Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Wed 1/24/2024 2:40 PM

To:customercare@mediwheel.in < customercare@mediwheel.in >

Cc:Annanagar Apolloclinic <annanagar@apolloclinic.com>;Haranath S <haranath.s@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear MR. PRABHAKAR AVINASH,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **ANNA NAGAR clinic** on **2024-01-27** at **09:00-09:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324]

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

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

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

Instructions to be followed for a health check:

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

- 3. Please bring all your medical prescriptions and previous health medical records with you.
- 4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

- 1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
- 2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: APOLLO MEDICAL CENTRE,NO-30,F- BLOCK,2ND AVENUE, ANNANAGAR EAST,CHENNAI - 600102.

Contact No: 7358392880/7305702537.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards, Apollo Clinic





Apollo Clinic

CONSENT FORM

Patient Name: Avinash Age: #6/H UHID Number: 232319, Company Name: Avinash
I Mr/Mrs/Ms Employee of
(Company) Want to inform you that I am not interested in getting
Tests done which is a part of my routine health check package.
And I claim the above statement in my full consciousness.
Patient Signature: Date: 27/1/24

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





OPHTHALMOLOGY



Age:Sex: Male F Address:Ph:	Femaie□ Copies to::	194 Reg. No. 232314
REF	PORT ON OPHTHALMIC EXAMIN	NATION
History:	isuty glass v	use past 5 yans
Present Complaint:	omfostable de	ss BE 6/6 NG
ON EXAMINATION:	RE	LE
Ocular Movements :		$C \cdot M$
Anterior Segment :	Free	Lie
Intra-Ocular-Pressure :		N·
Visual Acuity: D.V. :	N	
Without Glass :	. 8	
With Glass :	6/1	6/9
N.V. :	19	,
Visual Fields :	N8	Ng.
Fundus :	118	
Impression:	Prul	Ruy.
Advice:		



To book an appointment 1860 500 7788

Follow us on Smule



Bank of Baroda वैक आंफ बड़ीदा

: PRABHAKAR AVINASH

Name

कर्मवारी कूट क्र : 151249

E.C. No.



धारक के हरताक्षर

Signature of Holder

नारीकर्ता प्राधिकारी Sculing Authority Dohain

DCA- 99418 CANN- 232319

MASTER HEALTH CHECK UP



CASE RECORD

Name: Mar. Ny Neth Prabharan	Data: 24/1/24 notation
Name:	Date
Occupation:	UHID No.: 232319
Age:	OP / Company: Arco Jenni Medicechio)
Address	Of 7 Company
Tel No	Ref. Physician : Dn: Anusha
alaoid eack each	garanto i conseend HC
Consultant:	41

K/H/O HTN (on med)

History:

Chief Complaints: (If pain is present. please describe location, character, score etc.)

4/0 Bicuspid Aortic raine -

History of Present illness:

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

Physical Examination General: Weight Anaemia Icterus Cyanosis Clubbing Oedema Glands ENT: Heart Rate & Rhythm CVS: B.P.: Supine Standing **Chest Shape Heart Sounds** Murmurs Thrills RS: Rate & Type **Breath Sounds** Abdomen: **Appearance** Liver Spleen **Tenderness** Bowel sounds Fluid Genitals: CNS: **Cranial Nerves** Sensors SYstem Motor System Reflexes **Fundus** Skin: **Extremities:**

Patient Name : Mr. AVINASH PRABHAKAR Age : 46 Y/M

UHID : CANN.0000232319 OP Visit No : CANNOPV388936 Reported By: : Dr. ARULNITHI AYYANATHAN Conducted Date : 28-01-2024 10:05

Referred By : SELF

ECG REPORT

Observation:

Heart rate is 54 beats per minutes.

Impression:

SINUS BRADYCARDIA

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

Dr. ARULNITHI AYYANATHAN



: CANNOPV388936

: 27-01-2024 15:22

OP Visit No

Reported on

Specimen

Patient Name : Mr. AVINASH PRABHAKAR Age/Gender : 46 Y/M

UHID/MR No.

: CANN.0000232319

Sample Collected on :

LRN#

Ref Doctor : SELF Emp/Auth/TPA ID : bobE6395

: RAD2218305

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

*NO SIGNIFICANT ABNORMALITY DETECTED.

Dr. PRAVEENA SHEKAR T MBBS, DMRD, FAGE

Radiology



 Patient Name
 : Mr. AVINASH PRABHAKAR
 Age/Gender
 : 46 Y/M

 UHID/MR No.
 : CANN.0000232319
 OP Visit No
 : CANNOPV388936

 Sample Collected on LRN#
 : RAD2218305
 Reported on Reported on Specimen
 : 27-01-2024 20:20

Ref Doctor : SELF **Emp/Auth/TPA ID** : bobE6395

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver shows uniform echopattern with no evidence of focal or diffuse pathology. Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.

Wall thickness appear normal.

Pancreas appear normal.

Spleen is prominent and measures 12.3cms.

Portal and splenic veins appear normal.

No evidence of ascites or lymphadenopathy.

Diaphragmatic movements are satisfactory.

There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 10.3 x 5.0cms.

Left kidney measures 11.1 x 4.9cms.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 4.1 x 3.4 x 3.2cms volume 24cc and shows normal echopattern.

Seminal vesicles appear normal.

Bladder is normal in contour.



: Mr. AVINASH PRABHAKAR

Age/Gender

: 46 Y/M

IMPRESSION:

- * PROMINENT SPLEEN
- * NO OTHER SIGNIFICANT ABNORMALITY DETECTED.

DISCLAIMER: THIS ULTRASOUND SCREENING STUDY IS BASED ON SOUND WAVES AND REFLECTION.NOT A DIRECT VISUALISATION OF ORGANS. BASED ON PATIENT HABITUS, BOWEL GAS OBSCURATION AND OTHER FACTORS, MANY CONDITIONS MAY NOT BE PICKED UP BY US STUDY AND SHOULD BE TREATED WITH CLINICAL CORRELATION.NOT AN MLC DOCUMENT. MANY INCIDENTAL FINDINGS OF LOW PRIORITY MIGHT NOT BE MENTIONED AS IT IS NOT A FOCUSEDSTUDY.

Dr. PRAVEENA SHEKAR T

MBBS, DMRD, FAGE

Radiology







: Mr.AVINASH PRABHAKAR

Age/Gender

: 46 Y 3 M 22 D/M

UHID/MR No Visit ID

: CANN.0000232319

Ref Doctor

: CANNOPV388936

Emp/Auth/TPA ID

: Dr.SELF

: bobE6395

Collected

: 27/Jan/2024 10:00AM

Received

: 27/Jan/2024 01:28PM

Reported

: 27/Jan/2024 03:14PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

METHODOLOGY

: MICROSCOPIC

RBC MORPHOLOGY

: Predominantly normocytic normochromic RBC's noted.

WBC MORPHOLOGY

: Normal in number, morphology and distribution. No abnormal cells seen.

PLATELETS

: Adequate in number.

PARASITES

: No haemoparasites seen.

IMPRESSION

: Normocytic normochromic blood picture.

NOTE/ COMMENT

: Please correlate clinically.

Page 1 of 15

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

SIN No:BED240019892

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744









: Mr.AVINASH PRABHAKAR

Age/Gender

: 46 Y 3 M 22 D/M

UHID/MR No Visit ID : CANN.0000232319

Ref Doctor

: CANNOPV388936

Ref Doctor
Emp/Auth/TPA ID

: Dr.SELF : bobE6395 Collected

: 27/Jan/2024 10:00AM

Received

: 27/Jan/2024 01:28PM : 27/Jan/2024 03:14PM

Reported 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. Range	Method
HEMOGRAM, WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.6	g/dL	13-17	Spectrophotometer
PCV	43.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.28	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	82.8	fL	83-101	Calculated
MCH	27.6	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	54.9	%	40-80	Electrical Impedance
LYMPHOCYTES	32.8	%	20-40	Electrical Impedance
EOSINOPHILS	2.6	%	1-6	Electrical Impedance
MONOCYTES	9.0	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2745	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1640	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	130	Cells/cu.mm	20-500	Calculated
MONOCYTES	450	Cells/cu.mm	200-1000	Calculated
BASOPHILS	35	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	169000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

METHODOLOGY

: MICROSCOPIC

RBC MORPHOLOGY

: Predominantly normocytic normochromic RBC's noted.

Page 2 of 15

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

SIN No:BED240019892

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:
D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102,
Phone - 044-26224504 (05









: Mr.AVINASH PRABHAKAR

Age/Gender

: 46 Y 3 M 22 D/M

UHID/MR No

: CANN.0000232319

Visit ID

: CANNOPV388936

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

: bobE6395

Collected

: 27/Jan/2024 10:00AM

Received

: 27/Jan/2024 01:28PM

Reported

: 27/Jan/2024 03:14PM

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

WBC MORPHOLOGY

: Normal in number, morphology and distribution. No abnormal cells seen.

PLATELETS

: Adequate in number.

PARASITES

: No haemoparasites seen.

IMPRESSION

: Normocytic normochromic blood picture.

NOTE/ COMMENT

: Please correlate clinically.

Page 3 of 15

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

SIN No:BED240019892

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D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102









: Mr.AVINASH PRABHAKAR

Age/Gender

: 46 Y 3 M 22 D/M

UHID/MR No Visit ID : CANN.0000232319

Ref Doctor

: CANNOPV388936

Emp/Auth/TPA ID

: Dr.SELF

: bobE6395

Collected

: 27/Jan/2024 10:00AM

Received

: 27/Jan/2024 01:28PM

Reported

: 27/Jan/2024 07:13PM

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. Range	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDTA			
BLOOD GROUP TYPE	0			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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

Page 4 of 15

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

SIN No:BED240019892

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Address: D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102, Phone - 044-26224504 (05







: Mr.AVINASH PRABHAKAR

Age/Gender

: 46 Y 3 M 22 D/M

UHID/MR No Visit ID : CANN.0000232319

Ref Doctor

: CANNOPV388936

Emp/Auth/TPA ID

: Dr.SELF : bobE6395 Collected

: 27/Jan/2024 10:00AM

Received

: 27/Jan/2024 04:54PM : 27/Jan/2024 05:54PM

Reported 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. Range	Method
GLUCOSE, FASTING, NAF PLASMA	91	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

F,		
Fasting Glucose Values in mg/dL	Interpretation	
70-100 mg/dL	Normal	
100-125 mg/dL	Prediabetes	
≥126 mg/dL	Diabetes	
<70 mg/dL	Hypoglycemia	

Note:

- 1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- 2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	106	mg/dL	70-140	HEXOKINASE

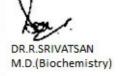
Comment:

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

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

Page 5 of 15





SIN No:PLP1411665

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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Address:
D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102,
Phone - 044-26224504 (05









: Mr.AVINASH PRABHAKAR

Age/Gender

: 46 Y 3 M 22 D/M

UHID/MR No

: CANN.0000232319

Visit ID

: CANNOPV388936

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : bobE6395 Collected

: 27/Jan/2024 10:00AM

Received

: 27/Jan/2024 01:29PM

Reported

: 27/Jan/2024 02:54PM

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. Range	Method
HBA1C (GLYCATED HEMOGLOBIN), И	VHOLE BLOOD EDTA		*	
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

Page 6 of 15



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

SIN No:EDT240008506

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Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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Address:
D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102,
Phone - 044-26224504 / 05







Patient Name : Mr.AVINASH PRABHAKAR

Age/Gender : 46 Y 3 M 22 D/M UHID/MR No

: CANN.0000232319

Visit ID : CANNOPV388936

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : bobE6395 Collected : 27/Jan/2024 10:00AM

Received : 27/Jan/2024 04:17PM Reported : 27/Jan/2024 08:36PM

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

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	136	mg/dL	<200	CHO-POD
TRIGLYCERIDES	121	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	34	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	102	mg/dL	<130	Calculated
LDL CHOLESTEROL	77.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.00		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

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

Page 7 of 15



M.D.(Biochemistry)

SIN No:SE04610968

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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Patient Name : Mr.AVINASH PRABHAKAR

Age/Gender

: 46 Y 3 M 22 D/M

UHID/MR No

: CANN.0000232319

Visit ID

: CANNOPV388936

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

: bobE6395

Collected

: 27/Jan/2024 10:00AM

: 27/Jan/2024 08:36PM

Received : 27/Jan/2024 04:17PM

Reported 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. Range	Method
IVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.77	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.18	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.59	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	36	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	139.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

• Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.

Page 8 of 15



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

SIN No:SE04610968

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

107ess: No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102, hone - 044-26224504 / 05







: Mr.AVINASH PRABHAKAR

Age/Gender

: 46 Y 3 M 22 D/M

UHID/MR No Visit ID

: CANN.0000232319

Ref Doctor

: CANNOPV388936

Emp/Auth/TPA ID

: Dr.SELF : bobE6395 Collected

: 27/Jan/2024 10:00AM

Received

: 27/Jan/2024 04:17PM

Reported

: 27/Jan/2024 08:36PM

Status Sponsor Name : Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

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

SIN No:SE04610968

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Page 9 of 15







: Mr.AVINASH PRABHAKAR

Age/Gender

: 46 Y 3 M 22 D/M

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: CANN.0000232319

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: 27/Jan/2024 10:00AM

Received

: 27/Jan/2024 04:17PM : 27/Jan/2024 09:06PM

Reported 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. Range	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SEF	RUM		
CREATININE	0.74	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	23.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.60	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.90	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101–109	ISE (Indirect)

Page 10 of 15



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

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: Mr.AVINASH PRABHAKAR

Age/Gender

: 46 Y 3 M 22 D/M

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: CANN.0000232319

Ref Doctor

: CANNOPV388936

Emp/Auth/TPA ID

: Dr.SELF : bobE6395 Collected

: 27/Jan/2024 10:00AM

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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. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	34.00	U/L	<55	IFCC

Page 11 of 15



SIN No:SE04610968

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

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Patient Name : Mr.AVINASH PRABHAKAR

Age/Gender

: 46 Y 3 M 22 D/M

UHID/MR No

: CANN.0000232319

Visit ID

: CANNOPV388936

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

: bobE6395

Collected

: 27/Jan/2024 10:00AM

Received : 27/Jan/2024 01:52PM

Reported : 27/Jan/2024 03:57PM

Status : Final Report

Sponsor Name : ARCOFEM

: 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. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH)	, SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	1.52	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.20	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.119	μIU/mL	0.34-5.60	CLIA

Comment:

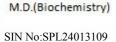
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

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

TSH	Т3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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DR.R.SRIVATSAN

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Visit ID Ref Doctor : CANNOPV388936

Emp/Auth/TPA ID

: Dr.SELF : bobE6395 Collected

: 27/Jan/2024 10:00AM

Received

: 27/Jan/2024 01:52PM : 27/Jan/2024 02:38PM

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: 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. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA), SERUM	0.440	ng/mL	0-4	CLIA

Page 13 of 15



M.D.(Biochemistry)
SIN No:SPL24013109

DR.R.SRIVATSAN

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: bobE6395

Collected

: 27/Jan/2024 10:00AM

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: 27/Jan/2024 05:03PM

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: 27/Jan/2024 05:41PM

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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. Range	Method
COMPLETE URINE EXAMINATION (C	CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE STRAW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOP	Y		
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 14 of 15

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

SIN No:UR2269470

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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Ref Doctor

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Emp/Auth/TPA ID

: Dr.SELF : bobE6395 Collected

: 27/Jan/2024 10:00AM

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: 27/Jan/2024 06:03PM

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

*** End Of Report ***

Page 15 of 15



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

SIN No:UF010366

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