

Patient Name : Mr.SUNIL KUMAR SAHOO	Collected : 24/Feb/2024 09:36AM
Age/Gender : 37 Y 7 M 19 D/M	Received : 24/Feb/2024 12:18PM
UHID/MR No : CMAR.0000341449	Reported : 24/Feb/2024 03:17PM
Visit ID : CMAROPV779005	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9090307273	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16.7	g/dL	13-17	Spectrophotometer
PCV	47.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.2	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	91.9	fL	83-101	Calculated
MCH	32	pg	27-32	Calculated
MCHC	34.9	g/dL	31.5-34.5	Calculated
R.D.W	12.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,460	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.7	%	40-80	Electrical Impedence
LYMPHOCYTES	36.3	%	20-40	Electrical Impedence
EOSINOPHILS	1.3	%	1-6	Electrical Impedence
MONOCYTES	5.6	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3662.82	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2344.98	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	83.98	Cells/cu.mm	20-500	Calculated
MONOCYTES	361.76	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6.46	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.56		0.78- 3.53	Calculated
PLATELET COUNT	213000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

Page 1 of 14

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

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



SIN No:BED240048293

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

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

Apollo Health and Lifestyle Limited (CIN - U55110TG2000PLC115819)
 Regd. Office: T-7D-90/63, Adulika Raghupati Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 014 |
 www.apolloclinic.com | Email ID: enquiry@apolloclinic.com, Ph. No: 040-4904 7777, Fax No: 4904 7788

APOLLO CLINICS NETWORK:

Telangana: Hyderabad | U3 Rao Nagar | Chanda Nagar | Bandipur | Hallakunta | Nizampet | Marikonda | Uppal | Andhra Pradesh: Vizag Cochinamma Petal | Karnataka: Bangalore (Basavanagudi) | Bellandur | Electronic City | Phase Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Kisan nagala | Lal Bahar Road | Mysore | VV Mohalla | Tamil Nadu: Chennai | Annavarar | Kotturambakkam | Madhavaram | T Nagar | Velamanchikun | Wilcochery | Maharashtra: Pune (Aundh) | Nagli Pradhikaran | Wanan Nagar | Ramnagar | Uttar Pradesh: Ghaziabad (Indraprastha Gopuram) | Ahmedabad | Gandhinagar | Panaji | Amritsar (Court Road) | Harappa | Faridkot (Railway Station Road)

Address:
 27/706/121, Duddahangur Village, Medikal Main Road,
 Neelodi Nagar, Electronic City, Bangalore,
 Karnataka - 560014

1860 500 7788
 www.apolloclinic.com

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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

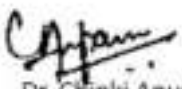
RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

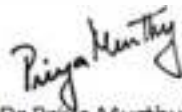
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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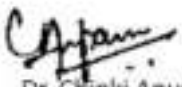
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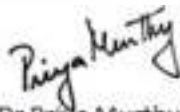
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	104	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	182	mg/dL	70-140	HEXOKINASE

Comment:

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

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

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



DR.SHIVARAJA SHETTY
M.B.B.S.,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:EDT240021685

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HbA1C, GLYCATED HEMOGLOBIN	5.3	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	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)




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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	186	mg/dL	<200	CHO-POD
TRIGLYCERIDES	326	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	136	mg/dL	<130	Calculated
LDL CHOLESTEROL	70.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	65.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.72		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.98	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.82	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	55.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.72	g/dL	6.6-8.3	Biuret
ALBUMIN	4.77	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.95	g/dL	2.0-3.5	Calculated
A/G RATIO	1.62		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

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




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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.98	mg/dL	0.67-1.17	Jaffe's, Method
UREA	22.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.02	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.49	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)




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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	29.00	U/L	<55	IFCC




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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.8	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.80	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.434	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
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes




DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24031820

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

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

Patient Name : Mr.SUNIL KUMAR SAHOO	Collected : 24/Feb/2024 09:36AM
Age/Gender : 37 Y 7 M 19 D/M	Received : 24/Feb/2024 12:20PM
UHID/MR No : CMAR.0000341449	Reported : 24/Feb/2024 01:47PM
Visit ID : CMAROPV779005	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9090307273	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--




DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24031820

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

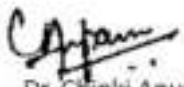
THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Patient Name : Mr.SUNIL KUMAR SAHOO	Collected : 24/Feb/2024 09:35AM
Age/Gender : 37 Y 7 M 19 D/M	Received : 24/Feb/2024 01:04PM
UHID/MR No : CMAR.0000341449	Reported : 24/Feb/2024 01:54PM
Visit ID : CMAROPV779005	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9090307273	

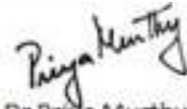
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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	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	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



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



SIN No:UR2290403

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

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: T-7D-90/63, Ashoka Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 014 |
www.apolloclinic.com | Email ID: enquiry@apolloclinic.com, Ph. No: 080-4904 7777, Fax No: 4904 7788

APOLLO CLINICS NETWORK:

Telangana: Hyderabad | UK Rai Nagar | Chanda Nagar | Bandipur | Halakurda | Nizampet | Marikonda | Uppal | Andhra Pradesh: Vizag Cochinamma Petal Ramastala: Bangalore: Basavanagudi | Bellandur | Electronic City | Phase Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Kuvempur | Sarjapur Road: Mysore: VV Mohalla: Tamil Nadu: Chennai | Anand Nagar | Kotturupalli | Madhavaram | T. Nagar | Velamanchikun | Wilcochery | Maharashtra: Pune (Aundh) | Nagli Pradhikaran | Women Nagar | Ramnagar | Uttar Pradesh: Ghaziabad (Indraprastha Gopur) | Ahmedabad: Sanjivni | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Address:
27/706/121, Duddahangur Village, New Ashok Road,
New Ashok Nagar, Electronic City, Bangalore,
Karnataka - 560014

1860 500 7788
www.apolloclinic.com

Patient Name : Mr.SUNIL KUMAR SAHOO	Collected : 24/Feb/2024 09:35AM
Age/Gender : 37 Y 7 M 19 D/M	Received : 24/Feb/2024 01:04PM
UHID/MR No : CMAR.0000341449	Reported : 24/Feb/2024 03:43PM
Visit ID : CMAROPV779005	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9090307273	

DEPARTMENT OF CLINICAL PATHOLOGY

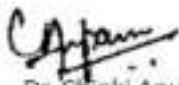
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

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

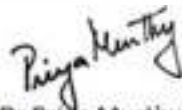
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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



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



SIN No:UF010740

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

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: T-7D-90/63, Adhika Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 014 |
www.apolloh.com | Email ID: enquiry@apolloh.com, Ph. No: 080-4904 7777, Fax No: 4904 7788

APOLLO CLINICS NETWORK

Telangana: Hyderabad | UK Red Nagar | Chanda Nagar | Bandapur | Hallakunta | Nizampet | Marikonda | Uppal | Andhra Pradesh: Vizag Coorhamma Petal Rametalia: Bangalore: Basavanagudi | Bellandur | Electronics City | Phase Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Kuvempu | Sarjapur Road: Mysore: VV Mohalla: Tamil Nadu: Chennai | Anna Nagar | Kotturupalli | Madhavaram | T Nagar | Velamanchikun | Wilcochery | Maharashtra: Pune (Aundh) | Nagli Pradhikaran | Viman Nagar | Ramnagar | Uttar Pradesh: Ghaziabad (Indraprasth Gajanan) | Ahmedabad: Sanjivni | Panaji: Anarthur (Court Road) | Maranya: Paridhad (Railway Station Road)

Address:
27/206/121, Duddahangur Village, New Look Main Road,
New Look Nagar, Electronic city, Bangalore,
Karnataka - 560014

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

Patient Name : Mr. Sunil Kumar Sahoo

Age/Gender : 37 Y/M

UHID/MR No. : CMAR.0000341449

OP Visit No : CMAROPV779005

Sample Collected on :

Reported on : 24-02-2024 19:46

LRN# : RAD2246925

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9090307273

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name	: Mr. Sunil Kumar Sahoo	Age/Gender	: 37 Y/M
UHID/MR No.	: CMAR.0000341449	OP Visit No	: CMAROPV779005
Sample Collected on	:	Reported on	: 24-02-2024 12:00
LRN#	: RAD2246925	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9090307273		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

GALLBLADDER: Partially distended.No definite calculi identified in this state of distension . No evidence of abnormal wall thickening noted.

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

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

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

Right kidney measures 11.0cm and parenchymal thickness measures 1.4cm.

Left kidney measures 10.9cm and parenchymal thickness measures 1.5cm.

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

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

No free fluid or lymphadenopathy is seen.

Visualized bowel loops appears normal.

IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.

Suggested clinical correlation and further evaluation if needed.

Report disclaimer :

- 1.Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically;this report is not valid for medicolegal purpose
- 3 .please note: non obstructing ureteric calculi; small renal/ ureteric calculi may not always be detected on USG; a CT KUB is advised if symptoms persist .
- 4.Printing mistakes should immediately be brought to notice for correction.
- 5.This is USG Abdomen screening.



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

341449



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Smit Kumar Sahoo on 24/2/24

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. <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> Unfit 	<input type="checkbox"/>

Dr. 
Medical Officer



This certificate is not meant for medico-legal purposes

Date : 24-02-2024
MR NO : CMAR.0000341449

Department : GENERAL
Doctor :

Name : Mr. Sunil Kumar Sahoo

Registration No :

Age/ Gender : 37 Y / Male

Qualification :

Consultation Timing: 09:21

Height : 169 cm	Weight : 70 kg	BMI :	Waist Circum :
Temp :	Pulse : 61 bpm	Resp :	B.P : 120/92 mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

43/15 ENT

Ble nasal 1st @

DNV @

Throat : @

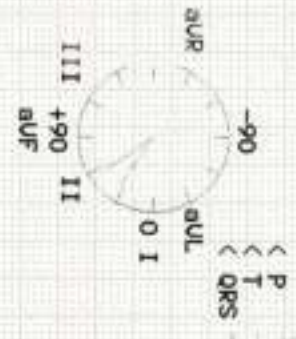
~S,

Follow up date:

Doctor Signature

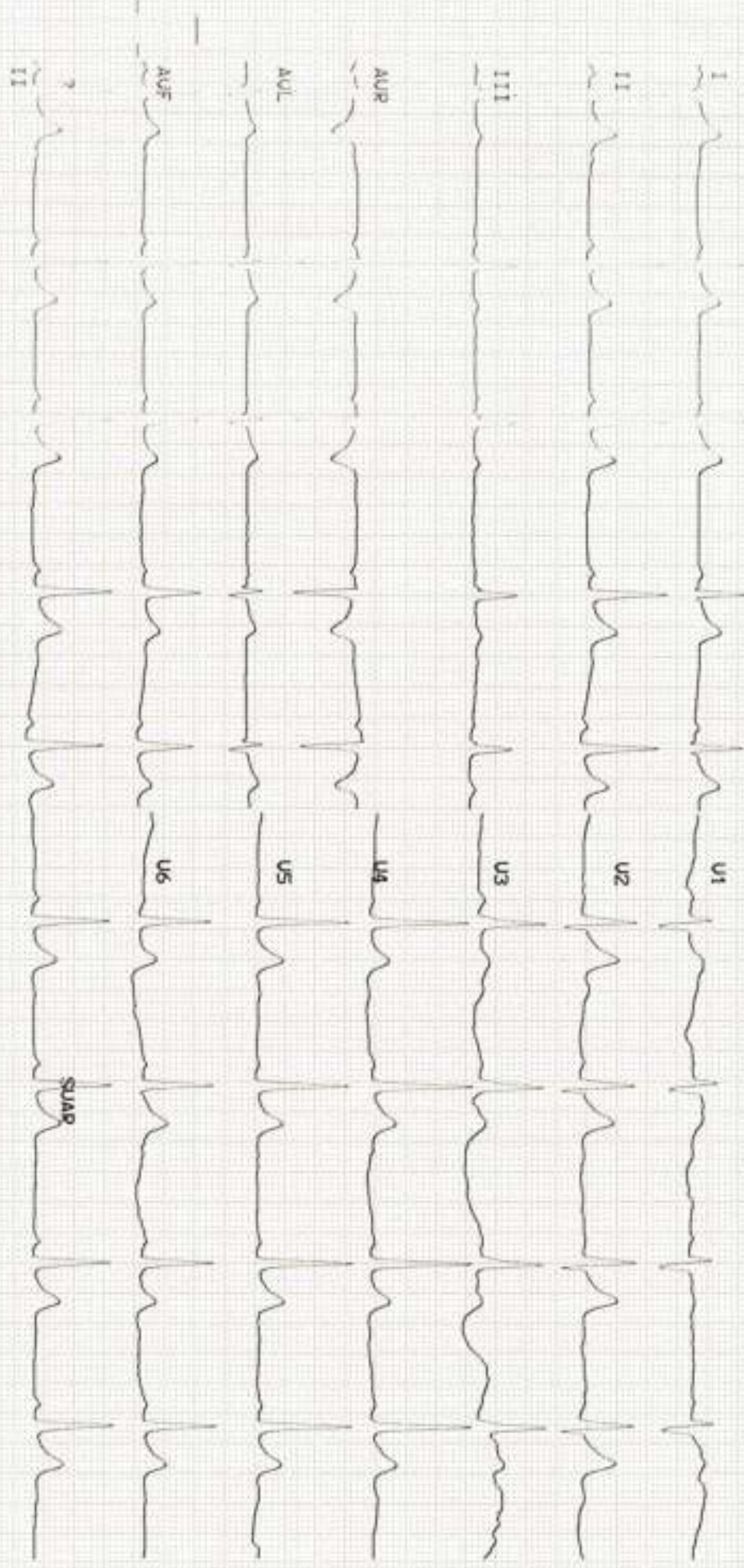
Measurement Results

QRS	110 ms
QT/QTc	412 / 391 ms
PR	150 ms
P	118 ms
PR/PP	1110 / 1055 ms
P/QRS/T	55 / 55 / 35 degrees
QT/QTcSD	42 / 40 ms
Sokolow	2.0 mV
NK	?



Interpretation:
 R/S inversion area between U1 and U2
 probably normal ECG

Unconfirmed report.



DEPARTMENT OF OPHTHALMOLOGY

Employee Name: <i>Sunit Kumar Sethi</i>	Date: <i>24/02/24</i>
Employee No:	Sex: <i>F</i>
Age: <i>57</i>	Systemic illness:

Examination	RE	LE
Anterior Segment	Normal/Abnormal	Normal/Abnormal
Vision Distance	<i>6/6</i>	<i>6/6</i>
Near vision	<i>N/6</i>	<i>N/6</i>
Colour (Ishihara)	Normal/Abnormal	Normal/Abnormal
Refractive Error	Present/Absent	Present/Absent
New Glass power	<i>- plano -</i>	<i>- plano - 6/6</i>
Add Power	<i>—</i>	<i>—</i>
Glass If any	To Continue / Change	To Continue / Change
IOP (mm of Hg)	Normal/Abnormal	Normal/Abnormal
Posterior Segment	Normal/Abnormal	Normal/Abnormal
Impression	Normal/Refractive Error/Presbyopic BE/Others	

Advice/Comments	<i>Blue filter glasses</i>
-----------------	----------------------------


 Signature of Consultant & Optometrist

Patient Name	: Mr. Sunil Kumar Sahoo	Age	: 37 Y M
UHID	: CMAR.0000341449	OP Visit No	: CMAROPV779005
Reported on	: 24-02-2024 12:00	Printed on	: 24-02-2024 12:00
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

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IMPRESSION:

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Suggested clinical correlation and further evaluation if needed.

Report disclaimer :

1.Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas ,

Patient Name	: Mr. Sunil Kumar Sahoo	Age	: 37 Y M
UHID	: CMAR.0000341449	OP Visit No	: CMAROPV779005
Reported on	: 24-02-2024 12:00	Printed on	: 24-02-2024 12:00
Adm/Consult Doctor	:	Ref Doctor	: SELF

patient preparation and organ location .

2. USG scan being an investigation with technical limitation has to be correlated clinically;this report is not valid for medicolegal purpose

3 .please note: non obstructing ureteric calculi; small renal/ ureteric calculi may not always be detected on USG; a CT KUB is advised if symptoms persist .

4.Printing mistakes should immediately be brought to notice for correction.

5.This is USG Abdomen screening.



Printed on:24-02-2024 12:00

---End of the Report---

Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

37 years
Male
169cm
70kg

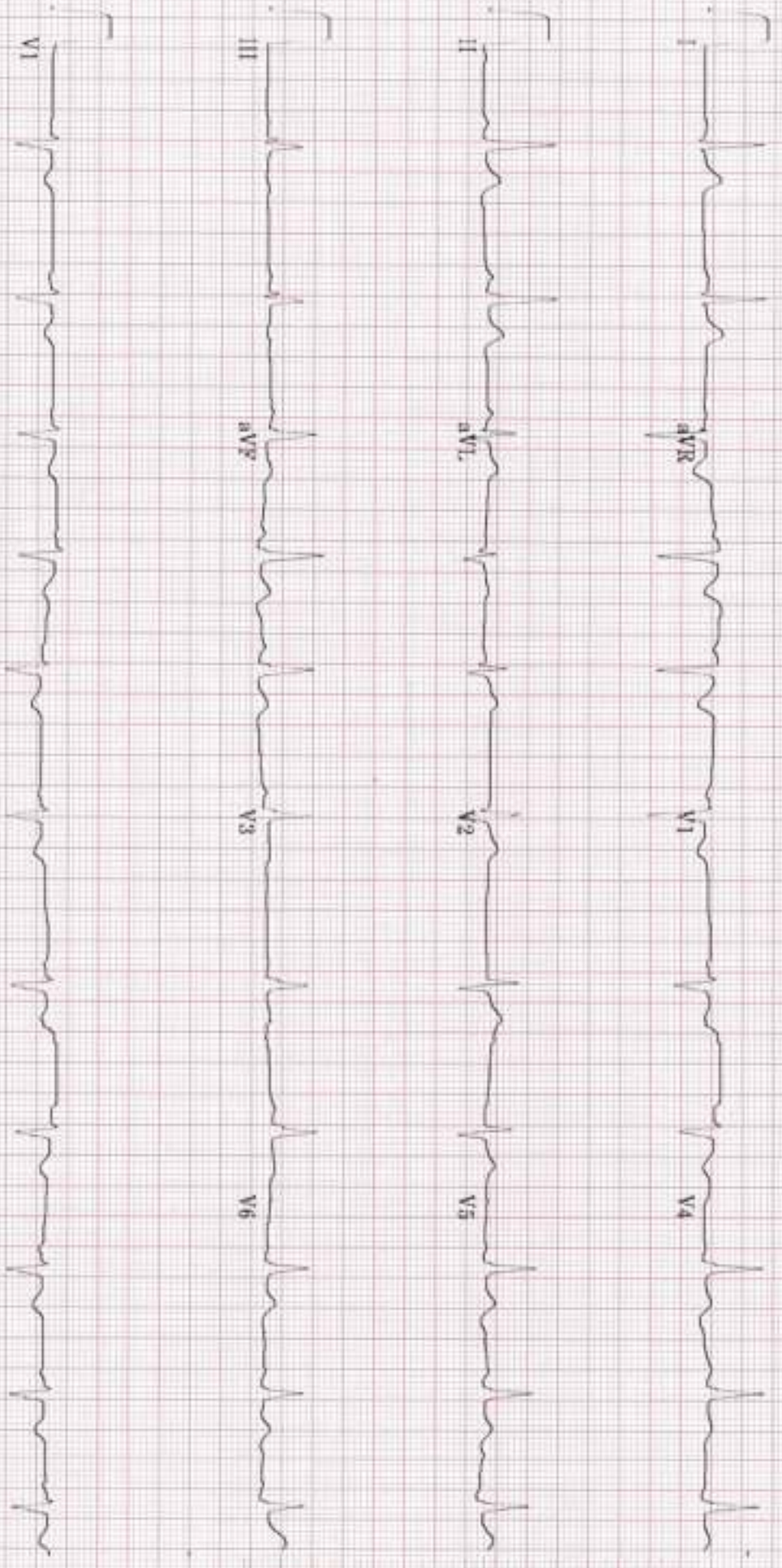
Vent. rate 68 bpm
PR interval 156 ms
QRS duration 94 ms
QT/QTc 380/404 ms
P-R-T axes 59 48 25

*** Poor data quality, interpretation may be adversely affected
Sinus rhythm with marked sinus arrhythmia
Otherwise normal ECG

Technician:

Referred by: ARCOPEMI

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm Id

MAC55 009C

II 12SL™ v239

SUNIL KUMAR
ID: 000034449

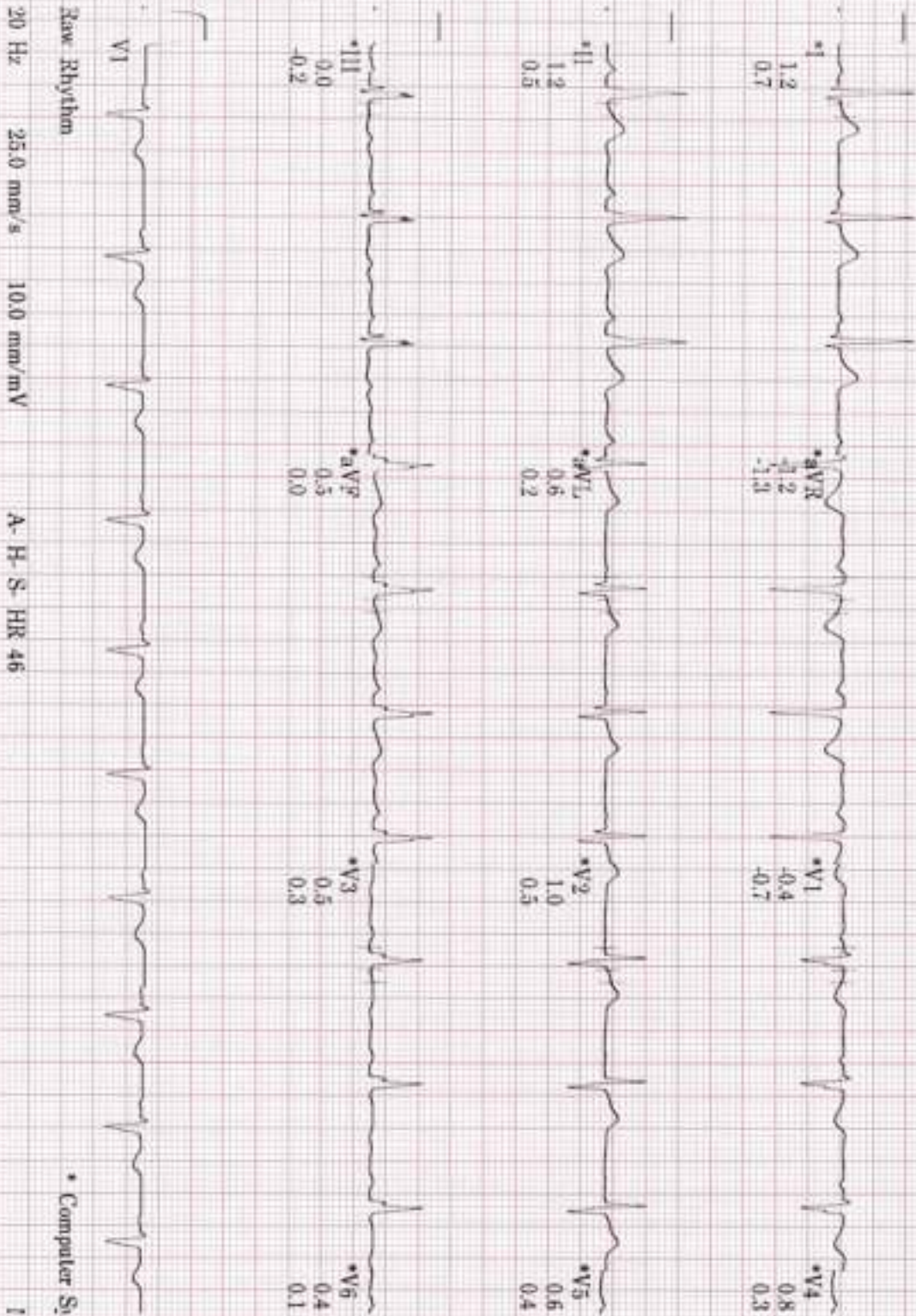
24 Feb 2024
12:32:37

79bpm
BP: 125/90

PRETEST
SUPINE
1:30

BRUCE
** 5 mph
** 5%

ST @ 10mm/mV
80ms postI



SUNIL KUMAR
ID: 000034449

24 Feb 2024
12:32:47

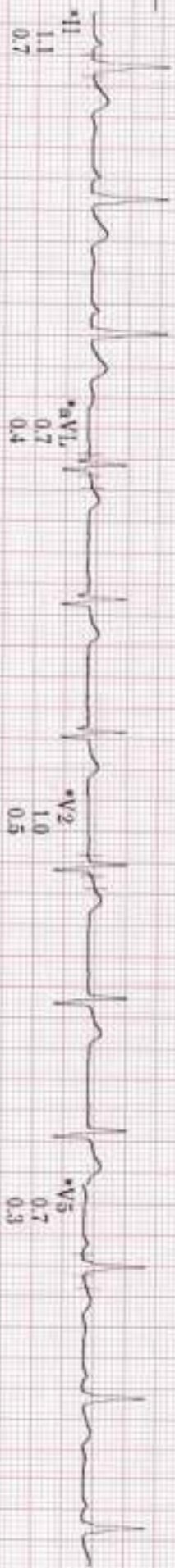
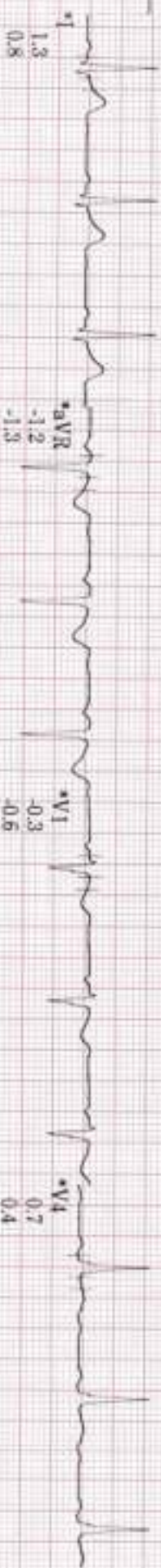
72bpm
BP: 125/90

PRETEST
HYPERVENT
1:39

BRUCE
**mph
**%g

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slp(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S HR 46

• Computer Synthesized Rhythm

MAC55 009C

II

SUNIL KUMAR
ID: 000034449
24-Feb-2024
12:35:54

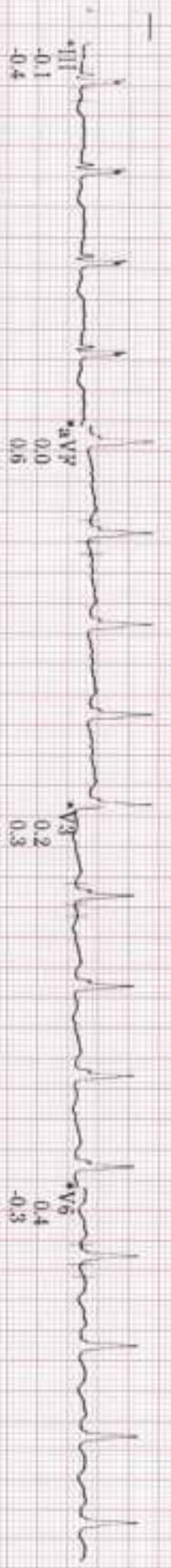
ST @ 10mm/mV
80ms postJ

101bpm

EXERCISE
STAGE 1
2:50

BRUCE
1.7mph
10.0%

Lead
ST(mm)
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-HR 46

• Computer Synthesized Rhythm
MAC55 009C

SUNIL KUMAR

ID: 000034449

24-Feb-2024

12:38:54

118bpm

EXERCISE

STAGE 2

5:50

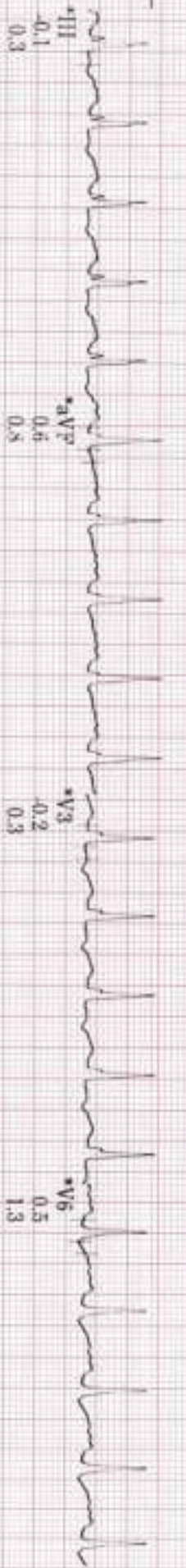
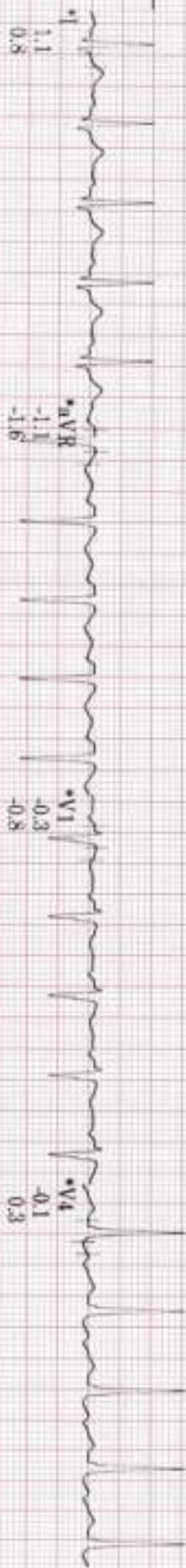
BRUCE

2.5mph

12.0%

ST @ 10mm/mV

80ms postJ

Lead
ST(mm)
Slope(mV/s)

Raw Rhythm

20 Hz

25.0 mm/s

10.0 mm/mV

A-H-S HR 46

* Computer Synthesized Rhythm

MAC55 009C

II

SUNIL KUMAR
ID: 000034449

24-Feb-2024
12:41:17

151bpm

BP: 130/90

EXERCISE
STAGE 3

8.13

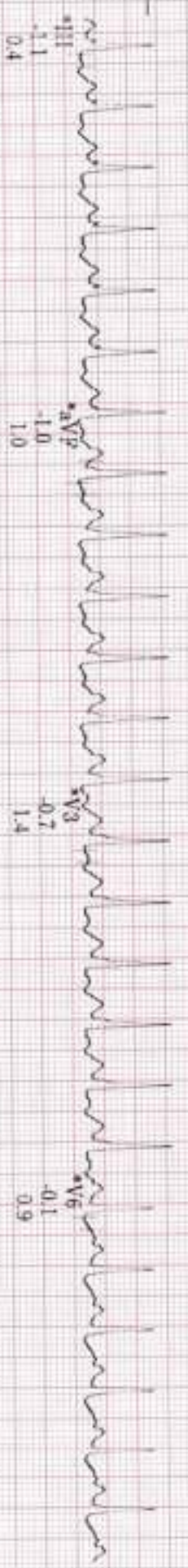
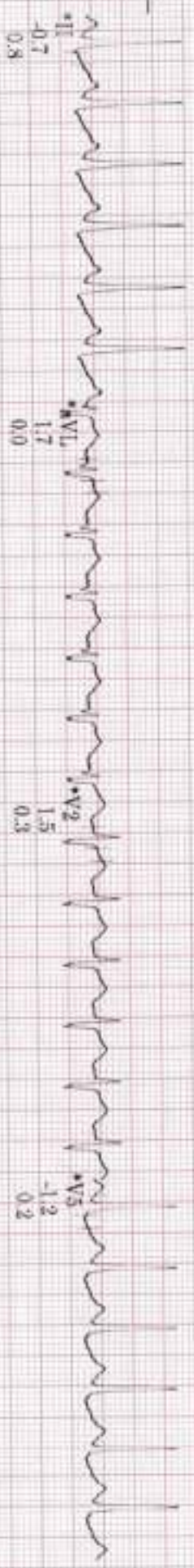
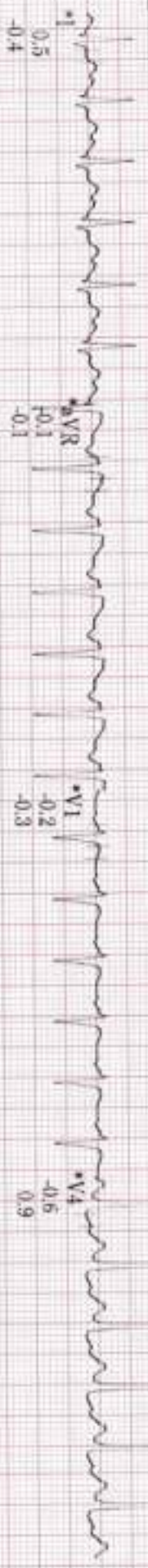
BRUCE

3.4mph

14.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



• Computer Synthesized Rhythm

MAC55 009C

II

SUNIL KUMAR
 ID: 000034449
 24-Feb-2024
 12:42:17

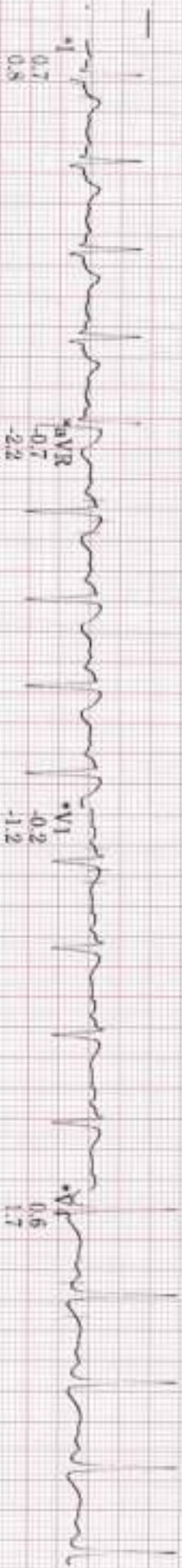
105bpm

RECOVERY
 Post
 1:00

BRUCE
 ** *mph
 ** *sq

ST @ 10mm/mV
 80ms postd

Lead
 ST (mm)
 Slope (mV/s)



Raw Rhythm

Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-HR 46

MAC55 009C

II

SUNIL KUMAR
ID: 0000344449
24-Feb-2024
12:44:17

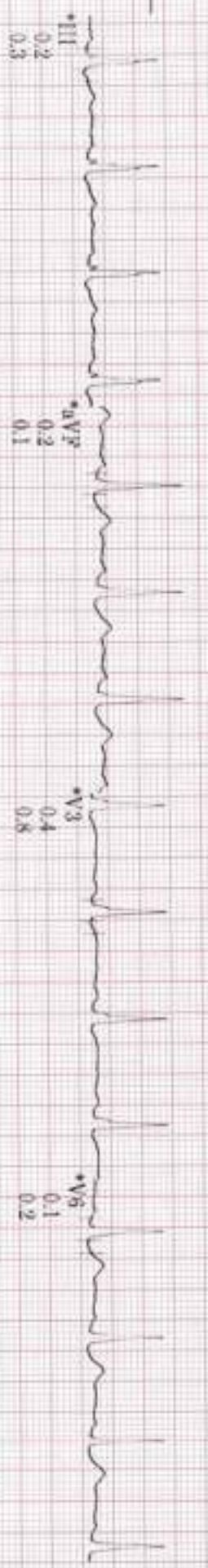
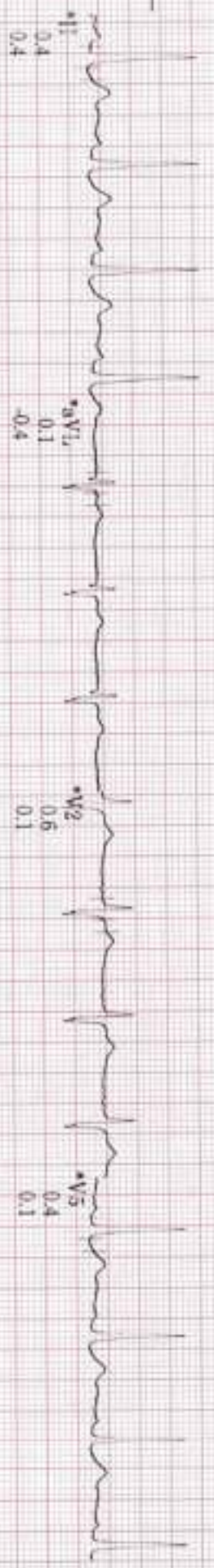
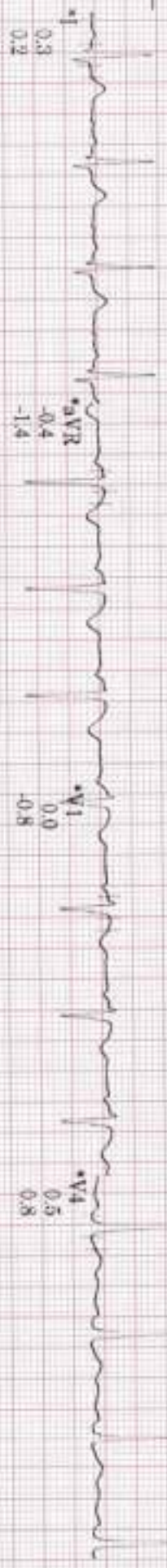
87bpm

RECOVERY
Post
3:00

BRUCE
** *mph
** *%g

ST @ 10mm/mV
80ms postd

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm
20 Hz
25.0 mm/s
10.0 mm/mV
A-H-S-HR 46

* Computer Synthesized Rhythm

MAC55 009C

SELECTED MEDIAN REPORT

SUNIL KUMAR
ID: 000034449

24 Feb 2024
12:31:08

37 years
169cm

70kg

Male

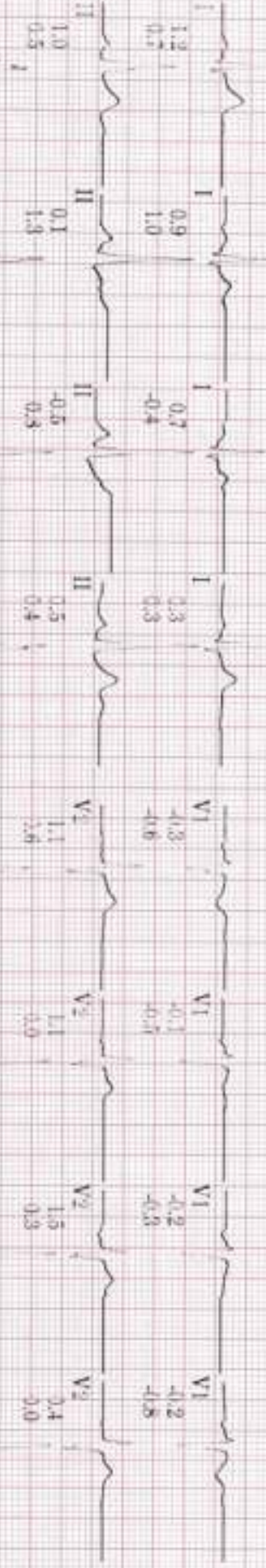
BRUC2
Max HR: 151bpm 82% of max predicted 180bpm
Max EP: 130/90
Maximum workload: 10.1 METS

250 mm/s
100 mm/mV
100hz

Referred by: ARCOPEMI

Reason for Termination:
Comments: GOOD EXERCISE TOLERANCE
NORMAL HR AND BPP RESPONSE
NO ANGINA / NO ARRHYTHMIAS
NO SIGNIFICANT ST-TCHANGES DURING THE STUDY
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0-00 65bpm BP: 125/90	6:35 130bpm BP: 130/90	8:13 151bpm BP: 130/90	2:18 74bpm BP: 130/90	0-00 65bpm BP: 125/90	6:35 130bpm BP: 130/90	8:13 151bpm BP: 130/90	2:18 74bpm BP: 130/90



Technicians

APOLLO MEDICAL CENTRE MARATHAHALLI

Unconfirmed

MAC55 009C

Lead
ST(mV)
Slope(mV/s)

GRADED EXERCISE SUMMARY

SUNIL KUMAR
 ID: 000034449
 37years
 169cm
 70kg
 Male
 24 Feb 2024
 12:31:08

BRUCE
 Total Exercise time: 8:13
 Max HR: 151bpm 82% of max predicted 163bpm
 Max BP: 130/90 Maximum workload: 10.1METS
 Reason for Termination: Patient/fatigue
 Comments: GOOD EXERCISE TOLERANCE
 NORMAL HR AND BPP RESPONSE
 NO ANGINA / NOA RRHYTHMIAS
 STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Referred by: ARCOFERMI

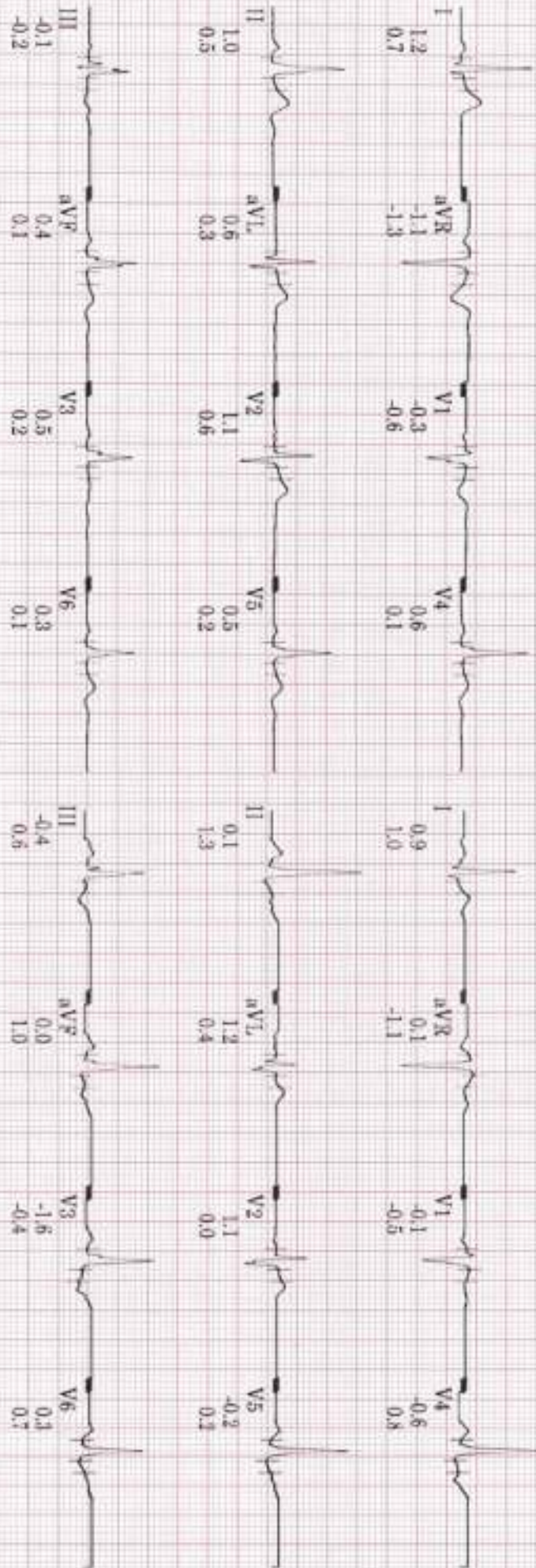
EXERCISE STAGE 1
 0:00 1.0METS
 68bpm
 BP: 125/90
 ST @ 10mm/mV
 80ms postJ

Lead
 ST(mm)
 Slope(mV/s)

EXERCISE STAGE 3
 6:35 7.9METS
 130bpm
 BP: 130/90
 ST @ 10mm/mV
 80ms postJ

MAX ST

Lead
 ST(mm)
 Slope(mV/s)



Technician:

APOLLO MEDICAL CENTRE MARATHAHALLI
 Unconfirmed

MAC55 009C

TABULAR SUMMARY REPORT

SUNIL KUMAR
ID: 000034449

37years
169cm
70kg

Male

BRCC Total Exercise time: 8:13
Max HR: 151bpm 82% of max predicted 183bpm
Max BP: 130/90 Maximum workload: 10.1METS
Reason for Termination: Patient fatigue
Comments: GOOD EXERCISE TOLERANCE
NORMAL HR AND BPP RESPONSE
NO ANGINA - NO ARRHYTHMIAS
NO SIGNIFICANT ST-C HANGES DURING THE STUDY
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Referred by: ARCOFEMI

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	1:30	***	***	1.0	79	125/90	99
	STANDING	0:02	***	***	1.0	77	125/90	96
	HYPERVENT	0:24	0.4	0.0	1.0	88	125/90	85
EXERCISE	STAGE 1	3:00	1.7	10.0	4.8	100		
	STAGE 2	3:00	2.5	12.0	7.0	119		
	STAGE 3	2:13	3.4	14.0	10.1	137	130/90	196
RECOVERY	Post	3:18	***	***	1.0	74	130/90	96

Technician

APOLLO MEDICAL CENTRE MARATHAHALLI

Unconfirmed

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25.0 mm/s
10.0 mm/mV
100hz