

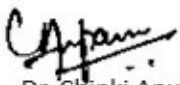
| | |
|------------------------------------|--|
| Patient Name : Mr.SANATH KUMAR J.H | Collected : 09/Mar/2024 09:21AM |
| Age/Gender : 41 Y 7 M 12 D/M | Received : 09/Mar/2024 03:50PM |
| UHID/MR No : CSAR.0000139071 | Reported : 09/Mar/2024 06:56PM |
| Visit ID : CSAROPV331814 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobS13166 | |

DEPARTMENT OF HAEMATOLOGY

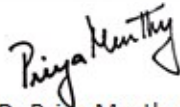
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|---------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 13.1 | g/dL | 13-17 | Spectrophotometer |
| PCV | 38.80 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 5.51 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 70.5 | fL | 83-101 | Calculated |
| MCH | 23.8 | pg | 27-32 | Calculated |
| MCHC | 33.8 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 15 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 7,850 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 53.8 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 34.9 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 5 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 6 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.3 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 4223.3 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2739.65 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 392.5 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 471 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 23.55 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.54 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 295000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 13 | mm at the end of 1 hour | 0-15 | Modified Westegren method |
| PERIPHERAL SMEAR | | | | |

RBCs: Show mild anisocytosis with microcytic hypochromic RBCs.



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M.B.B.S.,M.D(Pathology)
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SIN No:BED240062848

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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

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Patient Name : Mr.SANATH KUMAR J.H
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UHID/MR No : CSAR.0000139071
Visit ID : CSAROPV331814
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Collected : 09/Mar/2024 09:21AM
Received : 09/Mar/2024 03:50PM
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

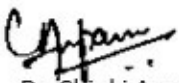
WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

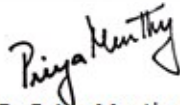
HEMOPARASITES: negative

IMPRESSION: MICROCYTIC HYPOCHROMIC BLOOD PICTURE.

Suggested Iron profile in view of reduced MCV/MCH.



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SIN No:BED240062848

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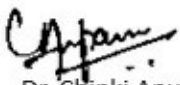
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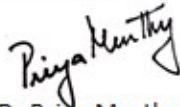
DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|----------|------|-----------------|-----------------------------|
| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
| BLOOD GROUP TYPE | A | | | Microplate Hemagglutination |
| Rh TYPE | Negative | | | Microplate Hemagglutination |



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| | |
|------------------------------------|--|
| Patient Name : Mr.SANATH KUMAR J.H | Collected : 09/Mar/2024 12:03PM |
| Age/Gender : 41 Y 7 M 12 D/M | Received : 09/Mar/2024 07:10PM |
| UHID/MR No : CSAR.0000139071 | Reported : 09/Mar/2024 08:12PM |
| Visit ID : CSAROPV331814 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobS13166 | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 99 | 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 |

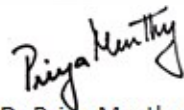
Comment:

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.



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SIN No:PLP1429011

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| | |
|------------------------------------|--|
| Patient Name : Mr.SANATH KUMAR J.H | Collected : 09/Mar/2024 09:21AM |
| Age/Gender : 41 Y 7 M 12 D/M | Received : 09/Mar/2024 07:00PM |
| UHID/MR No : CSAR.0000139071 | Reported : 10/Mar/2024 12:30AM |
| Visit ID : CSAROPV331814 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.5 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 111 | mg/dL | | Calculated |


Comment:

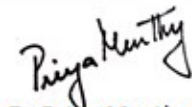
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)


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 Consultant Pathologist



SIN No:EDT240028564

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| | |
|------------------------------------|--|
| Patient Name : Mr.SANATH KUMAR J.H | Collected : 09/Mar/2024 09:21AM |
| Age/Gender : 41 Y 7 M 12 D/M | Received : 09/Mar/2024 04:05PM |
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DEPARTMENT OF BIOCHEMISTRY

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


| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------|-------|-----------------|--------------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 194 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 290 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 53 | mg/dL | 40-60 | Enzymatic Immuno-inhibition |
| NON-HDL CHOLESTEROL | 141 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 83.4 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 58 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.67 | | 0-4.97 | Calculated |

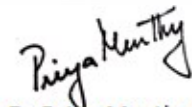
Comment:

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

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

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


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SIN No:SE04655414

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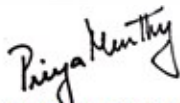
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DEPARTMENT OF BIOCHEMISTRY

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DEPARTMENT OF BIOCHEMISTRY

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|--------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 1.26 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.15 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 1.11 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 26 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 24.0 | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 83.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.80 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.60 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 3.20 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.44 | | 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.



DR.SHIVARAJA SHETTY
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CONSULTANT BIOCHEMIST



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



SIN No:SE04655414

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

| | |
|------------------------------------|--|
| Patient Name : Mr.SANATH KUMAR J.H | Collected : 09/Mar/2024 09:21AM |
| Age/Gender : 41 Y 7 M 12 D/M | Received : 09/Mar/2024 04:05PM |
| UHID/MR No : CSAR.0000139071 | Reported : 09/Mar/2024 08:14PM |
| Visit ID : CSAROPV331814 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobS13166 | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|--------|-----------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 1.07 | mg/dL | 0.67-1.17 | Jaffe's, Method |
| UREA | 21.80 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 10.2 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 7.17 | mg/dL | 3.5-7.2 | Uricase PAP |
| CALCIUM | 9.70 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.55 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 136 | mmol/L | 136-146 | ISE (Indirect) |
| POTASSIUM | 4.1 | mmol/L | 3.5-5.1 | ISE (Indirect) |
| CHLORIDE | 103 | mmol/L | 101-109 | ISE (Indirect) |
| PROTEIN, TOTAL | 7.80 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.60 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 3.20 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.44 | | 0.9-2.0 | Calculated |



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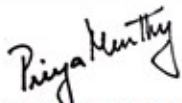
DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 69.00 | U/L | <55 | IFCC |



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| | |
|------------------------------------|--|
| Patient Name : Mr.SANATH KUMAR J.H | Collected : 09/Mar/2024 09:21AM |
| Age/Gender : 41 Y 7 M 12 D/M | Received : 09/Mar/2024 03:59PM |
| UHID/MR No : CSAR.0000139071 | Reported : 09/Mar/2024 09:18PM |
| Visit ID : CSAROPV331814 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobS13166 | |

DEPARTMENT OF IMMUNOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-iodothyronine (T3, TOTAL) | 1.18 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 6.84 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 0.982 | 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
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CONSULTANT BIOCHEMIST

SIN No:SPL24041708

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Karnataka- 560034

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| | | | |
|-----------------|-----------------------|--------------|-------------------------------|
| Patient Name | : Mr.SANATH KUMAR J.H | Collected | : 09/Mar/2024 09:21AM |
| Age/Gender | : 41 Y 7 M 12 D/M | Received | : 09/Mar/2024 03:59PM |
| UHID/MR No | : CSAR.0000139071 | Reported | : 09/Mar/2024 09:18PM |
| Visit ID | : CSAROPV331814 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : bobS13166 | | |

DEPARTMENT OF IMMUNOLOGY

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



DR.SHIVARAJA SHETTY
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Karnataka - 560034



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| | |
|------------------------------------|--|
| Patient Name : Mr.SANATH KUMAR J.H | Collected : 09/Mar/2024 09:21AM |
| Age/Gender : 41 Y 7 M 12 D/M | Received : 09/Mar/2024 03:59PM |
| UHID/MR No : CSAR.0000139071 | Reported : 09/Mar/2024 09:10PM |
| Visit ID : CSAROPV331814 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobS13166 | |

DEPARTMENT OF IMMUNOLOGY

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

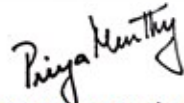
| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|--------|
| TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM | 0.560 | ng/mL | 0-4 | CLIA |

Comment:

Disclaimer: *The results determined by assays using different manufacturers or methods may not be comparable.
 Manufacturer: BECKMAN COULTER



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:SPL24041708

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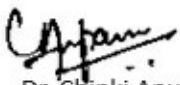
THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

| | |
|------------------------------------|--|
| Patient Name : Mr.SANATH KUMAR J.H | Collected : 09/Mar/2024 09:20AM |
| Age/Gender : 41 Y 7 M 12 D/M | Received : 09/Mar/2024 05:09PM |
| UHID/MR No : CSAR.0000139071 | Reported : 09/Mar/2024 08:10PM |
| Visit ID : CSAROPV331814 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobS13166 | |

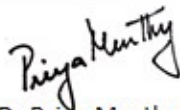
DEPARTMENT OF CLINICAL PATHOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|------|------------------|----------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | HAZY | | CLEAR | Visual |
| pH | 6.0 | | 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 | POSITIVE + | | NEGATIVE | LEUCOCYTE ESTERASE |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 5-6 | /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. Chinki Anupam
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Consultant Pathologist



Dr. Priya Murthy
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SIN No:UR2301089

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

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| | |
|------------------------------------|--|
| Patient Name : Mr.SANATH KUMAR J.H | Collected : 09/Mar/2024 09:20AM |
| Age/Gender : 41 Y 7 M 12 D/M | Received : 09/Mar/2024 06:21PM |
| UHID/MR No : CSAR.0000139071 | Reported : 09/Mar/2024 08:29PM |
| Visit ID : CSAROPV331814 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobS13166 | |

DEPARTMENT OF CLINICAL PATHOLOGY

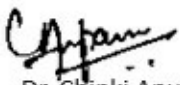
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

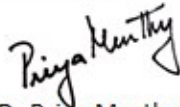
| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------|----------|------|-----------------|----------|
| URINE GLUCOSE(FASTING) | NEGATIVE | | NEGATIVE | Dipstick |

*** 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:UF011043

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Karnataka - 560034

 1860 500 7788
www.apolloclinic.com

| | | | |
|----------------------------|------------------------|--------------------|--------------------|
| Patient Name | : Mr. SANATH KUMAR J.H | Age/Gender | : 41 Y/M |
| UHID/MR No. | : CSAR.0000139071 | OP Visit No | : CSAROPV331814 |
| Sample Collected on | : | Reported on | : 12-03-2024 17:20 |
| LRN# | : RAD2261186 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : bobS13166 | | |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Normal in size & increased echotexture. No focal lesion seen. No intra hepatic biliary duct dilatation. Portal & hepatic veins appears normal. CBD is not dilated.

GALL BLADDER : Minimally distended. No intraluminal calculi seen. Wall thickness is normal.

PANCREAS : Obscured by bowel gas. However the visualized parts of the pancreas appear grossly normal. Para-Aortic areas could not be seen.

SPLEEN : Normal in size and echotexture normal. No focal / diffuse lesions.

KIDNEYS : RIGHT KIDNEY : 10.1 x 1.4cms, LEFT KIDNEY : 10.0 x 1.4 cms, normal parenchymal thickness. Both kidneys are normal in size and echotexture.

No calculi. No pelvicalyceal dilatation on both sides. Corticomedullary differentiation is well maintained.

URINARY BLADDER : Moderately distended. No intraluminal calculi/mass lesion seen.

PROSTATE : Normal in size & echotexture. (Volume : 10.5 cc).

IMPRESSION : Grade one fatty liver.

DR. B M SESHADRI MDRD
CONSULTANT RADIOLOGIST

(The sonography findings should always be considered in correlation with the clinical and other investigation findings where applicable).It is only a professional opinion.Not valid for medico-legal purpose) Higher imaging techniques to be done, depending on the condition of the patient, if clinically needed.

Dr. SESHADRI B M
MD-RADIOLOGY
Radiology

| | | | |
|----------------------------|------------------------|--------------------|--------------------|
| Patient Name | : Mr. SANATH KUMAR J.H | Age/Gender | : 41 Y/M |
| UHID/MR No. | : CSAR.0000139071 | OP Visit No | : CSAROPV331814 |
| Sample Collected on | : | Reported on | : 09-03-2024 17:56 |
| LRN# | : RAD2261186 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : bobS13166 | | |

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

- Trachea central.
- Mediastinum is central.
- Cardiac silhouette appear normal.
- Visualized lung fields appear normal.
- Bilateral hilum appear normal.
- CP angles are clear.

IMPRESSION : No obvious gross abnormality noted in the x-ray.

DR. RAMESH G
CONSULTANT RADIOLOGIST

ADVICE : Higher imaging techniques to be done, if clinically needed, depending on the clinical condition of the patient for further evaluation.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY

**APOLLO CLINIC
CONSENT FORM**

Patient name Sanath Kumar . Age 44 y/N.

UHID Number 139071 Company Name Ajocemi

Company want to inform u that I am ^{later} ~~not~~ interested in getting Dental, OPhthal.

All consultations.....And I claim the above statement in my full Consciousness.

Patient signature _____ Date 09/08/24.

Name : Mr. SANATH KUMAR J.H Age: 41 Y UHID:CSAR.0000139071
 Address : sjp Sex: M
 Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT
 OP Number:CSAROPV331814
 Bill No :CSAR-OCR-44798
 Date : 09.03.2024 08:44



| Sno | Service Type/ServiceName | Department |
|-----|--|------------------|
| 1 | ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324 | |
| 1 | GAMMA GLUTAMYL TRANSFERASE (GGT) | |
| 2 | PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL) | |
| 3 | 2D ECHO - 18 by 10:30. | |
| 4 | LIVER FUNCTION TEST (LFT) | |
| 5 | GLUCOSE, FASTING - 8 | |
| 6 | HEMOGRAM + PERIPHERAL SMEAR | |
| 7 | DIET CONSULTATION | |
| 8 | COMPLETE URINE EXAMINATION | |
| 9 | URINE GLUCOSE (POST PRANDIAL) | |
| 10 | PERIPHERAL SMEAR | |
| 11 | ECG - 10 | |
| 12 | RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) | |
| 13 | DENTAL CONSULTATION - 15 | |
| 14 | GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) - 8 | |
| 15 | URINE GLUCOSE (FASTING) | |
| 16 | HbA1c, GLYCATED HEMOGLOBIN | |
| 17 | X-RAY CHEST PA - 9 | |
| 18 | ENT CONSULTATION - 3 | |
| 19 | FITNESS BY GENERAL PHYSICIAN | |
| 20 | BLOOD GROUP ABO AND RH FACTOR | |
| 21 | LIPID PROFILE | |
| 22 | BODY MASS INDEX (BMI) | |
| 23 | OPHTHAL BY GENERAL PHYSICIAN | |
| 24 | ULTRASOUND - WHOLE ABDOMEN - 18 Eye idenstlu by 9:00. | |
| 25 | THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) | 2 lit by 9 water |

wt - 76.7 kg
 HT - 168
 BP - 124/78
 P - 73.

2D, TISSUE AND COLOR DOPPLER ECHOCARDIOGRAPHY REPORT



Apollo Clinic
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| | | |
|--------|---------------------|----------------|
| NAME | MR.SANATH KUMAR J H | DATE:9.03.2024 |
| AGE | 41YEARS | GENDER |
| REF BY | DR. SUMANJITA BORA | MALE |
| | ID | |

MEASUREMENTS

| Vital Signs and Body Measurements | | | | | | | | | |
|-----------------------------------|-----|----------|------|--------|---------------------------------|--------|---------|--------|----------------|
| HR | bpm | B.P | mmHg | Height | mm | Weight | kg | BSA | m ² |
| M - Mode (Parasternal view) | | | | | Conventional and Tissue Doppler | | | | |
| AO | mm | LVID - d | 46 | mm | Mitral Valve | E :0.8 | A : 0.6 | m/sec | |
| LA | mm | LVID - s | 22 | mm | Aortic Valve | 0.95 | - | m/sec | |
| | | IVS - d | 12 | mm | Pulmonary Valve | 0.6 | - | m/sec | |
| | | PW - d | 12 | mm | E' Septal (TDI) | 0.11 | - | mm/sec | |
| | | EF- | 60 | % | E' Lateral (TDI) | 0.13 | - | mm/sec | |

DESCRIPTIVE FINDINGS: Technically Adequate Study. Normal sinus rhythm During Study

| | |
|----------------------------|---|
| RIGHT ATRIUM | Normal in Size |
| LEFT ATRIUM | Normal in Size |
| RIGHT VENTRICLE | Normal in Size ,TAPSE>18mm |
| LEFT VENTRICLE | Mild Concentric LVH |
| WALL MOTION ANALYSIS | No RWMA |
| TRICUSPID VALVE | Normal, PASP=12mm Hg,Trivial TR |
| MITRAL VALVE | Normal |
| PULMONIC VALVE | Normal |
| AORTIC VALVE | Normal |
| IAS & IVS | Intact |
| AORTA | Normal in Size |
| SYSTEMIC & PULMONARY VEINS | Normally Draining |
| IVC | Normal |
| PERICARDIUM | Normal |
| OTHERS | No Intra Cardiac Thrombus, Tumour or Vegetation |

IMPRESSION:

Mild Concentric LVH
Cardiac Chambers & valves are normal
Normal PAP
No RWMA
Normal Left Ventricular Systolic Function (LVEF- 60 %)
No clot/ vegetation/pericardial effusion

Dr. SUMANJITA BORA,MBBS AMC.PGDCC(Cardiology)
CONSULTANT CARDIOLOGIST

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

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

APOLLO CLINICS NETWORK KARNATAKA

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

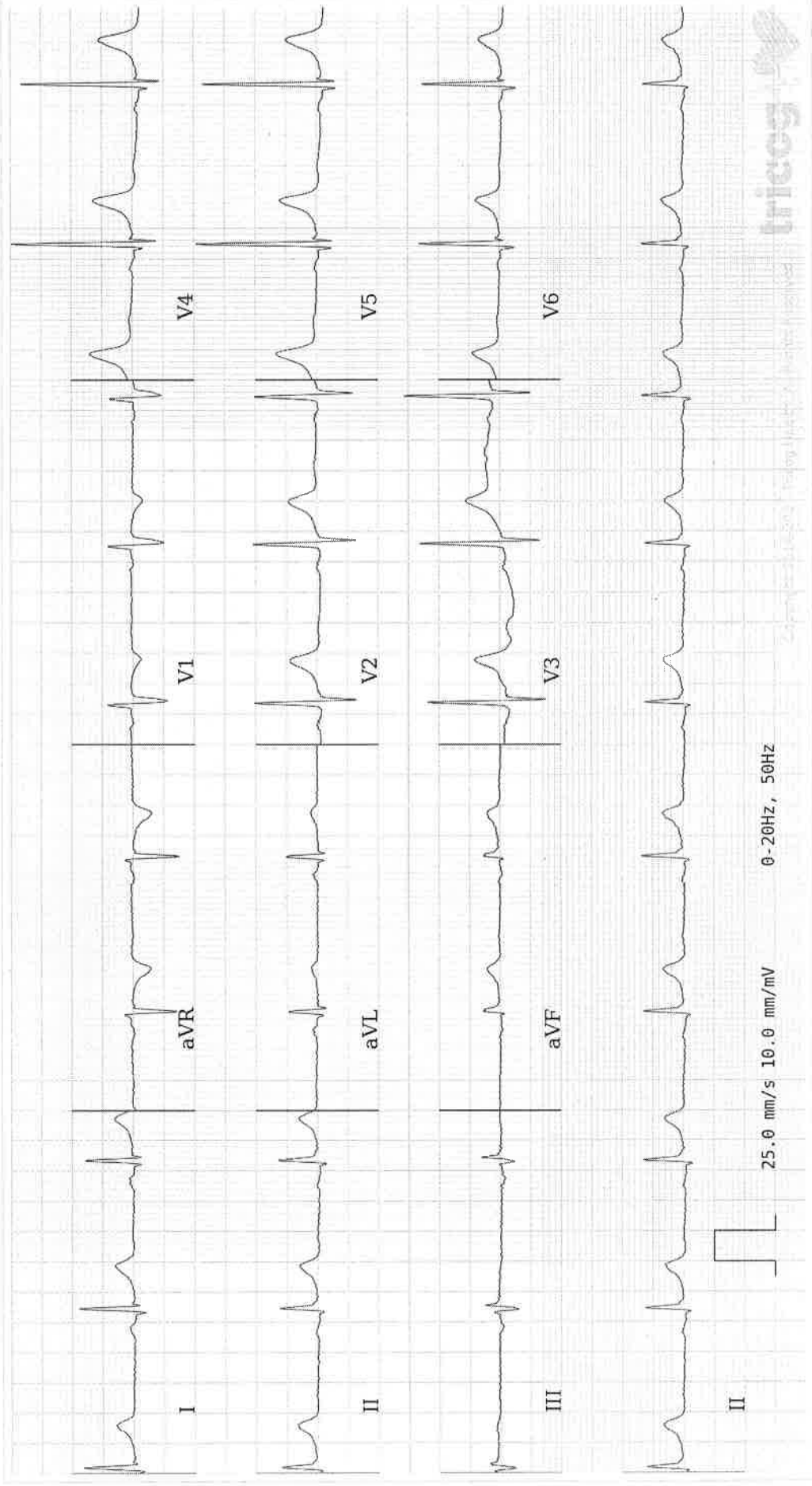
1860 500 7788



Apollo Clinic, Kaikondrahalli

Age / Gender: 41/Male
Patient ID: SANATH

Date and Time: 9th Mar 24 9:13 AM



AR: 60bpm VR: 60bpm QRSD: 84ms QT: 416ms QTCB: 416ms PRI: 146ms P-R-T: 3° 29° 35°



ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY



Dr. Bhagyalakshmi Sunil Baijwad

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.



भारत सरकार
Government of India



Issue Date: 04/09/2013

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Sanath Kumar J H

ಜನ್ಮ ದಿನಾಂಕ / DOB: 20/07/1982

ಪುರುಷ / Male



3310 0411 4480

मेरा आधार, मेरी पहचान



प्रति,

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

| स्वास्थ्य जांच लाभार्थी के विवरण | |
|---|---------------------------------|
| नाम | SANATH KUMAR J H |
| जन्म की तारीख | 20-07-1982 |
| कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख | 09-03-2024 |
| बुकिंग संदर्भ सं. | 23M160651100095982S |
| पत्नी/पति के विवरण | |
| कर्मचारी का नाम | MS. RADHIKA |
| कर्मचारी की क.कू.संख्या | 160651 |
| कर्मचारी का पद | CREDIT |
| कर्मचारी के कार्य का स्थान | BANGALORE, SINGASANDRA AECS LAY |
| कर्मचारी के जन्म की तारीख | 29-11-1985 |

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक **04-03-2024** से **31-03-2024** तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)