





Patient Name : Mr.ARUN R	Collected : 26/Oct/2024 10:41AM
Age/Gender : 37 Y 9 M 0 D/M	Received : 26/Oct/2024 01:34PM
UHID/MR No : CIND.0000172840	Reported : 26/Oct/2024 04:11PM
Visit ID : CINDOPV243883	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S35167	

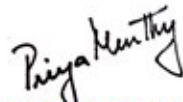
**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



**Dr. Vidya Aniket Gore**  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



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



Patient Name : Mr.ARUN R	Collected : 26/Oct/2024 01:10PM
Age/Gender : 37 Y 9 M 0 D/M	Received : 26/Oct/2024 04:14PM
UHID/MR No : CIND.0000172840	Reported : 26/Oct/2024 05:38PM
Visit ID : CINDOPV243883	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S35167	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	91	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:**

- 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. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	111	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.

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





Patient Name : Mr.ARUN R	Collected : 26/Oct/2024 10:41AM
Age/Gender : 37 Y 9 M 0 D/M	Received : 26/Oct/2024 02:09PM
UHID/MR No : CIND.0000172840	Reported : 26/Oct/2024 03:31PM
Visit ID : CINDOPV243883	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S35167	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>6</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	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)

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

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Consultant Pathologist



SIN No:IRA241005419

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

APOLLO HEALTH AND LIFESTYLE LIMITED | APOLLO HEALTH AND LIFESTYLE LIMITED - RRL BANGALORE

APOLLO Health and Lifestyle Limited | Apollo Health and Lifestyle Limited - RRL BANGALORE

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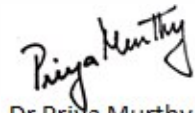
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Age/Gender : 37 Y 9 M 0 D/M	Received : 26/Oct/2024 01:35PM
UHID/MR No : CIND.0000172840	Reported : 26/Oct/2024 03:33PM
Visit ID : CINDOPV243883	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S35167	

**DEPARTMENT OF IMMUNOLOGY**

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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**Dr.Govinda Raju N L**  
 MSc,PhD(Biochemistry)  
 Consultant Biochemistry

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



SIN No:IRA241005420

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

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 Apollo Health and Lifestyle Limited  
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 www.apolloclinic.com | Email ID: rrl@apolloclinic.com, Ph No: 040-6664 7777, Fax No: 040-6664 7766

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Patient Name	: Mr. Arun R	Age	: 37Yrs 9Mths 1Days
UHID	: CIND.0000172840	OP Visit No.	: CINDOPV243883
Printed On	: 26-10-2024 09:11 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22S35167		

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## DEPARTMENT OF RADIOLOGY

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### ULTRASOUND ABDOMEN AND PELVIS

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

**GALLBLADDER:** Moderately distended. **Shows polyp measuring 4.5mm.** No evidence of abnormal wall thickening noted.

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

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

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

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

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

No free fluid or lymphadenopathy is seen.

### **IMPRESSION:**

**1. GRADE I FATTY LIVER.**

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**2. GB POLYP.**

---End Of The Report---



Dr.DHANALAKSHMI B  
MBBS, DMRD  
29543  
Radiology



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Patient Name	: Mr. Arun R	Age	: 37Yrs 9Mths 1Days
UHID	: CIND.0000172840	OP Visit No.	: CINDOPV243883
Printed On	: 26-10-2024 12:58 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22S35167		

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA VIEW**

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**

For clinical correlation.

---End Of The Report---



Dr.RAMESH G  
MBBS, DMRD  
27462  
Radiology

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Patient Name	: Mr. Arun R	Age	: 37Yrs 9Mths 4Days
UHID	: CIND.0000172840	OP Visit No.	: CINDOPV243883
Printed On	: 29-10-2024 12:13 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22S35167		

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**DEPARTMENT OF CARDIOLOGY**

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**M mode and doppler measurements:**

CM	CM	M/sec
AO: 2.8	IVS(D): 1.1	MV: E Vel: 0.99 A Vel : 0.82
LA: 3.8	LVIDD(D): 4.8	AV Peak: 1.07
	LVPW(D): 1.1	PV peak: 0.77
	IVS(S): 1.9	
	LVID(S): 2.4	
	LVPW(S): 1.8	
	LVEF: 60%	

**Descriptive findings:**

Left Ventricle Normal  
Right Ventricle: Normal  
Left Atrium: Normal  
Right Atrium: Normal  
Mitral Valve: Normal  
Aortic Valve: Normal  
Tricuspid Valve: Normal  
IAS: Normal

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IVS:	Normal
Pericardium:	Normal
IVC:	Normal
Others	---

**IMPRESSION :**

Normal cardiac chamber and valves  
No Regional wall motion abnormality  
Trivial TR/Normal PA pressure  
No clot/vegetation/pericardial effusion  
Normal LV systolic function - LVEF= 60%

**DR JAGADEESH H V MD,DM**  
**CONSULTANT CARDIOLOGIST**

---End Of The Report---



Dr.JAGADEESH H V

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