

Patient Name : Mr.KATHIRAVAN S	Collected : 09/Mar/2024 10:51AM
Age/Gender : 29 Y 11 M 4 D/M	Received : 09/Mar/2024 02:34PM
UHID/MR No : CANN.0000234115	Reported : 09/Mar/2024 03:59PM
Visit ID : CANNOPV/395405	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS13817	

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

METHODOLOGY	: Microscopic
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Mild eosinophilia noted.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen
NOTE/ COMMENT	: Please correlate clinically.



**Dr THILAGA**  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240063557

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.  
This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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**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)



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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.5	g/dL	13-17	Spectrophotometer
PCV	43.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.08	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	85.2	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	14.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,500	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	38.2	%	40-80	Electrical Impedance
LYMPHOCYTES	44.2	%	20-40	Electrical Impedance
EOSINOPHILS	9.8	%	1-6	Electrical Impedance
MONOCYTES	6.5	%	2-10	Electrical Impedance
BASOPHILS	1.3	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2865	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3315	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	735	Cells/cu.mm	20-500	Calculated
MONOCYTES	487.5	Cells/cu.mm	200-1000	Calculated
BASOPHILS	97.5	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.86		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	402000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	21	mm/hour	0-15	Capillary photometry
<b>PERIPHERAL SMEAR</b>				

METHODOLOGY : Microscopic

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

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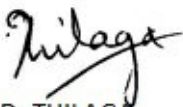
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY.



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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	80	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)	99	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.



DR. R. SRIVATSAN  
M.D.(Biochemistry)



SIN No:PLP1429430

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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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
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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M.D.(Biochemistry)



SIN No:EDT240028984

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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>238</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	135	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	55	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	<b>183</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>156</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.33		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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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.64	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.53	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	43	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	35.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	88.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.30	g/dL	6.6-8.3	Biuret
ALBUMIN	4.60	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	<b>3.70</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		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. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No:SE04656160

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This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

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Patient Name	: Mr.KATHIRAVAN S	Collected	: 09/Mar/2024 10:51AM
Age/Gender	: 29 Y 11 M 4 D/M	Received	: 09/Mar/2024 03:41PM
UHID/MR No	: CANN.0000234115	Reported	: 09/Mar/2024 06:39PM
Visit ID	: CANNOPV395405	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS13817		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.86	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	<b>14.00</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>6.5</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.30	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	8.30	g/dL	6.6-8.3	Biuret
ALBUMIN	4.60	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	<b>3.70</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		0.9-2.0	Calculated



**DR. R. SRIVATSAN**  
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Patient Name : Mr.KATHIRAVAN S	Collected : 09/Mar/2024 10:51AM
Age/Gender : 29 Y 11 M 4 D/M	Received : 09/Mar/2024 03:41PM
UHID/MR No : CANN.0000234115	Reported : 09/Mar/2024 06:05PM
Visit ID : CANNOPV395405	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS13817	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	29.00	U/L	<55	IFCC

Page 10 of 13



**DR.R.SRIVATSAN**  
M.D.(Biochemistry)



SIN No:SE04656160

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Patient Name : Mr.KATHIRAVAN S	Collected : 09/Mar/2024 10:51AM
Age/Gender : 29 Y 11 M 4 D/M	Received : 09/Mar/2024 04:03PM
UHID/MR No : CANN.0000234115	Reported : 09/Mar/2024 06:44PM
Visit ID : CANNOPV395405	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS13817	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.82	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.06	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.190	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. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No: SPL24042265

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Patient Name : Mr.KATHIRAVAN S	Collected : 09/Mar/2024 10:51AM
Age/Gender : 29 Y 11 M 4 D/M	Received : 09/Mar/2024 02:25PM
UHID/MR No : CANN.0000234115	Reported : 09/Mar/2024 04:46PM
Visit ID : CANNOPV/395405	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS13817	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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



**Dr THILAGA**  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

SIN No:UR2301749

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Patient Name : Mr.KATHIRAVAN S	Collected : 09/Mar/2024 10:51AM
Age/Gender : 29 Y 11 M 4 D/M	Received : 09/Mar/2024 02:25PM
UHID/MR No : CANN.0000234115	Reported : 09/Mar/2024 03:54PM
Visit ID : CANNOPV395405	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS13817	

**DEPARTMENT OF CLINICAL PATHOLOGY**

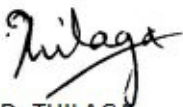
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

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 \*\*\*

Page 13 of 13



**Dr THILAGA**  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

SIN No:UF011106

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Name: Mr. KATHIRAVAN S  
Age/Gender: 30 Y/M  
Address: #7 THIRUPATHI STREET MUPPADAI NAGAR EXTN VELLANUR  
Location: CHENNAI, TAMIL NADU  
Doctor: Dr. ANUSHA ARUMUGAM  
Department: General Practice  
Rate Plan: ANNANAGAR\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ANUSHA ARUMUGAM

MR No: CANN.0000234115  
Visit ID: CANNOPV395405  
Visit Date: 09-03-2024 10:45  
Discharge Date:  
Referred By: SELF

## HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

### Chief Complaints

COMPLAINTS:::: For Corporate Health Checkup,

### Present Known Illness

No history of: **No History of diabetes / Hypertension / Heart Disease,**

### Others

Others: **C/o Headache (Frequent) (? Migraine) on and off,**

## SYSTEMIC REVIEW

### Cardiovascular System

CHEST PAIN: **No,**

### GastroIntestinal System

APPETITE : **Normal,**

BOWEL HABITS : **regular,**

### GenitoUrinary System

-: **Nil,**

### Central Nervous System

HEAD ACHE : **Yes,**

SLEEP- : **Normal,**

### Eye

Vision : **Normal,**

### \*\*Weight

--->: **Stable,**

## HT-HISTORY

### Past Medical History

\*\*Cancer: No,

### Personal History

Marital Status	Married,
-->	
Diet	Mixed Diet,
-->	
Physical Activity	Active,

### PHYSICAL EXAMINATION

#### General Examination

Height (in cms): 175,

Weight (in Kgs): 88.6,

### SYSTEMIC EXAMINATION

#### IMPRESSION

#### Apollo Health check

Findings: 1. HLD 2. Grade I Fatty Liver ,

### RECOMMENDATION

#### Advice on Diet

Diet instructions : Low fat diet ,

#### Advice on Physical Activity

Advice on Physical Activity: Regular Physical Exercise ,

### 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

**Patient Name** : Mr. KATHIRAVAN S

**Age/Gender** : 29 Y/M

**UHID/MR No.** : CANN.0000234115

**OP Visit No** : CANNOPV395405

**Sample Collected on** :

**Reported on** : 11-03-2024 15:24

**LRN#** : RAD2262205

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobS13817

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

**IMPRESSION:**

**\*NO SIGNIFICANT ABNORMALITY DETECTED.**

**Dr. ASHIQ MOHAMMED JEFFREY**

**MD**

Radiology



Patient Name : Mr. KATHIRAVAN S Age : 30 Y/M  
UHID : CANN.0000234115 OP Visit No : CANNOPV395405  
Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 11-03-2024 10:19  
Referred By : SELF

---

## **2D-ECHO WITH COLOUR DOPPLER**

### Dimensions:

Ao (ed)	2.8CM
LA (es)	3.6CM
LVID (ed)	4.5CM
LVID (es)	3.0CM
IVS (Ed)	0.9CM
LVPW (Ed)	1.0CM
EF	65%
%FD	35%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
PULMONARY VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
PULMONARY ARTERY	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL
PERICARDIUM	NORMAL

Patient Name	: Mr. KATHIRAVAN S	Age	: 30 Y/M
UHID	: CANN.0000234115	OP Visit No	: CANNOPV395405
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 11-03-2024 10:19
Referred By	: SELF		

---

**DOPPLER STUDIES MITRAL INFLOW :**

E : 1.0m/sc A: 0.5m/sc

Velocity / Gradient Across Pulmonic Valve : 0.8m/sc

Velocity / Gradient Across Aortic Valve :0.9m/sc

**IMPRESSION :**

NO RWMA

NORMAL LEFT VENTRICULAR FUNCTION(EF - 65%)

NORMAL CARDIAC CHAMBERS & VALVES

TRIVIAL TRICUSPID REGURGITATION

NO PAH / CLOT / PE .

Dr.  
RAKESH P  
GOPAL

Patient Name	: Mr. KATHIRAVAN S	Age	: 30 Y/M
UHID	: CANN.0000234115	OP Visit No	: CANNOPV395405
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 11-03-2024 10:19
Referred By	: SELF		

---

Patient Name	: Mr. KATHIRAVAN S	Age	: 30 Y/M
UHID	: CANN.0000234115	OP Visit No	: CANNOPV395405
Reported By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 11-03-2024 10:33
Referred By	: SELF		

---

### **ECG REPORT**

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 73 beats per minutes.

#### **Impression:**

NORMAL RESTING ECG.

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

Dr. ARULNITHI AYYANATHAN



<b>Patient Name</b>	: Mr. KATHIRAVAN S	<b>Age/Gender</b>	: 29 Y/M
<b>UHID/MR No.</b>	: CANN.0000234115	<b>OP Visit No</b>	: CANNOPV395405
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 10-03-2024 16:22
<b>LRN#</b>	: RAD2262205	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: bobS13817		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

Liver is normal in size and shows fatty changes (Grade -I )  
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus. Wall thickness appear normal.  
Pancreas and spleen appear normal. Spleen measures 8.6cms.  
Portal and splenic veins appear normal. No evidence of ascites or lymphadenopathy.  
Diaphragmatic movements are satisfactory.  
There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 10.8 x 4.5cms.  
Left kidney measures 10.4 x 5.1cms.  
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 3.3 x 2.8 x 3.3 cms volume 16cc and shows normal echopattern.  
Seminal vesicles appear normal.  
Bladder is normal in contour.

#### IMPRESSION:

**\*GRADE -I FATTY LIVER**



**Patient Name** : Mr. KATHIRAVAN S

**Age/Gender** : 29 Y/M

---

**Dr. ASHIQ MOHAMMED JEFFREY**  
MD  
Radiology



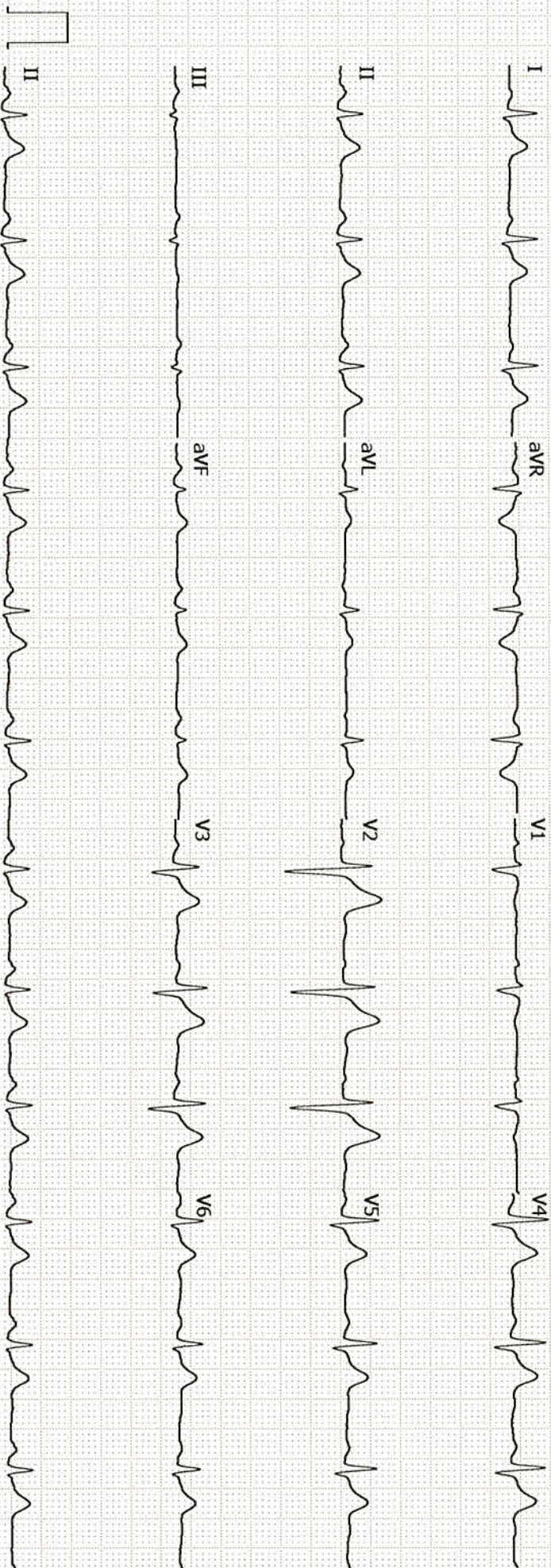
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Order Number:  
Visit:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Room:

73 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 88 ms  
QT / QTcBaz : 362 / 398 ms  
PR : 158 ms  
P : 108 ms  
RR / PP : 820 / 821 ms  
P / QRS / T : 68 / 30 / 40 degrees



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3\_25\_R1 1/1

Dr. Karthavan S

Unconfirmed





# Apollo Clinic

## CONSENT FORM

Patient Name: Kathiravan. S. Age: .....

UHID Number: 234115 Company Name: A9 Infosys

I Mr/Mrs/Ms Kathiravan. S. Employee of CEC.

(Company) Want to inform you that I am not interested in getting Elho instead of TM7

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: [Signature]

Date: 9/8/2024

**Apollo Medical Centre**  
No. 30, F-Block, 2nd Avenue,  
Anna Nagar East, Chennai-600 102  
Tel: 044-26224505, Mobile: 7358392880  
Toll No. 1860 500 7788



Mr. Kathiravan. S 9/3/2024  
29/12

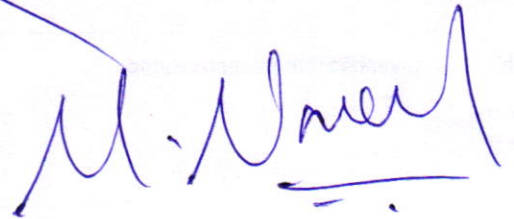
Height:	Weight:	BMI:	Waist Circum:
Temp:	Pulse:	Resp:	B.P:

General Examination / Allergies  
History

After O/E,  
Adv:

- OPG

- Extraction  
of Third Molar(s)



Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

Name: Mathiravan S.  
 Occupation: .....  
 Age: 29 y Sex: Male  Female   
 Address: .....  
 Ph: .....

Date: 9/13/24 Reg. No.: 234 115  
 Ref. Physician: .....  
 Copies to: .....

**REPORT ON OPHTHALMIC EXAMINATION**

History: Existing glasses user post 15 years

Present Complaint: Comfortable with present glasses with glasses PSE 6/6.

ON EXAMINATION:	RE	LE
Ocular Movements :	<u>Free</u>	<u>Free</u>
Anterior Segment :		
Intra-Ocular-Pressure :		
Visual Acuity: D.V. :		
Without Glass :		
With Glass :	<u>6/18<sup>P</sup></u>	<u>6/18<sup>P</sup></u>
N.V. :		
Visual Fields :	<u>Ng</u>	<u>Ng</u>
Fundus :		
Impression :		
Advice :	<u>Free</u>	<u>Free</u>
Colour Vision :	<u>N</u>	<u>N</u>



ENT check up

Kothiravan S

29/M

9/3/24

Height:	Weight:	BMI:	Waist Circum:
Temp:	Pulse:	Resp:	B.P:

General Examination / Allergies  
History

No complaints

o/e

ENT (N)

~~ENT~~

Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.





இந்திய அரசாங்கம்

Government of India



Download Date: 31/03/2021



எஸ் கதிரவன்  
S Kathiravan  
பிறந்த நாள்/DOB: 05/04/1994  
ஆண்/ MALE

Issue Date: 12/11/2016

**2722 8304 6654**

**VID : 9141 7821 2327 5908**

எனது ஆதார், எனது அடையாளம்

*சுப்பிரமணியன்*

CANN-234115  
OCR-100686