

Patient Name : Mr.PRABHU KUMAR K
Age/Gender : 59 Y 1 M 13 D/M
UHID/MR No : SKOR.0000134878
Visit ID : SKOROPV309879
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 10:39AM
Received : 11/Oct/2024 11:02AM
Reported : 11/Oct/2024 12:33PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs are normocytic normochromic.
WBCs are normal in number with normal distribution and morphology.
Platelets are adequate.
No hemoparasites or abnormal cells seen.

IMPRESSION:NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

Anushree R

Dr. Anushree R
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240237378



Patient Name : Mr.PRABHU KUMAR K
Age/Gender : 59 Y 1 M 13 D/M
UHID/MR No : SKOR.0000134878
Visit ID : SKOROPV309879
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 10:39AM
Received : 11/Oct/2024 11:02AM
Reported : 11/Oct/2024 12:33PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

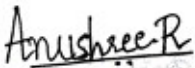
Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.6	g/dL	13-17	Spectrophotometer
PCV	44.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.83	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	92	fL	83-101	Calculated
MCH	32.4	pg	27-32	Calculated
MCHC	35.1	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,100	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	66	%	40-80	Electrical Impedence
LYMPHOCYTES	27	%	20-40	Electrical Impedence
EOSINOPHILS	01	%	1-6	Electrical Impedence
MONOCYTES	06	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4026	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1647	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	61	Cells/cu.mm	20-500	Calculated
MONOCYTES	366	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.44		0.78- 3.53	Calculated
PLATELET COUNT	220000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs are normocytic normochromic.

WBCs are normal in number with normal distribution and morphology.

Platelets are adequate.

Page 2 of 17



Dr. Anushree R
M.B.B.S, M.D(Pathology)
Consultant Pathologist



SIN No:BED240237378

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62, 5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

Address:

143, 1st Cross, 5th Block, Near Nagarjuna Hotel, Koramangala, Bengaluru

Patient Name : Mr.PRABHU KUMAR K
Age/Gender : 59 Y 1 M 13 D/M
UHID/MR No : SKOR.0000134878
Visit ID : SKOROPV309879
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 10:39AM
Received : 11/Oct/2024 11:02AM
Reported : 11/Oct/2024 12:33PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

No hemoparasites or abnormal cells seen.

IMPRESSION:NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

Anushree R

Dr. Anushree R
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240237378



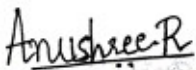
Patient Name : Mr.PRABHU KUMAR K
 Age/Gender : 59 Y 1 M 13 D/M
 UHID/MR No : SKOR.0000134878
 Visit ID : SKOROPV309879
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 10:39AM
 Received : 11/Oct/2024 11:02AM
 Reported : 11/Oct/2024 01:05PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Dr. Anushree R
 M.B.B.S,M.D(Pathology)
 Consultant Pathologist

SIN No:BED240237378



Patient Name : Mr.PRABHU KUMAR K
 Age/Gender : 59 Y 1 M 13 D/M
 UHID/MR No : SKOR.0000134878
 Visit ID : SKOROPV309879
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 10:39AM
 Received : 11/Oct/2024 11:02AM
 Reported : 11/Oct/2024 12:33PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	83	mg/dL	70-100	GOD - POD

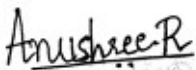
Comment:

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:

- 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.



Dr. Anushree R
 M.B.B.S,M.D(Pathology)
 Consultant Pathologist

SIN No:PLF02209570



Patient Name : Mr.PRABHU KUMAR K
 Age/Gender : 59 Y 1 M 13 D/M
 UHID/MR No : SKOR.0000134878
 Visit ID : SKOROPV309879
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 01:49PM
 Received : 11/Oct/2024 02:27PM
 Reported : 11/Oct/2024 02:57PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

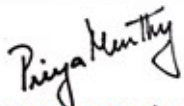
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	77	mg/dL	70-140	GOD - POD

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

SIN No:PLP1486969





Patient Name : Mr.PRABHU KUMAR K
Age/Gender : 59 Y 1 M 13 D/M
UHID/MR No : SKOR.0000134878
Visit ID : SKOROPV309879
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 10:39AM
Received : 11/Oct/2024 01:42PM
Reported : 11/Oct/2024 03:09PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	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)

Dr.Govinda Raju N L
MSc,PhD(Biochemistry)
Consultant Biochemistry

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



SIN No:EDT240092654

Patient Name : Mr.PRABHU KUMAR K
Age/Gender : 59 Y 1 M 13 D/M
UHID/MR No : SKOR.0000134878
Visit ID : SKOROPV309879
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 10:36AM
Received : 11/Oct/2024 11:02AM
Reported : 11/Oct/2024 12:35PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

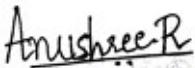
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	145	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	45	mg/dL	<150	
HDL CHOLESTEROL	53	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	92	mg/dL	<130	Calculated
LDL CHOLESTEROL	83	mg/dL	<100	Calculated
VLDL CHOLESTEROL	9	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.74		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<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



Dr. Anushree R
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:SE04834698



Patient Name : Mr.PRABHU KUMAR K
Age/Gender : 59 Y 1 M 13 D/M
UHID/MR No : SKOR.0000134878
Visit ID : SKOROPV309879
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 10:36AM
Received : 11/Oct/2024 11:02AM
Reported : 11/Oct/2024 12:35PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	58.00	U/L	32-111	IFCC
PROTEIN, TOTAL	6.90	g/dL	6.7-8.3	BIURET
ALBUMIN	4.10	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		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:

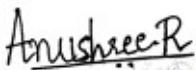
1. Hepatocellular Injury:

*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. 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. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



Dr. Anushree R
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:SE04834698



Patient Name : Mr.PRABHU KUMAR K
Age/Gender : 59 Y 1 M 13 D/M
UHID/MR No : SKOR.0000134878
Visit ID : SKOROPV309879
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 152695

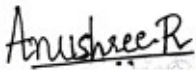
Collected : 11/Oct/2024 10:36AM
Received : 11/Oct/2024 11:02AM
Reported : 11/Oct/2024 12:35PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.99	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	28.20	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	13.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.70	mg/dL	4.0-7.0	URICASE
CALCIUM	9.10	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	5.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.90	g/dL	6.7-8.3	BIURET
ALBUMIN	4.10	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		0.9-2.0	Calculated

Result is rechecked.



Dr. Anushree R
M.B.B.S, M.D(Pathology)
Consultant Pathologist

SIN No:SE04834698



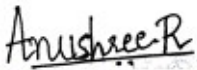
Patient Name : Mr.PRABHU KUMAR K
 Age/Gender : 59 Y 1 M 13 D/M
 UHID/MR No : SKOR.0000134878
 Visit ID : SKOROPV309879
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 10:36AM
 Received : 11/Oct/2024 11:02AM
 Reported : 11/Oct/2024 12:35PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.00	U/L	16-73	Glycylglycine Kinetic method



Dr. Anushree R
 M.B.B.S,M.D(Pathology)
 Consultant Pathologist

SIN No:SE04834698





Patient Name : Mr.PRABHU KUMAR K
Age/Gender : 59 Y 1 M 13 D/M
UHID/MR No : SKOR.0000134878
Visit ID : SKOROPV309879
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 10:39AM
Received : 11/Oct/2024 01:40PM
Reported : 11/Oct/2024 02:39PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.2	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.900	µIU/mL	0.34-5.60	CLIA

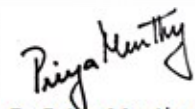
Comment:

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


Dr.Govinda Raju N L
MSc,PhD(Biochemistry)
Consultant Biochemistry


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



SIN No:SPL24143359

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

Address:

143, 1st Cross, 5th Block, Near Nagarjuna Hotel, Koramangala, Bengaluru



MC-61/6

Patient Name : Mr.PRABHU KUMAR K
Age/Gender : 59 Y 1 M 13 D/M
UHID/MR No : SKOR.0000134878
Visit ID : SKOROPV309879
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 10:39AM
Received : 11/Oct/2024 01:40PM
Reported : 11/Oct/2024 02:39PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

Dr.Govinda Raju N L
MSc,PhD(Biochemistry)
Consultant Biochemistry

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



SIN No:SPL24143359



Patient Name : Mr.PRABHU KUMAR K
Age/Gender : 59 Y 1 M 13 D/M
UHID/MR No : SKOR.0000134878
Visit ID : SKOROPV309879
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 10:39AM
Received : 11/Oct/2024 01:40PM
Reported : 11/Oct/2024 02:11PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.550	ng/mL	0-4	CLIA

Priya Murthy

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

SIN No:SPL24143359



Patient Name : Mr.PRABHU KUMAR K
Age/Gender : 59 Y 1 M 13 D/M
UHID/MR No : SKOR.0000134878
Visit ID : SKOROPV309879
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 10:39AM
Received : 11/Oct/2024 11:33AM
Reported : 11/Oct/2024 11:42AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

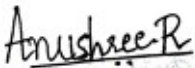
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	4 - 5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	8 - 9	/hpf	<10	Microscopy
RBC	1 - 2	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy
OTHERS	ABSENT			Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

Page 15 of 17



Dr. Anushree R
M.B.B.S, M.D(Pathology)
Consultant Pathologist

SIN No:UR2416147



Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62, 5th Floor, Ashoka Raghupathi Chambers,
Begumpet, Hyderabad, Telangana - 500016

Address:

143, 1st Cross, 5th Block, Near Nagarjuna Hotel,
Koramangala, Bengaluru

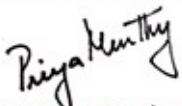
Patient Name : Mr.PRABHU KUMAR K
 Age/Gender : 59 Y 1 M 13 D/M
 UHID/MR No : SKOR.0000134878
 Visit ID : SKOROPV309879
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 01:49PM
 Received : 11/Oct/2024 02:27PM
 Reported : 11/Oct/2024 02:43PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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

SIN No:UPP017925



Patient Name : Mr.PRABHU KUMAR K
Age/Gender : 59 Y 1 M 13 D/M
UHID/MR No : SKOR.0000134878
Visit ID : SKOROPV309879
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 10:39AM
Received : 11/Oct/2024 11:33AM
Reported : 11/Oct/2024 11:42AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***

Anushree R

Dr. Anushree R
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:UF012133

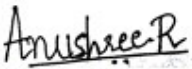


Patient Name : Mr.PRABHU KUMAR K
Age/Gender : 59 Y 1 M 13 D/M
UHID/MR No : SKOR.0000134878
Visit ID : SKOROPV309879
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 10:39AM
Received : 11/Oct/2024 11:33AM
Reported : 11/Oct/2024 11:42AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.



Dr. Anushree R
M.B.B.S, M.D(Pathology)
Consultant Pathologist



SIN No:UF012133

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off: 1-10-62/62, 5th Floor, Ashoka Raghupathi Chambers,
Begumpet, Hyderabad, Telangana - 500016

Address:

143, 1st Cross, 5th Block, Near Nagarjuna Hotel,
Koramangala, Bengaluru

*** Restorative Procedures**

Mr Prathu Kumar K. 22/10/2027

*** Root Canal Treatment**

*** Teeth replacement**

TMS → NAD

*** Oral Surgery**

*** Preventive Dentistry**

Hard fuser → IS DOC (4142 E-P)

*** Orthodontics / Braces**

*** Dental Implants**

Soft fuser → GGP

*** Pedodontics**

*** Esthetics and Smile design**

TN - OPG

*** Periodontics**

US of Neck

*** Veneers**

R Razo D (16) BIF
 L-O-I x 3 days

*** Tooth Jewellery**

- Augmentin 625mg (9) AIF
 L-I x 3 days

- Enoxalim SP (9) AIF
 L-I x 3 days

- Sporobac DS (6) AF
 L-O-I x 3 days

Dr. Salim Shamsuddin BDS, MDS

Consultant - Orthodontics & Dentofacial Orthopaedics

Email : salimshamsuddin83@gmail.com

Consultation : Mon - Sat 10am - 7pm

Ph : 8296500869 / 7259679908



*** Restorative Procedures**

Mr Prathu Kumar K.

22/10/2027

*** Root Canal Treatment**

*** Teeth replacement**

TMS → NAD

*** Oral Surgery**

*** Preventive Dentistry**

Hard fuser → IS DOC (4142 E-P)

*** Orthodontics / Braces**

*** Dental Implants**

Soft fuser → GGP

*** Pedodontics**

*** Esthetics and Smile design**

TN - OPG

*** Periodontics**

US of Neck

*** Veneers**

R Razo D (16) BIF
L-O-I * 3 days

*** Tooth Jewellery**

- Augmentin 625mg (9) AIF
L-I-I * 3 days

- Enoxlam SP (9) AIF
L-I-I * 3 days

- Spovobc DS (6) AF
L-O-I * 3 days

2D ECHOCARDIOGRAPHY REPORT

NAME	MR. PRABHU KUMAR K		DATE:15/10/2024
AGE	59YRS	KRM NUMBER	
GENDER	MALE	REFERRED BY	

DIMENSIONS:

AORTA: 2.4cms	IVSD: 1.15 cms	LVDd: 3.9cms	LVPWD :1.02 cms
LA : 2.5cms	IVSS : 1.19 cms	LVDs: 2.8cms	LVPWS:1.09cms
EF : 60%			EDV : 63 ML
			ESV :26ML

VALVES:

MITRAL : NORMAL.
TRICUSPID : NORMAL.
AORTIC : NORMAL
PULMONARY : NORMAL.

2D - ECHO:

IAS : Intact.
IVS : Intact.
RA : Normal.
RV : Normal.
LA : NORMAL.
LV : NORMAL
IVC, AORTA AND PULMONARY ARTERY: NORMAL.
PERICARDIUM : NORMAL.

DOPPLER DAT

Mitral valve : E-0.7M/sec A-0.6m/sec,
Tricuspid valve : NO TR
Aortic valve : V max -1.0 m /sec
Pulmonary valve : NO PR.

FINAL IMPRESSION:

NORMAL CHAMBERS and DIMENSIONS ,
NO LV REGIONAL WALL MOTION ABNORMALITIES AT REST
NORMAL LV & RV SYSTOLIC FUNCTION, EF- 60%
NORMAL DIASTOLIC FUNCTION
NO PERICARDIAL EFFUSION/CLOT/ VEGETATION.


DR. MOHAN MURALI
Consultant Cardiologist

DOCTORS NOTE

NAME: Mr. Prabhu Kumar

AGE: 59/4 SEX:

NO:

c/o back pain &
Joint pain

Check Vit D.

Uric Acid Restrictions :-

1. Avoid alcohol.
2. Avoid non-veg
(No fish, mutton, chicken,
egg)
3. Avoid all dal except toor dal
(1 cup for lunch)
(1 cup for dinner)
4. Tomatoes, Raisins.

After 1 month, get uric acid tested.

For K^T

1. Avoid banana & all fruits.
2. Avoid spinach, jaggery, dates and tender coconut
water.

Uric Acid & K^T to be checked after 1 month.

Get Vit D.

HT - 161.5cm

WT - 94.5 kgs.

✓ K/O T₂DH
on medications

Now HbA1C - 5.4

PBS / PPBS

83 / 77

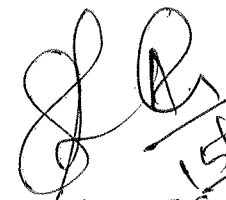
✓ Uric Acid - 7.7

K^T - 5.6

- Grade I fatty liver

- Non Veg

- No alcohol.


15/10/24
Dr. Twincey

Date : 15-10-24

MRNO : 134878

Name : Mr. prabhu kumar.k

Age / Gender : 59y / m

Mobile No :

Department :

Consultant : DV. RAVI

Reg. No : KMC 106,430

Qualification :

Consultation Timing :

B.P.
2nd rdg 130/85 mm Hg

Pulse : 72 b/m	B.P. : 148/94 mmHg	Resp : 20 b/m	Temp : 98.6°F
Weight : 94.5 kg	Height : 161.5 cm	BMI : 36.2 kg/m ²	Waist Circum :

General Examination / Allergies History

Na⁺ - 142
K⁺ - 5.6
HbA1c - 5.4
FDS - 83
PPDS - 77
Uric acid - 7.7
H/O DM Type 2
Metformin 0-0-1
500 → stopped
Gemer 0.5 1-0-0
c/o N. enlarged
since 3 months
In @ neck

Clinical Diagnosis & Management Plan

Adm

- ① T. Gemer 0.5 1-0-0
- ② T. uric 60K every 15 days one
- ③ T. Mobinox 1-0-1 x 3 yr
- ④ T. Pantacid. 40 1-0-1 x 3 yr

- Stop Banana, Coconut water, Potatoes

- Referred to dentist for opinion

Pv

- S. Electrolyte after 1 week
x urine
- FBS, PPBS

Follow up date:

Doctor Signature

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Prabhu 59M on 15/10/24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • <u>Medically Fit</u> 	✓
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended • Unfit 	

Dr. RAVI S.K.
Medical Officer
The Apollo Spectra, Koramangala
APOLLO SPECTRA HOSPITALS
 (A Unit of Apollo Specialty Hospitals Pvt. Ltd.)
 Opus, 143, 1st Cross, 5th Block,
 Koramangala, Bangalore - 560 034, India
 Tel: +91 804348555, Fax: +91 8043485556



के प्रभु कुमार
Name K PRABHU KUMAR

E.C.NO. 152695

जारीकर्ता प्राधिकारी धारक के हस्ताक्षर
Issuing Authority Signature of Holder



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಪ್ರಭು ಕುಮಾರ್ ಕೆ
Prabhu Kumar K

ಜನ್ಮ ದಿನಾಂಕ / DOB : 28/08/1965
ಪುರುಷ / Male



7755 6916 9225

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ವಿಳಾಸ: S/O ಕುಪ್ಪಸ್ವಾಮಿ, # ೨೫
ಬೋವಿಲಿನ್ ಇ ಬೀದಿ, ಅಶೋಕ ನಗರ
ಬೆಂಗಳೂರು, ವಿಲ್ಲನ್ ಗಾರ್ಡನ್, ಕರ್ನಾಟಕ,
560027

Address: S/O Kuppuswamy, #25
Boviline E Street, Ashoka Nagar,
Bangalore, Wilson Garden,
Karnataka, 560027

7755 6916 9225



1947



help@uidai.gov.in

WWW

www.uidai.gov.in

K. Prasad


Pt. Name: MR. PRABHU KUMAR K	MR NO: 134878	Age/Sex: 59 Y / M
Ref By: H.C	Date: 11 / 10 / 2024	

ULTRASOUND ABDOMEN AND PELVIS

- LIVER:** Normal in size measures 13.7 cms and shows increased in echotexture. No focal lesion is seen. No IHBR dilatation is seen. Portal vein and CBD are normal.
- GALL BLADDER:** Is well distended with normal wall thickness. No pericholecystic collection is seen. No intraluminal content or calculi are seen.
- PANCREAS:** Normal in size and echotexture. No focal lesion is seen. Peri-pancreatic fat planes are well preserved.
- SPLEEN:** Normal in size measures 8.8 cms and normal in echotexture. No focal lesion is seen. Splenic vein is normal.
- KIDNEYS:** Right Kidney measures 9.3 x 1.2 cms, Left Kidney measures 9.3 x 1.0 cms. Both kidneys are normal in size, shape, position, contour and echotexture. Cortico-medullary differentiation is well maintained. No calculi / hydronephrosis are seen.
- URINARY BLADDER:** Is well-distended with normal wall thickness. No intraluminal content or calculi are seen.
- PROSTATE:** Normal in size, volume 17.9 cc. Normal in echotexture. No focal lesion is seen.
- No lymphadenopathy or ascites are seen.

IMPRESSION: GRADE I FATTY LIVER.

Thanks for reference.


DR. ABID HUSSAIN
M.B.B.S., D.M.R.D., F.R.C.R(LOND)
CONSULTANT RADIOLOGIST



Patient Name : Mr.PRABHU KUMAR K
 Age/Gender : 59 Y 1 M 13 D/M
 UHID/MR No : SKOR.0000134878
 Visit ID : SKOROPV309879
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 10:39AM
 Received : 11/Oct/2024 11:02AM
 Reported : 11/Oct/2024 12:33PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs are normocytic normochromic.
 WBCs are normal in number with normal distribution and morphology.
 Platelets are adequate.
 No hemoparasites or abnormal cells seen.

IMPRESSION:NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

Anushree R

Dr. Anushree R
 M.B.B.S,M.D(Pathology)
 Consultant Pathologist

SIN No:BED240237378



Patient Name : Mr.PRABHU KUMAR K
 Age/Gender : 59 Y 1 M 13 D/M
 UHID/MR No : SKOR.0000134878
 Visit ID : SKOROPV309879
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 10:39AM
 Received : 11/Oct/2024 11:02AM
 Reported : 11/Oct/2024 12:33PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.6	g/dL	13-17	Spectrophotometer
PCV	44.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.83	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	92	fL	83-101	Calculated
MCH	32.4	pg	27-32	Calculated
MCHC	35.1	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	66	%	40-80	Electrical Impedance
LYMPHOCYTES	27	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4026	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1647	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	61	Cells/cu.mm	20-500	Calculated
MONOCYTES	366	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.44		0.78- 3.53	Calculated
PLATELET COUNT	220000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs are normocytic normochromic.

WBCs are normal in number with normal distribution and morphology.

Platelets are adequate.

Anushree R

Dr. Anushree R
 M.B.B.S,M.D(Pathology)
 Consultant Pathologist



SIN No:BED240237378



Patient Name : Mr.PRABHU KUMAR K
 Age/Gender : 59 Y 1 M 13 D/M
 UHID/MR No : SKOR.0000134878
 Visit ID : SKOROPV309879
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 10:39AM
 Received : 11/Oct/2024 11:02AM
 Reported : 11/Oct/2024 12:33PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

No hemoparasites or abnormal cells seen.

IMPRESSION:NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

Anushree R

Dr. Anushree R
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist

SIN No:BED240237378





Patient Name : Mr.PRABHU KUMAR K
 Age/Gender : 59 Y 1 M 13 D/M
 UHID/MR No : SKOR.0000134878
 Visit ID : SKOROPV309879
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 10:39 AM
 Received : 11/Oct/2024 11:02 AM
 Reported : 11/Oct/2024 01:05 PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

Anushree R

Dr. Anushree R
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist



SIN No:BED240237378



Patient Name : Mr.PRABHU KUMAR K
 Age/Gender : 59 Y 1 M 13 D/M
 UHID/MR No : SKOR.0000134878
 Visit ID : SKOROPV309879
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 10:39 AM
 Received : 11/Oct/2024 11:02 AM
 Reported : 11/Oct/2024 12:33 PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED



DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	83	mg/dL	70-100	GOD - POD

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:

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.

Anushree R

Dr. Anushree R
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist



SIN No:PLF02209570

Patient Name : Mr.PRABHU KUMAR K
 Age/Gender : 59 Y 1 M 13 D/M
 UHID/MR No : SKOR.0000134878
 Visit ID : SKOROPV309879
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 01:49PM
 Received : 11/Oct/2024 02:27PM
 Reported : 11/Oct/2024 02:57PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	77	mg/dL	70-140	GOD - POD

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.



Priya Murthy

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

SIN No:PLP1486969



Patient Name : Mr.PRABHU KUMAR K
 Age/Gender : 59 Y 1 M 13 D/M
 UHID/MR No : SKOR.0000134878
 Visit ID : SKOROPV309879
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 10:39AM
 Received : 11/Oct/2024 01:42PM
 Reported : 11/Oct/2024 03:09PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	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)

Dr.Govinda Raju N L
 MSc,PhD(Biochemistry)
 Consultant Biochemistry

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



SIN No:EDT240092654

Patient Name : Mr.PRABHU KUMAR K
 Age/Gender : 59 Y 1 M 13 D/M
 UHID/MR No : SKOR.0000134878
 Visit ID : SKOROPV309879
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 10:36AM
 Received : 11/Oct/2024 11:02AM
 Reported : 11/Oct/2024 12:35PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	145	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	45	mg/dL	<150	
HDL CHOLESTEROL	53	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	92	mg/dL	<130	Calculated
LDL CHOLESTEROL	83	mg/dL	<100	Calculated
VLDL CHOLESTEROL	9	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.74		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<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

Anushree R

Dr. Anushree R
 M.B.B.S,M.D(Pathology)
 Consultant Pathologist



SIN No:SE04834698

Patient Name : Mr.PRABHU KUMAR K
Age/Gender : 59 Y 1 M 13 D/M
UHID/MR No : SKOR.0000134878
Visit ID : SKOROPV309879
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 10:36AM
Received : 11/Oct/2024 11:02AM
Reported : 11/Oct/2024 12:35PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	58.00	U/L	32-111	IFCC
PROTEIN, TOTAL	6.90	g/dL	6.7-8.3	BIURET
ALBUMIN	4.10	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		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. 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, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

Anushree R

Dr. Anushree R
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Patient Name : Mr.PRABHU KUMAR K
 Age/Gender : 59 Y 1 M 13 D/M
 UHID/MR No : SKOR.0000134878
 Visit ID : SKOROPV309879
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 10:36AM
 Received : 11/Oct/2024 11:02AM
 Reported : 11/Oct/2024 12:35PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.99	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	28.20	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	13.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.70	mg/dL	4.0-7.0	URICASE
CALCIUM	9.10	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	5.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.90	g/dL	6.7-8.3	BIURET
ALBUMIN	4.10	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		0.9-2.0	Calculated

Result is rechecked.

Anushree R

Dr. Anushree R
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist



SIN No:SE04834698



Patient Name : Mr.PRABHU KUMAR K
 Age/Gender : 59 Y 1 M 13 D/M
 UHID/MR No : SKOR.0000134878
 Visit ID : SKORÖPV309879
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 10:36AM
 Received : 11/Oct/2024 11:02AM
 Reported : 11/Oct/2024 12:35PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.00	U/L	16-73	Glycylglycine Kinetic method

Anushree R

Dr. Anushree R
 M.B.B.S,M.D(Pathology)
 Consultant Pathologist



SIN No:SE04834698



Patient Name : Mr.PRABHU KUMAR K
Age/Gender : 59 Y 1 M 13 D/M
UHD/MR No : SKOR.0000134878
Visit ID : SKOROPV309879
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 10:39AM
Received : 11/Oct/2024 01:40PM
Reported : 11/Oct/2024 02:39PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.2	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.900	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	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



Dr.Govinda Raju N L
 MSc,PhD(Biochemistry)
 Consultant Biochemistry

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

SIN No:SPL24143359



Patient Name : Mr.PRABHU KUMAR K
 Age/Gender : 59 Y 1 M 13 D/M
 UHID/MR No : SKOR.0000134878
 Visit ID : SKOROPV309879
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 152695


Collected : 11/Oct/2024 10:39AM
 Received : 11/Oct/2024 01:40PM
 Reported : 11/Oct/2024 02:39PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

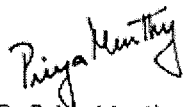
DEPARTMENT OF IMMUNOLOGY

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

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma




 Dr.Govinda Raju N L
 MSc,PhD(Biochemistry)
 Consultant Biochemistry


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

SIN No:SPL24143359



Patient Name : Mr.PRABHU KUMAR K
 Age/Gender : 59 Y 1 M 13 D/M
 UHID/MR No : SKOR.0000134878
 Visit ID : SKOROPV309879
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 10:39 AM
 Received : 11/Oct/2024 01:40 PM
 Reported : 11/Oct/2024 02:11 PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.550	ng/mL	0-4	CLIA

Priya Murthy

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

SIN No:SPL24143359





Patient Name : Mr.PRABHU KUMAR K
 Age/Gender : 59 Y 1 M 13 D/M
 UHID/MR No : SKOR.0000134878
 Visit ID : SKOROPV309879
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 10:39 AM
 Received : 11/Oct/2024 11:33 AM
 Reported : 11/Oct/2024 11:42 AM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	4 - 5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	8 - 9	/hpf	<10	Microscopy
RBC	1 - 2	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy
OTHERS	ABSENT			Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

Anushree R

Dr. Anushree R
 M.B.B.S,M.D(Pathology)
 Consultant Pathologist



SIN No:UR2416147



Patient Name : Mr.PRABHU KUMAR K
 Age/Gender : 59 Y 1 M 13 D/M
 UHID/MR No : SKOR.0000134878
 Visit ID : SKOROPV309879
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 01:49PM
 Received : 11/Oct/2024 02:27PM
 Reported : 11/Oct/2024 02:43PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Priya Murthy

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



SIN No:UPP017925



Patient Name : Mr.PRABHU KUMAR K
 Age/Gender : 59 Y 1 M 13 D/M
 UHID/MR No : SKOR.0000134878
 Visit ID : SKOROPV309879
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 152695

Collected : 11/Oct/2024 10:39 AM
 Received : 11/Oct/2024 11:33 AM
 Reported : 11/Oct/2024 11:42 AM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***

Anushree R

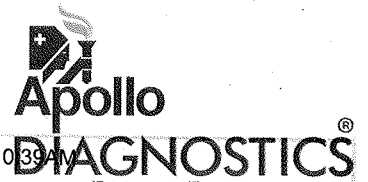
Dr. Anushree R
 M.B.B.S,M.D(Pathology)
 Consultant Pathologist

SIN No:UF012133





Patient Name : Mr.PRABHU KUMAR K
Age/Gender LIVES : 59 Y 1 M 13 D/M
UHID/MR No : SKOR.0000134878
Visit ID : SKOROPV309879
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 152695



Collected : 11/Oct/2024 10:39 AM
Received : 11/Oct/2024 11:33 AM
Reported : 11/Oct/2024 11:42 AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

Anushree R

Dr. Anushree R
M.B.B.S, M.D(Pathology)
Consultant Pathologist

SIN No:UF012133



Dr. Manaswini Ramachandra, MBBS, MS (ENT)
Consultant ENT and Head & Neck Surgeon
Fellowship in Endoscopic Sinus Surgery
Trained in Allergy (AASC)
Email : manaswiniramachandra@gmail.com



Mr. RAABHU
~

59y/M

11-10-24

Health Check
~

Car - B/L Tor (P)

DM (F)
on med.

Abc - Dns (P)

OC/OP - NS

Patient Name	: Mr. Prabhu Kumar K	Age	: 59 Y M
UHID	: SKOR.0000134878	OP Visit No	: SKOROPV309879
Reported on	: 11-10-2024 12:39	Printed on	: 11-10-2024 12:39
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Essentially Normal Study.

Printed on: 11-10-2024 12:39

---End of the Report---


DR. ABID HUSSAIN GULLENPET
MBBS, DMRD, FRCR
Radiology


Pt. Name: MR. PRABHU KUMAR K	MR NO: 134878	Age/Sex: 59 Y / M
Ref By: H.C		Date: 11 / 10 / 2024

ULTRASOUND ABDOMEN AND PELVIS

- LIVER:** Normal in size measures 13.7 cms and shows increased in echotexture. No focal lesion is seen. No IHBR dilatation is seen. Portal vein and CBD are normal.
- GALL BLADDER:** Is well distended with normal wall thickness. No pericholecystic collection is seen. No intraluminal content or calculi are seen.
- PANCREAS:** Normal in size and echotexture. No focal lesion is seen. Peri-pancreatic fat planes are well preserved.
- SPLEEN:** Normal in size measures 8.8 cms and normal in echotexture. No focal lesion is seen. Splenic vein is normal.
- KIDNEYS:** Right Kidney measures 9.3 x 1.2 cms, Left Kidney measures 9.3 x 1.0 cms. Both kidneys are normal in size, shape, position, contour and echotexture. Cortico-medullary differentiation is well maintained. No calculi / hydronephrosis are seen.
- URINARY BLADDER:** Is well-distended with normal wall thickness. No intraluminal content or calculi are seen.
- PROSTATE:** Normal in size, volume 17.9 cc. Normal in echotexture. No focal lesion is seen.
- No lymphadenopathy or ascites are seen.

IMPRESSION: GRADE I FATTY LIVER.

Thanks for reference.


DR. ABID HUSSAIN
M.B.B.S., D.M.R.D., F.R.C.R(LOND)
CONSULTANT RADIOLOGIST

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. K PRABHU KUMAR
EC NO.	152695
DESIGNATION	OFFICE ASSISTANT
PLACE OF WORK	BENGALURU,RO BENGALURU CENTRAL
BIRTHDATE	28-08-1965
PROPOSED DATE OF HEALTH CHECKUP	11-10-2024
BOOKING REFERENCE NO.	24D152695100116594E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **09-10-2024** till **31-03-2025** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM & Marketing Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))

Customer Pending with physician, diet and echo client will come on 15-10-2024

11-10-2024 13:17:00

ID: 134878

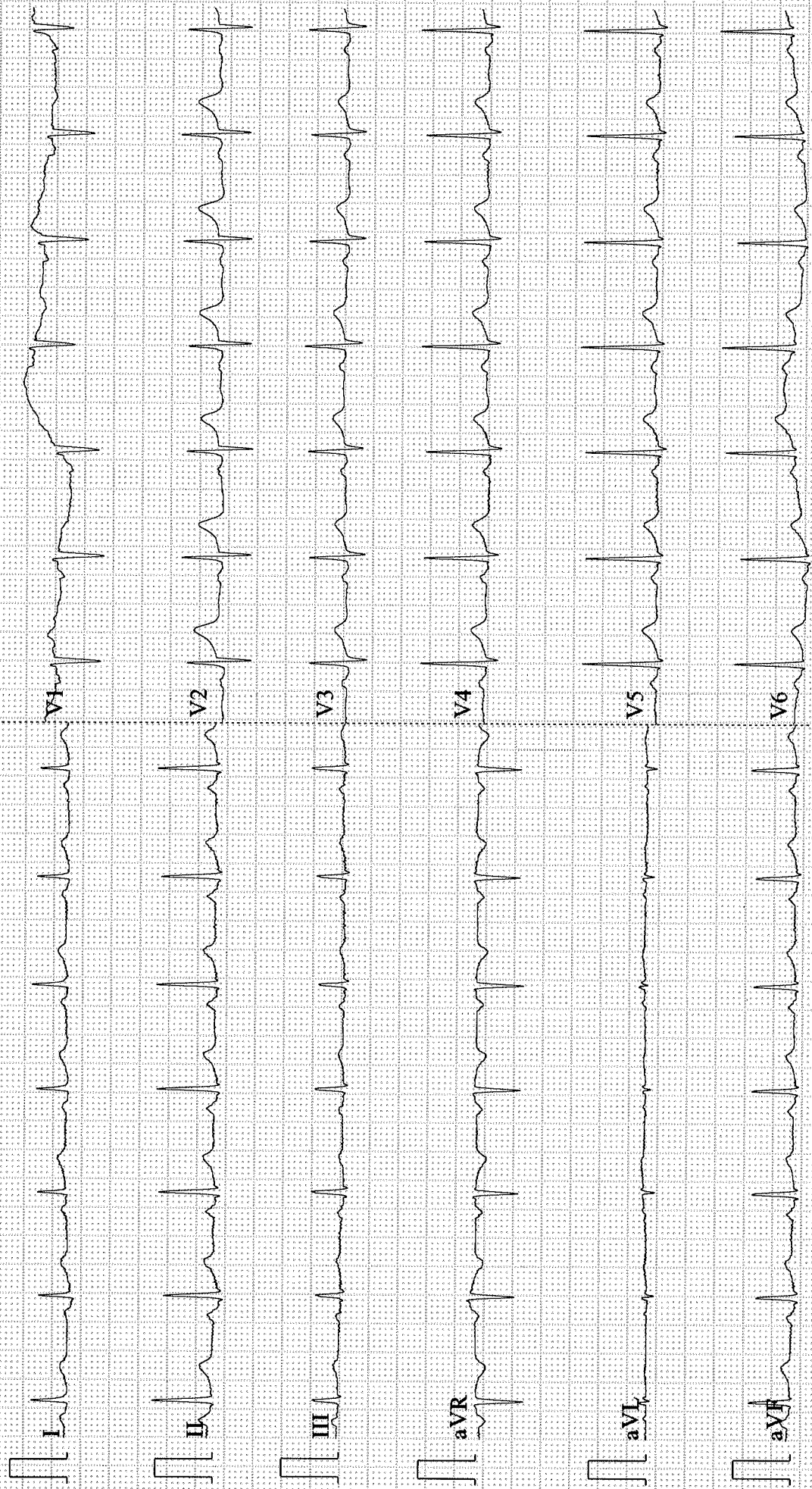
mr prabhu kumar k
Male 59Years
Req. No. :

HR : 81 bpm
P : 101 ms
PR : 145 ms
QRS : 78 ms
QT/QTcBz : 351/408 ms
P/QRS/T : 61/56/53 °
RV5/SV1 : 1.276/0.719 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

BP - 116/80 mmHg

Report Confirmed by:



MR. PRABHU KOMAR
9480774334

DENTAL & OPTICAL IS NOT REQUIRED.
IN THE LIST OF HEALTH CHECK UP

Patient Name	: Mr. Prabhu Kumar K	Age/Gender	: 59 Y/M
UHID/MR No.	: SKOR.0000134878	OP Visit No	: SKOROPV309879
Sample Collected on	:	Reported on	: 11-10-2024 12:39
LRN#	: RAD2424851	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 152695		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Essentially Normal Study.

Dr. ABID HUSSAIN GULLENPET
MBBS, DMRD, FRCR
Radiology