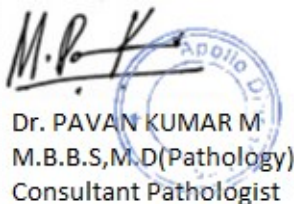


Patient Name : Mr.MUKESH KUMAR SINGH	Collected : 10/Feb/2024 09:50AM
Age/Gender : 42 Y 1 M 14 D/M	Received : 10/Feb/2024 10:35AM
UHID/MR No : CMYS.0000059559	Reported : 10/Feb/2024 12:45PM
Visit ID : CMYSOPV122207	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 404233195891	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA


Dr. PAVAN KUMAR M
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Consultant Pathologist

SIN No:BED240033608



Patient Name : Mr.MUKESH KUMAR SINGH	Collected : 10/Feb/2024 09:50AM
Age/Gender : 42 Y 1 M 14 D/M	Received : 10/Feb/2024 10:35AM
UHID/MR No : CMYS.0000059559	Reported : 10/Feb/2024 01:47PM
Visit ID : CMYSOPV122207	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 404233195891	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	17.3	g/dL	13-17	Spectrophotometer
PCV	52.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.99	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	106	fL	83-101	Calculated
MCH	34.7	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	54.7	%	40-80	Electrical Impedance
LYMPHOCYTES	36.5	%	20-40	Electrical Impedance
EOSINOPHILS	2.7	%	1-6	Electrical Impedance
MONOCYTES	5.4	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4047.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2701	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	199.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	399.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	51.8	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	353000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	08	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

R.B.C: Majority are normocytic normochromic. Also seen are macrocytes.

W.B.C: Are normal in number,morphology and distribution.

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Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240033608



Patient Name	: Mr.MUKESH KUMAR SINGH	Collected	: 10/Feb/2024 09:50AM
Age/Gender	: 42 Y 1 M 14 D/M	Received	: 10/Feb/2024 10:35AM
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Visit ID	: CMYSOPV122207	Status	: Final Report
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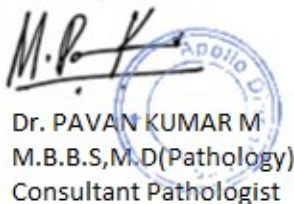
DEPARTMENT OF HAEMATOLOGY

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

Platelets: Adequate and are seen in singles and clumps.
Hemoparasites: Not seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

Result is rechecked. Kindly correlate clinically



Dr. PAVAN KUMAR M
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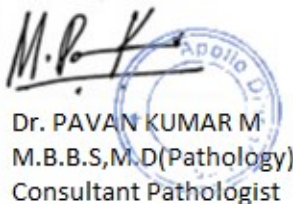


Patient Name : Mr.MUKESH KUMAR SINGH	Collected : 10/Feb/2024 09:50AM
Age/Gender : 42 Y 1 M 14 D/M	Received : 10/Feb/2024 10:35AM
UHID/MR No : CMYS.0000059559	Reported : 10/Feb/2024 01:02PM
Visit ID : CMYSOPV122207	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 404233195891	

DEPARTMENT OF HAEMATOLOGY

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

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



Dr. PAVAN KUMAR M
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SIN No:BED240033608



Patient Name : Mr.MUKESH KUMAR SINGH	Collected : 10/Feb/2024 09:49AM
Age/Gender : 42 Y 1 M 14 D/M	Received : 10/Feb/2024 10:27AM
UHID/MR No : CMYS.0000059559	Reported : 10/Feb/2024 11:04AM
Visit ID : CMYSOPV122207	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 404233195891	

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	94	mg/dl	74-106	GOD, POD

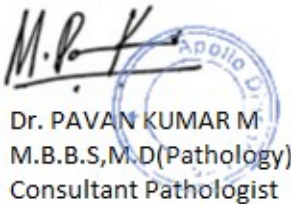
Comment:

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:

- 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.



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Patient Name : Mr.MUKESH KUMAR SINGH	Collected : 10/Feb/2024 09:50AM
Age/Gender : 42 Y 1 M 14 D/M	Received : 10/Feb/2024 01:58PM
UHID/MR No : CMYS.0000059559	Reported : 10/Feb/2024 02:41PM
Visit ID : CMYSOPV122207	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 404233195891	

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, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	80	mg/dl	70-140	GOD, POD

Result is rechecked. Kindly correlate clinically

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.

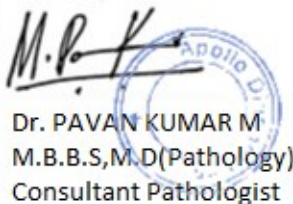
Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	4.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	91	mg/dL		Calculated

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.



Dr. PAVAN KUMAR M
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SIN No:EDT240014833

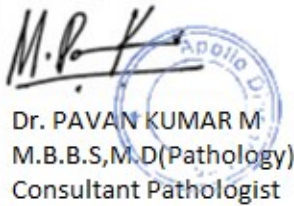


Patient Name	: Mr.MUKESH KUMAR SINGH	Collected	: 10/Feb/2024 09:50AM
Age/Gender	: 42 Y 1 M 14 D/M	Received	: 10/Feb/2024 01:58PM
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Visit ID	: CMYSOPV122207	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 404233195891		

DEPARTMENT OF BIOCHEMISTRY

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

- 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 glyceimic 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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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Patient Name : Mr.MUKESH KUMAR SINGH	Collected : 10/Feb/2024 09:50AM
Age/Gender : 42 Y 1 M 14 D/M	Received : 10/Feb/2024 11:08AM
UHID/MR No : CMYS.0000059559	Reported : 10/Feb/2024 12:34PM
Visit ID : CMYSOPV122207	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 404233195891	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	200	mg/dl	0-200	CHOD
TRIGLYCERIDES	125	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	50	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	150	mg/dL	<130	Calculated
LDL CHOLESTEROL	124.92	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.98	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.99		0-4.97	Calculated

Comment:

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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Patient Name : Mr.MUKESH KUMAR SINGH	Collected : 10/Feb/2024 09:50AM
Age/Gender : 42 Y 1 M 14 D/M	Received : 10/Feb/2024 11:08AM
UHID/MR No : CMYS.0000059559	Reported : 10/Feb/2024 12:42PM
Visit ID : CMYSOPV122207	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 404233195891	

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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.18	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.28	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.90	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	12.0	U/l	0-35	IFCC
ALKALINE PHOSPHATASE	97.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	8.10	g/dl	6.4-8.3	Biuret
ALBUMIN	4.48	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.62	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		0.9-2.0	Calculated

Comment:

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

Common patterns seen:


1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

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



Dr. PAVAN KUMAR M
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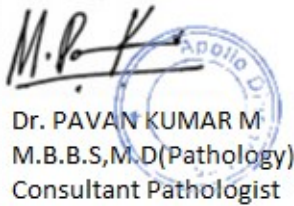


Patient Name : Mr.MUKESH KUMAR SINGH	Collected : 10/Feb/2024 09:50AM
Age/Gender : 42 Y 1 M 14 D/M	Received : 10/Feb/2024 11:08AM
UHID/MR No : CMYS.0000059559	Reported : 10/Feb/2024 02:03PM
Visit ID : CMYSOPV122207	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 404233195891	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.82	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	19.08	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	8.9	mg/dl	6-20	Urease, UV
URIC ACID	5.80	mg/dL	3.5-7.2	Uricase
CALCIUM	9.80	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.25	mg/dl	2.7-4.5	Molybdate
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE



Dr. PAVAN KUMAR M
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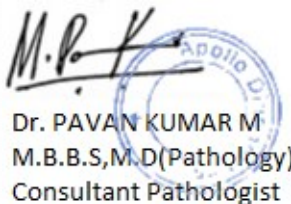


Patient Name : Mr.MUKESH KUMAR SINGH	Collected : 10/Feb/2024 09:50AM
Age/Gender : 42 Y 1 M 14 D/M	Received : 10/Feb/2024 11:08AM
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DEPARTMENT OF BIOCHEMISTRY

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	18.00	U/l	0-55	IFCC



Dr. PAVAN KUMAR M
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SIN No:SE04625189



Patient Name : Mr.MUKESH KUMAR SINGH	Collected : 10/Feb/2024 09:50AM
Age/Gender : 42 Y 1 M 14 D/M	Received : 10/Feb/2024 11:08AM
UHID/MR No : CMYS.0000059559	Reported : 10/Feb/2024 02:14PM
Visit ID : CMYSOPV122207	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 404233195891	

DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.04	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.99	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.820	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

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



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SIN No:SPL24022127



Patient Name	: Mr.MUKESH KUMAR SINGH	Collected	: 10/Feb/2024 09:50AM
Age/Gender	: 42 Y 1 M 14 D/M	Received	: 10/Feb/2024 11:08AM
UHID/MR No	: CMYS.0000059559	Reported	: 10/Feb/2024 02:14PM
Visit ID	: CMYSOPV122207	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 404233195891		

DEPARTMENT OF IMMUNOLOGY

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


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Consultant Pathologist

SIN No:SPL24022127

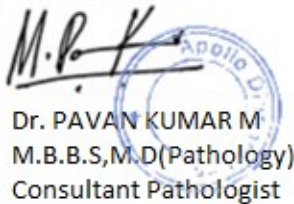


Patient Name : Mr.MUKESH KUMAR SINGH	Collected : 10/Feb/2024 09:50AM
Age/Gender : 42 Y 1 M 14 D/M	Received : 10/Feb/2024 01:13PM
UHID/MR No : CMYS.0000059559	Reported : 10/Feb/2024 02:44PM
Visit ID : CMYSOPV122207	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 404233195891	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr. PAVAN KUMAR M
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:UR2279576



Patient Name : Mr.MUKESH KUMAR SINGH	Collected : 10/Feb/2024 09:50AM
Age/Gender : 42 Y 1 M 14 D/M	Received : 10/Feb/2024 01:10PM
UHID/MR No : CMYS.0000059559	Reported : 10/Feb/2024 02:43PM
Visit ID : CMYSOPV122207	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 404233195891	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

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

Result/s to Follow:

PROSTATIC SPECIFIC ANTIGEN - TOTAL (PSA)

Page 15 of 15



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:UF010524




CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Mukesh Kumar Singh on 10-2-24

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Dr. 
 Medical Officer Dr. ROHITH H.K
 The Apollo Clinic, Mysore.

This certificate is not meant for medico-legal purposes

Apollo Clinic
 #23, 1st Floor,
 Kalidasa Road, Mysore - 02
 Ph ; 0821-4006040/41

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Date : 10-02-2024
MR NO : CMYS.0000059559

Department : GENERAL
Doctor : ROHITH.H.K.

Name : Mr. MUKESH KUMAR SINGH

Registration No :

Age/ Gender : 42 Y / Male

Qualification :

Consultation Timing: 09:46

Height: 173	Weight: 72.2	BMI:	Waist Circum: 110/80
Temp:	Pulse:	Resp:	B.P: 110/80

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Pt. came for Annual Health Checkup
No fresh complaints
No h/o DM, HTN



Follow up date :

Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 9821-4006040/41

Date : 10-02-2024
MR NO : CMYS.0000059559

Department : GENERAL
Doctor :

Name : Mr. MUKESH KUMAR SINGH
Age/ Gender : 42 Y / Male

Registration No :
Qualification :

Consultation Timing: 09:46

Height: 173	Weight: 72.2	BMI:	Waist Circum: 116.50
Temp:	Pulse:	Resp:	B.P:

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

	<u>R eye</u>	<u>L eye</u>
Near vision.	ng	ng
Distant vision.	6/6	6/6
Colour vision.	(n)	(n)

Follow up date :

Doctor Signature
Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Date : 10-02-2024

Department : GENERAL

MR NO : CMYS.0000059559

Doctor :

Name : Mr. MUKESH KUMAR SINGH

Registration No :

Dr. Praveen Kumar R
MSc (Genl)

Age/ Gender : 42 Y / Male

Qualification :

Consultation Timing: 09:46

Height: 173	Weight: 72.2	BMI:	Waist Circum:
Temp:	Pulse:	Resp:	B.P: 110/80

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Come for regular check up

Ears - bilateral ear wax @

Nose - nasal mucus @

oral cavity in oropharynx @

throat @

As

- 0.1% Ev. Lm (1) - 15 days

Follow up date :

Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Date : 10-02-2024
MR NO : CMYS.0000059559

Department : GENERAL Dietetics
Doctor : Madhura. R.P

Name : Mr. MUKESH KUMAR SINGH

Registration No :

Age/ Gender : 42 Y / Male

Qualification : M.Sc Nutrition & Dietetics
PhD

Consultation Timing: 09:46

IBW - 69kg

Height : 173	Weight : 72.2	BMI : 24 kg/m ²	Waist Circum : 94
Temp :	Pulse :	Resp :	B.P : 110/80

General Examination /
Allergies History

NON HDL - 150
LDL - 124.92

Clinical Diagnosis & Management Plan

→ Advised low fat, low calorie & high protein diet with fiber rich foods.
→ Dietary guidelines chart is given.

Follow up date :

Doctor Signature
Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

B.P
10/2/2024

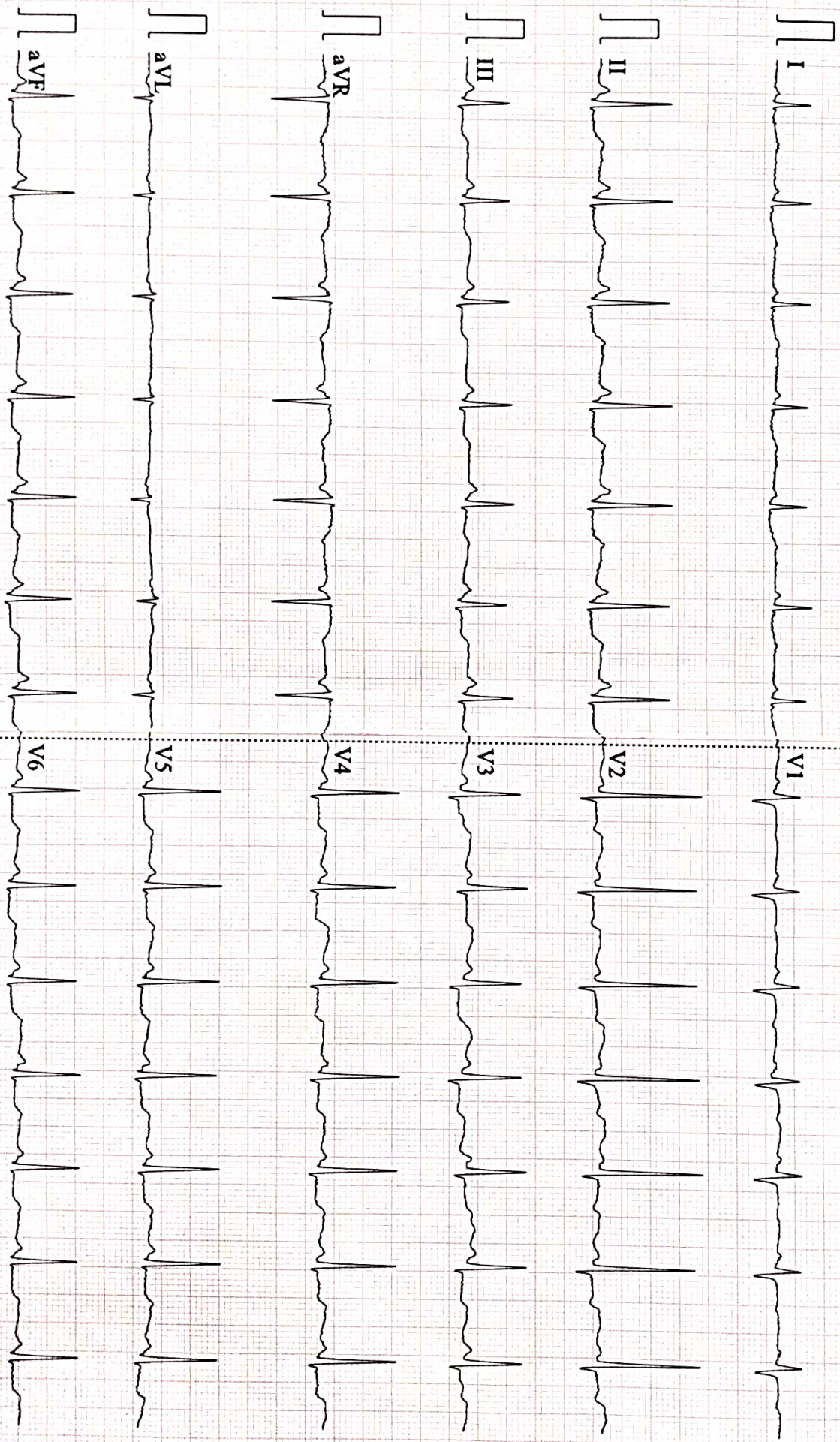
ID: 59559
MR MUKESH KUMAR SINGH
Male 42Years
173cm 72kg 110/80 mmHg

10-02-2024 11:09:21 AM

Diagnosis Information:

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Unconfirmed Report.



0.5-45Hz AC50 25mm/s 10mm/mV 2*5.0s 84 CARDIART

8 D V1.43 Glasgow V28.6.0 APOLLO CLINIC MYSURU

Patient Name	: Mr. MUKESH KUMAR SINGH	Age	: 42 Y M
UHID	: CMYS.0000059559	OP Visit No	: CMYSOPV122207
Reported on	: 10-02-2024 15:40	Printed on	: 10-02-2024 15:42
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

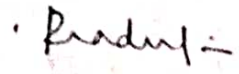
No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

IMPRESSION :NORMAL STUDY.



Printed on:10-02-2024 15:40

---End of the Report---

Dr. PRADEEP KUMAR C N
MBBS DNB(RADIOLOGY)
Radiology

Apollo Health and Lifestyle Limited

ICIN : U65110TG2000PLE115819

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Koramangala | Marjapur Road | **Mysore** | VV Mohalla

Online appointments: www.apollohospitals.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name: Mr. Mukesh Kumar Singh	Date:10.02.2024	Doctor:Dr. Self
Age / Sex : 42yrs /Male	UHID No : 59559	OP:
ULTRASONOGRAPHY – ABDOMEN & PELVIS		

LIVER: It is normal in size and echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

GALL BLADDER: It is well distended and normal. No e/o calculi.

SPLEEN: It is normal in size, outline and echopattern. No e/o focal lesions.

PANCREAS: It is normal in size, outline and echopattern.

RIGHT KIDNEY: It Measures 96x45mm with parenchymal thickness of 15 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 18x52mm with parenchymal thickness of 15 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

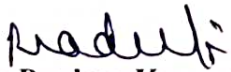
URINARY BLADDER: It is well distended. The UB wall is normal. No e/o calculi.

PROSTATE: It measures 26x21x30mm with a volume of 9 cc. It is normal in size, outline and echotexture. The vascularity of prostate is normal.

RIF: No evidence of focal collection or mass lesion seen. Appendix is not visualized.

OTHERS: No e/o free fluid in the abdomen. No e/o lymphadenopathy. No e/o gut wall thickening. No mass lesion seen in the abdomen.

IMPRESSION: NORMAL STUDY.


Dr. Pradeep Kumar C N, DNB
Consultant Radiologist.

Apollo Health and Lifestyle Limited

ICD# UB5110TG2000PLC115819

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TO BOOK AN APPOINTMENT

 **1860/500 7788**

Patient's Name : Mr. Mukesh Kumar Singh	Age & Sex; 42Yrs /Male
Date : 10.02.2024	UHID No:59559

2D ECHOCARDIOGRAPHY STUDY

Impression:

- Normal chambers and valves
- No regional wall motion abnormality
- Normal left ventricular systolic function. EF 76 %
- No clots. No pericardial effusion

Findings

Left Ventricle:	No RWMA
Right Ventricle	Normal
Left Atrium	Normal
Right Atrium	Normal
Aorta	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Valves	Normal
Pericardium	Normal
Doppler	Normal

Apollo Health and Lifestyle Limited

CIN: UAS110TG2000PLC1158191

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient's Name : Mr. Mukesh Kumar Singh	Age & Sex; 42Yrs /Male
Date : 10.02.2024	UHID No:59559

Measurements

AO : 2.6 cm
 LA : 2.2 cm

 RV : 2.8 cm
 LVIDd 4.41 cm
 LVIDs : 2.44 cm
 IVSd : 0.79 cm
 IVSs : 1.30 cm
 PWd : 1.17 cm
 PWs : 1.30 cm
 EF : 76.0 %
 FS : 44.0 %

Doppler
 MV TV AV PV
 E 0.81 m/s E --- m/s V max 1.13 m/s V max 0.91 m/s
 :
 A: 0.56 m/s A --- m/s
 MR Nil TR Nil AR Nil PR Nil

Dr. GURU PRASAD. B. V, MBBS, PGDCC
CONSULTANT – NON-INVASIVE CARDIOLOGY
 Dr. GURU PRASAD. B. V
 MBBS, PGDCC (CARDIO)
 CCMH, CRFC (ICCP), PGCC, CCEBDM
 Consultant- Non Invasive Cardiology
 KMC No 69949

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