

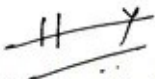
Patient Name : Mr.YOGIRAJ AITHAL	Collected : 27/Jul/2024 09:32AM
Age/Gender : 48 Y 6 M 0 D/M	Received : 27/Jul/2024 12:03PM
UHID/MR No : CBAS.0000093725	Reported : 27/Jul/2024 01:22PM
Visit ID : CBASOPV104940	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 99201	

DEPARTMENT OF HAEMATOLOGY

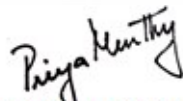
ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	14.7	g/dL	13-17	Spectrophotometer
PCV	43.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.75	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	90.9	fL	83-101	Calculated
MCH	31	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,510	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	47.2	%	40-80	Electrical Impedence
LYMPHOCYTES	37.6	%	20-40	Electrical Impedence
EOSINOPHILS	6.1	%	1-6	Electrical Impedence
MONOCYTES	8.2	%	2-10	Electrical Impedence
BASOPHILS	0.9	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2600.72	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2071.76	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	336.11	Cells/cu.mm	20-500	Calculated
MONOCYTES	451.82	Cells/cu.mm	200-1000	Calculated
BASOPHILS	49.59	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.26		0.78- 3.53	Calculated
PLATELET COUNT	258000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-15	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

Page 1 of 21



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Consultant Pathologist



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SIN No: BED240196885

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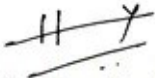
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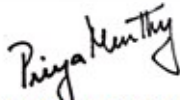
## DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Page 2 of 21



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



Dr. Priya Murthy  
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### DEPARTMENT OF HAEMATOLOGY

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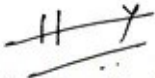
RBCs: are normocytic normochromic

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

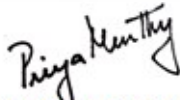
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**



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Dr. Priya Murthy  
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Visit ID : CBASOPV104940	Status : Final Report
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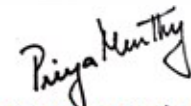
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**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

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



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**Dr Priya Murthy**  
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Consultant Pathologist



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	88	mg/dL	70-100	HEXOKINASE

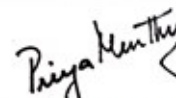
Comment:

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.

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



SIN No:PLF02194585

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	91	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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	mg/dL		Calculated

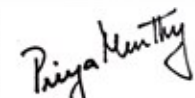
**Comment:**

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



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SIN No:EDT240081295

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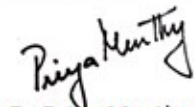
**POOR CONTROL** >10

**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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Consultant Pathologist



SIN No:EDT240081295

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Age/Gender : 48 Y 6 M 0 D/M	Received : 27/Jul/2024 05:19PM
UHID/MR No : CBAS.0000093725	Reported : 27/Jul/2024 06:25PM
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>218</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	146	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	56	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>162</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>133.1</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.90		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.06		<0.11	Calculated


**Comment:**

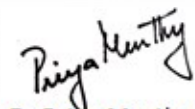
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

  
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Patient Name : Mr.YOGIRAJ AITHAL	Collected : 27/Jul/2024 09:32AM
Age/Gender : 48 Y 6 M 0 D/M	Received : 27/Jul/2024 05:19PM
UHID/MR No : CBAS.0000093725	Reported : 27/Jul/2024 06:25PM
Visit ID : CBASOPV104940	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 99201	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	2.23	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.93	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.2		<1.15	Calculated
ALKALINE PHOSPHATASE	66.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.83	g/dL	6.6-8.3	Biuret
ALBUMIN	4.96	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.87	g/dL	2.0-3.5	Calculated
A/G RATIO	1.73		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:

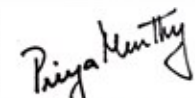
1. Hepatocellular Injury:

\*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. 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

  
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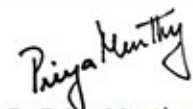
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- and sex. \*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.
3. Synthetic function impairment:  
\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.
4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) WITH GGT , SERUM</b>				
BILIRUBIN, TOTAL	2.23	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	<0.2	DPD
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GLOBULIN	2.87	g/dL	2.0-3.5	Calculated
A/G RATIO	1.73		0.9-2.0	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	45.00	U/L	<55	IFCC

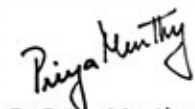
**Comment:**

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**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

**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.

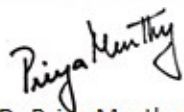
**3. Synthetic function impairment:**

\*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.



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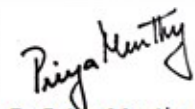
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.82	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	18.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.56	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.26	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.83	g/dL	6.6-8.3	Biuret
ALBUMIN	4.96	g/dL	3.5-5.2	BROMO CRESOL GREEN
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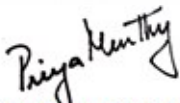
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Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	66.00	U/L	30-120	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
CALCIUM , SERUM	10.20	mg/dL	8.8-10.6	Arsenazo III



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

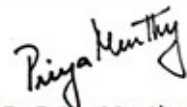
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.2	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.7	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.423	µIU/mL	0.34-5.60	CLIA

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

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



SIN No:SPL24124097

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: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Address:  
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 Karnataka - 560034

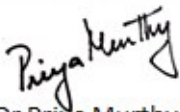


Patient Name : Mr.YOGIRAJ AITHAL	Collected : 27/Jul/2024 09:32AM
Age/Gender : 48 Y 6 M 0 D/M	Received : 27/Jul/2024 05:12PM
UHID/MR No : CBAS.0000093725	Reported : 27/Jul/2024 06:04PM
Visit ID : CBASOPV104940	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 99201	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN 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 Priya Murthy  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



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 **1860 500 7788**  
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Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	10.4	ng/mL		CLIA

**Comment:**

**BIOLOGICAL REFERENCE RANGES**

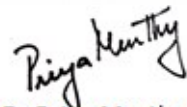
VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

**Decreased Levels:**

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.

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



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**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

Nephrotic syndrome.

**Increased levels:**

Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	83.2	pg/mL	190-900	CLIA

**Comment:**

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

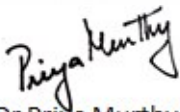
Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.620	ng/mL	0-4	CLIA

**Comment:**

Disclaimer: \*The results determined by assays using different manufacturers or methods may not be comparable.

Manufacturer: BECKMAN COULTER



Dr Priya Murthy  
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Consultant Pathologist



SIN No:SPL24124097

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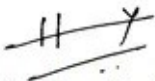
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DEPARTMENT OF CLINICAL PATHOLOGY

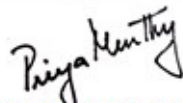
ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Physical measurement
TRANSPARENCY	Clear		CLEAR	Physical measurement
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.006		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	0	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0	/hpf	< 10	Automated Image Based Microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Page 19 of 21



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



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



SIN No: UR2394676

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Patient Name : Mr.YOGIRAJ AITHAL	Collected : 27/Jul/2024 09:31AM
Age/Gender : 48 Y 6 M 0 D/M	Received : 27/Jul/2024 12:49PM
UHID/MR No : CBAS.0000093725	Reported : 27/Jul/2024 02:15PM
Visit ID : CBASOPV104940	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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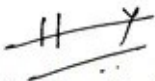
**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

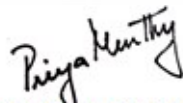
**Comment:**

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.



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



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Age/Gender : 48 Y 6 M 0 D/M	Received : 27/Jul/2024 02:40PM
UHID/MR No : CBAS.0000093725	Reported : 27/Jul/2024 03:29PM
Visit ID : CBASOPV104940	Status : Final Report
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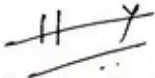
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

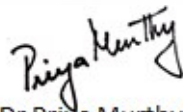
Result/s to Follow:

PERIPHERAL SMEAR, GLUCOSE (POST PRANDIAL) - URINE

Page 21 of 21



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



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



SIN No: UF011959

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Name : Mr. Yogiraj Aithal

Age: 48 Y

UHID:CBAS.0000093725

Sex: M



Address : bnglr

OP Number:CBASOPV104940

Plan : ARCOFEMI MEDIWHEEL AHC CREDIT PAN INDIA OP AGREEMENT

Bill No :CBAS-OCR-63433

Date : 27.07.2024 09:27

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324	
<del>1</del>	<del>PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)</del>	
<del>2</del>	<del>LIVER FUNCTION TEST (LFT) WITH GGT</del>	
<del>3</del>	<del>2 D ECHO</del>	
<del>4</del>	<del>CALCIUM, SERUM</del>	
<del>5</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<del>6</del>	<del>GLUCOSE, FASTING</del>	
<del>7</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
<del>8</del>	<del>PULMONARY FUNCTION TEST</del>	
<del>9</del>	<del>DIET CONSULTATION</del>	
<del>10</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>11</del>	<del>URINE GLUCOSE(POST PRANDIAL)</del>	
<del>12</del>	<del>BP MEASUREMENT</del>	
<del>13</del>	<del>PERIPHERAL SMEAR</del>	
<del>14</del>	<del>ECG</del>	
<del>15</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
<del>16</del>	<del>DENTAL CONSULTATION</del>	
<del>17</del>	<del>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)</del>	
<del>18</del>	<del>VITAMIN D - 25 HYDROXY (D2+D3)</del>	
<del>19</del>	<del>URINE GLUCOSE(FASTING)</del>	
<del>20</del>	<del>HbA1c. GLYCATED HEMOGLOBIN</del>	
<del>21</del>	<del>ALKALINE PHOSPHATASE - SERUM/PLASMA</del>	
<del>22</del>	<del>X-RAY CHEST PA</del>	
<del>23</del>	<del>HEIGHT</del>	
<del>24</del>	<del>ENT CONSULTATION</del>	
<del>25</del>	<del>FITNESS BY GENERAL PHYSICIAN</del>	
<del>26</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	
<del>27</del>	<del>VITAMIN B12</del>	
<del>28</del>	<del>LIPID PROFILE</del>	
<del>29</del>	<del>BODY MASS INDEX (BMI)</del>	
<del>30</del>	<del>WEIGHT</del>	
<del>31</del>	<del>OPHTHAL BY GENERAL PHYSICIAN</del>	
<del>32</del>	<del>ULTRASOUND - WHOLE ABDOMEN</del>	
<del>33</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	

HA -> 174cm

WA -> 75kg

B.P -> 117/74

PR -> 70

YOGIRAJ

ID: 677#0005 Age: 48 (26-07-1976)

Gender	Male	Height	174 cm	Asthma	No
Ethnicity	Asian	Weight	73 kg	BMI	24.1
Smoker	No			COPD	--

FVC (ex only)

Your FEV1 / Predicted: 66 %

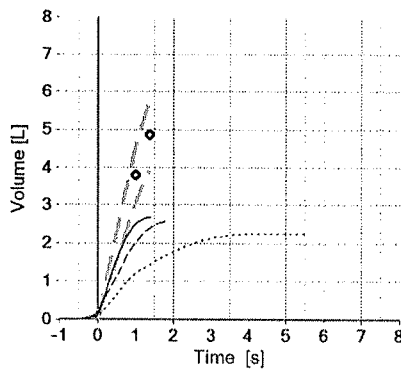
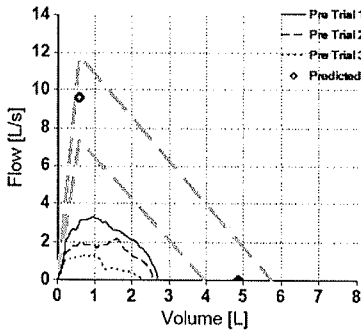
Test Date	27-07-2024 12:11:49	Interpretation	GOLD(2003)/Hardie	Value Selection	Best Value
Post Time		Predicted	Hankinson (NHANES III), 1999	BTPS (IN/EX)	1.00/1.02
			* 1.00		

Parameter	Pred	LLN	Pre				%Pred
			Best	Trial-1	Trial-2	Trial-3	
FVC [L]	4.86	3.97	2.68*	2.68*	2.58*	2.25*	55
FEV1 [L]	3.80	3.05	2.50*	2.50*	2.01*	1.22*	66
FEV1/FVC	0.781	0.684	0.933	0.933	0.779	0.544*	119
FEF25-75 [L/s]	3.43	1.91	2.73	2.73	1.84*	0.82*	79
PEF [L/s]	9.58	7.36	3.33*	3.33*	2.16*	1.38*	35
FET [s]	-	-	1.4	1.4	1.9	4.2	-

Caution: Poor session quality. Interpret with care

\* Indicates value outside normal range or significant post change.

Session Quality	Pre	F
System Interpretation	Pre	No interpretation, not enough acceptable maneuvers



Authorized by

*Yogesh*

Dr. Yogesh Kothari  
 MD, DNB, FESC, FEP  
 Reg No- KMC 44065

Date: IST: 2024-07-27 11:50:39

**Personal Details**  
 UHID: 01P3FGAT6XB0WW1  
 PatientID: 678  
 Name: MR YOGIRAJ  
 Age: 48  
 Gender: Male  
 Mobile: 35358635335

**Pre-Existing Medical-Conditions**

**Symptoms**

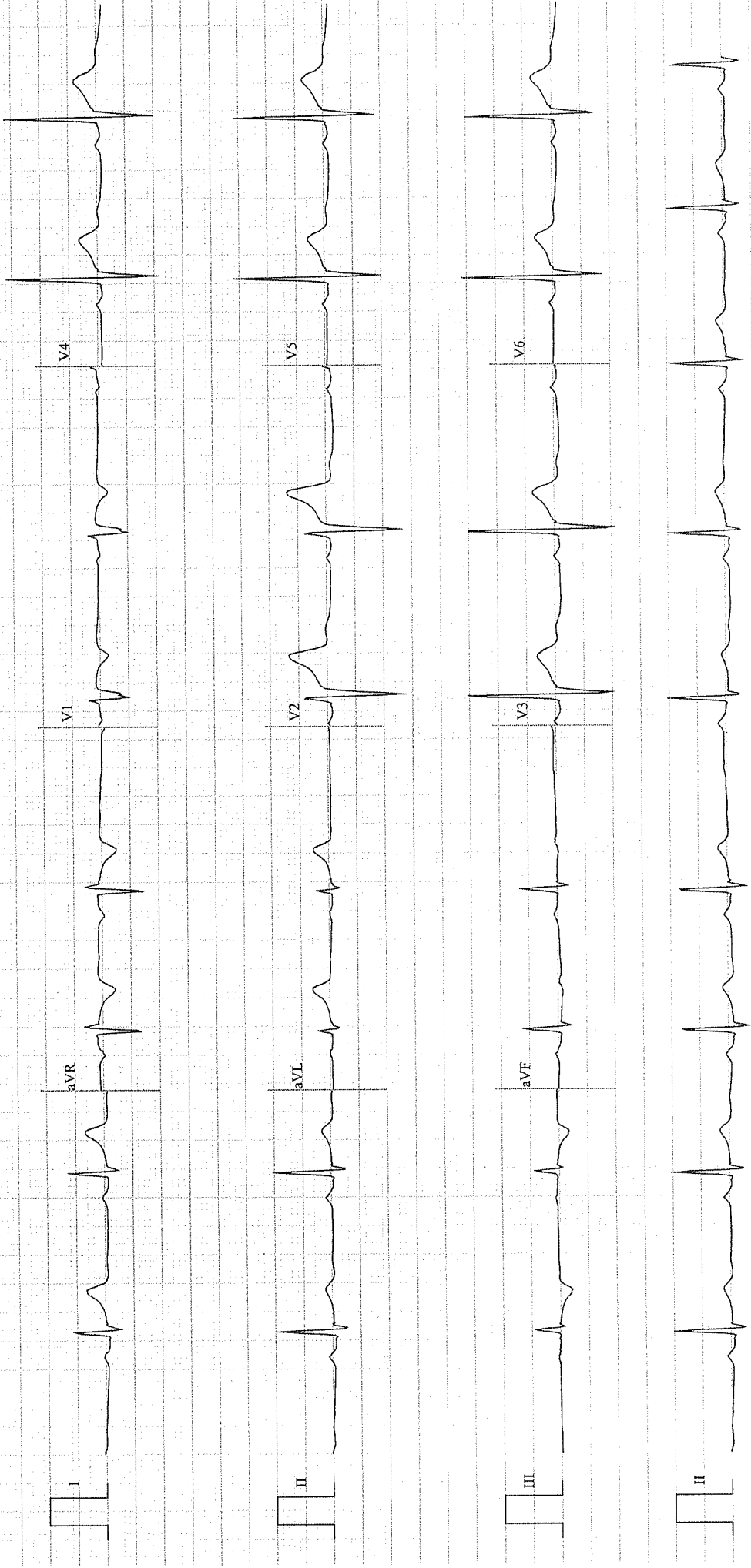
**Vitals**

**Measurements**

HR: 52 BPM  
 PR: 202 ms  
 PD: 139 ms  
 QRSD: 100 ms  
 QRS Axis: 49 deg  
 QT/QTc: 415/415 ms

Interpretation  
 Sinus bradycardia  
 Normal axis

This trace is generated by *KardioScreen: Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from IMEDRIX*



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV

Disclaimer: 1. Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms and results of other non-invasive tests, and must be interpreted by a qualified physician.  
 2. Normal ECG does not rule out heart disease. Abnormal ECG does not always mean severe heart disease. Comments & report is based on available data, clinical correlation is important.



# Apollo Clinic

## CONSENT FORM

---

Patient Name: Yogiraja Athwa Age: 48

UHID Number: ..... Company Name: .....

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.

2D, Dental,  
EMI, Fitn by GP  
Pandi

Patient Signature: Yogiraja Athwa Date: .....

## Your appointment is confirmed

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

Tue 7/23/2024 1:10 PM

To:yogiraj.aithal@jmfl.com <yogiraj.aithal@jmfl.com>

Cc:Basavanagudi Apolloclinic <basavanagudi@apolloclinic.com>;Irfan Ali S <Irfanali.s@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear Yogiraj Aithal,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **BASAVANAGUDI clinic** on **2024-07-27** at **08:00-08:15**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL AHC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324]</b>

**"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.
2. 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.



ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ  
ಗುರುತನ ಚೀಟಿ  
ELECTION COMMISSION OF INDIA  
IDENTITY CARD

RDU3134632



ಮತದಾರರ ಹೆಸರು : ಯೋಗಿರಾಜ್ ಐತಲ್

Elector's Name : Yogiraja Aithal

ತಂದೆಯ ಹೆಸರು : ಗೋವಿಂದ ಐತಲ್

Father's Name : Govinda Aithal

ಲಿಂಗ / Sex : ಪುರುಷ / Male

ಜನ್ಮದಿನಾಂಕ / Date of Birth : 16/04/1976

Mr. Yograj Aithal (18/07) 93725  
27/7/24

EYE CHECK UP REPORT

Vision Acuity  $\left\{ \begin{array}{l} 6/9 \rightarrow 6/6 \\ 6/9 \rightarrow 6/6 \end{array} \right.$

Near Vision  $\left\{ \begin{array}{l} NG \\ \text{Eplan} \\ NG \end{array} \right.$

Digital IOP  $\left\{ \begin{array}{l} 2 \\ 2 \end{array} \right.$

Colour Vision  $\left\{ \begin{array}{l} Normal \\ Normal \end{array} \right.$

• Fundus: Normal @ steady

• Ant. Segment :- WNL

• Media: Normal

• Pupil: N/A

RCVA  $\left\{ \begin{array}{l} 0.50 \times 90 \\ 0.50 \times 90 \end{array} \right\}$  Add  $\left\{ \begin{array}{l} 11.75 \\ 11.50 \end{array} \right.$

6/6, NG

PHS

Date : 27/7/20  
MR No :  
Name : *Tom. Yoganaj Ailhal*  
Age/Gender : *48 yrs*  
Mobile no :

Department : NUTRITION & DIETETICS  
Consultant : DT, ROHINI RAGHU  
Reg No :  
Qualification : M.Sc, RD ( food & nutrition)  
Consulting Timings :  
Phone No.; 080-26611236/8/9

*Fatty liver HTN / DM II*

*Ht 170cm*

*WT 73kg*

*IBW -> 70-75kg*

*Jogging -> 25min.*

*Sleeps -> 6-8hrs.*

*147/71 mm*

*Abdomen -> Bowel high since long past diet.*

*\* BAKED mutton subs.  
(w/veg) -> light salad.*

*Avoid. Salted items, pickles, papads, processed  
packed foods, bakery items, junk food,  
milkshakes, fried items etc, white sugar*

*Includes*

*\* Veg SALAD -> Cucumber, Tomato, onion, carrot,  
broccoli -> 1 bowl.  
\* Red onion, green chilies, millets, wheat etc.*

*BF -> wheat, jowar, ragi, millets, wheat etc.  
-> avoid -> refined grains*

**Patient Name** : Mr. Yogiraj Aithal

**Age/Gender** : 48 Y/M

**UHID/MR No.** : CBAS.0000093725

**OP Visit No** : CBASOPV104940

**Sample Collected on** :

**Reported on** : 27-07-2024 15:42

**LRN#** : RAD2389763

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 99201

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

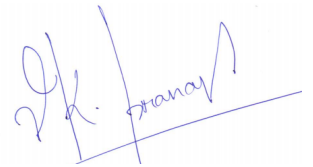
Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

**IMPRESSION:**

**No obvious abnormality seen in the present study.**



**Dr. V K PRANAV VENKATESH**  
**MBBS,MD**  
Radiology

**Patient Name** : Mr. Yogiraj Aithal

**Age/Gender** : 48 Y/M

**UHID/MR No.** : CBAS.0000093725

**OP Visit No** : CBASOPV104940

**Sample Collected on** :

**Reported on** : 27-07-2024 15:30

**LRN#** : RAD2389763

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 99201

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver:** appears normal in size (15.0 cm) and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal. No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

**Spleen** appears normal. No focal lesion seen. Splenic vein appears normal.

**Pancreas** appears normal in echo-pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

**Right kidney** appear normal in size 9.8x1.3 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

**Left kidney** appear normal in size 9.7x1.3 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

**Prostate** is normal in size measuring 3.4x3.5x3.6 cm (volume 23 cc) and echo texture.

- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

### **IMPRESSION:-**

**GRADE I FATTY LIVER.**

### **Suggested clinical correlation.**

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



**Dr. V K PRANAV VENKATESH**  
**MBBS, MD**  
Radiology