

Patient Name : Mr.ARJUN KUMAR P S
Age/Gender : 39 Y 5 M 19 D/M
UHID/MR No : SALW.0000144484
Visit ID : SALWOPV225033
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 35E7730

Collected : 09/Nov/2024 08:52AM
Received : 09/Nov/2024 10:12AM
Reported : 09/Nov/2024 10:34AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY: MICROSCOPIC


RBC : Predominantly Normocytic Normochromic RBCS.

WBC : Mildly reduced in number, morphology and maturation within normal limits. No abnormal cells seen.

PLATELET : Adequate on smear.

PARASITES : No haemoparasites seen.

COMMENTS : Kindly correlate clinically.


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST
SIN No:BED240245609

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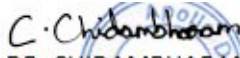
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.2	g/dL	13-17	Spectrophotometer
PCV	45.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.25	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	85.7	fL	83-101	Calculated
MCH	29	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	11.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	3,140	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	42.0	%	40-80	Electrical Impedance
LYMPHOCYTES	47.2	%	20-40	Electrical Impedance
EOSINOPHILS	3.6	%	1-6	Electrical Impedance
MONOCYTES	5.8	%	2-10	Electrical Impedance
BASOPHILS	1.4	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	1318.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1482.08	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	113.04	Cells/cu.mm	20-500	Calculated
MONOCYTES	182.12	Cells/cu.mm	200-1000	Calculated
BASOPHILS	43.96	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.89		0.78- 3.53	Calculated
PLATELET COUNT	172000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	07	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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DR. CHIDAMBHARAM C
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Patient Name : Mr.ARJUN KUMAR P S	Collected : 09/Nov/2024 08:52AM
Age/Gender : 39 Y 5 M 19 D/M	Received : 09/Nov/2024 03:10PM
UHID/MR No : SALW.0000144484	Reported : 09/Nov/2024 06:21PM
Visit ID : SALWOPV225033	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

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

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

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

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

SIN No:HA07979297

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



Patient Name : Mr.ARJUN KUMAR P S	Collected : 09/Nov/2024 11:17AM
Age/Gender : 39 Y 5 M 19 D/M	Received : 09/Nov/2024 12:07PM
UHID/MR No : SALW.0000144484	Reported : 09/Nov/2024 12:24PM
Visit ID : SALWOPV225033	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	100	mg/dL	60-100	Oxidase & Peroxidase-reflectance spectrophotometry

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)	121	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

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DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:PLP1487954




Patient Name : Mr.ARJUN KUMAR P S
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DEPARTMENT OF BIOCHEMISTRY

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

preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.


DR. CHIDAMBHARAM C
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Patient Name : Mr.ARJUN KUMAR P S	Collected : 09/Nov/2024 08:52AM
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UHID/MR No : SALW.0000144484	Reported : 09/Nov/2024 12:44PM
Visit ID : SALWOPV225033	Status : Final Report
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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. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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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DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:EDT240094050

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

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Emp/Auth/TPA ID : 35E7730	

DEPARTMENT OF BIOCHEMISTRY

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


Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	148	mg/dl	150-219	CHE-COD-POD - colorimetric, reflectance Spectropho
TRIGLYCERIDES	177	mg/dl	50-149	LPL -GPO-POD Colorimetric, reflectance Spectropho
HDL CHOLESTEROL	24	mg/dL	37-67	CHE-COD-POD - colorimetric, reflectance Spectropho
NON-HDL CHOLESTEROL	124	mg/dL	<130	Calculated
LDL CHOLESTEROL	88.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	35.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.17		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.51		<0.11	Calculated

Comment:

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

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

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DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:SE04843206




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DEPARTMENT OF BIOCHEMISTRY

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


DR. CHIDAMBHARAM C
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CONSULTANT PATHOLOGIST
SIN No:SE04843206

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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. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.1-1.2	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	32	U/L	4-44	Peroxidase oxidation of Diarylimidazole Leuco Dye
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	8-38	Peroxidase oxidation of Diarylimidazole Leuco Dye
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	60.00	U/L	32-111	P-Nitro Phenol Phosphate-reflectance spectrophoto
PROTEIN, TOTAL	6.70	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.50	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	2.20	g/dL	2.0-3.5	Calculated
A/G RATIO	2.05		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:

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DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:SE04843206



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DEPARTMENT OF BIOCHEMISTRY

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


1. Hepatocellular Injury:

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

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

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

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


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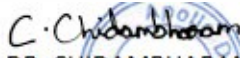
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.71	mg/dL	0.6-1.1	Ammonia Concentration Measurement - color change o
UREA	15.84	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	7.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.00	mg/dL	4-7	Uricase Peroxidase - colorimetric, reflectance spe
CALCIUM	8.40	mg/dL	8.4-10.2	Calcium - CLIII Complex - reflectance spectrophot
PHOSPHORUS, INORGANIC	2.60	mg/dL	2.6-4.4	PNP-XOD-POD - Colorimetric, reflectance spectroph
SODIUM	143	mmol/L	136-149	Ion Selective Electrode-potentiometric
POTASSIUM	4.3	mmol/L	3.8-5	Ion Selective Electrode-potentiometric
CHLORIDE	103	mmol/L	98-106	Ion Selective Electrode-potentiometric
PROTEIN, TOTAL	6.70	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.50	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	2.20	g/dL	2.0-3.5	Calculated
A/G RATIO	2.05		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	33.00	U/L	16-73	catalytic activity- reflectance spectrophotometry


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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.32	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.03	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.705	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

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



SIN No:SPL24146190

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

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DEPARTMENT OF IMMUNOLOGY

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

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



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



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Emp/Auth/TPA ID : 35E7730	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.220	ng/mL	0-4	CLIA



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



SIN No:SPL24146190

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

Patient Name : Mr.ARJUN KUMAR P S	Collected : 09/Nov/2024 08:52AM
Age/Gender : 39 Y 5 M 19 D/M	Received : 09/Nov/2024 10:25AM
UHID/MR No : SALW.0000144484	Reported : 09/Nov/2024 10:32AM
Visit ID : SALWOPV225033	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7730	

DEPARTMENT OF CLINICAL PATHOLOGY

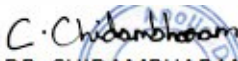
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.030		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	ABSENT		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

Comment:

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

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DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:UR2419275




Patient Name : Mr.ARJUN KUMAR P S
Age/Gender : 39 Y 5 M 19 D/M
UHID/MR No : SALW.0000144484
Visit ID : SALWOPV225033
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Collected : 09/Nov/2024 08:52AM
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DEPARTMENT OF CLINICAL PATHOLOGY

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


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST
SIN No:UR2419275

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Patient Name : Mr.ARJUN KUMAR P S	Collected : 09/Nov/2024 08:52AM
Age/Gender : 39 Y 5 M 19 D/M	Received : 09/Nov/2024 10:25AM
UHID/MR No : SALW.0000144484	Reported : 09/Nov/2024 10:31AM
Visit ID : SALWOPV225033	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7730	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

*** End Of Report ***

C. Chidambaram
DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST
SIN No:UF012150

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Patient Name : Mr.ARJUN KUMAR P S
Age/Gender : 39 Y 5 M 19 D/M
UHID/MR No : SALW.0000144484
Visit ID : SALWOPV225033
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 35E7730

Collected : 09/Nov/2024 08:52AM
Received : 09/Nov/2024 10:25AM
Reported : 09/Nov/2024 10:31AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

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


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:UF012150







11/9/24 9:39 AM

APOLLO SPECTRA HOSPITALS(SALM)

ALMERPET(OPD)

MR, ARJUN KUMAR
Male

73 - Sinus rhythm.....normal P axis, V-rate 59-99

Baseline wander in lead(s) V2 V3 V5 V6

178
99
365
482

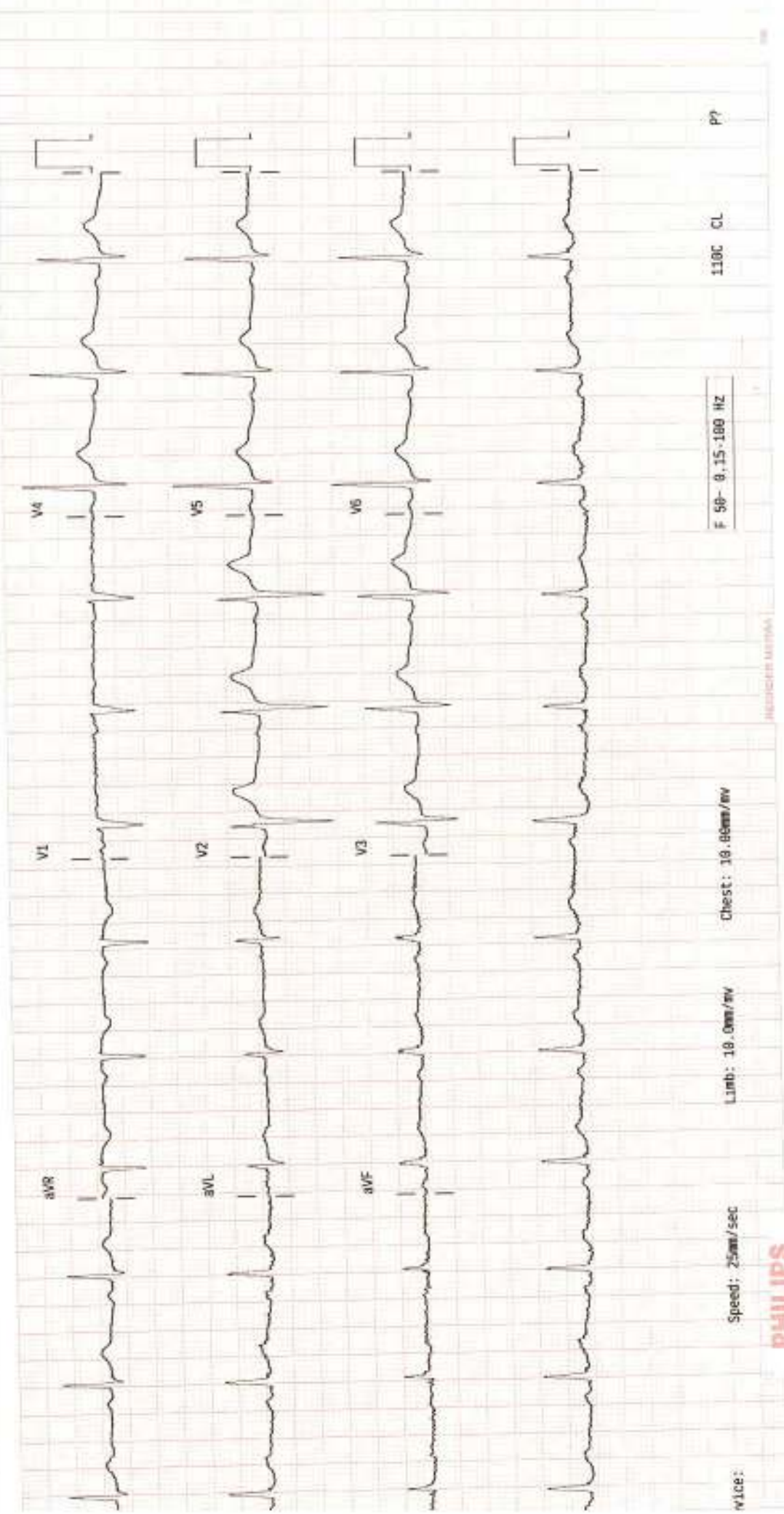
IS--

47
51
27

leads; Standard Placement

- NORMAL ECG -

Unconfirmed diagnosis



F 50-9.15-100 HZ

110C CL

P7

Chest: 19.88mm/mv

Limb: 19.0mm/mv

Speed: 25mm/sec

Wice:

PHILIPS

HEALTHCARE SOLUTIONS

Patient Name : Mr. ARJUN KUMAR P S UHID : SALW.0000144484 Conducted By: Dr. CECILY MARY MAJELLA Referred By : SELF	Age : 39 Y/M OP Visit No : SALWOPV225033 Conducted Date : 09-11-2024 16:27
---	--

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.8 CM
LA (es)	3.4 CM
LVID (ed)	4.9 CM
LVID (es)	3.0 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	0.8 CM
EF	67%
%FD	37%

MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL
LEFT VENTRICLE :	

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES

PWD: A-E AT MITRAL INFLOW

E/A-E: 0.8m/sec A: 0.5m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO
0.8m/sec

VELOCITY ACROSS THE AV UPTO 0.9m/sec

TR VELOCITY UPTO 1.9m/sec 15mmHg

IMPRESSION

NO REGIONAL WALL MOTION ABNORMALITY
NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION(LVEF-67%)
TRIVIAL MITRAL REGURGITATION
TRIVIAL TRICUSPID REGURGITATION
NO PULMONARY ARTERY HYPERTENSION
NORMAL RIGHT VENTRICULAR SYSTOLIC FUNCTION
NO PERICARDIAL EFFUSION / CLOT.

Done By Mrs. KALAIYARASI

DR CECILY MARY MAJELLA MD DM (Cardio)



Dr Sundhari V, DNB., MNAMS
SENIOR ENT CONSULTANT
Ear Nose Throat Surgeon, Head & Neck Surgeon
Specialist in Endoscopic, Microscopic,
Advanced Skull Base
Phono Surgery & Snoring Surgery
Reg: 58764

9/11/24

Mr. ARJUN KUMAR P S
SALW.0000144484 39/M

Health check.

H/o Recurrent front pain

O/E. Exam. @ ears: Membr was Intact.

① Ear - TM intact & minimal wax.

Nose: DSR with bilateral HTS. & ONE block.

Throat: Nallampatti Grade IV Oropharynx

Larynx soft palate & thickened uvula.

BLE Bilateral. Grade IV tonsils.

Maxillofacial. & Congested granular post

△ DSA / Moderately severe. OSA / CPAP

[Signature]

यूनियन बैंक Union Bank



नाम : पी एस अर्जुन कुमार
नाम : P.S.ARJUNKUMAR
कर्मचारी संख्या / Employee No. 477017
जन्म दिनांक / Birth Date : 21.05.1985
रक्त समूह / Blood Group : A+

जारी करने का स्थान
हस्ताक्षर / Signature

Place of Issue : CHENNAI
जारी करने की तारीख
Date of Issue : 01-11-2023

आधिकार प्रधिकार / Issuing Authority

OPHTHALMIC RECORD

NAME :

AGE : Mr. ARJUN KUMAR P S
SALW.0000144484 39/M

DATE : 9.11.24

I.D. No. :

REFERRAL DETAILS :

N/A

ALLERGIES :

Not aware

OCULAR HISTORY :

OU: No floaters on left.
Black spots.

SYSTEMIC ILLNESS :

S/P CATIE on 2012 (BE)

CURRENT MEDICATION :

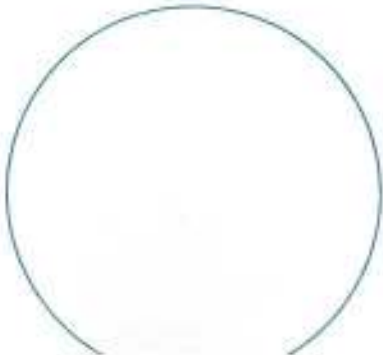
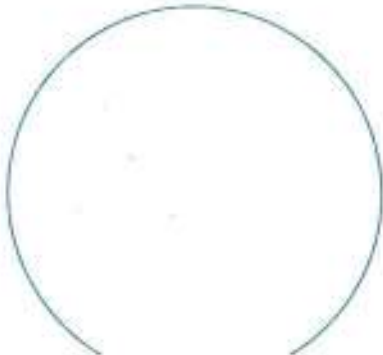
All

INVESTIGATIONS :

All

MAIN DIAGNOSIS

TREATMENT GIVEN

	RE	LE
PRESENT GLASSES NV ADD	nc	
VN. WITH PG		
VISION UNAIDED	6/6 P Mb	6/6 Mb
VN WITH PH		
RETINOSCOPY	AL: $\pm 1.50 \times 10$	\pm
SUBJECTIVE	$\pm 1.25 \times 10$ (6/6) Mb	$\pm (6/6) Mb$
ANTERIOR SEGMENT	B/oly Pb	feels same with R without Rf.
FUNDUS		

color m:
cr: normal

IOP $\left\{ \begin{array}{l} \text{① } 16 \text{ mmHg} \\ \text{② } 16 \text{ mmHg} \end{array} \right.$

@ 10:15 AM

FUNDUS



Patient Name	: Mr. ARJUN KUMAR P S	Age/Gender	: 39 Y/M
UHID/MR No.	: SALW.0000144484	OP Visit No	: SALWOPV225033
Sample Collected on	:	Reported on	: 11-11-2024 12:06
LRN#	: RAD2433107	Specimen	:
Ref Doctor	: DR VIJENDRA MAKK REDDY		
Emp/Auth/TPA ID	: 35E7730		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size, Shows fatty changes (Grade I).
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.
Wall thickness appear normal.

Pancreas / Para aortic / Portal region obscured.
Spleen measures 10.2cm and shows uniform echotexture.

Visualised aorta and IVC are normal.
No evidence of ascites.

Right kidney measures 11.2 x 5.6cm. 4mm echogenic foci noted in the upper pole with no definite
after shadow, S/o ? calculus.

Left kidney measures 11.2 x 5.4cm.

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

Prostate measures 3.1 x 3.1 x 3.1cm (Vol- 16ml).

Bladder is normal in contour.

IMPRESSION:

FATTY LIVER.

Patient Name : Mr. ARJUN KUMAR P S

Age/Gender

: 39 Y/M

PANCREAS / PARA AORTIC / PORTAL REGION OBSCURED.

RIGHT KIDNEY - S/O ? CALCULUS.

- SUGGESTED CLINICAL CORRELATION.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable).



Dr. S SANGEETHA
MBBS., TRAINED IN ULTRASONOGRAPHY
Radiology

Patient Name	: Mr. ARJUN KUMAR P S	Age/Gender	: 39 Y/M
UHID/MR No.	: SALW.0000144484	OP Visit No	: SALWOPV225033
Sample Collected on	:	Reported on	: 09-11-2024 15:25
LRN#	: RAD2433107	Specimen	:
Ref Doctor	: DR VIJENDRA MAKK REDDY		
Emp/Auth/TPA ID	: 35E7730		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

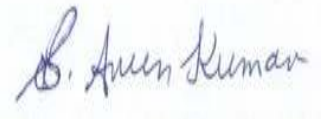
Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

NORMAL STUDY.



Dr. ARUN KUMAR S
MBBS, DMRD, DNB
Radiology