

Patient Name : Mr.RAHUL SAHA	Collected : 16/Mar/2024 10:09AM
Age/Gender : 34 Y 6 M 18 D/M	Received : 16/Mar/2024 01:29PM
UHID/MR No : CINR.0000164418	Reported : 16/Mar/2024 05:17PM
Visit ID : CINROPV222258	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9832289640	

DEPARTMENT OF HAEMATOLOGY

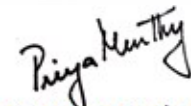
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.6	g/dL	13-17	Spectrophotometer
PCV	46.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.9	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	94.8	fL	83-101	Calculated
MCH	31.8	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	14.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,380	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54.2	%	40-80	Electrical Impedance
LYMPHOCYTES	36.7	%	20-40	Electrical Impedance
EOSINOPHILS	3.2	%	1-6	Electrical Impedance
MONOCYTES	5.4	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4541.96	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3075.46	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	268.16	Cells/cu.mm	20-500	Calculated
MONOCYTES	452.52	Cells/cu.mm	200-1000	Calculated
BASOPHILS	41.9	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.48		0.78- 3.53	Calculated
PLATELET COUNT	180000	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. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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



SIN No:BED240071070

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

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:
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DEPARTMENT OF HAEMATOLOGY

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

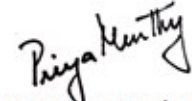
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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



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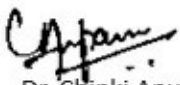
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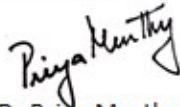
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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



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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	94	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)	106	mg/dL	70-140	HEXOKINASE

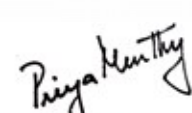
Comment:

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	5.5	%		HPLC


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


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

SIN No:EDT240032545

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ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL	Calculated
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Comment:

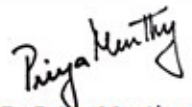
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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)


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


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 Consultant Pathologist



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	176	mg/dL	<200	CHO-POD
TRIGLYCERIDES	179	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	125	mg/dL	<130	Calculated
LDL CHOLESTEROL	89.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	35.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.45		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.19		<0.11	Calculated


Comment:

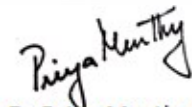
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

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

Note:

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


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


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



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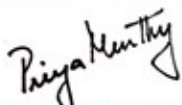
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility 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).



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



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.02	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.19	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.83	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	50	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	69.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.33	g/dL	6.6-8.3	Biuret
ALBUMIN	4.87	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.46	g/dL	2.0-3.5	Calculated
A/G RATIO	1.98		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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



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



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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.82	mg/dL	0.67-1.17	Jaffe's, Method
UREA	20.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.95	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.11	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	109	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.33	g/dL	6.6-8.3	Biuret
ALBUMIN	4.87	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.46	g/dL	2.0-3.5	Calculated
A/G RATIO	1.98		0.9-2.0	Calculated



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



Dr Priya Murthy
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Patient Name : Mr.RAHUL SAHA	Collected : 16/Mar/2024 10:09AM
Age/Gender : 34 Y 6 M 18 D/M	Received : 16/Mar/2024 12:30PM
UHID/MR No : CINR.0000164418	Reported : 16/Mar/2024 02:54PM
Visit ID : CINROPV222258	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9832289640	

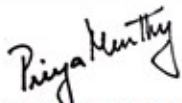
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	48.00	U/L	<55	IFCC



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



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



SIN No:SE04664038

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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

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

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

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Patient Name : Mr.RAHUL SAHA	Collected : 16/Mar/2024 10:09AM
Age/Gender : 34 Y 6 M 18 D/M	Received : 16/Mar/2024 12:32PM
UHID/MR No : CINR.0000164418	Reported : 16/Mar/2024 03:37PM
Visit ID : CINROPV222258	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9832289640	

DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.41	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.8	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.745	µIU/mL	0.34-5.60	CLIA

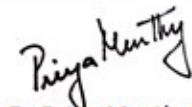
Comment:

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


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



SIN No:SPL24047570

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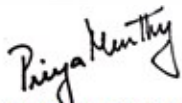
Patient Name	: Mr.RAHUL SAHA	Collected	: 16/Mar/2024 10:09AM
Age/Gender	: 34 Y 6 M 18 D/M	Received	: 16/Mar/2024 12:32PM
UHID/MR No	: CINR.0000164418	Reported	: 16/Mar/2024 03:37PM
Visit ID	: CINROPV222258	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9832289640		

DEPARTMENT OF IMMUNOLOGY

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



DR.SHIVARAJA SHETTY
M.B.B.S.,M.D(Biochemistry)
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Dr Priya Murthy
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



SIN No:SPL24047570

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Karnataka - 560034

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Patient Name : Mr.RAHUL SAHA	Collected : 16/Mar/2024 10:09AM
Age/Gender : 34 Y 6 M 18 D/M	Received : 16/Mar/2024 04:35PM
UHID/MR No : CINR.0000164418	Reported : 16/Mar/2024 05:49PM
Visit ID : CINROPV222258	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9832289640	

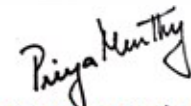
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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



SIN No:UR2307226

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

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Patient Name : Mr.RAHUL SAHA	Collected : 16/Mar/2024 10:09AM
Age/Gender : 34 Y 6 M 18 D/M	Received : 16/Mar/2024 04:35PM
UHID/MR No : CINR.0000164418	Reported : 16/Mar/2024 08:11PM
Visit ID : CINROPV222258	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9832289640	

DEPARTMENT OF CLINICAL PATHOLOGY

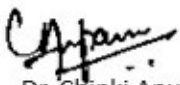
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

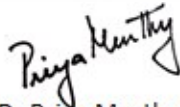
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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



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



SIN No:UF011186

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Karnataka - 560034

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Name : Mr. Rahul Saha

Age: 34 Y

UHID: CINR.0000164418

Address : Bangalore

Sex: M



Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

OP Number: CINROPV222258

Bill No : CINR-OCR-95168

Date : 16.03.2024 09:56

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



Date HOSPITALS: 16-03-2024

Department : GENERAL

MR NO : CINR.0000164418

Doctor :

Name : Mr. Rahul Saha

Registration No :

Age/ Gender : 34 Y / Male

Qualification :

Consultation Timing: 09:56

Height : 175cm	Weight : 78.3kg	BMI : 25.6 kg/m ²	Waist Circum : 90cm
Temp : 98.4	Pulse : 88bpm	Resp : 18cp	B.P : 120/90mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

Apollo Clinic, Indiranagar

#2012, 1st Floor, 100 Feet Road, HAL 2nd Stage, Indiranagar - 560038

Phone: (080) 2521 4614/15

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OPHTHAL PRESCRIPTION

PATIENT NAME : *Mr. Rahul Sahra*

DATE : *16/3/24*

UHID NO : *16448*

AGE : *34*

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>Place</i>				<i>Place</i>			
Add								

PD - RE: *31* - LE: *31* -

Colour Vision: *normal 30*

Remarks: *blue cut ker onyt*



Apollo clinic Indiranagar

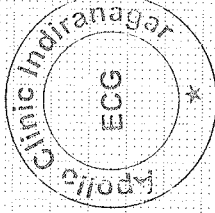
Mr rahul saha
ID: 164418

29.08.1989
34 Years

Male

QRS :
QT / QTcBaz : 346 / 418 ms
PR : 142 ms
P : 88 ms
RR / PP : 684 / 681 ms
P / QRS / T : 57 / -8 / 39 degrees

16.03.2024 12:38:34
APOLLO CLINIC
INDIRANAGAR
BANGALORE



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

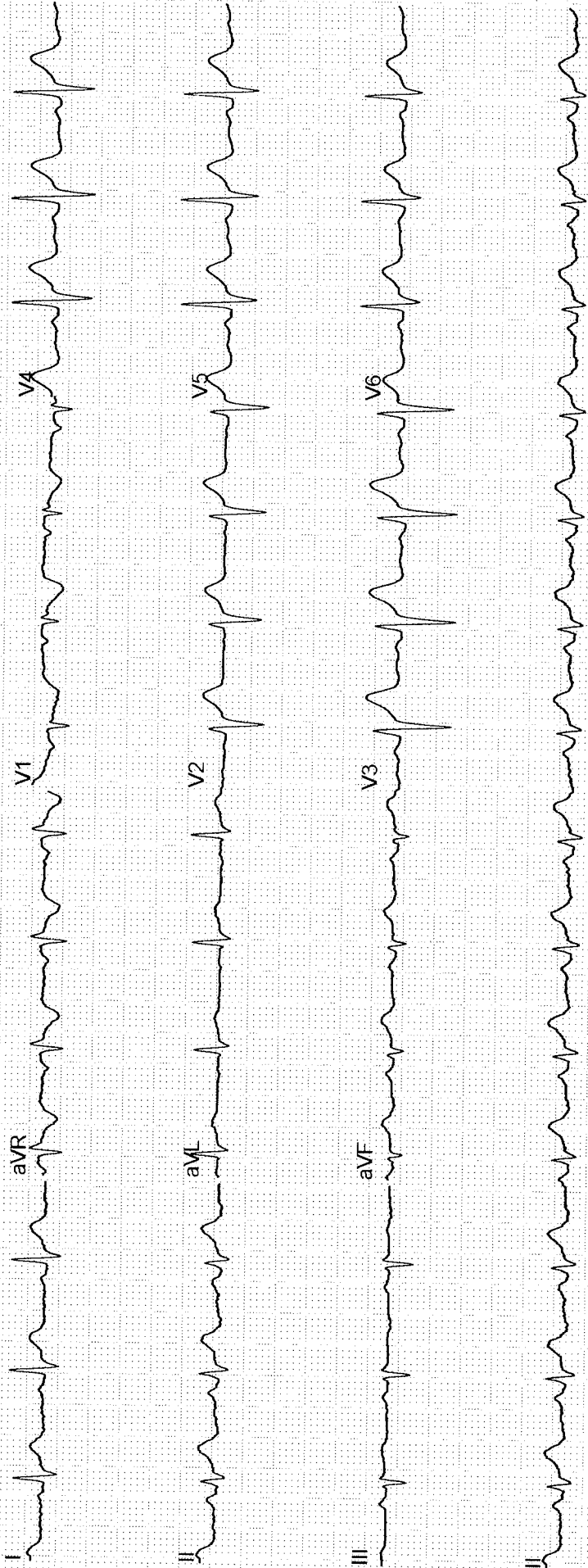
88 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

[Handwritten signature]

DR. M. SUDHAKAR RAO

MBBS, MD, DM(Cardiob), FACC, FESC, FSCAI
Consultant Cardiologist
KMC Reg No: C1G0000018KTK
Apollo Clinic



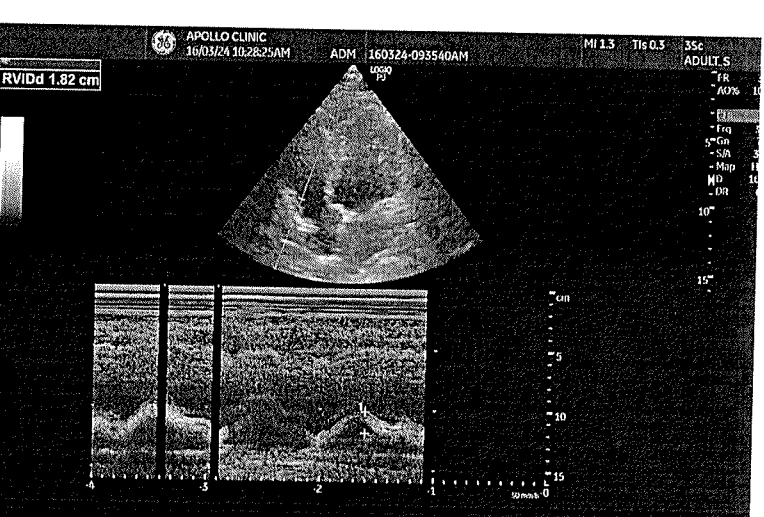
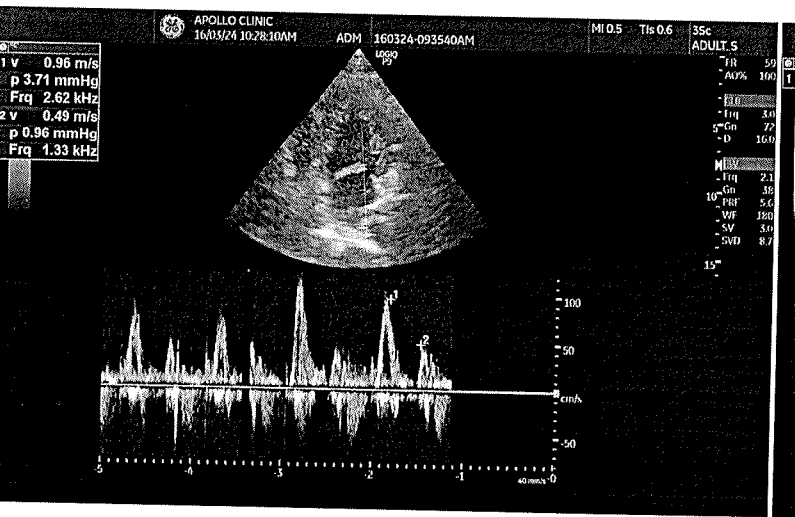
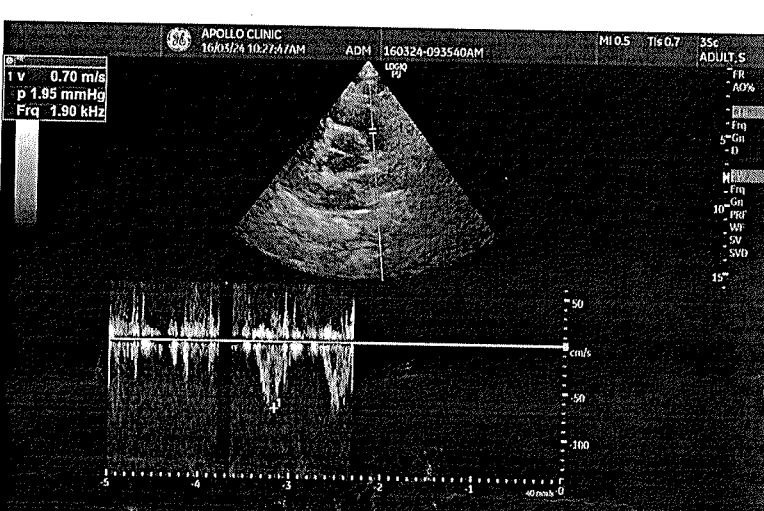
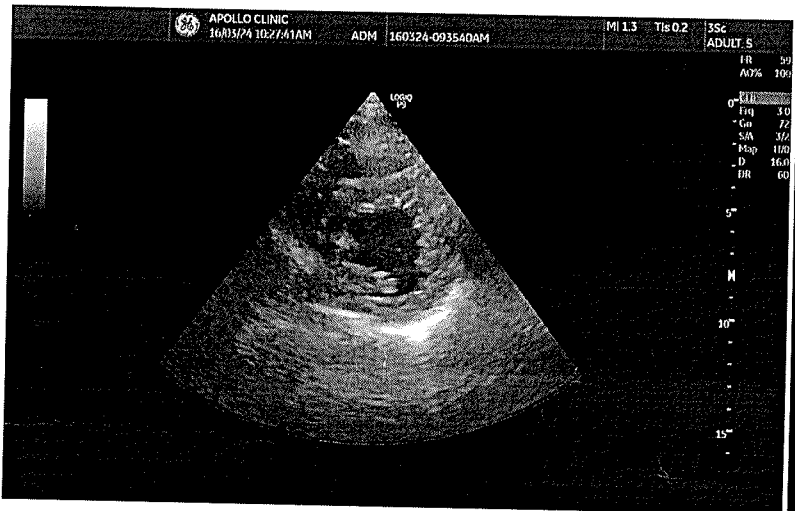
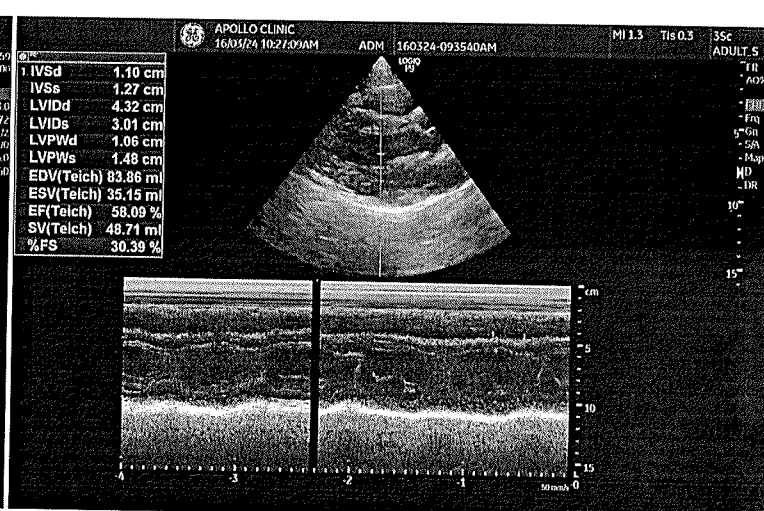
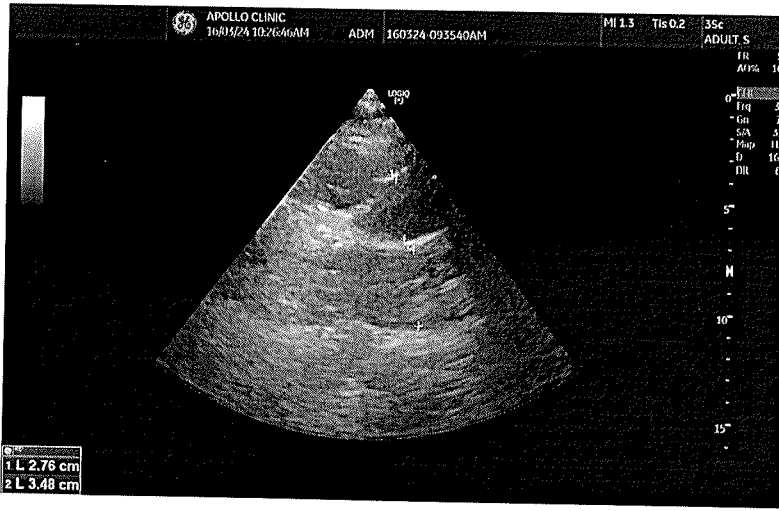
NAME: MR RAHUL SAHA	AGE/SEX: 34Y/M	OP NUMBER: 164418
Ref By : SLEF	DATE: 16-03-2024	

M mode and doppler measurements:

CM	CM	M/sec	
AO: 2.7	IVS(D): 1.1	MV: E Vel: 0.9	A Vel : 0.5
LA: 3.4	LVIDD(D): 4.2	AV Peak: 0.8	
	LVPW(D): 1.0	PV peak: 0.7	
	IVS(S): 1.2		
	LVID(S): 3.0		
	LVPW(S): 1.5		
	LVEF: 58%		
	TAPSE: 1.8		

Descriptive findings:

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



Health Check up Booking Confirmed Request(bobS11541),Package Code-PKG10000366, Beneficiary Code-290534

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

Fri 15-03-2024 15:45

To:sahasukanya9999@gmail.com <sahasukanya9999@gmail.com>

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



Mediwheel
...Your wellness partner

011-41195959

Dear **Sukanya Saha**,

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

Hospital Package Name : Mediwheel Full Body Annual Plus
Patient Package Name : Mediwheel Full Body Health Checkup Male Below 40
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
City : Bangalore
State :
Pincode : 560038
Appointment Date : 16-03-2024
Confirmation Status : Booking Confirmed
Preferred Time : 8:00am-8:30am
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Rahul Saha	34 year	Male

Note - Please note to not pay any amount at the center.

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 you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team

Please Download Mediwheel App



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@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)

Issue Date: 17/09/2015



डेबुच अडे
Rahul Saha
डे. डेबुच / DOB: 29/08/1989
मेल / Male

भारत सरकार
Government of India

भारत आर.एन.डी. कार्ड प्रदान
9802 0472 4720



Patient Name	: Mr. Rahul Saha	Age/Gender	: 34 Y/M
UHID/MR No.	: CINR.0000164418	OP Visit No	: CINROPV222258
Sample Collected on	:	Reported on	: 16-03-2024 19:26
LRN#	: RAD2269722	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9832289640		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Dr. RAMESH G
MBBS DMRD
RADIOLOGY

Patient Name	: Mr. Rahul Saha	Age/Gender	: 34 Y/M
UHID/MR No.	: CINR.0000164418	OP Visit No	: CINROPV222258
Sample Collected on	:	Reported on	: 16-03-2024 14:38
LRN#	: RAD2269722	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9832289640		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. 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:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.

Dr. AKSHAY A RESHMI
MBBS, MD (Radiology)
Radiology