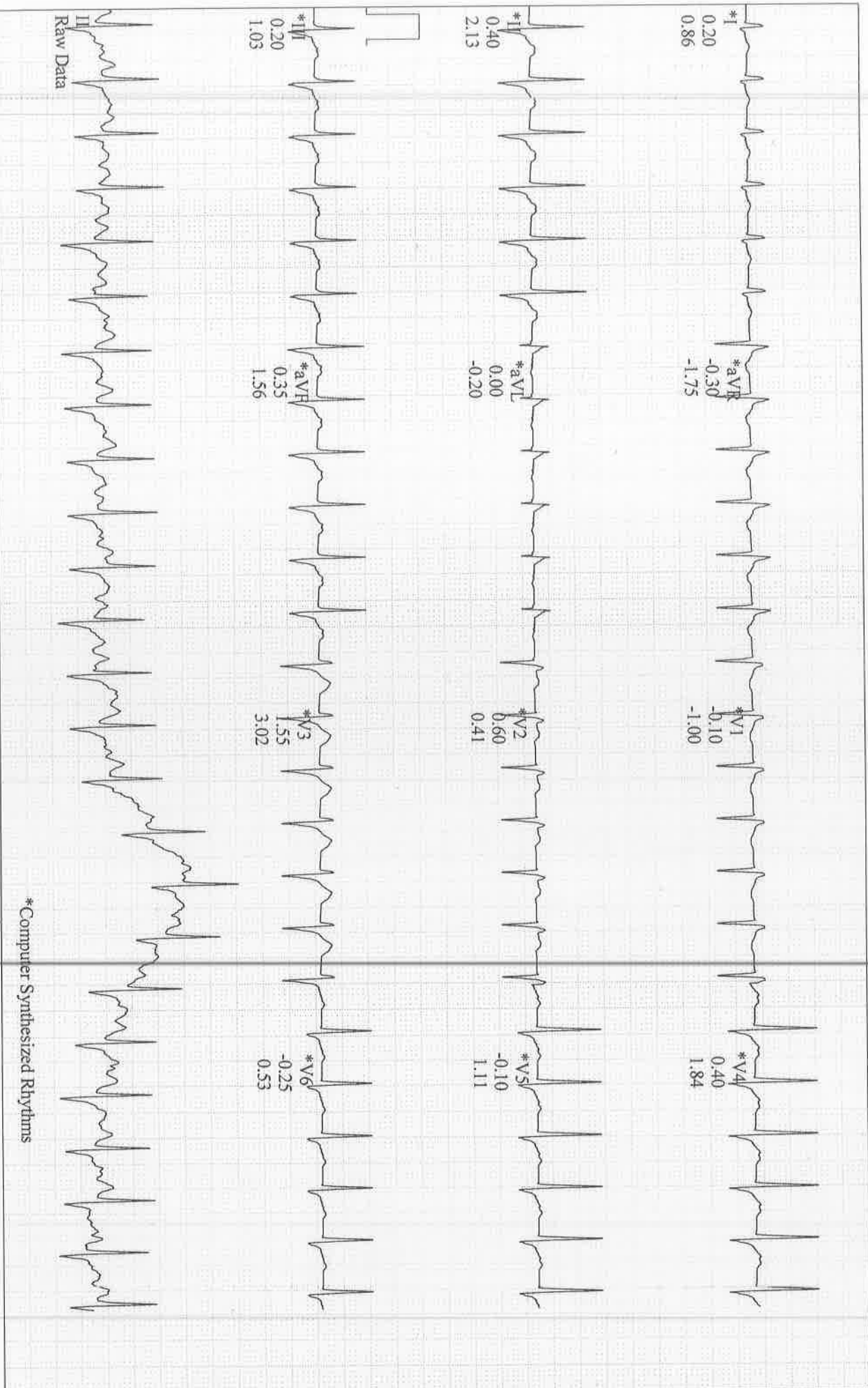
BRUCE

3.4 mph

14.0 %

APOLLO MEDICAL CENTRE

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer-Synthesized Rhythms

MR, ARIKATA MANOJ KUMAR

Patient ID: 145376

23.12.2023 Male 166 cm 72.8 kg

12:58:44pm 34 yrs Asian

Exercise Test / Linked Medians (PEAK EXERCISE)

EXERCISE

STAGE 4

09:27

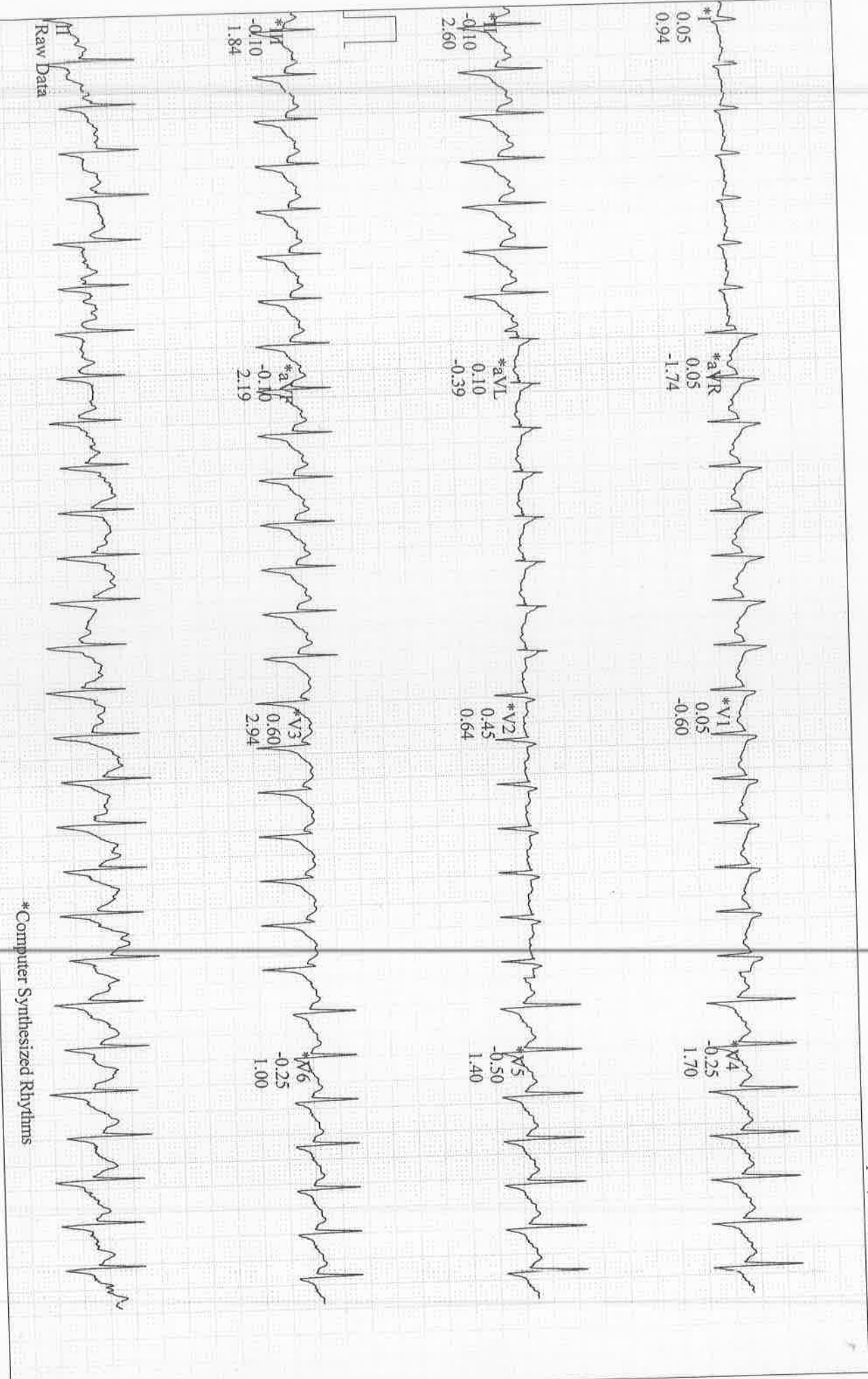
BRUCE

4.2 mph

16.0 %

APOLLO MEDICAL CENTRE

Lead
ST Level (mm)
ST Slope (mV/s)



Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(V1, V2)

Start of Test 12:48:41pm

MR, ARIKATA MANOJ KUMAR

Patient ID: 145376

23.12.2023 Male 166 cm 72.8 kg

12:59:43pm 34 yrs Asian

Exercise Test / Linked Medians

RECOVERY

#1

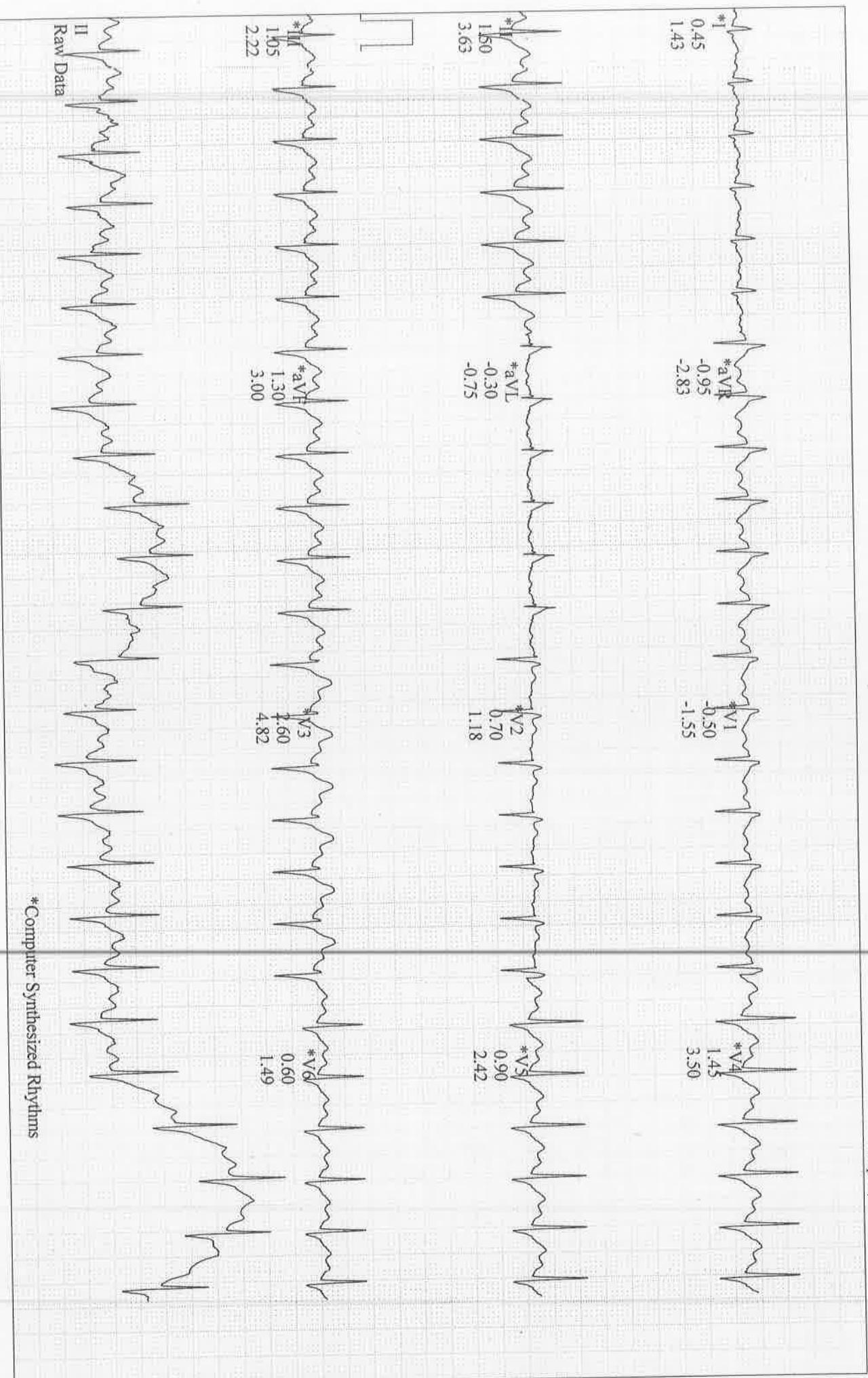
01:00

150 bpm
170/80 mmHg

BRUCE
0.0 mph
0.0 %

APOLLO MEDICAL CENTRE

Lead
ST Level (mm)
ST Slope (mV/s)



M/R, ARIKATA MANOJ KUMAR

Patient ID: 145376

23.12.2023 Male 166 cm 72.8 kg

1:01:43pm 34 yrs Asian

01:47 No symptoms

Exercise Test / Linked Medians

RECOVERY

#1

03:00

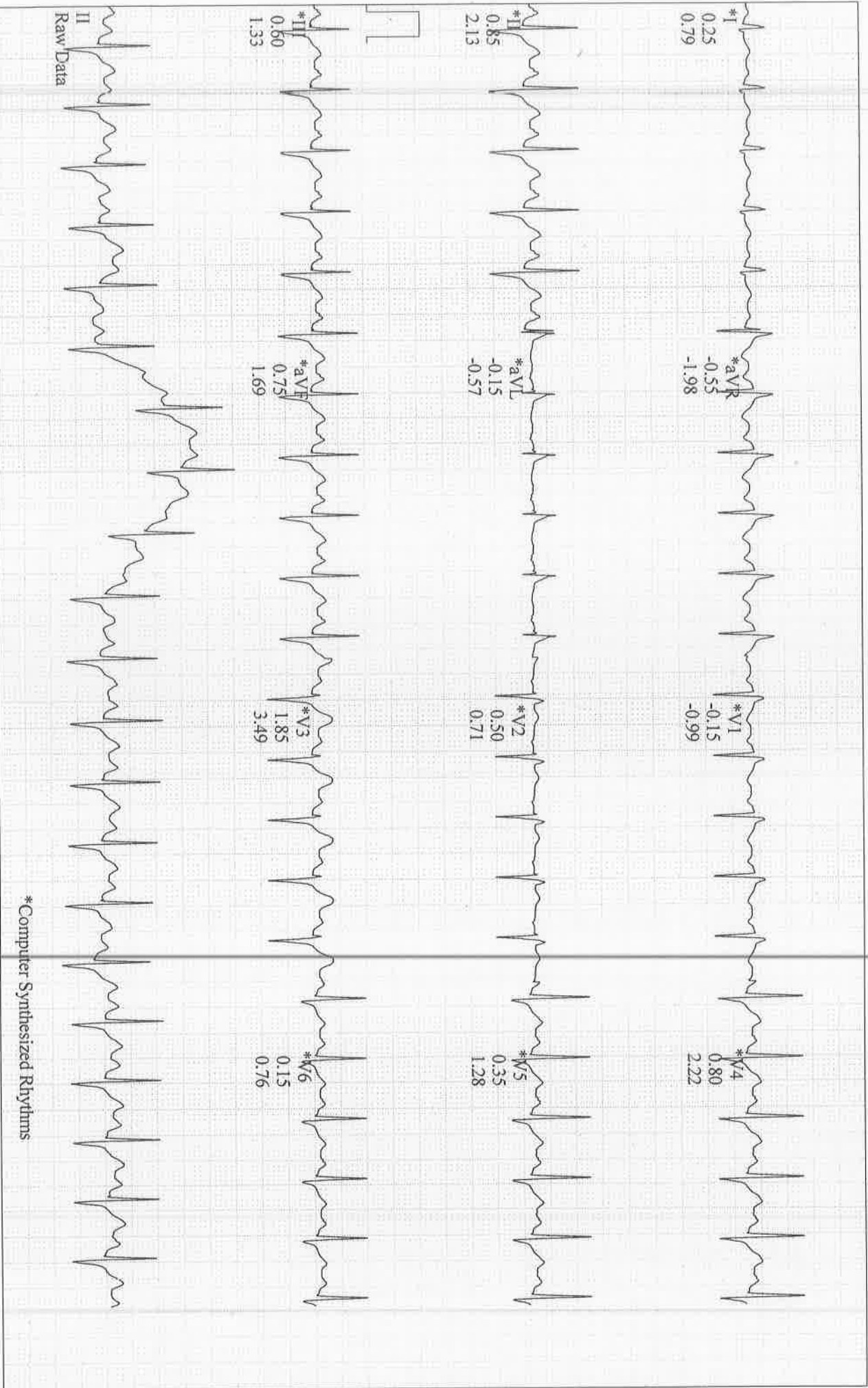
APOLLO MEDICAL CENTRE

BRUCE

0.0 mph

0.0 %

Lead
ST Level (mm)
ST Slope (mV/s)



GE CardiacSoft V7.0 (10)
25 mm/s ; 0 mm/mV 50 Hz 0.05Hz FRF+ HR(V3,V4)

Start of Test: 2:48:41 pm

Page 7

*Computer Synthesized Rhythms

MR, ARIKATA MANOJ KUMAR

Patient ID: 145376

23.12.2023

12:48:41pm

Male 166 cm 72.8 kg

34 yrs Asian

Meds: NIL

Exercise Test / Selected Medians Report

APOLLO MEDICAL CENTRE

Test Reason:
Medical History: NIL

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

BRUCE: Exercise Time 09:26
Max HR: 173 bpm 93 % of max predicted 186 bpm HR at rest: 96
Max BP: 170/80 mmHg BP at rest: 140/80 Max RPP: 29410 mmHg* bpm
Maximum Workload: 13.40 METS
Max. ST: -0.55 mm, 1.28 mV/s in V5; RECOVERY 0:03
Arrhythmia: A:151, PSVC:1
ST/HR index: 0.56 μ V/bpm
HR reserve used: 87 %
HR recovery: 25 bpm
VE recovery: 0 VE/min
ST/HR hysteresis: -0.009 mV (V2)
QRS duration: BASELINE: 98 ms, PEAK EX: 96 ms, REC: 92 ms
Reasons for Termination: Target heart rate achieved

Summary:
Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: NORMAL HR AND BP RESPONSE. Chest Pain: none. Arrhythmias: NO ANGINA OR ARRHYTHMIA. ST Changes: NO SIGNIFICANT ST DEPRESSION DURING EXC AND REC. Overall impression: Normal stress test.
Conclusion: STRESS TSET NEGATIVE FOR INDUCIBLE ISCHEMIA
Room:
Location: * 0 *

Patient Name	: Mr. Arikata Manoj Kumar	Age/Gender	: 34 Y/M
UHID/MR No.	: CKOR.0000145376	OP Visit No	: CKOROPV392834
Sample Collected on	:	Reported on	: 23-12-2023 15:54
LRN#	: RAD2188130	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: BOB52340		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver is normal in size and shows increased echotexture. No biliary dilatation. No focal lesion
CBD is not dilated. **Portal vein** is normal in size, course and calibre.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid.

Pancreas to the extent visualized, appears normal in size, contour and echogenicity

Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesions.

Right Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Urinary Bladder is well distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

Prostate: normal in size and echotexture.

There is no ascites.

IMPRESSION: GRADE I FATTY LIVER.

DR VINOD JOSEPH DNB,DMRD
RADIOLOGIST



Patient Name : Mr. Arikata Manoj Kumar

Age/Gender : 34 Y/M

Dr. VINOD P JOSEPH
MBBS, DNB, DMRD
Radiology

Patient Name : Mr. Arikata Manoj Kumar

Age/Gender : 34 Y/M

UHID/MR No. : CKOR.0000145376

OP Visit No : CKOROPV392834

Sample Collected on :

Reported on : 23-12-2023 13:19

LRN# : RAD2188130

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : BOB52340

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appear normal.

Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.

The cardiac and mediastinal shadows appear normal.

Bones and soft tissues appear normal.

IMPRESSION : NORMAL STUDY.

DR VINOD JOSEPH DNB,DMRD
RADIOLOGIST

Name: Mr. Arikata Manoj Kumar
Age/Gender: 34 Y/M
Address: Ejjipura vivek nagar
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. VIJAYA LAKSHMI M

MR No: CKOR.0000145376
Visit ID: CKOROPV392834
Visit Date: 23-12-2023 08:55
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. Arikata Manoj Kumar
Age/Gender: 34 Y/M
Address: Ejjipura vivek nagar
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. GAZALA ANJUM

MR No: CKOR.0000145376
Visit ID: CKOROPV392834
Visit Date: 23-12-2023 08:55
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

**Weight

--->: Stable,

General Symptoms

:,

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: Nil,

**Cancer:,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

DISCLAIMER

Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

Doctor's Signature

Name: Mr. Arikata Manoj Kumar
Age/Gender: 34 Y/M
Address: Ejjipura vivek nagar
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. RIDHIMA G

MR No: CKOR.0000145376
Visit ID: CKOROPV392834
Visit Date: 23-12-2023 08:55
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

****Weight**

--->: **Stable,**

General Symptoms

:,

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: Nil,

**Cancer:,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

DISCLAIMER

Disclaimer: **The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,**

Doctor's Signature

Name: Mr. Arikata Manoj Kumar
Age/Gender: 34 Y/M
Address: Ejjipura vivek nagar
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. MAHABALESWAR

MR No: CKOR.0000145376
Visit ID: CKOROPV392834
Visit Date: 23-12-2023 08:55
Discharge Date:
Referred By: SELF

Doctor's Signature

Patient Name	: Mr. Arikata Manoj Kumar	Age	: 34 Y/M
UHID	: CKOR.0000145376	OP Visit No	: CKOROPV392834
Reported By:	: Dr. MOHAN MURALI	Conducted Date	: 23-12-2023 15:47
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 70 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

Dr MOHAN MURALI
CARDIOLOGIST

NOTE:KINDLY TAKE A PHOTOCOPY OF THE GRAPH
FOR FUTURE REFERENCE IF NEEDED.

Patient Name	: Mr. Arikata Manoj Kumar	Age	: 34 Y/M
UHID	: CKOR.0000145376	OP Visit No	: CKOROPV392834
Reported By:	: Dr. MOHAN MURALI	Conducted Date	: 23-12-2023 15:47
Referred By	: SELF		

----- END OF THE REPORT -----