

Name : Mr. KRISHNA KUMAR YADAV

Age: 51 Y

UHID:CELE.0000128804

Address : E CITY

Sex: M

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

OP Number:CELEOPV338416

Bill No :CELE-OCR-55004

Date : 19.02.2024 08:33

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

Audio - 3
 Physio - 14
 Dental - 15
 17 even - 5

DATE:

NAME:

AGE/SEX:

UHID:

CHIEF COMPLAINTS:

PAST/FAMILY HISTORY:

ALLERGIES:

GENERAL EXAMINATION:

| | | | |
|-----------|------------|-----------|-----------|
| PULSE: 80 | BP: 109/73 | TEMP: | RR: |
| HT: 177 | WT: 76.5 | WAIST: 90 | BMI: 24.4 |

HOP-102

| Vision | Rt | Lt | With Correction |
|---------|----|----|-----------------|
| DISTANT | | | |
| NEAR | | | |
| COLOUR | | | |

SYSTEMIC EXAMINATION

Chest:

Cvs:

P/A:

IMPRESSION:

FINAL RECOMMENDATION:

GENERAL PHYSICIAN

| | | | |
|--------------------|---------------------------|-------------|--------------------|
| Patient Name | : Mr. KRISHNA KUMAR YADAV | Age | : 51 Y M |
| UHID | : CELE.0000128804 | OP Visit No | : CELEOPV338416 |
| Reported on | : 20-02-2024 10:27 | Printed on | : 20-02-2024 10:27 |
| Adm/Consult Doctor | : | Ref Doctor | : SELF |

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

Printed on:20-02-2024 10:27

---End of the Report---


FOR **Dr. VIGNESH K**
MBBS, MD Radio-Diagnosis
Radiology

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK KARNATAKA

Bangalore (Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Date: IST: 2024-02-19 09:43:32

Personal Details
UHID: 00XHE1PU6SW0QY2

PatentID: 128804

Name: Mr Krishna Kumar Yadav

Age: 51

Gender: Male

Mobile: 8452044708

Pre-Existing Medical- Symptoms
Conditions

Vitals

Measurements
HR: 75 BPM

PR: 179 ms

PD: 127 ms

QRSD: 120 ms

QRS Axis: -41 deg

QT/QTc: 371/371 ms

Report ID: AHLLP_00XHE1PU6SW0QY2_V03VWRWJ

Interpretation

Sinus rhythm
Left axis deviation

Apollo Medical
Centre

Reg No: 120276

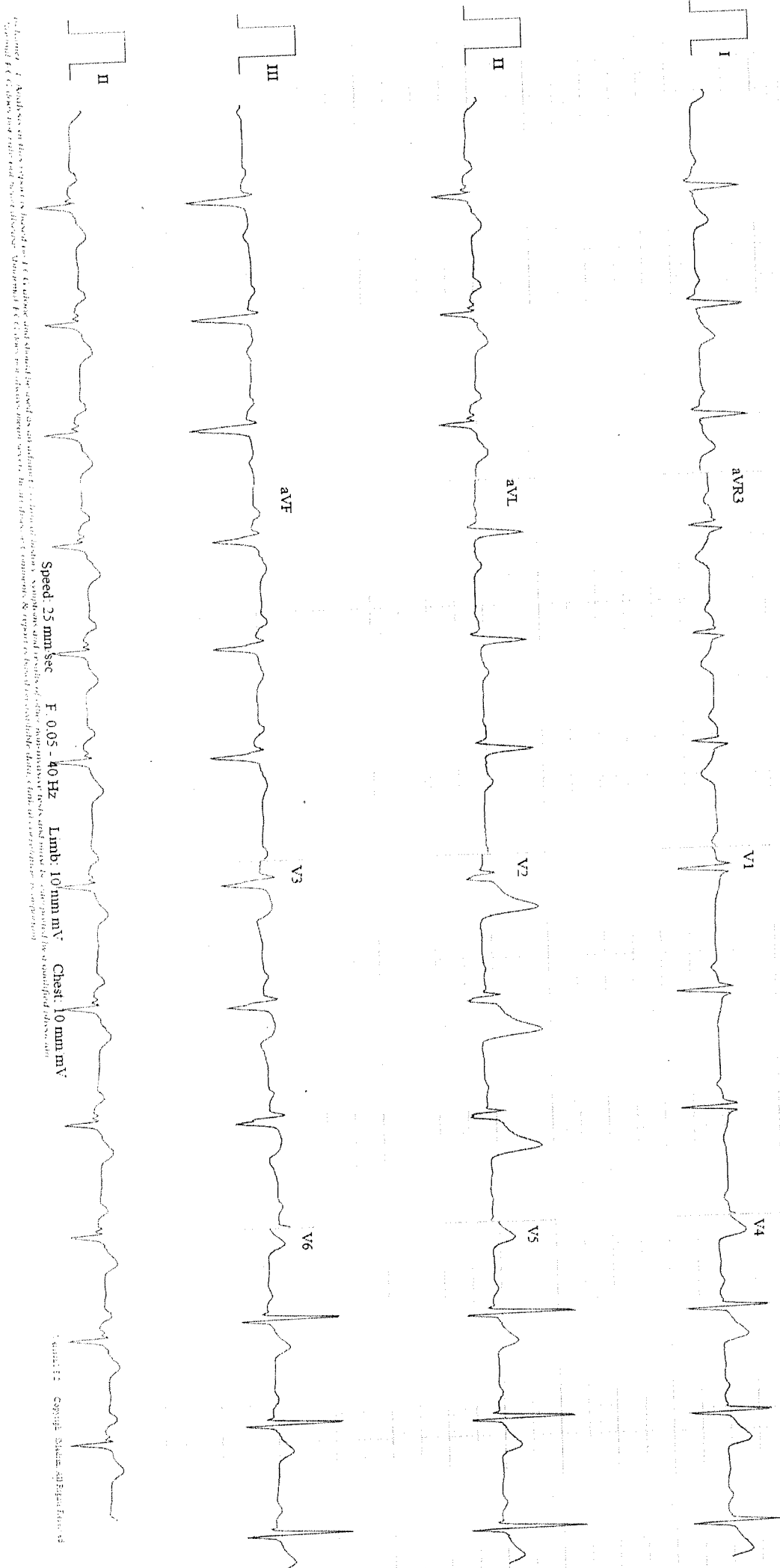
Authorized by

Dr. Yogesh Kuthari

M.D. DNB, FESC, FEP

Reg No- KMC 14065

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



Caution: This analysis on this report is based on ECG data alone and should be used as an adjunct to a clinical evaluation. It is not intended to replace a clinical evaluation. The user should consult a physician for a complete clinical evaluation. This report is based on available data. Each lead is a separate recording.

| | |
|---------------------|-------------------|
| NAME: | MR. KRISHNA KUMAR |
| AGE / SEX: | 51 YRS/ MALE |
| DATE: | 19/01/2024 |
| REFERRED BY: | ARCOFEMI |

ABDOMINAL ULTRASONOGRAPHY REPORT

LIVER: appear normal in size and echogenicity. No focal lesion seen. The intra hepatic biliary and portal venous radicals are normal. Portal vein and CBD is normal

GALL BLADDER: Minimally distended and appears normal. No obvious calculus/abnormal wall thickening / pericholecystic fluid seen.

PANCREAS: Normal to the extent visualized.

SPLEEN: normal in size and echo texture. No focal lesion noted.

KIDNEYS: Both kidneys are normal in size and echo texture. Normal cortico-medullary differentiation is maintained. No calculus / hydronephrosis on both sides.

PELVIC ORGANS:

Urinary bladder is moderately distended with irregular diffuse wall thickening. **Prevoid: 646cc. Post void-224**

Prostate enlarged in size (39c) With intravesical extension of 11mm and normal in echogenicity.

No free fluid in the abdomen and pelvis.

IMPRESSION:

- ***Mild prostatomegaly with intravesical extension of 11mm and significant post void residual urine.***
- ***Features of chronic cystitis.***

*To correlate clinically & with other investigations.
Not for medico-legal purpose*



DR. VIDHYA THANGAMANI
MBBS D.N.B IN RADIO DIAGNOSIS
CONSULTANT RADIOLOGIST

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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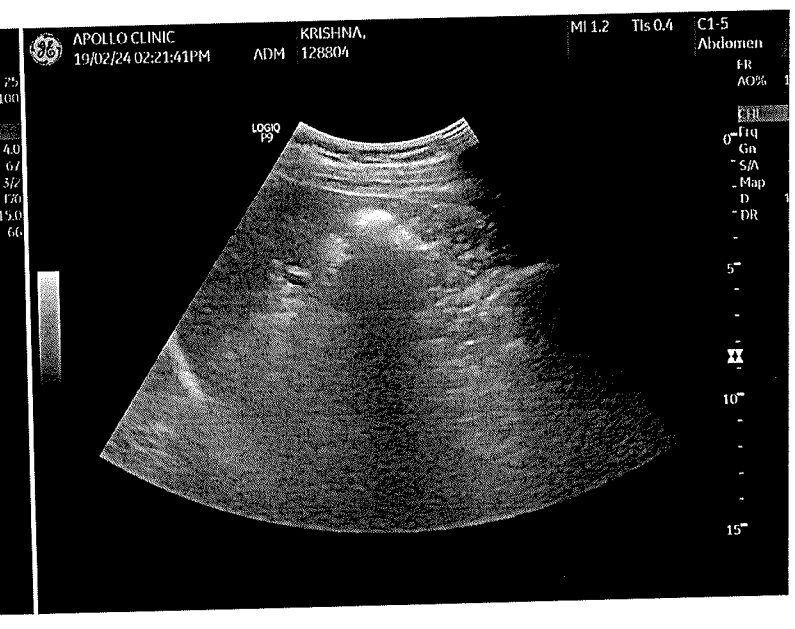
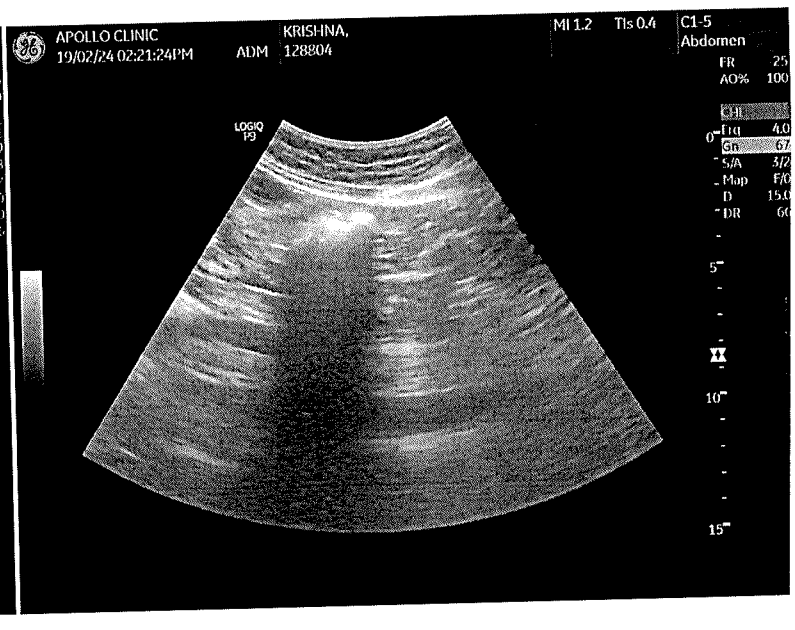
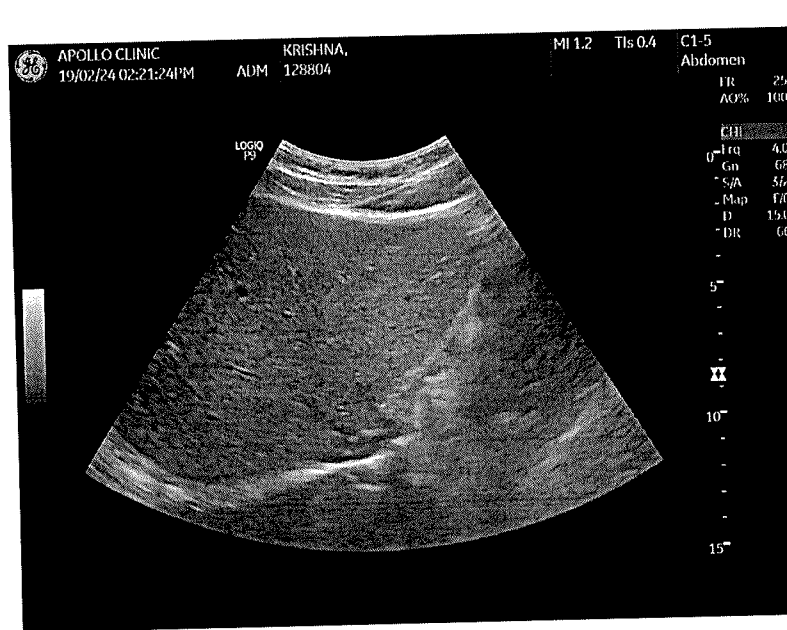
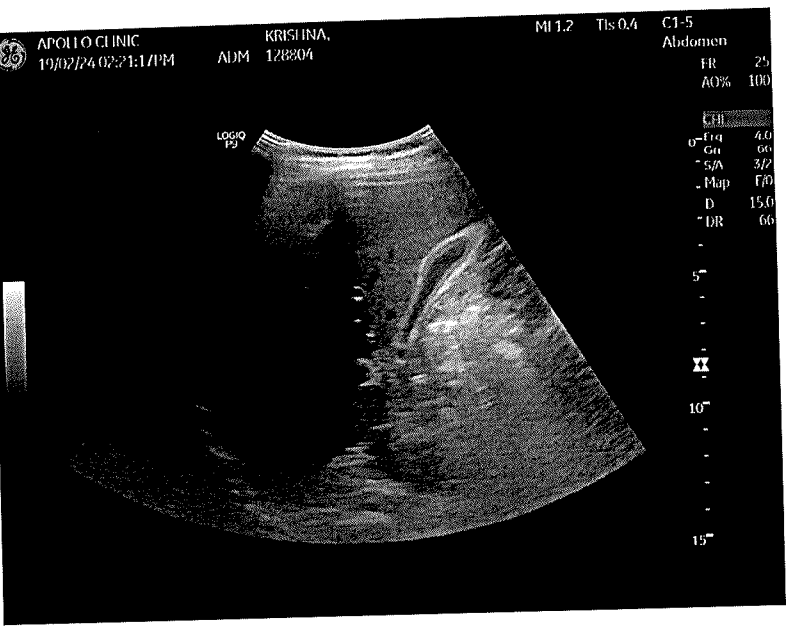
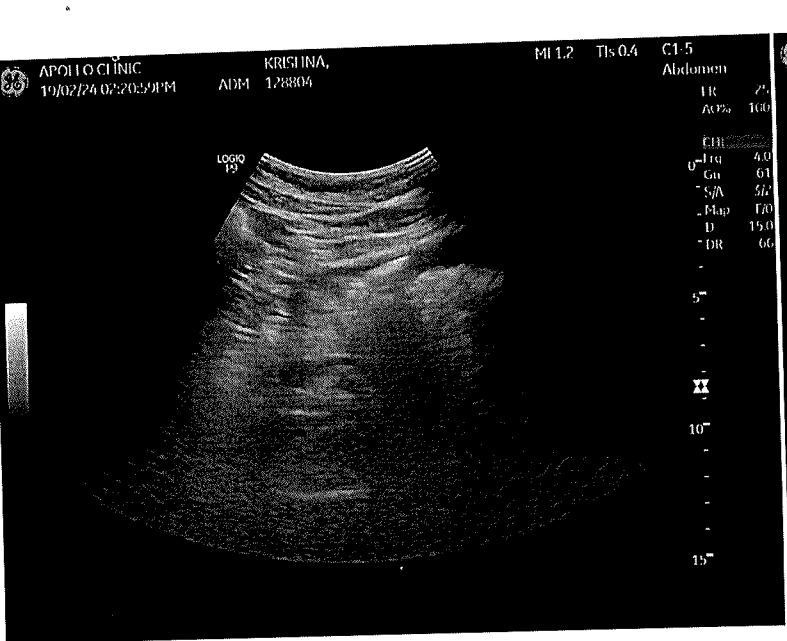
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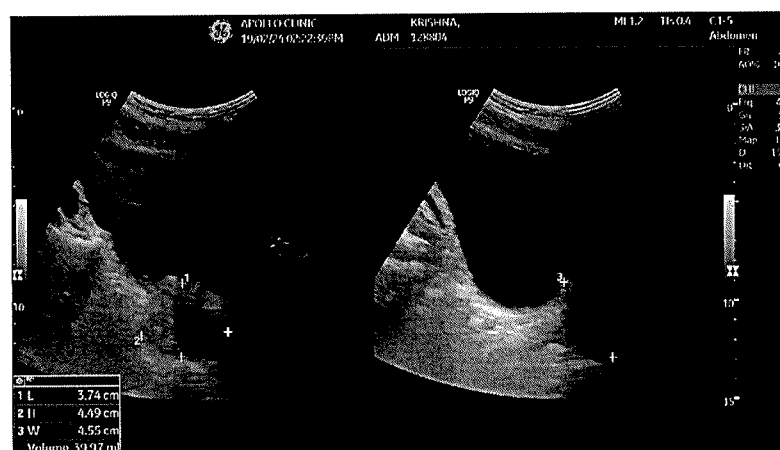
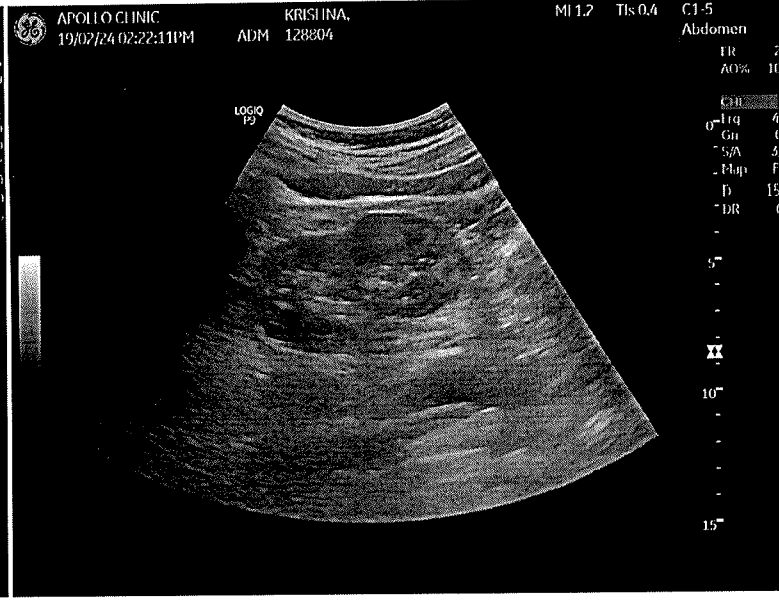
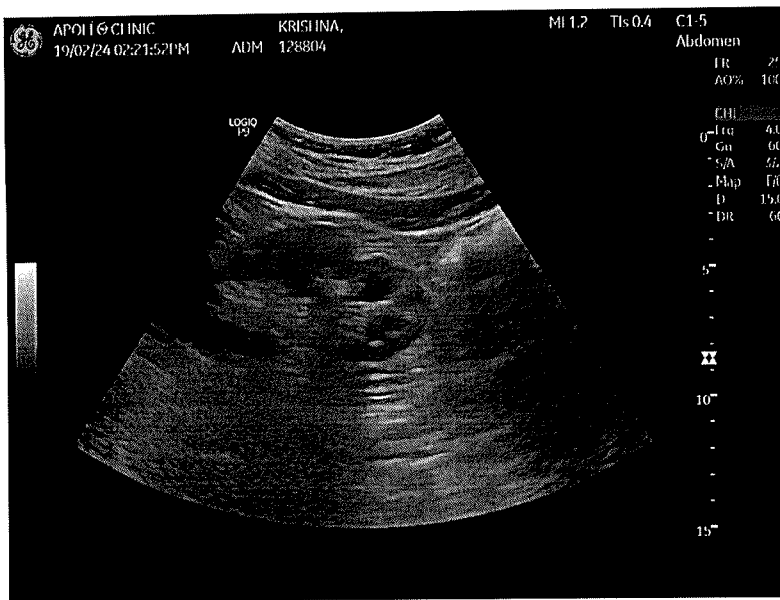
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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**





2-D ECHO-CARDIOGRAPHY DOPPLER & COLOUR DOPPLER REPORT

NAME : MR KRISHNA KUMAR YADAV

DATE :19/02/2024

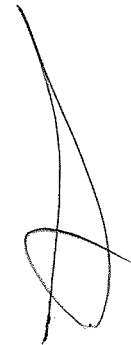
AGE/SEX: 51Y / M

REF :ARCOFEMI MEDIWHEEL

UHID: 128804/02/92

*** MEASUREMENTS & FLOW VELOCITIES AS DEPICTED IN IMAGES OVERLEAF.

1. NORMAL VALVES.
2. NORMAL FLOW ACROSS ALL VALVES.
3. NO MR/ AR/ TR.
4. NORMAL GREAT VESSELS.
5. NORMAL SYSTEMIC VEINS & AT LEAST 3 PULMONARY VEINS SEEN DRAINING INTO LA.
6. NORMAL SIZED CHAMBERS.
7. NO REGIONAL WALL MOTION ABNORMALITIES.
8. INTACT SEPTAE (IVS & IAS).
9. GOOD LV & RV SYSTOLIC FUNCTION.
10. PERICARDIUM : NORMAL
11. NO OBVIOUS VEGETATION / CLOTS.



DR (CAPT.)S.V KRISHNA RAO

MD (PGI), DNB (Card)

Senior Consultant – Cardiologist

Reg No : ANP 19780000746KTK

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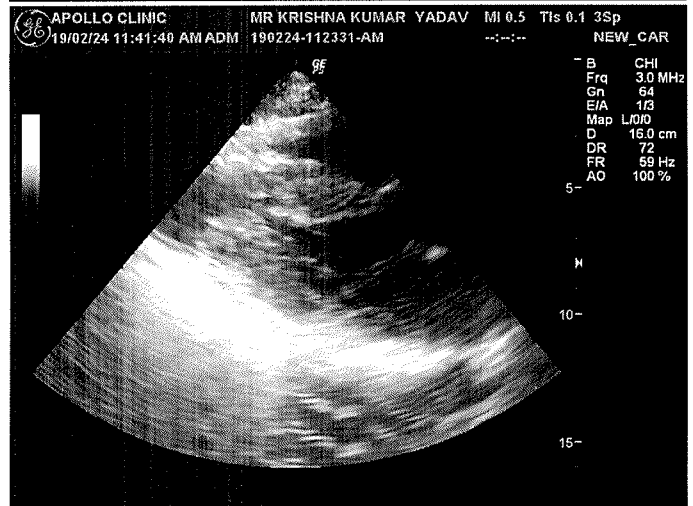
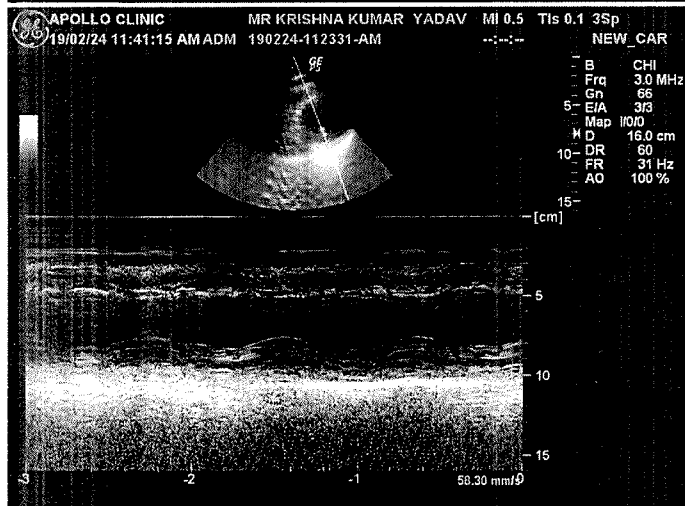
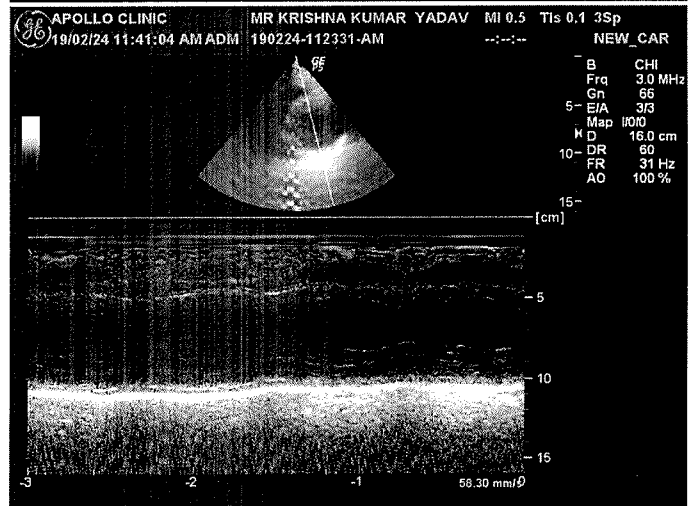
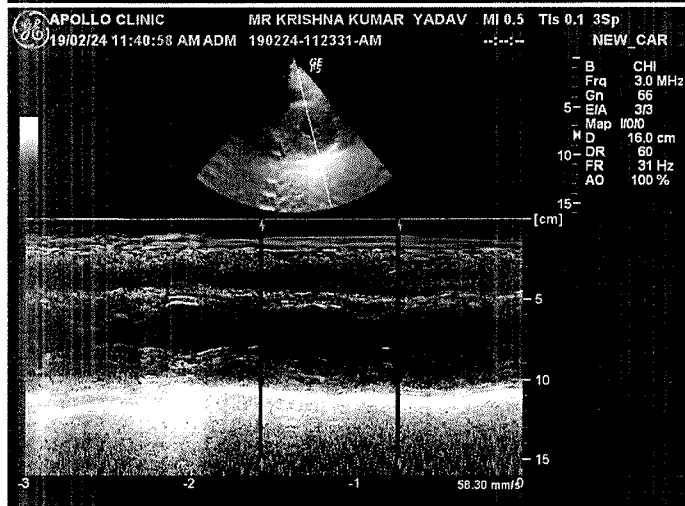
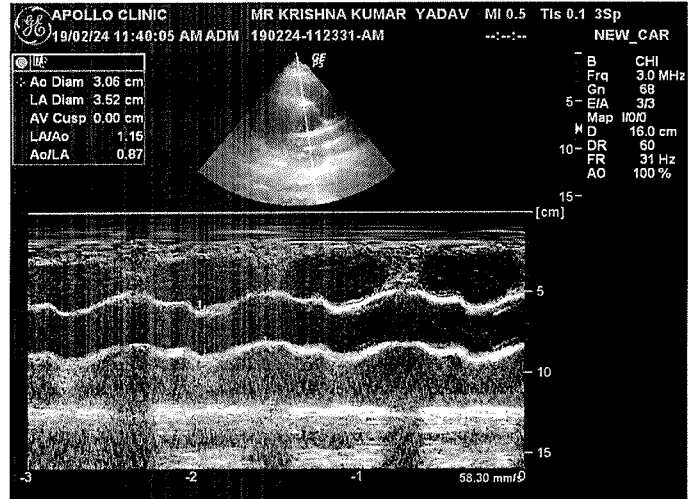
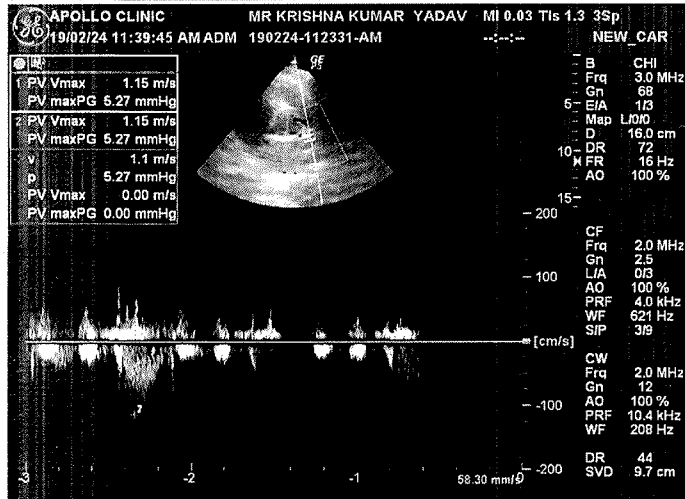
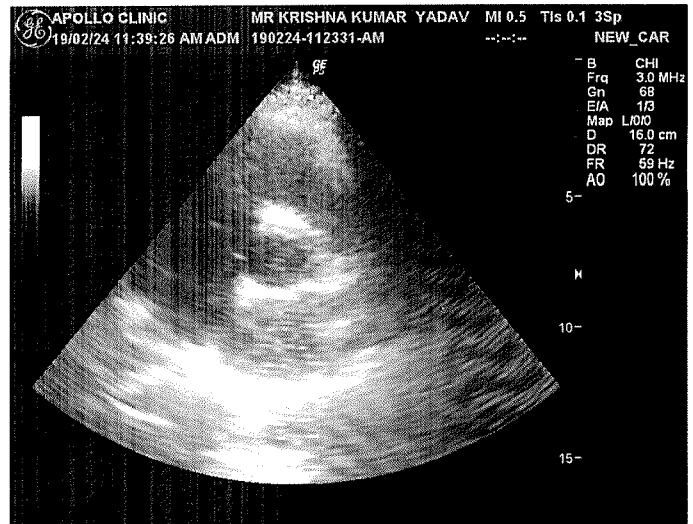
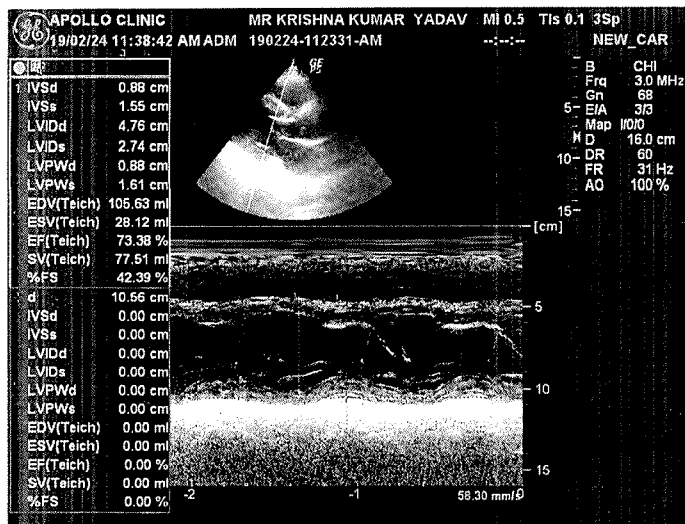
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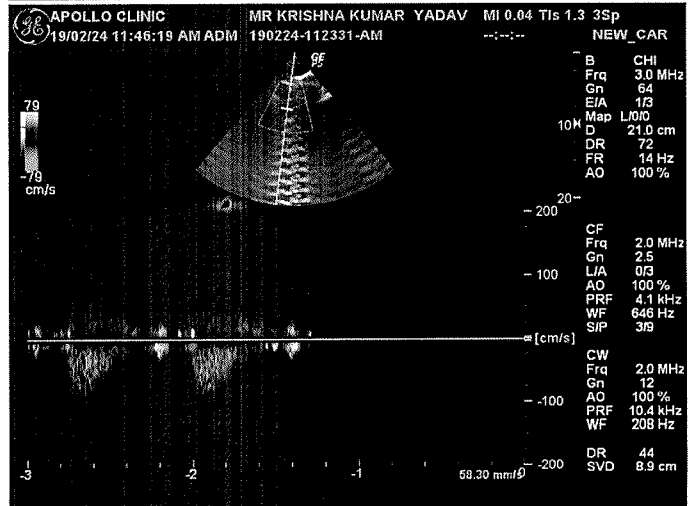
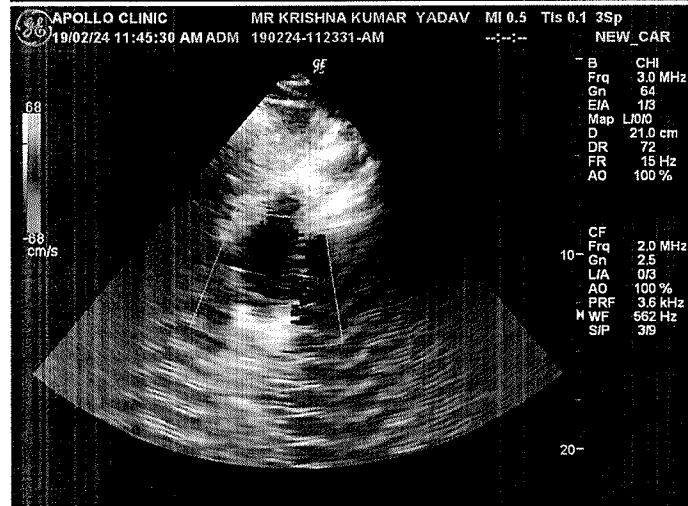
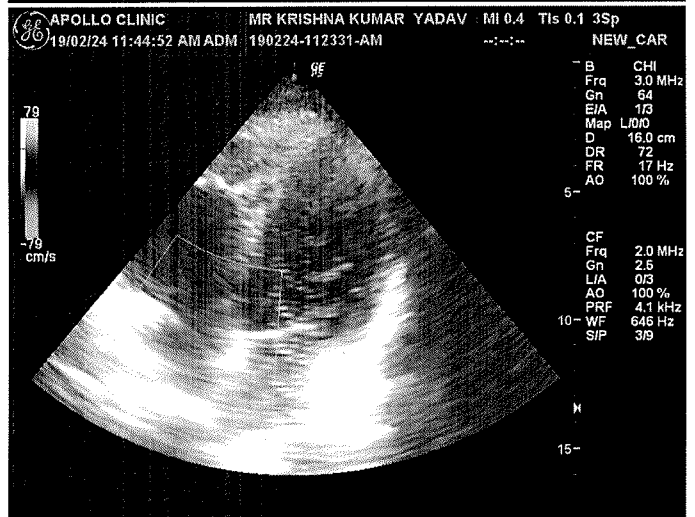
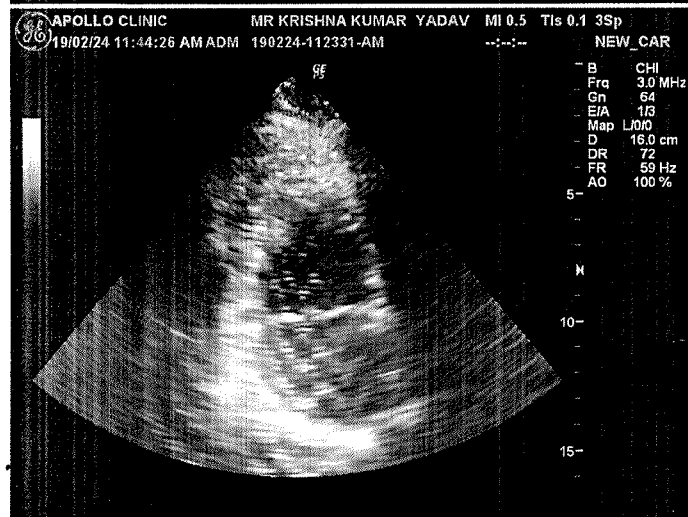
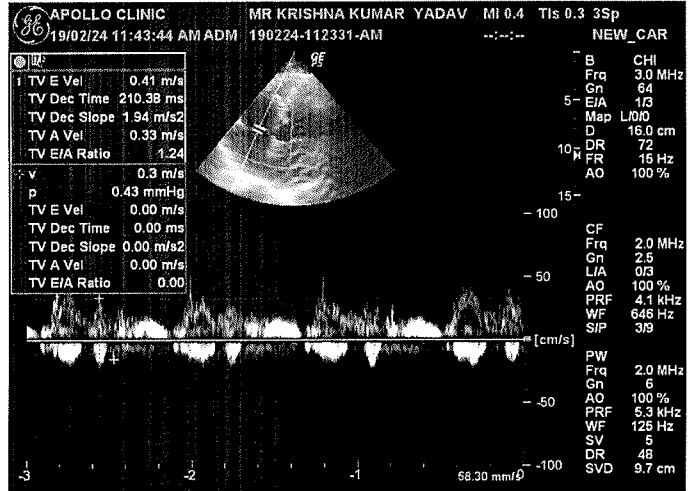
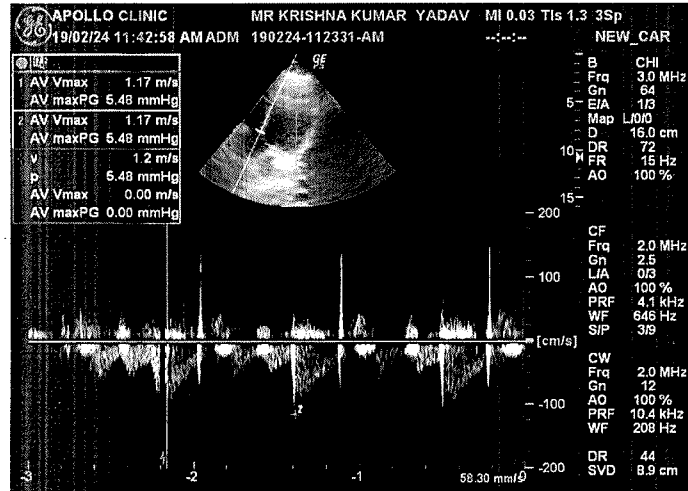
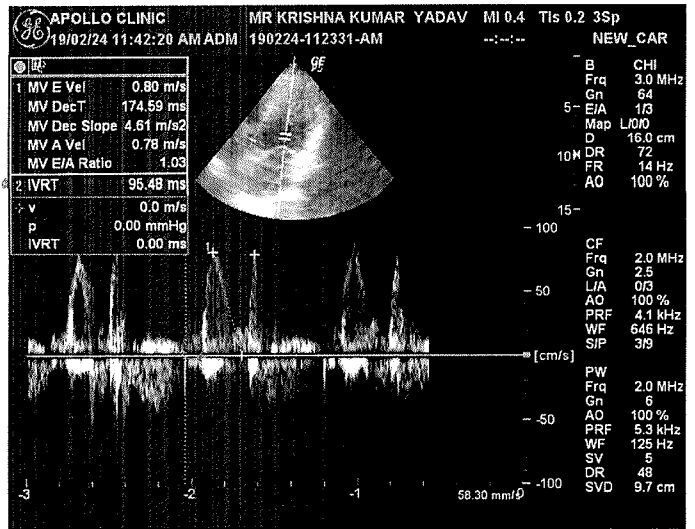
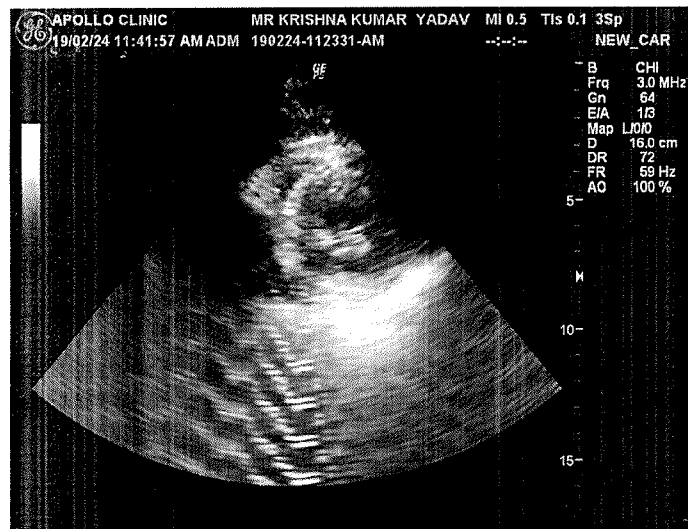
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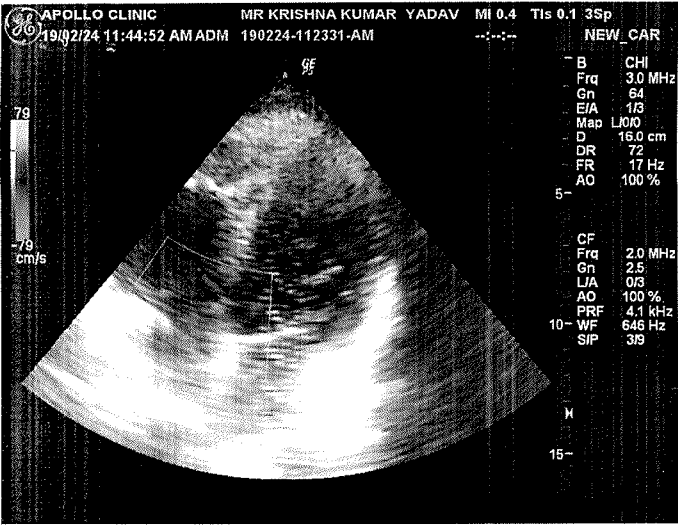
Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**







ORAL EXAMINATION FORM



CHC

Date: 19/2/24

Patient ID: 128804 MHC

Patient Name: Krishna Kumar Age: 51 Sex: Male Female

Chief Complaint:

Medical History: None

Drug Allergy: None

Medication currently taken by the Guest:

Naunalen 2Dore,
Implant (3) 1 1/2 years.

Initial Screenign Findings:

Dental Caries:

Missing Teeth:

Impacted Teeth:

Attrition / Abrasion: present lower front teeth

Bleeding:

Pockets / Recession:

Calculus / Stains: S+D++

Mobility:

Restored Teeth:

Non - restorable Teeth for extraction / Root Stumps:

Malocclusion:

Others: Habits - None.

Advice:-

Scaling / y check up, Sensitivity tooth paste.

Doctor Name & Signature:

Dr. Kumar

यूनियन बैंक Union Bank
of India



नाम : कृष्ण कुमार यादव
Name : Krishna Kumar Yadav
पद / Designation : सहा.प्रबंधक Asst. Manager
कर्मचारी क्र. / Employee No.: 523477
जन्म तिथि / Birth Date : 10-03-1972
रक्त ग्रुप / Blood Group : AB+

जारी करने का स्थान
Place of Issue : R.O., BELGAUM.
जारी करने की तारीख
Date of Issue : 01-04-2014

हस्ताक्षर / Signature

उप महाप्रबंधक/DGM
जारीकर्ता प्राधिकारी / Issuing Signature

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India
RO - BANGALORE SOUTH
Chandrakiran, 10-A, Kasturba Road, P.B.
No. 5179, Bangalore, Karnataka, ,
Bangalore- 80

To,

The Chief Medical Officer
M/S Mediwheel
<https://mediwheel.in/signup011-41195959>(A brand name of
Arcofemi Healthcare Ltd),
Mumbai400021
Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup Executive Male 35+

Shri/Smt./Kum. YADAV, KRISHNA KUMAR

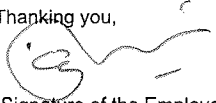
P.F. No. 523477 Designation : Senior Manager(OL)

Checkup for Financial Year 2023-2024 **Approved Charges Rs. 4000.00**

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup(for Executives) at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,


(Signature of the Employee)

Yours Faithfully,


BRANCH MANAGER/SENIOR MANAGER

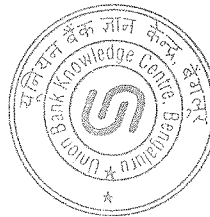
PS. : Status of the application- Sanctioned

View Worklist

Previous in Worklist

Next in Worklist

Health checkup at tie-up Ctr | HealthChkup Authorisatn letter



Established Patient: No

Vitals

| Date | Pulse (Beats/min) | B.P (mmHg) | Resp (Rate/min) | Temp (F) | Height (cms) | Weight (Kgs) | Body Fat Percentage (%) | Visceral Fat Level (%) | Body Age (Years) | BMI | Waist Circum (cms) | Hip (cms) | Waist (cms) | Waist & Hip Ratio | User |
|---------------------|----------------------|----------------|--------------------|-------------|-----------------|-----------------|-------------------------------|------------------------------|------------------------|-------|--------------------------|--------------|----------------|-------------------------|-----------|
| 25-02-2024 13:41 | 80 Beats/min | 109/73 mmHg | 20 Rate/min | 97.3 F | 177 cms | 76.3 Kgs | % | % | Years | 24.35 | cms | cms | cms | | AHLL07132 |

Established Patient: No

Vitals

| Date | Pulse (Beats/min) | B.P (mmHg) | Resp (Rate/min) | Temp (F) | Height (cms) | Weight (Kgs) | Body Fat Percentage (%) | Visceral Fat Level (%) | Body Age (Years) | BMI | Waist Circum (cms) | Hip (cms) | Waist (cms) | Waist & Hip Ratio | User |
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ent, diet, general physician and dental consultation pending

Name: Mr. KRISHNA KUMAR YADAV
Age/Gender: 51 Y/M
Address: E CITY
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: Electronic City_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. DAYANAND BALAPPA YALIGAR

MR No: CELE.0000128804
Visit ID: CELEOPV338416
Visit Date: 19-02-2024 08:33
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mr. KRISHNA KUMAR YADAV
Age/Gender: 51 Y/M
Address: E CITY
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: Electronic City_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SONIA MOHAN

MR No: CELE.0000128804
Visit ID: CELEOPV338416
Visit Date: 19-02-2024 08:33
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

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Vitals

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Established Patient: No

Vitals

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Name: Mr. KRISHNA KUMAR YADAV
Age/Gender: 51 Y/M
Address: E CITY
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: Electronic City_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. YASHASWI R G

MR No: CELE.0000128804
Visit ID: CELEOPV338416
Visit Date: 19-02-2024 08:33
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. KRISHNA KUMAR YADAV
Age/Gender: 51 Y/M
Address: E CITY
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: Electronic City_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PAVITRA RAMAN

MR No: CELE.0000128804
Visit ID: CELEOPV338416
Visit Date: 19-02-2024 08:33
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

| | | | |
|----------------------------|---------------------------|--------------------|--------------------|
| Patient Name | : Mr. KRISHNA KUMAR YADAV | Age/Gender | : 51 Y/M |
| UHID/MR No. | : CELE.0000128804 | OP Visit No | : CELEOPV338416 |
| Sample Collected on | : | Reported on | : 21-02-2024 14:49 |
| LRN# | : RAD2240968 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 523477 | | |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: appear normal in size and echogenicity. No focal lesion seen. The intra hepatic biliary and portal venous radicals are normal. Portal vein and CBD is normal

GALL BLADDER: Minimally distended and appears normal. No obvious calculus/abnormal wall thickening / pericholecystic fluid seen.

PANCREAS:Normal to the extent visualized.

SPLEEN: normal in size and echo texture. No focal lesion noted.

KIDNEYS: Both kidneys are normal in size and echo texture. Normal cortico-medullary differentiation is maintained. No calculus / hydronephrosis on both sides.

PELVIC ORGANS:

Urinary bladder is moderately distended with irregular diffuse wall thickening. **Prevoid: 646cc. Post void-224**

Prostate enlarged in size (39c) With intravesical extension of 11mm and normal in echogenicity.

No free fluid in the abdomen and pelvis.

IMPRESSION:

- **Mild prostatomegaly with intravesical extension of 11mm and significant post void residual urine.**
- **Features of chronic cystitis.**

To correlate clinically & with other investigations.

Not for medico-legal purpose

Dr. VIDHYA THANGAMANI
MBBS. D.N.B in Radio Diagnosis
Radiology

Patient Name : Mr. KRISHNA KUMAR YADAV

Age/Gender : 51 Y/M

UHID/MR No. : CELE.0000128804

OP Visit No : CELEOPV338416

Sample Collected on :

Reported on : 20-02-2024 10:27

LRN# : RAD2240968

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 523477

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. VIGNESH K
MBBS, MD Radio-Diagnosis
Radiology

| | |
|---------------------------------------|--|
| Patient Name : Mr.KRISHNA KUMAR YADAV | Collected : 19/Feb/2024 08:54AM |
| Age/Gender : 51 Y 11 M 9 D/M | Received : 19/Feb/2024 11:25AM |
| UHID/MR No : CELE.0000128804 | Reported : 19/Feb/2024 01:18PM |
| Visit ID : CELEOPV338416 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 523477 | |

DEPARTMENT OF HAEMATOLOGY

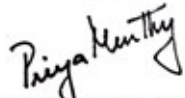
ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|---------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 13.5 | g/dL | 13-17 | Spectrophotometer |
| PCV | 41.50 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 5.07 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 81.8 | fL | 83-101 | Calculated |
| MCH | 26.7 | pg | 27-32 | Calculated |
| MCHC | 32.6 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 16.3 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,240 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 50.3 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 34 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 8.9 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 6.2 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.6 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3138.72 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2121.6 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 555.36 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 386.88 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 37.44 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.48 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 261000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 8 | mm at the end of 1 hour | 0-15 | Modified Westegren method |
| PERIPHERAL SMEAR | | | | |

RBCs: are normocytic normochromic



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



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



SIN No: BED240042567

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

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

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

Patient Name : Mr.KRISHNA KUMAR YADAV
Age/Gender : 51 Y 11 M 9 D/M
UHID/MR No : CELE.0000128804
Visit ID : CELEOPV338416
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 523477

Collected : 19/Feb/2024 08:54AM
Received : 19/Feb/2024 11:25AM
Reported : 19/Feb/2024 01:18PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

WBCs: are normal in total number with relative increase in eosinophils.

PLATELETS: appear adequate, normal morphology.

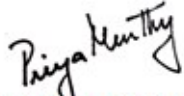
HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE EOSINOPHILIA.

Kindly correlate clinically.



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



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



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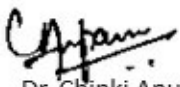
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| UHID/MR No : CELE.0000128804 | Reported : 19/Feb/2024 03:02PM |
| Visit ID : CELEOPV338416 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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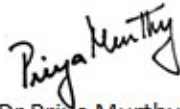
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

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



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:BED240042567

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| | |
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| Patient Name : Mr.KRISHNA KUMAR YADAV | Collected : 19/Feb/2024 08:54AM |
| Age/Gender : 51 Y 11 M 9 D/M | Received : 19/Feb/2024 11:32AM |
| UHID/MR No : CELE.0000128804 | Reported : 19/Feb/2024 06:06PM |
| Visit ID : CELEOPV338416 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 523477 | |

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 93 | 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) | 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 |
|--|--------|------|-----------------|--------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.8 | % | | HPLC |



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

SIN No:EDT240018839

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

| | | | |
|---------------------------------|-----|-------|------------|
| ESTIMATED AVERAGE GLUCOSE (eAG) | 120 | 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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M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

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| Patient Name : Mr.KRISHNA KUMAR YADAV | Collected : 19/Feb/2024 08:54AM |
| Age/Gender : 51 Y 11 M 9 D/M | Received : 19/Feb/2024 12:17PM |
| UHID/MR No : CELE.0000128804 | Reported : 19/Feb/2024 01:55PM |
| Visit ID : CELEOPV338416 | Status : Final Report |
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324


| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------|-------|-----------------|-----------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 146 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 114 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 36 | mg/dL | 40-60 | Enzymatic Immuno-inhibition |
| NON-HDL CHOLESTEROL | 110 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 87.7 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 22.8 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.07 | | 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.



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

SIN No:SE04634132

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| Patient Name | : Mr.KRISHNA KUMAR YADAV | Collected | : 19/Feb/2024 08:54AM |
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| Visit ID | : CELEOPV338416 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324



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ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|--------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.50 | mg/dL | 0.3–1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.09 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.41 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 25 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 27.0 | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 75.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.32 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.14 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 3.18 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.3 | | 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, Wilson'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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SIN No:SE04634132

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

| | |
|---------------------------------------|--|
| Patient Name : Mr.KRISHNA KUMAR YADAV | Collected : 19/Feb/2024 08:54AM |
| Age/Gender : 51 Y 11 M 9 D/M | Received : 19/Feb/2024 12:17PM |
| UHID/MR No : CELE.0000128804 | Reported : 19/Feb/2024 01:55PM |
| Visit ID : CELEOPV338416 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 523477 | |

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|--------|-----------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 1.30 | mg/dL | 0.67-1.17 | Jaffe's, Method |
| UREA | 23.70 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 11.1 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 5.58 | mg/dL | 3.5-7.2 | Uricase PAP |
| CALCIUM | 9.60 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.04 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 136 | 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) |



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| Patient Name : Mr.KRISHNA KUMAR YADAV | Collected : 19/Feb/2024 08:54AM |
| Age/Gender : 51 Y 11 M 9 D/M | Received : 19/Feb/2024 12:17PM |
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------|------|-----------------|--------|
| ALKALINE PHOSPHATASE , SERUM | 75.00 | U/L | 30-120 | IFCC |

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 14.00 | U/L | <55 | IFCC |



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| Patient Name : Mr.KRISHNA KUMAR YADAV | Collected : 19/Feb/2024 08:54AM |
| Age/Gender : 51 Y 11 M 9 D/M | Received : 19/Feb/2024 12:12PM |
| UHID/MR No : CELE.0000128804 | Reported : 19/Feb/2024 02:50PM |
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-iodothyronine (T3, TOTAL) | 0.71 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 7.92 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 5.764 | 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 |

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




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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|--------|
| VITAMIN D (25 - OH VITAMIN D) , SERUM | 11.8 | ng/mL | 30 -100 | 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.
- Nephrotic syndrome.

Increased levels:

- Vitamin D intoxication.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---------------------|--------|-------|-----------------|--------|
| VITAMIN B12 , SERUM | <55.0 | pg/mL | 107.2-653.3 | CLIA |



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DEPARTMENT OF IMMUNOLOGY

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Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. 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.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|--------|
| TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM | 1.120 | ng/mL | 0-4 | CLIA |

Comment:

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



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| Patient Name : Mr.KRISHNA KUMAR YADAV | Collected : 19/Feb/2024 08:54AM |
| Age/Gender : 51 Y 11 M 9 D/M | Received : 19/Feb/2024 12:09PM |
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| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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DEPARTMENT OF CLINICAL PATHOLOGY

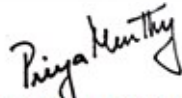
ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

| 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 | 6.5 | | 5-7.5 | DOUBLE INDICATOR |
| SP. GRAVITY | 1.010 | | 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 |

Page 15 of 16



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Consultant Pathologist



SIN No: UR2286176

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|---------------------------------------|--|
| Patient Name : Mr.KRISHNA KUMAR YADAV | Collected : 19/Feb/2024 08:54AM |
| Age/Gender : 51 Y 11 M 9 D/M | Received : 19/Feb/2024 04:51PM |
| UHID/MR No : CELE.0000128804 | Reported : 19/Feb/2024 05:33PM |
| Visit ID : CELEOPV338416 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 523477 | |

DEPARTMENT OF CLINICAL PATHOLOGY

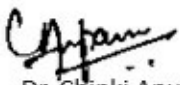
ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

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

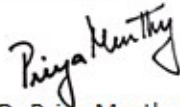
| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------|----------|------|-----------------|----------|
| URINE GLUCOSE(FASTING) | NEGATIVE | | NEGATIVE | Dipstick |

*** 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:UF010620

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 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

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