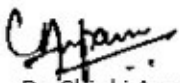


Patient Name : Mr.S N PRASANNA	Collected : 23/Mar/2024 10:38AM
Age/Gender : 49 Y 6 M 0 D/M	Received : 23/Mar/2024 02:58PM
UHID/MR No : CELE.0000130825	Reported : 23/Mar/2024 04:58PM
Visit ID : CELEOPV345162	Status : Final Report
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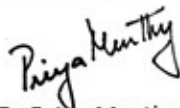
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	15.5	g/dL	13-17	Spectrophotometer
PCV	46.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.88	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	95.1	fL	83-101	Calculated
MCH	31.8	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,970	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	44.4	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>46.1</b>	%	20-40	Electrical Impedance
EOSINOPHILS	<b>0.3</b>	%	1-6	Electrical Impedance
MONOCYTES	8.9	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3538.68	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	<b>3674.17</b>	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	23.91	Cells/cu.mm	20-500	Calculated
MONOCYTES	709.33	Cells/cu.mm	200-1000	Calculated
BASOPHILS	23.91	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.96		0.78- 3.53	Calculated
PLATELET COUNT	390000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-15	Modified Westgren method
<b>PERIPHERAL SMEAR</b>				



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Consultant Pathologist



Dr Priya Murthy  
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SIN No:BED240080223

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### DEPARTMENT OF HAEMATOLOGY

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

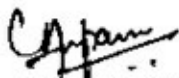
RBCs: are normocytic normochromic

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

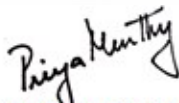
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

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



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Consultant Pathologist



Dr Priya Murthy  
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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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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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
GLUCOSE, FASTING , NAF PLASMA	107	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)	158	mg/dL	70-140	HEXOKINASE

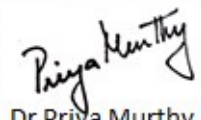
Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC

  
Govinda Raju N L  
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Consultant Biochemist

  
Dr Priya Murthy  
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Consultant Pathologist



SIN No:EDT240036857

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DEPARTMENT OF BIOCHEMISTRY

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ESTIMATED AVERAGE GLUCOSE (eAG)	128	mg/dL	Calculated
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Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

  
 Govinda Raju N L  
 MSc, MPhil, (Phd)  
 Consultant Biochemist

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



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	167	mg/dL	<200	CHO-POD
TRIGLYCERIDES	249	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	31	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	136	mg/dL	<130	Calculated
LDL CHOLESTEROL	85.9	mg/dL	<100	Calculated
VLDL CHOLESTEROL	49.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.38		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.54		<0.11	Calculated

**Comment:**

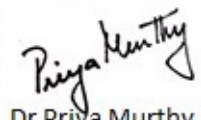
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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.

  
**Govinda Raju N L**  
 MSc, MPhil, (Phd)  
 Consultant Biochemist

  
**Dr Priya Murthy**  
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 Consultant Pathologist



SIN No:SE04673356

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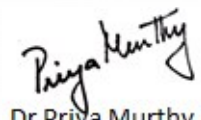
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**DEPARTMENT OF BIOCHEMISTRY**

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

- 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).

  
**Govinda Raju N L**  
 MSc, MPhil, (Phd)  
 Consultant Biochemist

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.69	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.58	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	38	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	31.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	66.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.48	g/dL	6.6-8.3	Biuret
ALBUMIN	4.84	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.64	g/dL	2.0-3.5	Calculated
A/G RATIO	1.83		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.

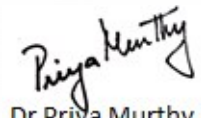
**2. Cholestatic Pattern:**

- 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.

  
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 Consultant Biochemist

  
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 Consultant Pathologist



SIN No:SE04673356

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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Patient Name : Mr.S N PRASANNA	Collected : 23/Mar/2024 10:38AM
Age/Gender : 49 Y 6 M 0 D/M	Received : 23/Mar/2024 03:04PM
UHID/MR No : CELE.0000130825	Reported : 23/Mar/2024 06:55PM
Visit ID : CELEOPV345162	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS17370	

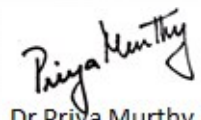
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	1.01	mg/dL	0.67-1.17	Jaffe's, Method
UREA	19.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.17	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.66	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.48	g/dL	6.6-8.3	Biuret
ALBUMIN	4.84	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.64	g/dL	2.0-3.5	Calculated
A/G RATIO	1.83		0.9-2.0	Calculated

Result is rechecked. Kindly correlate clinically

  
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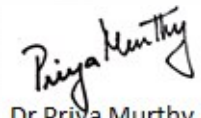
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DEPARTMENT OF BIOCHEMISTRY

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	48.00	U/L	<55	IFCC

  
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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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.45	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.09	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	<b>5.280</b>	µIU/mL	0.35-4.94	CMIA

Comment:

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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

  
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**Dr Priya Murthy**  
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 Consultant Pathologist



SIN No: SPL24053884

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Patient Name : Mr.S N PRASANNA  
Age/Gender : 49 Y 6 M 0 D/M  
UHID/MR No : CELE.0000130825  
Visit ID : CELEOPV345162  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : bobS17370

Collected : 23/Mar/2024 10:38AM  
Received : 23/Mar/2024 03:03PM  
Reported : 23/Mar/2024 05:34PM  
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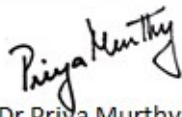
## DEPARTMENT OF IMMUNOLOGY

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

Page 12 of 15



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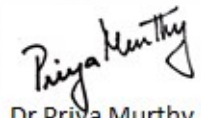
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DEPARTMENT OF IMMUNOLOGY

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	0.257	ng/mL	<4	CMIA

  
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**Dr Priya Murthy**  
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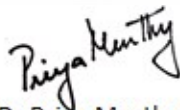
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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SIN No:UR2314550

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DEPARTMENT OF CLINICAL PATHOLOGY

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

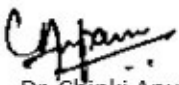
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

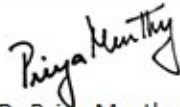
Result/s to Follow:

GLUCOSE (POST PRANDIAL) - URINE, PERIPHERAL SMEAR

Page 15 of 15



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:UF011377

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

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

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

<b>Patient Name</b>	: Mr. S N PRASANNA	<b>Age/Gender</b>	: 49 Y/M
<b>UHID/MR No.</b>	: CELE.0000130825	<b>OP Visit No</b>	: CELEOPV345162
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 24-03-2024 18:27
<b>LRN#</b>	: RAD2279084	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: bobS17370		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER:** appear normal in size and shows increased echogenicity. No focal lesion seen. The intra hepatic biliary and portal venous radicals are normal. Portal vein and CBD is normal

**GALL BLADDER:** moderately distended and appears normal. No abnormal wall thickening / pericholecystic fluid seen.

**PANCREAS:** Normal to the extent visualized.

**SPLEEN:** normal in size and echo texture. No focal lesion noted.

**KIDNEYS:** Both kidneys are normal in size and echo texture. Normal cortico-medullary differentiation is maintained. No calculus / hydronephrosis on left side. **Calculus measuring 5mm in the upper pole of right kidney.**

#### **PELVIC ORGANS:**

Urinary bladder is moderately distended and appears normal.

Prostate appear normal in size and echogenicity.

No free fluid in the abdomen and pelvis.

#### **IMPRESSION:**

- **Grade I fatty liver.**
- **Right renal calculus.**

*To correlate clinically & with other investigations.*

*Not for medico-legal purpose*

**Dr. VIGNESH K**  
**MBBS, MD Radio-Diagnosis**  
Radiology

Name : Mr. S N PRASANNA

Age: 49 Y

UHID:CELE.0000130825

Sex: M



Address : ECITY

OP Number:CELEOPV345162

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Bill No :CELE-OCR-56148

Date : 23.03.2024 10:14

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) - 12	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
2	2D ECHO - 11 ✓	
4	LIVER FUNCTION TEST (LFT)	
5	GLUCOSE, FASTING	
6	HEMOGRAM + PERIPHERAL SMEAR	
7	DIET CONSULTATION with physician	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE (POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG - 13 ✓	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
13	DENTAL CONSULTATION - 15 ✓	consent
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
15	URINE GLUCOSE (FASTING)	
16	HbA1c, GLYCATED HEMOGLOBIN	
17	X-RAY CHEST PA - 09 ✓	Consent
18	ENT CONSULTATION	Consent
19	FITNESS BY GENERAL PHYSICIAN - 18	
20	BLOOD GROUP ABO AND RH FACTOR	
21	LIPID PROFILE	
22	BODY MASS INDEX (BMI)	
23	OPTICAL BY GENERAL PHYSICIAN - 05	
24	ULTRASOUND - WHOLE ABDOMEN - 08	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

~~DENTAL CONSULTATION~~  
~~PHYSIO CONSULTATION - 14~~  
~~OPTICAL SCREENING~~  
~~AUDIOLOGY SCREENING - 03~~





Patient Name	: Mr. S N PRASANNA	Age	: 49 Y M
UHID	: CELE.0000130825	OP Visit No	: CELEOPV345162
Reported on	: 23-03-2024 20:30	Printed on	: 23-03-2024 20:30
Adm/Consult Doctor	:	Ref Doctor	: SELF

**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 .

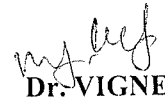
Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen

Printed on:23-03-2024 20:30

---End of the Report---



**Dr. VIGNESH K**  
MBBS, MD Radio-Diagnosis  
Radiology

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

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

APOLLO CLINICS NETWORK KARNATAKA

**Bangalore** (Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

NAME:	Mr. S N PRASANNA
AGE / SEX:	49 YRS/ MALE
DATE:	23/03/2024
REFERRED BY:	ARCOFEMI HEALTHCARE

**ABDOMINAL ULTRASONOGRAPHY REPORT**

**LIVER:** appear normal in size and shows increased echogenicity. No focal lesion seen. The intra hepatic biliary and portal venous radicals are normal. Portal vein and CBD is normal

**GALL BLADDER:** moderately distended and appears normal. No abnormal wall thickening / pericholecystic fluid seen.

**PANCREAS:** Normal to the extent visualized.

**SPLEEN:** normal in size and echo texture. No focal lesion noted.

**KIDNEYS:** Both kidneys are normal in size and echo texture. Normal cortico-medullary differentiation is maintained. No calculus / hydronephrosis on left side. **Calculus measuring 5mm in the upper pole of right kidney.**

**PELVIC ORGANS:**

Urinary bladder is moderately distended and appears normal.

Prostate appear normal in size and echogenicity.

No free fluid in the abdomen and pelvis.

**IMPRESSION:**

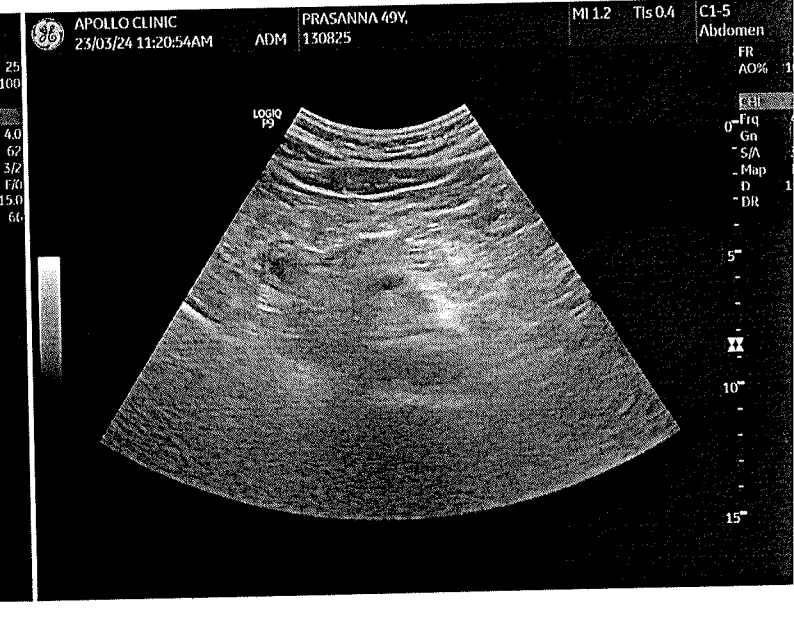
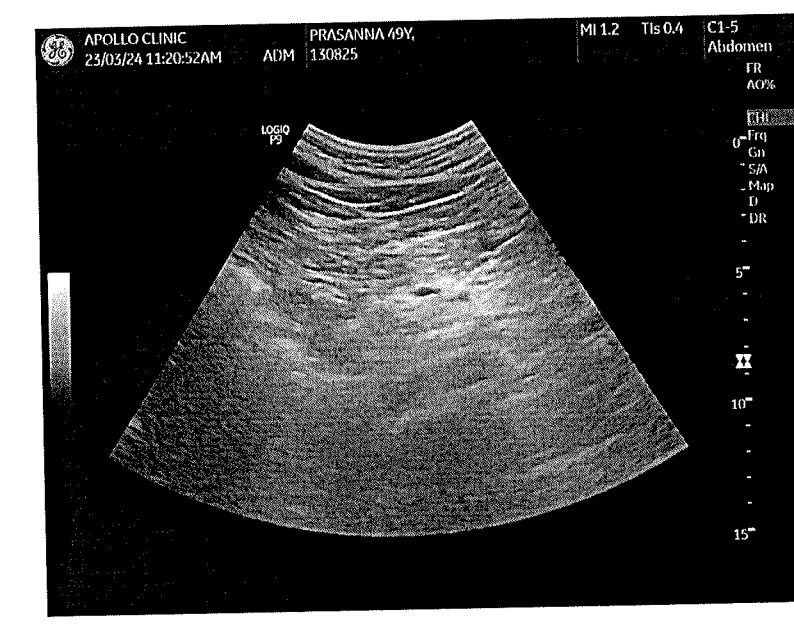
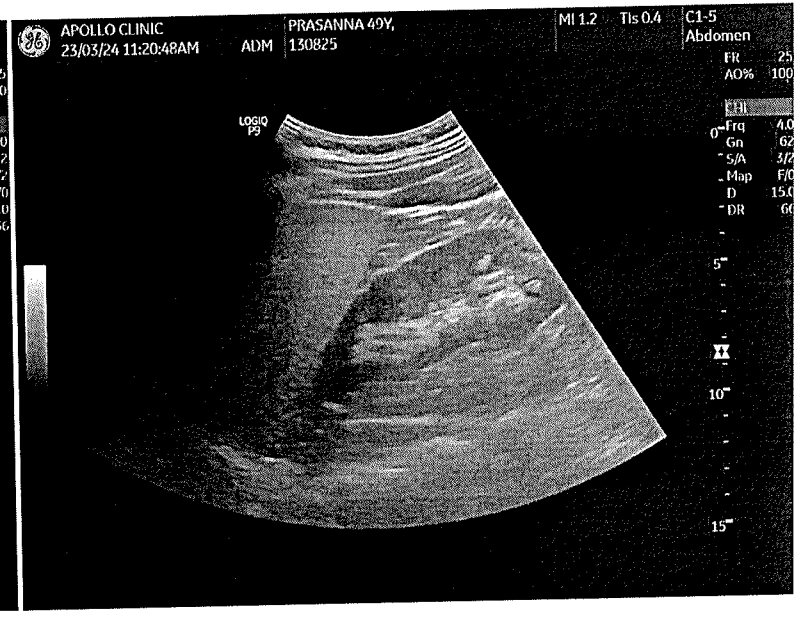
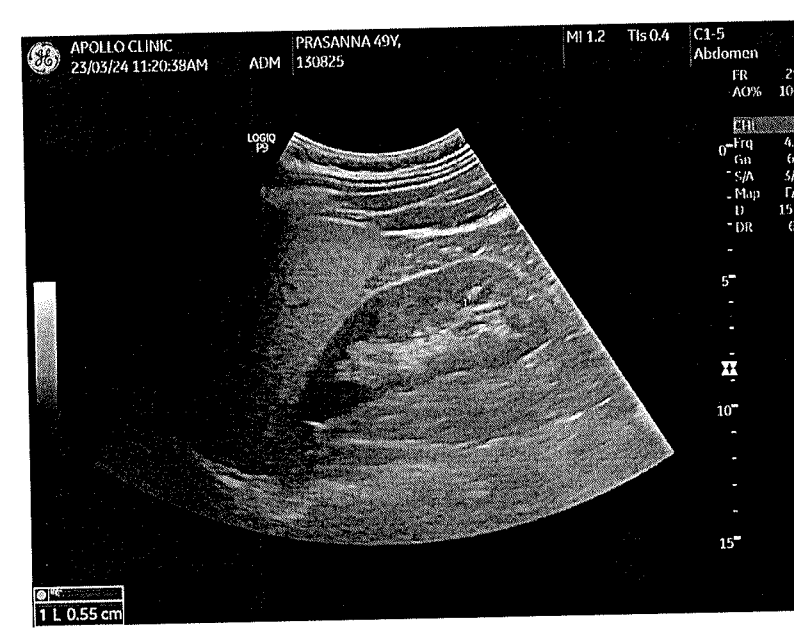
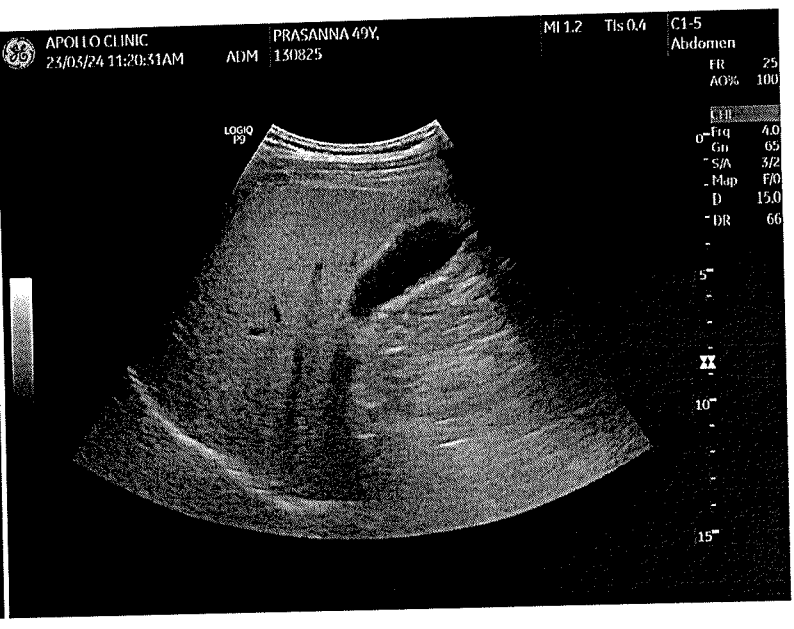
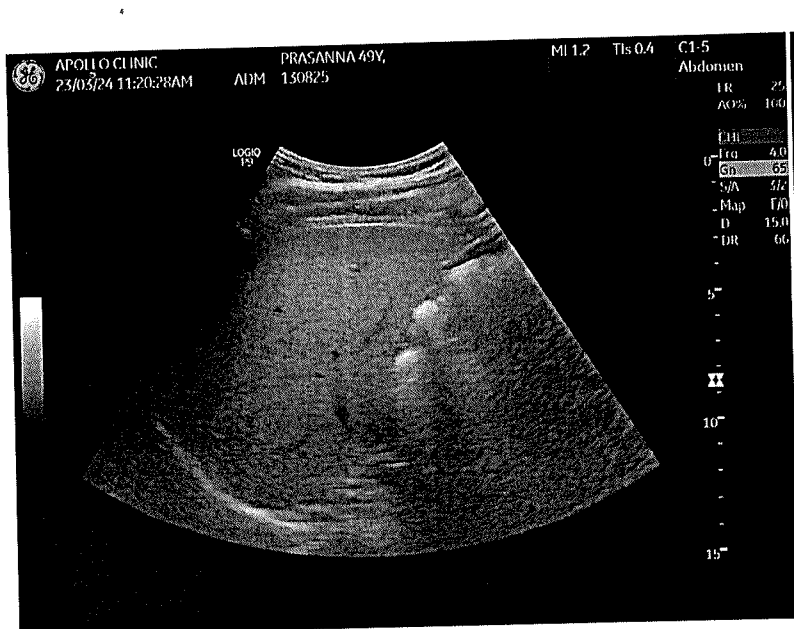
- **Grade I fatty liver.**
- **Right renal calculus.**

*To correlate clinically & with other investigations.  
Not for medico-legal purpose*

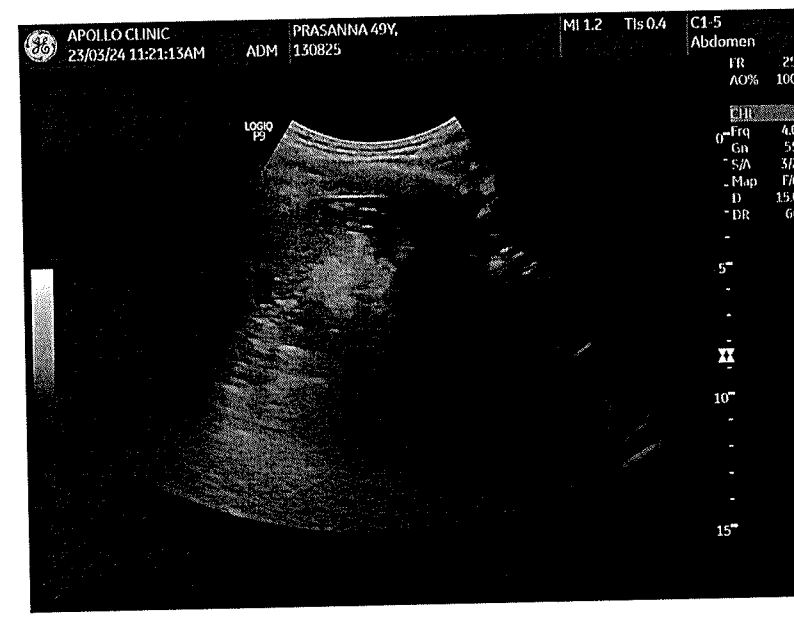
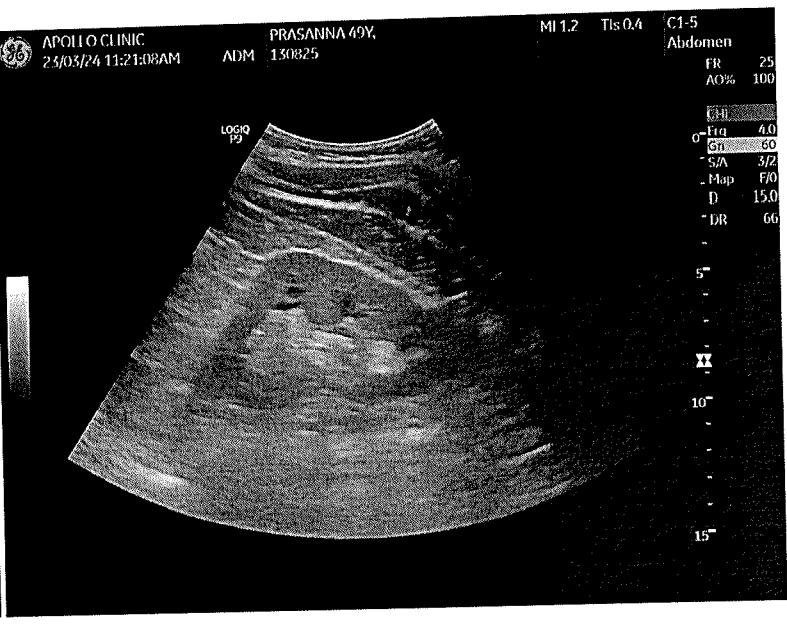
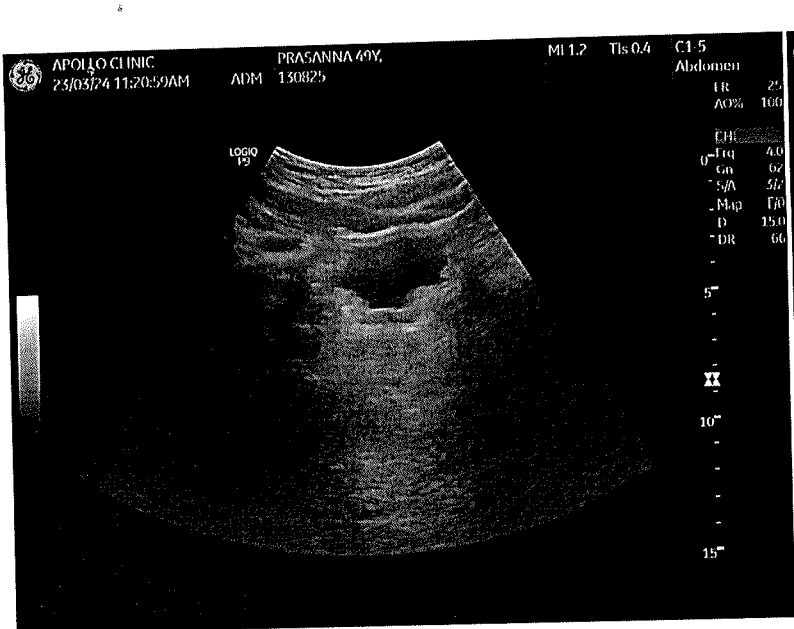


**DR. VIGNESH K**

**CONSULTANT RADIOLOGIST**







Date: IST: 2024-03-23 12:54:43

Report ID: AHLLP\_00XHE1PU6TT0ZUG\_V6TT0ZV7

Authorized by

*Yogesh*

Dr. Yogesh Kothari  
MD, DNB, FESC, FEP  
Reg. No. - KMC 44065

**Personal Details**

UHID: 00XHE1PU6TT0ZUG  
Patient ID: 130825  
Name: MR S N PRASANNA  
Age: 49  
Gender: Male  
Mobile: 9880153324

**Pre-Existing Medical-Conditions**

**Symptoms**

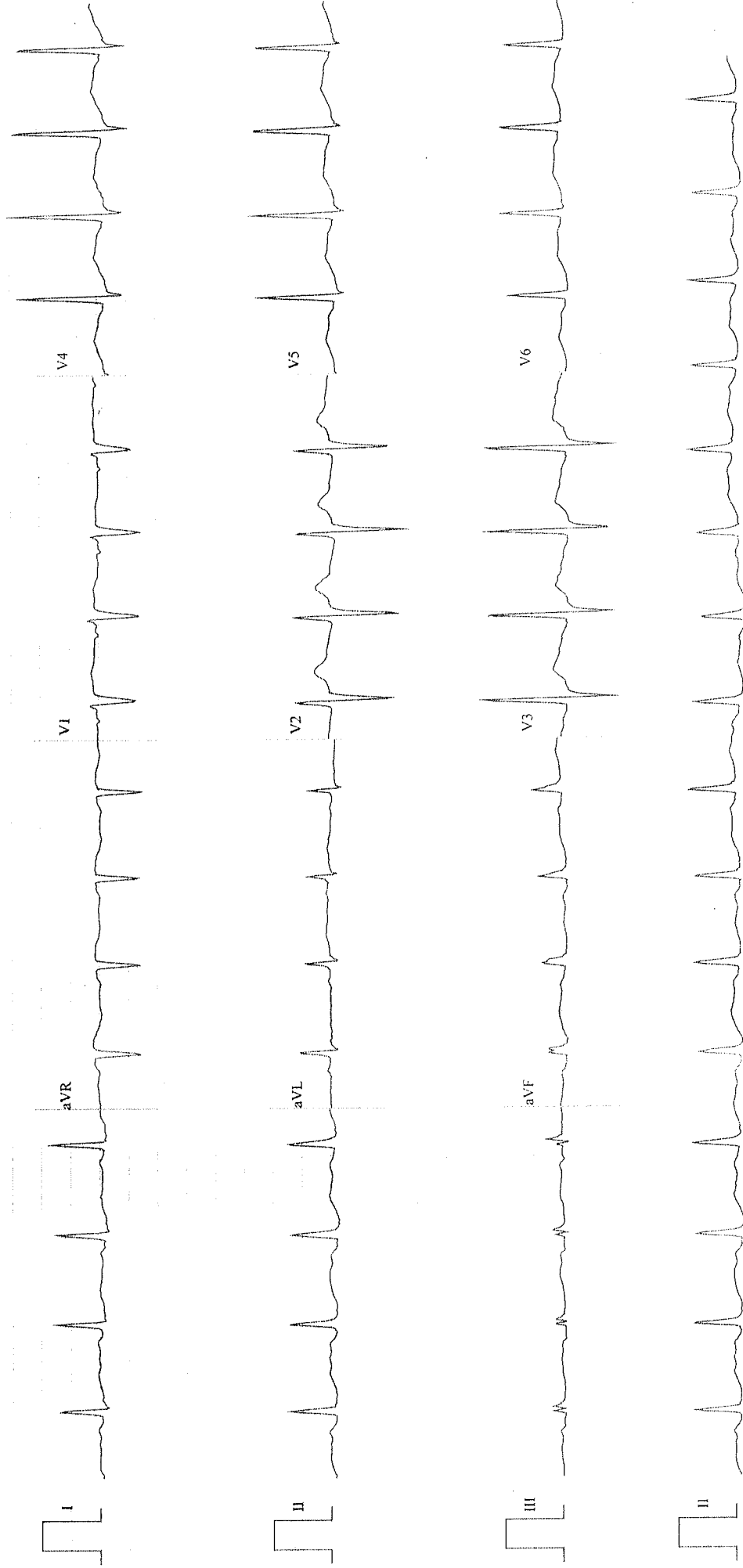
**Vitals**

**Measurements**

HR: 98 BPM  
PR: 138 ms  
PD: 99 ms  
QRSD: 97 ms  
QRS Axis: 29 deg  
QT/QTc: 358/358 ms

**Interpretation**

Normal sinus rhythm  
Normal axis



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV

Disclaimer: This analysis is based on ECG alone and should be used as an adjunct to clinical history, symptoms and results of other non-invasive tests and must be interpreted by a qualified physician.  
Normal ECG does not rule out heart disease. Abnormal ECG does not always mean severe heart disease. Comments & report is based on available data, clinical correlation is important.

## 2-D ECHO-CARDIOGRAPHY DOPPLER & COLOUR DOPPLER REPORT

NAME : MR S N PRASANNA

DATE:23/03/2024

AGE/SEX: 49Y/ M

REF : ARCOFEMI

UHID:130825/03/164

\*\*\* MEASUREMENTS & FLOW VELOCITIES AS DEPICTED IN IMAGES OVERLEAF.

1. NORMAL VALVES.
2. NORMAL FLOW ACROSS ALL VALVES.
3. NO MR/ AR/ TR.
4. NORMAL GREAT VESSELS.
5. NORMAL SYSTEMIC VEINS & AT LEAST 3 PULMONARY VEINS SEEN DRAINING INTO LA.
6. NORMAL SIZED CHAMBERS.
7. NO REGIONAL WALL MOTION ABNORMALITIES.
8. INTACT SEPTAE ( IVS & IAS ).
9. GOOD LV & RV SYSTOLIC FUNCTION.
10. PERICARDIUM : NORMAL
11. NO OBVIOUS VEGETATION / CLOTS.



**DR (CAPT.)S.V KRISHNA RAO**

**MD (PGI), DNB (Card)**

**Senior Consultant – Cardiologist**

**Reg No : ANP 19780000746KTK**

***To correlate with clinical findings & other relevant investigations .***

**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

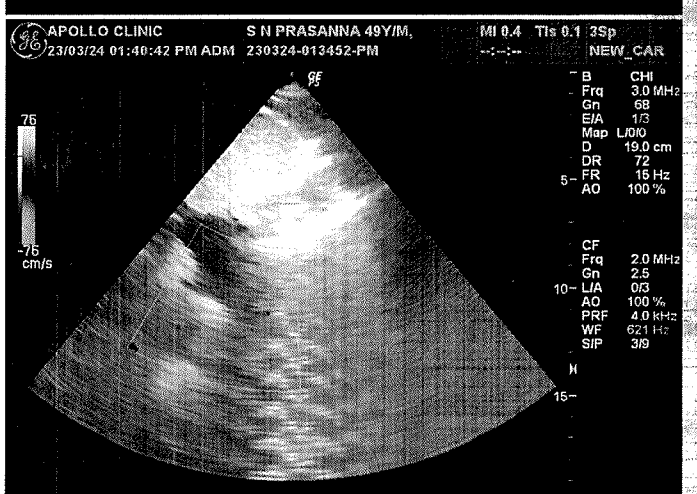
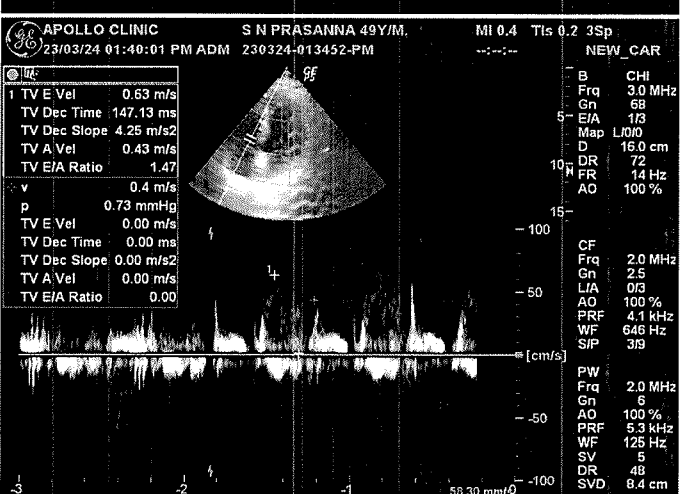
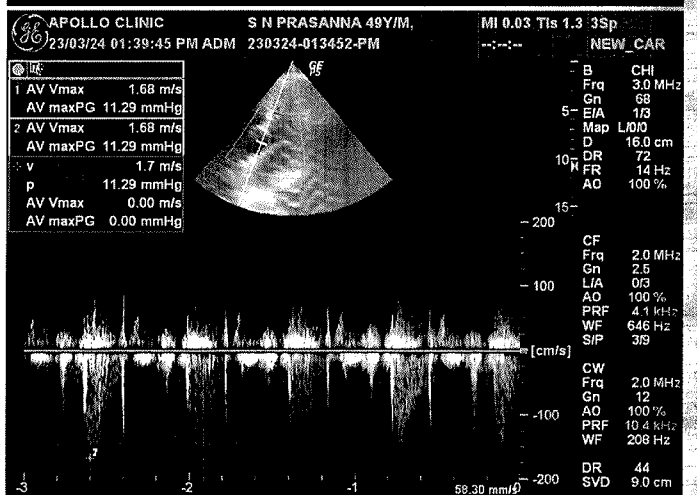
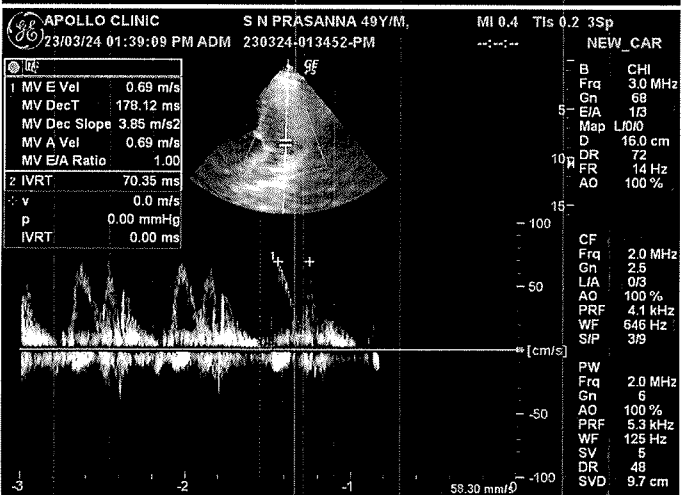
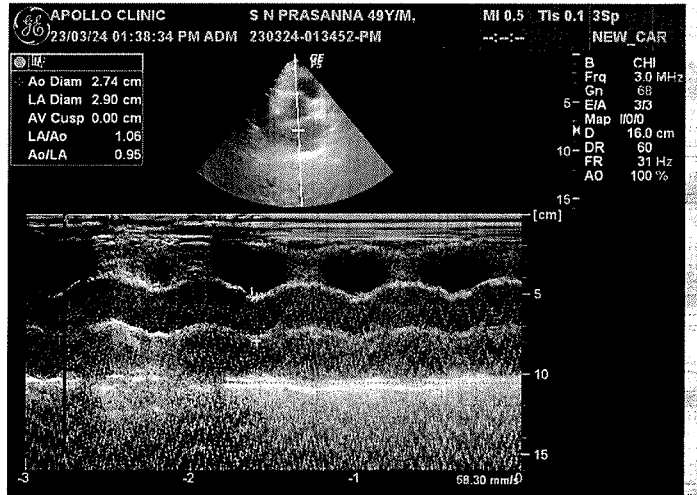
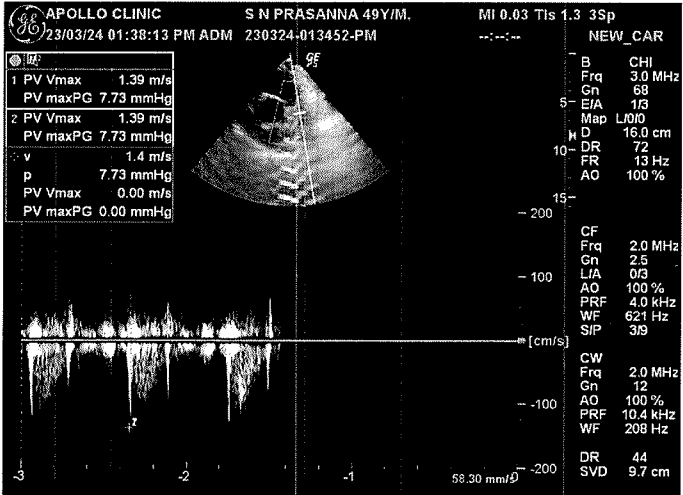
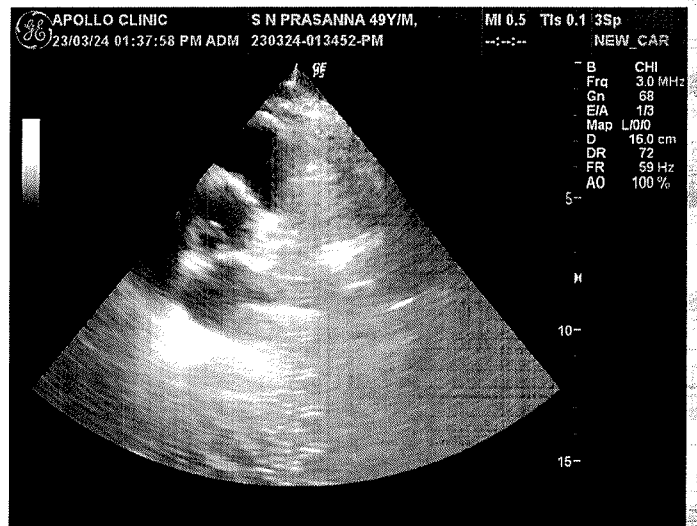
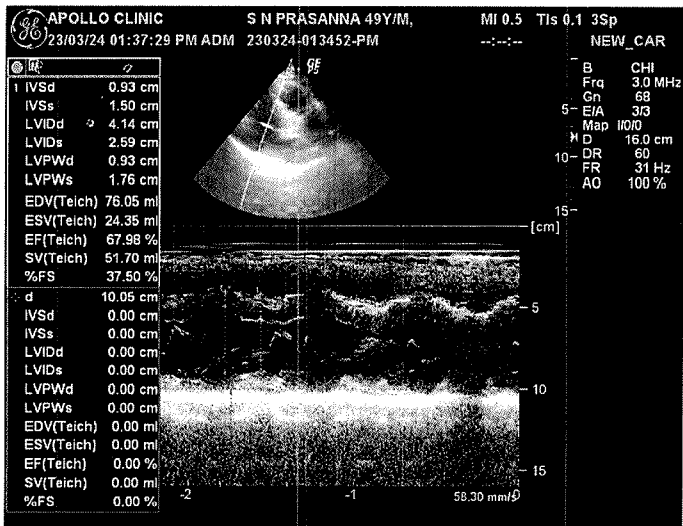
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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**





# Apollo Clinic

## CONSENT FORM

Patient Name: PRASANNA S.N Age: 49

UHID Number: 130825 CompanyName: Arcoferr

I Mr/Mrs/Ms. Prasanna Employee of Arcoferr

(Company) want to inform you that I am not doing Dental, EMI, consultation procedure due to Daily Not which is a part of my health package.  
available

And I claim the above statement in my full conciousness.

Patient Signature: Prasanna S.N

Date: 23/3/24



ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India

Government of India

ಕರ್ತೃ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrolment No.: 1037/11450/11770

To: Prasanna S N  
(ಪ್ರಸನ್ನ ಎಸ್ ಎನ್)  
S.O. Suchash S Nagavara  
# M I G E  
R.S. Nardu Nagara  
Mysore  
Mysore  
Karnataka - 570007

Date: 01/06/2021



EY 07772089 6 IN

ನಿಮ್ಮ ಅಧಿಕಾರ ಸಂಖ್ಯೆ / Your Identification No.:

9176 4280 0280

ಅಧಿಕಾರಿ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ  
GOVERNMENT OF INDIA

ಪ್ರಸನ್ನ ಎಸ್ ಎನ್  
Prasanna S N



ಪುಟ್ಟಿದ ವರ್ಷ / Year of Birth : 1974  
ಪುರುಷ / Male

9176 4280 0280



ಅಧಿಕಾರಿ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

Scanned with CamScanner



Government of India



## ಸೂಚನೆ

- ಆಧಾರ್ ಗುರುತಿನ ರುಬಾಳಾತು, ನಾಗರಿಕತೆಯಲ್ಲಲ್ಲ
- ಗುರುತು ರುಬಾಳಾತುಕರಿಸಲು, ಆನ್‌ಲೈನ್ ಪ್ರಮಾಣೀಕರಣ/ಪಾವತಿಸುವುದು
- ಸಹಾಯಕಿಗಾಗಿ :-

1800 180 1947 ಕರೆ ಮಾಡಿ, ಅಥವಾ

ಪಿ.ಒ. ಬಾಕ್ಸ್ ನಂ. 1947, ಬೆಂಗಳೂರು-560001 ನೆ ಕತ್ತರಿಸಿ, ಅಥವಾ

help@uidai.gov.in ನೆ ಇಮೇಲ್ ಮಾಡಿ

## INSTRUCTIONS

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.
- In case any help is required :-

Call 1800 180 1947 or;

Write to P.O. Box No. 1947, Bengaluru - 560 001 or;

Email at help@uidai.gov.in



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

ವಿಳಾಸ :

S/O ಸುಭಾಷ್ ಎಸ್ ನಾಗವಂದ್  
# ಮಿಗಿಸ್  
ಆರ್ ಎಸ್ ನಾಯ್ಡು ನಗರ, ಮೈಸೂರು  
ಕರ್ನಾಟಕ, 570007

Address :

S/O Subhash S Nagavand  
# M I G S  
R S Naidu Nagara, Mysore  
Karnataka, 570007

Aadhaar - Shreesaamanyana Adhikara

Scanned with CamScanner

**Patient Name** : Mr. S N PRASANNA

**Age/Gender** : 49 Y/M

**UHID/MR No.** : CELE.0000130825

**OP Visit No** : CELEOPV345162

**Sample Collected on** :

**Reported on** : 23-03-2024 20:30

**LRN#** : RAD2279084

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobS17370

---

**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. VIGNESH K**  
**MBBS, MD Radio-Diagnosis**  
Radiology



Name: Mr. S N PRASANNA  
Age/Gender: 49 Y/M  
Address: ECITY  
Location: BANGALORE, KARNATAKA  
Doctor:  
Department: GENERAL  
Rate Plan: Electronic City\_03122022  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. PAVITRA RAMAN

MR No: CELE.0000130825  
Visit ID: CELEOPV345162  
Visit Date: 23-03-2024 10:14  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

Name: Mr. S N PRASANNA  
Age/Gender: 49 Y/M  
Address: ECITY  
Location: BANGALORE, KARNATAKA  
Doctor:  
Department: GENERAL  
Rate Plan: Electronic City\_03122022  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. DAYANAND BALAPPA YALIGAR

MR No: CELE.0000130825  
Visit ID: CELEOPV345162  
Visit Date: 23-03-2024 10:14  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

Name: Mr. S N PRASANNA  
Age/Gender: 49 Y/M  
Address: ECITY  
Location: BANGALORE, KARNATAKA  
Doctor:  
Department: GENERAL  
Rate Plan: Electronic City\_03122022  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. YASHASWI R G

MR No: CELE.0000130825  
Visit ID: CELEOPV345162  
Visit Date: 23-03-2024 10:14  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: Mr. S N PRASANNA  
Age/Gender: 49 Y/M  
Address: ECITY  
Location: BANGALORE, KARNATAKA  
Doctor:  
Department: GENERAL  
Rate Plan: Electronic City\_03122022  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. PAVITRA RAMAN

MR No: CELE.0000130825  
Visit ID: CELEOPV345162  
Visit Date: 23-03-2024 10:14  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**



Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
03-04-2024 11:02	90 Beats/min	120/70 mmHg	24 Rate/min	97.8 F	168 cms	67 Kgs	%	%	Years	23.74	cms	cms	cms		AHLL06674

Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
03-04-2024 11:02	90 Beats/min	120/70 mmHg	24 Rate/min	97.8 F	168 cms	67 Kgs	%	%	Years	23.74	cms	cms	cms		AHLL06674

Established Patient: No

**Vitals**

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