





Patient Name : Mr.SIMSON DAN F

Age/Gender : 30 Y 1 M 14 D/M

UHID/MR No : CINR.0000164762 Visit ID : CINROPV222970

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9487469089 Collected : 23/Mar/2024 08:38AM Received

: 23/Mar/2024 01:40PM

: 23/Mar/2024 04:39PM Reported

: Final Report Status

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.7	g/dL	13-17	Spectrophotometer
PCV	45.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.29	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	86.6	fL	83-101	Calculated
MCH	29.7	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,290	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	49.8	%	40-80	Electrical Impedance
LYMPHOCYTES	38	%	20-40	Electrical Impedance
EOSINOPHILS	3.7	%	1-6	Electrical Impedance
MONOCYTES	7.9	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3630.42	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2770.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	269.73	Cells/cu.mm	20-500	Calculated
MONOCYTES	575.91	Cells/cu.mm	200-1000	Calculated
BASOPHILS	43.74	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.31		0.78- 3.53	Calculated
PLATELET COUNT	295000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

Page 1 of 15

Dr Priya Murthy

M.B.B.S, M.D (Pathology) Consultant Pathologist

SIN No:BED240079000

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

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

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDT	Ā		
BLOOD GROUP TYPE	0			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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



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DEPARTMENT OF BIOCHEMISTRY

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

Result	Unit	Bio. Ref. Range	Method
87	mg/dL	70-100	HEXOKINASE
	87		3

Comment:

As per American Diabetes Guidelines, 2023

F ,		
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:

- 1.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
- 2. 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)	101	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), N	/HOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC

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

ESTIMATED AVERAGE GLUCOSE (eAG)	123	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.

- 1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- 2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 3. 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.
- 4. 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.
- 5. 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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	164	mg/dL	<200	CHO-POD
TRIGLYCERIDES	120	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	126	mg/dL	<130	Calculated
LDL CHOLESTEROL	101.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.31		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.14		<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.

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Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:SE04672091

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Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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).

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
IVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.07	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.90	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	47	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	50.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.26	g/dL	6.6-8.3	Biuret
ALBUMIN	4.69	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.57	g/dL	2.0-3.5	Calculated
A/G RATIO	1.82		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- AST Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. Bilirubin may be elevated.
- AST: ALT (ratio) In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT) , SER	RUM		
CREATININE	0.86	mg/dL	0.67-1.17	Jaffe's, Method
UREA	14.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.91	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.43	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.26	g/dL	6.6-8.3	Biuret
ALBUMIN	4.69	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.57	g/dL	2.0-3.5	Calculated
A/G RATIO	1.82		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	31.00	U/L	<55	IFCC

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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH),	, SERUM	<u>'</u>		
TRI-IODOTHYRONINE (T3, TOTAL)	1.2	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.1	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.624	μIU/mL	0.34-5.60	CLIA

Comment:

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

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

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	Т3	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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: 30 Y 1 M 14 D/M

UHID/MR No

: CINR.0000164762

Visit ID

: CINROPV222970

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 9487469089 Collected

: 23/Mar/2024 08:38AM

Received

: 23/Mar/2024 01:16PM

Reported

: 23/Mar/2024 02:55PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist Dr Priva Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 12 of 15



SIN No:SPL24052874

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









: Mr.SIMSON DAN F

Age/Gender

: 30 Y 1 M 14 D/M

UHID/MR No

: CINR.0000164762

Visit ID

: CINROPV222970

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 9487469089

Tact Nama

Collected

: 23/Mar/2024 08:37AM

Received

: 23/Mar/2024 01:29PM

Reported

: 23/Mar/2024 04:10PM

Status

: Final Report

Die Def Dance

Sponsor Name

Hait

: ARCOFEMI HEALTHCARE LIMITED

Mathad

DEPARTMENT OF CLINICAL PATHOLOGY

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

Docult.

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
рН	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	1		
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 13 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:UR2313388

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

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









: Mr.SIMSON DAN F

Age/Gender

: 30 Y 1 M 14 D/M

UHID/MR No

: CINR.0000164762

Visit ID

: CINROPV222970

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 9487469089 Collected

: 23/Mar/2024 12:09PM

Received

: 23/Mar/2024 04:42PM

Reported

: 23/Mar/2024 08:22PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

Page 14 of 15



SIN No:UPP017266

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









: Mr.SIMSON DAN F

Age/Gender

: 30 Y 1 M 14 D/M

UHID/MR No

: CINR.0000164762

Visit ID

: CINROPV222970

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 9487469089 Collected

: 23/Mar/2024 08:37AM

Received

: 23/Mar/2024 01:29PM

Reported Status : 23/Mar/2024 03:52PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***

Result/s to Follow: PERIPHERAL SMEAR

Page 15 of 15



SIN No:UF011287

M.B.B.S,M.D(Pathology) Consultant Pathologist

Dr Priya Murthy

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

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





Name : Mr. Simson Dan F

Address: BANGALORE

Plan

Age: 30 Y

Sex: M

OP Number: CINROPV222970

UHID:CINR.0000164762

Bill No :CINR-OCR-95452

: ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT

		Bill No	o:CINR-OCF	3-95452
Sno	Serive Type/ServiceName	Date	: 23.03.2024	. 08.00
1	ARCOFEMI - MEDIWHEFI - EUL L DODA			
	GAMMA GLUTAMYL TRANFERASE (GGT)	- PAN I	NDIA - FV2	Department 24
			112.	724
-3	LIVER FUNCTION TEST (LFT)			
	GLUCOSE, FASTING			
_5	HEMOGRAM + PERIPHERAL SMEAR			
	SIET CONSULTATION			
-710	COMPLETE URINE EXAMINATION			
0 0	JRINE GLUCOSE(POST PRANDIAN)			
1	ERIPHERAL SMEAR			
10 €				
12/7	ENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)			
1477	LUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) :			
16177	RINE GLUCOSE(FASTING) :			
	PAN CONTROL			
19/1-	RAY CHEST PA			
INEN	CONSOCIATION			
18 F11	TNESS BY GENERAL PHYSICIAN			
BL	OOD GROUP ABO AND PHEACTER			
	ID I KOPILE			
T BO	DY MASS INDEX (BMI)			
Z OPT	THAL BY GENERAL PHYSICIAN —			
alori	RASOUND - WHOLE ARDONGEN			
HTHY	YROID PROFILE (TOTAL T3, TOTAL T4, TSH)			

Byurnedoc cossuttation.



OSPITALS: 23-03-2024

Department

GENERAL

Waist Circum:

B.P:

MR NO

CINR.0000164762

Doctor

Name

: Mr. Simson Dan F

Weight:

Registration No

Age/ Gender

Temp: ←

History

30 Y / Male Qualification

Consultation Timing:

08:07

General Examination / Allergies

Pulse : 855 Resp : 1 Clinical Diagnosis & Management Plan

BMI:

Follow up date:

Doctor Signature

Phone: (080) 2521 4614/15

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OPTHAL PRESCRIPTION

PATIENT NAME: NO SIMSON DE DATE: 23/3/24

UHID NO: 164762

OPTOMETRIST NAME: Ms.Swathi

GENDER:

This is to certify that I have examined

years and findings of his/her eye examination are as follows,

		RIC	GHT EYE		1			
P:	SPH	CYL	AXIS	BCVA	6511	L	EFT EYE	
Distance	1-25	0.25	1110	DCVA	SPH	CYL	AXIS	BCVA
Add	<		744	616	1000	5.50	55	111
					C			0/0
								<u> </u>

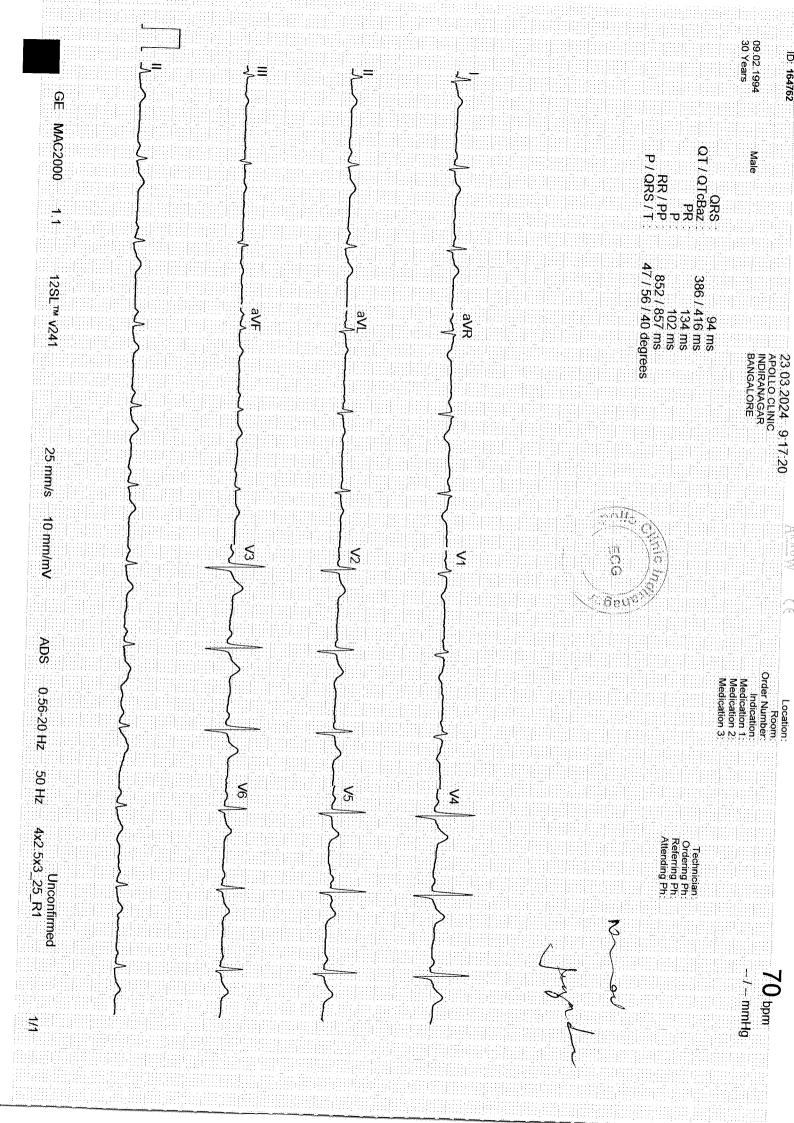
PD-RE: 31 -LE: 31 -

Colour Vision: normal (BB)

Remarks:

de having bluret wicion (BE) for adulature.

Apollo clinic Indiranagar







NAME: MR SIMSON D F	AGE/SEX: 30Y/M	The state of the s
	AGE/SEX: SUY/IVI	OP NUMBER: 164762
Ref By : SLEF	DATE: 23-03-2024	

M mode and doppler measurements:

CM	CM	M/sec	
AO: 2.2	IVS(D): 1.1	My Evel o	
	,	MV: E Vel: 0.4	A Vel : 0.7
LA: 2.7	LVIDD(D): 3.9	AV Peak: 0.9	
	LVPW(D): 1.2	and the state of t	
		PV peak: 0.9	
•	IVS(S): 1.2		40
	LVID(S): 2.4		
	LVPW(S): 1.3		
	LVEF: 70%		
and the second s	TAPSE: 2.2		
escriptive findin	igs:		

Left Ventricle	Normal	71 11 1 1 Marriago
Right Ventricle:		
	Normal	
Left Atrium:		
	Normal	
Right Atrium:		
B.A.	Normal	
Mitral Valve:	Normal	
Aortic Valve:		
	Normal	
Tricuspid Valve:		
** Chairman Milled Land A. D. and Call St. Chairman Annual Call St. Cha	Normal	
IAS:		
N.C.	Normal	
IVS:	Normal	

1

(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





Pericardium:		Expertise. Closer to
IVC:	Normal	
Others	Normal	

IMPRESSION:

Normal cardiac chamber and valves

No Regional wall motion abnormality

No MR/AR/TR

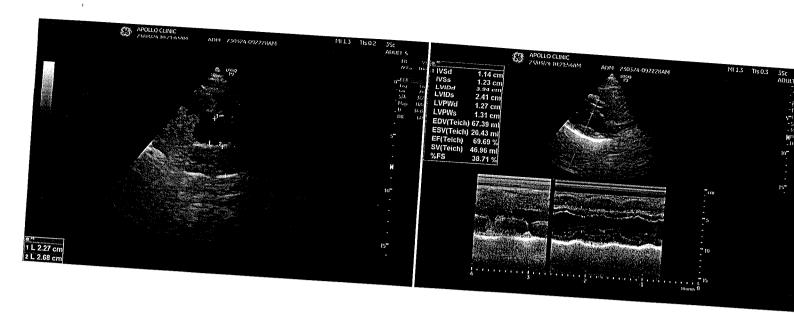
No clot/vegetation/pericardial effusion

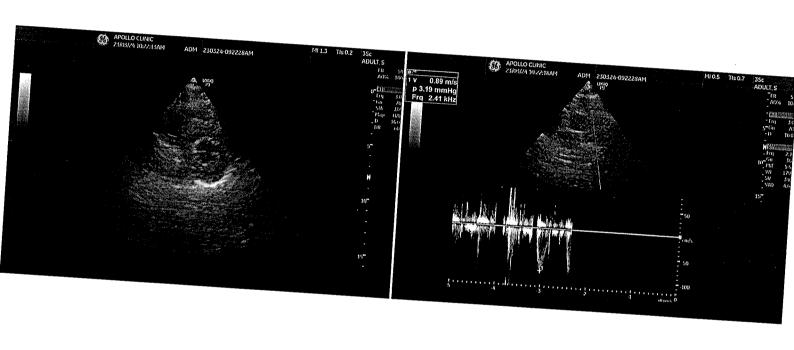
Grade I LV diastolic dysfunction

Normal LV systolic function - LVEF= 70%

DR JAGADEESH H V MD,DM

CONSULTANT CARDIOLOGIST







Dear SIMSON DAN F,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at INDIRANAGAR clinic on 2024-03-23 at 08:30-08:45.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
- 3. Please bring all your medical prescriptions and previous health medical records with you.



: CINROPV222970

: 23-03-2024 19:57

Patient Name : Mr. Simson Dan F Age/Gender : 30 Y/M

UHID/MR No. Sample Collected on

: CINR.0000164762

LRN#

: RAD2277702

Ref Doctor Emp/Auth/TPA ID : 9487469089

: SELF

DEPARTMENT OF RADIOLOGY

OP Visit No

Reported on

Specimen

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. DHANALAKSHMI B MBBS, DMRD

Radiology



Patient Name : Mr. Simson Dan F Age/Gender : 30 Y/M

 UHID/MR No.
 : CINR.0000164762
 OP Visit No
 : CINROPV222970

 Sample Collected on
 : 23-03-2024 15:56

LRN# : RAD2277702 Specimen :

Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended.

: 9487469089

Emp/Auth/TPA ID

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 9.5x4.1 cm.

Left kidney measures 9.7x4.7 cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in size and echo-pattern.

No free fluid is seen.

IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY