

Pt. Name: **MR. PRAKASH**

Ref By: **H C**

Age/Sex: **33 Y/ M**

Date: **13-01-2024**

X-RAY CHEST PA VIEW

Both the lung parenchyma appears normal.

Heart and mediastinum are unremarkable

Trachea and main stem bronchi are unremarkable

Pulmonary vasculature is normal

Both the cardiophrenic and costophrenic angles are clear.

Soft tissues is unremarkable

Benign appearing bone island is noted in the left 1 st rib laterally.

Please correlate clinically

Thanks for reference

Dr. REKHA P

CONSULTANT RADIOLOGIST

Dr. PREMSAI REDDY

Dr. Roma Haider

Dental Surgeon

Certified in Esthetic Dentistry & Implantology

Email : roma.haider@yahoo.com

Consultation : Monday to Saturday 10 am to 7 pm



- Restorative Procedures
- Root canal treatment
- Teeth replacement - fixed and removable dentures
- Oral surgery
- Orthodontics
- Preventive dentistry
- Dental Implants
- Pedodontics
- Esthetics & smile design
- Tooth Jewellery
- Periodontics

7739577225

27/06/2024

18

18/7/2024

18/7/2024

7739577225

Hand fracture → Impacted

18, 48, 28, 38

Celestis, etc

With fracture + trauma

18/7/2024

OPG

2D ECHOCARDIOGRAPHY REPORT

NAME	Mr. PRAKASH	DATE:13-01-2024
AGE	33YRS	KRM NUMBER
GENDER	MALE	193681
	REFERRED BY	

DIMENSIONS:

AORTA: 2.5 cms	IVSD: 1.1 cms	LVDd: 4.1 cms	LVPWD :1.0 cms
LA : 2.8 cms	IVSS : 1.2 cms	LVDs> 2.6 cms	LVPWS:1.1 cms
EF : 60%			EDV :77 ML
			ESV :31 ML

VALVES:

MITRAL : NORMAL.
TRICUSPID : NORMAL.
AORTIC : NORMAL.
PULMONARY : NORMAL.

2D - ECHO:

IAS : Intact.
IVS : Intact.
RA : Normal.
RV : Normal.
LA : NORMAL.
LV : NORMAL
IVC, AORTA AND PULMONARY ARTERY: NORMAL.
PERICARDIUM : NORMAL.

DOPPLER DAT

Mitral valve : E-0.81 M/sec A-0.68 m/sec, NO MR.
Tricuspid valve : NO TR
Aortic valve : V max - 1.0 m /sec
Pulmonary valve : NO PR.

FINAL IMPRESSION:

NORMAL CHAMBERS AND VALVES
NO LV REGIONAL WALL MOTION ABNORMALITIES AT REST
NORMAL LV & RV SYSTOLIC FUNCTION, EF- 60%
NO PERICARDIAL EFFUSION/CLOT/ VEGETATION.



DR. MOHAN MURALI
Consultant Cardiologist

Pt. Name: **MR. PRAKASH**

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Date: **13-01-2024**

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Please correlate clinically

Thanks for reference

Dr. REKHA P

CONSULTANT RADIOLOGIST

Dr. PREMSAI REDDY

Dr. Manaswini Ramachandra, MBBS, MS (ENT)
Consultant ENT and Head & Neck Surgeon
Fellowship in Endoscopic Sinus Surgery
Trained in Allergy (AASC)
Email : manaswiniramachandra@gmail.com



Mr. Prakash

←

13-1-24.

Health Club

B/E 103 Pinnacore SA - Club,
M/o Techno Oceanic

Dr.
Mr. }
OC/OP } as.

Ad.
-2

- ① Dental Reference - for Splint
- ② TENS PHYSIO THERAPY.

Pt Name: MR. PRAKASH

Age/Sex: 33 Y / M

Ref By: H.C

Date: 13 - 01 - 2024

ULTRASOUND ABDOMEN AND PELVIS

- LIVER:** Normal in size and shows mild increased echogenicity. No focal lesion is seen. No IHR dilatation is seen. Portal vein and CBD are normal.
- GALL BLADDER:** Is partially distended. No intraluminal content or calculi are seen in visualized lumen.
- PANCREAS:** Normal in size and echotexture. No focal lesion is seen.
- SPLEEN:** Normal in size and normal in echotexture.
- KIDNEYS:** Right Kidney measures 10.4 cms. Left Kidney measures 10.0cms. Both kidneys are normal in size, shape, position, contour and echotexture. Cortico-medullary differentiation is well maintained. No calculi / hydronephrosis are seen.
- URINARY BLADDER:** Is well-distended with normal wall thickness. No intraluminal content or calculi are seen.
- PROSTATE:** Normal in size and echotexture. No focal lesion is seen.

IMPRESSION: GRADE I FATTY LIVER

Thanks for reference.

Dr. REKHA P

Dr. PREMSAI REDDY

CONSULTANT RADIOLOGIST

DOCTORS NOTE

NAME: Prakash

AGE: 33/M SEX:

NO:

Early morning → Chia seed water
(Lemon Juice)
walnuts - 5 no.

Breakfast (8-30pm) → Idly 2 no. + cucumber / Dosa 2 no. + amaranth
Upma 1/2 cup / Green Gram / Quinoa - Masoor 1 cup (2 no.)
1/2 cup / 1/2 cup

Midmorning (10-30am) → Beet carrot juice / Cucumber Juice 200 ml.
(vitamin d)

Lunch (1-2pm) → Brown Rice 1 cup / Muttai chapati 2 no.
+ Dal + Veg + curd (1/2 cup of fresh curd + paneer)

Snacks → sprouts / Egg w. 2 no.
chat

Dinner → Muttai chapati 2 no. + Dal + Veg + curd / ragi

Ht - 173cm
Wt - 81.5kg
• Dyslipidemia
• Glucose 3 daily times
• Non Veg
• No food allergies

[Signature]
13/1/24

Date : 13/04/24
MRNO :
Name : Prakash
Age / Gender : 33 / M.
Mobile No :

Department : Gen Med
Consultant : Dr. Ravi
Reg. No :
Qualification :
Consultation Timing :

Pulse :	B.P. : 120 / 70 mmHg	Resp :	Temp :
Weight : 81.5 Kg	Height : 172 cm	BMI	Waist Circum :

General Examination / Allergies History

Clinical Diagnosis & Management Plan

1. ...
2. ...
3. ...
4. ...
5. ...
6. ...
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8. ...
9. ...
10. ...

1. ...
2. ...
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10. ...

Follow up date:

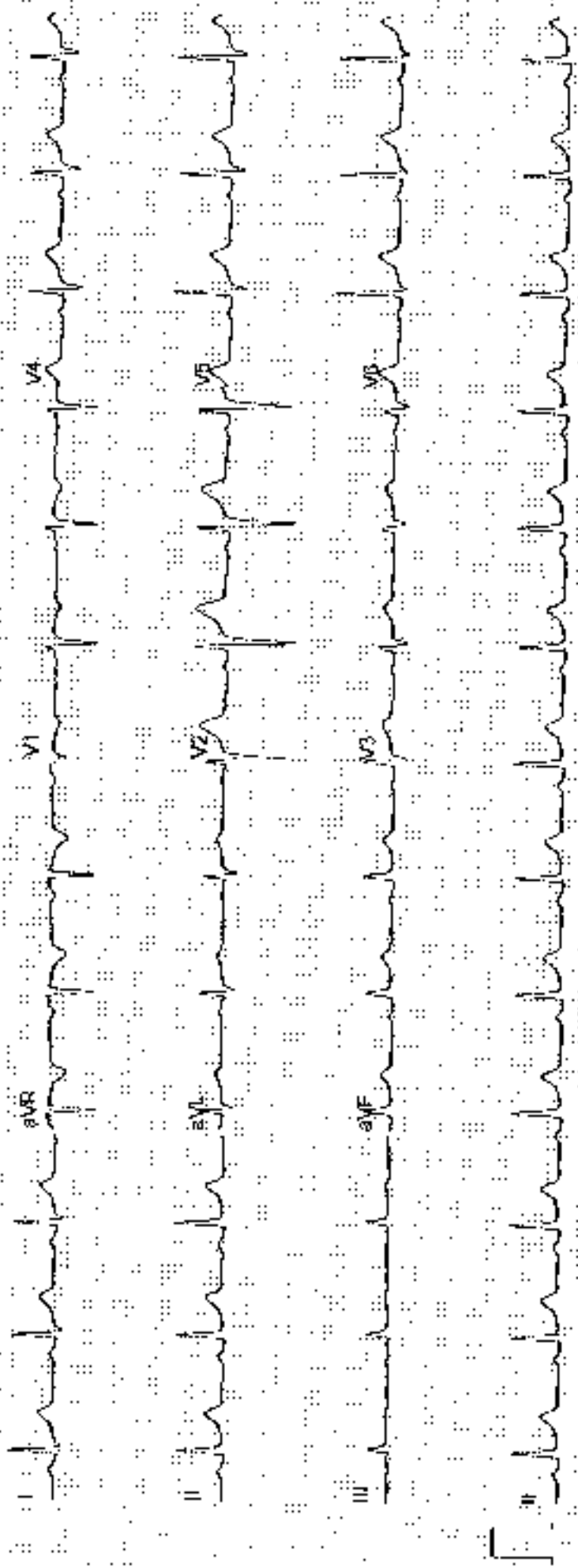
Doctor Signature

BP - 130/74 mmHg

Normal sinus rhythm
Normal ECG

QRS 88 ms
QT/QTc 372/420 ms
PR 142 ms
P 80 ms
RR/PP 780/773 ms
P/QRS/T 29/49/37 degrees

P. ...





Site Name: Vt.PRAEASH
 Age/Sex: 13 Y 9 M 19 D/M
 UHIC/MR No: SKDR 03021903391
 Visit ID: SKDRCPV276620
 Ref Center: D_SELF
 Emp/Acc/TA ID: 163791

Collected: 13/Jan/2024 09:55 AM
 Received: 13/Jan/2024 10:45 AM
 Reported: 13/Jan/2024 12:26 PM
 Status: Final Report
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DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR - WHOLE BLOOD EDTA

RBCs are normocytic normochromic.
 WBCs are normal in number with normal distribution and morphology.
 Platelets are adequate.
 No Hemoparasites or abnormal cells seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

Page: 1/11

[Handwritten Signature]

Dr. Anil Kumar B
 M.S. (D) Pathology
 Pathologist, Apollo

SIN No: IL130000592



DEPARTMENT OF HAEMATOLOGY

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

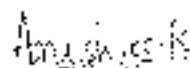
Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.2	g/dL	13-17	Spectrophotometer
HCV	44.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.56	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	80	fL	83-101	Calculated
MCH	27.2	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.5-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	35	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3770	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2340	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	130	Cells/cu.mm	20-500	Calculated
MONOCYTES	260	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	270000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	11	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBCs are normocytic normochromic

WBC's are normal in number with normal distribution and morphology

Page 1 of 14



Dr. Anand K
 M.B.B.S, M.D. (Pathology)
 Consultant in Hematology



SIN No:EL1024058792



Patient Name : Mr PRAKASH
 Appointment No : 03 Y 8 M 19 D M
 JINDOR No : SKOR (M00195691)
 Lab ID : SKOROPv276620
 Ref Doctor : Dr SELF
 Emp/Analyst ID : 137481

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DEPARTMENT OF HAEMATOLOGY

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

Platelets are adequate

No hemoparasites or abnormal cells seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

Result Rechecked

Page 1 of 14

Amrita K

Dr Amrita K
 Medical Officer (Pathology)
 Lab Scientist (Pathology)

SRN No. (H) - M00000001





MR. PRAKASH
 33 Y 9 M 19 D M
 SKOR 000510366*
 SKOR13PV276820
 Dr SEIF

Collected
 Received
 Reported
 Status
 Sponsor Name

13/Jan/2024 09:55 AM
 13/Jan/2024 10:40 AM
 13/Jan/2024 11:32 AM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHFEL - FULL BODY ANNUAL CHECKUP 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	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

Page 4 of 14

Signature

Dr. Anil Kumar
 Sr. Consultant
 Hematology

SRN No. 00100957





MR. PRAKASH
 Age/Sex: 33 Y 9 M 19 DM
 J-ID/Ref No: SKDR 0000100881
 Visit ID: SKCHDIPV276E20
 Ref Doctor: Dr SEIF
 Emp/Att/FA ID: 103701

Collected: 13-Jan-2024 09:55 AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL CHECKUP MALE - 20 ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING - NAT PLASMA	97	mg/dL	70-100	COB - POB

Comment:

As per American Diabetes Guidelines, 2023

Fasting glucose values in mg/dL

70-99 mg/dL

100-125 mg/dL

>126 mg/dL

<70 mg/dL

Note:

1. The diagnosis of Diabetes requires 2 fasting plasma glucose (FPG) or 120 mg/dL under random or 2 hr post glucose values of 200 mg/dL or above on 2 occasions.

2. Medication like steroids, 2-300 mg/dL in urine may result in Diabetic Ketoacidosis & needs immediate attention.

Interpretation

Normal

Prediabetes

Diabetes

Hypoglycemia

Page 2 of 4

Signature

Dr. Seif
 M.D. (General Pathology)
 Apollo Hospitals
 Apollo Towers, 100 Feet Road, Jubilee Hills, Hyderabad-500031

SK No: 110088820





Patient Name: Mr PRAKASH
 Age/Sex: 35 Y 5 M 19 DM
 UHID/ID No.: SKDR 000190087
 Visit ID: SKORCPV276826
 Ref Doctor: Dr SELF
 Email/CTPA ID: 103791



Collected: 13-Jan-2024 12:30 PM
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DEPARTMENT OF BIOCHEMISTRY

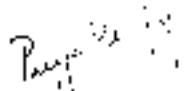
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL CHECKUP MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	121	mg/dL	70-140	GOD - POO

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their biological reference ranges and not with each other. Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.




 Dr. Praveen Kumar
 M.D. (M.D. - Pathology)
 Consultant, Pathology
 GINLEB (140643)

Patient Name : M. PRANASH
 Age (Sex) : 53 Y (M) / 11/12/22
 UHID/Prk No : SKGR0P0276829
 Visit : SKGR0P0276829
 Ref Doctor : Dr SELF
 Emp/Ref/TPA ID : 163791

Collected : 13-Jan-2024 09:00AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	167	mg/dL	<200	CHEMICOPOD
TRIGLYCERIDES	183	mg/dL	<150	
HDL CHOLESTEROL	24	mg/dL	>40	CHEMICOPOD
NON-HDL CHOLESTEROL	143	mg/dL	<130	Calculated
LDL CHOLESTEROL	106.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	35.6	mg/dL	<30	Calculated
CHOLESTROL RATIO	6.96		0-4.97	Calculated

Result Rechecked

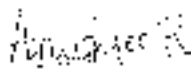
Comments:

Reference Interval for 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	≥500
HDL	Optimal >60 Near Optimal 40-59	30-59	30-59	<30
LDL	<100			
NON-HDL CHOLESTEROL	Optimal <100 Above Optimal 100-150	100-150	150-200	≥200

- Measurements of the same parameter at different times can show physiological and pathological variations.
- NCEP Adult Treatment Panel III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Current guidelines recommend that individuals at high risk of cardiovascular disease should target lower LDL cholesterol target levels to determine a guideline of cardiovascular risk.
- Use of LDL cholesterol as a secondary target of therapy in individuals with insufficient LDL lowering is not recommended to provide more secondary cholesterol treatment in the absence of other secondary cardiovascular risk factors.
- As per NCEP guidelines, individuals above the age of 40 years should be screened for LDL status. Select secondary targets of treatment of the lipid profile in individuals with a combination of overall cardiovascular risk factors with at least one primary high total cholesterol or triglycerides.
- Use of HDL cholesterol, Non-HDL cholesterol, CVD Risk Calculator, and LDL RATIO calculation parameters when triglycerides are below 150mg/dL. When triglycerides are between 150mg/dL, LDL cholesterol is derived from non-HDL.




 Dr. Selva Kumar
 M.S., S.M., D.F.P.S., D.P.S.
 Senior Consultant, Pathology

SNX No: 10000135

Patient No: Vr.PRM/ASH
 Age (Approx): 35 Y 9 M 13 D M
 UHID/PR No: SKDR 000193381
 Visit ID: SKDRCPV270620
 Ref Doctor: D. SELF
 Emp/Store/Trade: 1037e1

Collected: 13/Jan/2024 08:15 AM
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 Reported: 13/Jan/2024 11:03 AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bro. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dl	0.1-0.4	DIAZO DYE
BILIRUBIN INDIRECT	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	89 IU	U/L	32-131	IPOC
PROTEIN TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	4.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.6	Calculated
A/G RATIO	1.68		0.9-2.0	Calculated

Comment:

The results of a blood chemistry test help find the liver's health and integrity (AST & ALT) antibodies and secretion of bilirubin by ALT checks the
 CMV, viral hepatitis, cholestasis, Alkaline

Common patterns are:

1. Hepatocellular Injury

- AST & ALT raised levels can be seen. However, it is not specific to liver under normal, systemic and skeletal injuries.
- ALT > AST levels indicate hepatocellular damage. It is considered to be most sensitive test for hepatocellular injury. Values also correlate well with alcoholic liver disease.
- Direct bilirubin > indirect > AST, ALT compared with ALP
- Bilirubin may be elevated.
- AST > ALT ratio > 2 indicates hepatocellular injury. AST > ALT > 10 in Alcohol liver disease. AST > ALT ratio > 2. This ratio > 2 suggests alcoholic liver disease, Wilson's disease. Direct > Indirect bilirubin increase is usually not > 2.

2. Cholestatic Patterns:

- ALP > GGT > AST/ALT increase of ALP compared with AST & ALT
- Bilirubin may be elevated.
- ALT > AST may be present in pregnancy, impacted by age and sex.
- In cholestatic jaundice, strong correlation with GGT helps. Elevated alkaline phosphatase may increase > ALP
- Synthetic capacity impairment:
- Albumin < normal > decreased if normal levels.
- Coagulation time > PT/INR abnormal may help.

Signature

Dr. A. Srinivas
 Senior Consultant,
 Clinical Biochemistry

SIN No: SKDR00193381





Patient Name : M PRAKASH
 Age/Sex: 31 Y 9 M 18 DM
 JHID No: SNOR 01A0140168
 Visit ID: SACROPV276x20
 Ref Doctor: Dr SCLF
 Original Ref No: 163791

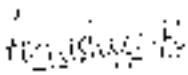


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DEPARTMENT OF BIOCHEMISTRY

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

Page 00/15



Dr. Anand
 Sr. Analyst, Biochemistry
 Apollo Hospitals
 Sirsya, Hyderabad

SIN No: 210615





Patient Name: M PRAKASH
 Age/Date of Birth: 35 Y 0 M 18 DM
 UH ID/Ref No: AKOH0000103881
 Visit ID: BKPHC-PV276620
 Ref Doctor: Dr SRI F
 Primary Ref ID: 103791

Collected: 13/Jan/2024 08:30 AM
 Received: 13/Jan/2024 10:46 AM
 Reported: 13/Jan/2024 11:31 AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bro. Ref Range	Method
RENAL PROFILE & KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.84	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	21.00	mg/dl	17-48	Urease
BLOOD UREA NITROGEN	9.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.00	mg/dL	4.0-7.0	URICASE
CALCIUM	8.50	mg/dl	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.40	mg/dl	2.6-4.4	PNP-XOD
SODIUM	146	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE

Dr. S. Ravi Kumar
 Medical Officer (Pathology)
 Apollo Health and Lifestyle Ltd



APL/HA/SL/2024/15



Patient Name : Mr PRAKASH
 Age / Sex : 33 Y 9 M 18 D M
 UHID / MR No : SKOR.0000193691
 Visit No : SKOROPV275820
 Ref Code : Dr SELF
 Emp/MultiTRN ID : 163791

U-Order ID : 13/Jan/2024 09:59 AM
 Received : 13/Jan/2024 10:05 AM
 Reported : 13/Jan/2024 11:31 AM
 Status : Final Report
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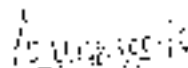


DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) - SERUM	27 U/L	U/L	16-73	Glycylglycine Kinetic method

Page 11 of 19


 Dr. Anurag K. M. S. M. Pathak
 M.B.B.S. M.D. (Pathology)
 Consultant Pathologist



SN No: SK3490113

Patient Name: M PRAKASH
 Age/Sex: 34 F M 19 DMV
 UH DMR No: SKOR0000193621
 Visc ID: SKOROPV276820
 Ref Doctor: Dr SRF F
 Hospital/TPA ID: 163761

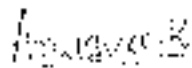
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) - URINE				
PHYSICAL EXAMINATION				
COLOR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.000		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUC-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRICH
BLOOD	NEGATIVE		NEGATIVE	Dipstick
HEMIF	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
RBCs	1 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 4	/hpf	<10	MICROSCOPY
RUC	NL	/hpf	0-2	MICROSCOPY
CASTS	NL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
GLUKS	ABSENT			MICROSCOPY

Page 12 of 14



Dr. A. S. Reddy
 Medical Officer (Lab) Dept.
 Apollo Hospitals, Hyderabad

SIN No. LR 36284





Patient Name: Mr PRAKASH
 Age/Sex: 35 Y 5 M 19 DMZ
 AHI/Book No: SKOR 0000100641
 Visit ID: SKOROPV276629
 Ref Doctor: Dr SULT
 Final/Ref ID: 105791



Collected: 13Jan2024 12:30PM
 Received: 13Jan2024 01:24PM
 Reported: 13Jan2024 02:34PM
 Status: Final Report
 Sponsor Name: ARCOFEMI HEALTHCARE LIMITED

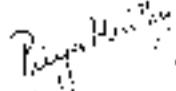
DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Page 1 of 14




 Dr. Prakash
 105791
 13Jan2024 02:34PM
 105791

SIN No: 19M04189



Patient Name: Mr. PRAKASH
 Age: 32 YRS M 19 DM
 UIC: SKGR.L000193681
 Reg. No: SKGR.HCPV278820
 Ref: Dr. SRF
 Dept: Apollo Pharmacy
 Date: 16/1/24



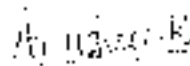
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 Received: 13/Jan/2024 10:05 AM
 Reported: 13/Jan/2024 11:31 AM
 Status: Final Report
 Sponsor Name: ARCOCFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOCFEMI - MEDIWHEEL - FULL BODY ANNUAL CHECKUP MALE - 2D ECHO - PAN INDIA - FY2324

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

*** End Of Report ***


 Dr. SRF
 Senior Consultant (Pathology)
 Apollo Pharmacy
 MR No: 160319



Patient Name : Mr.PRAKASH
Age/Gender : 33 Y 9 M 19 D/M
UHID/MR No : SKOR.0000193681
Visit ID : SKOROPV276820
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 163791

Collected : 13/Jan/2024 09:56AM
Received : 13/Jan/2024 10:46AM
Reported : 13/Jan/2024 12:26PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs are normocytic normochromic.
WBCs are normal in number with normal distribution and morphology.
Platelets are adequate.
No hemoparasites or abnormal cells seen.

IMPRESSION:NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

Anushree R

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

SIN No:BED240009592



Patient Name : Mr.PRAKASH
Age/Gender : 33 Y 9 M 19 D/M
UHID/MR No : SKOR.0000193681
Visit ID : SKOROPV276820
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 163791

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.2	g/dL	13-17	Spectrophotometer
PCV	44.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.56	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	80	fL	83-101	Calculated
MCH	27.2	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,500	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58	%	40-80	Electrical Impedence
LYMPHOCYTES	36	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	04	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3770	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2340	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	130	Cells/cu.mm	20-500	Calculated
MONOCYTES	260	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	273000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	11	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs are normocytic normochromic.

WBCs are normal in number with normal distribution and morphology.

Page 2 of 14

Anushree R

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



SIN No:BED240009592

Patient Name : Mr.PRAKASH
Age/Gender : 33 Y 9 M 19 D/M
UHID/MR No : SKOR.0000193681
Visit ID : SKOROPV276820
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 163791

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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Platelets are adequate.

No hemoparasites or abnormal cells seen.

IMPRESSION:NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

Result Rechecked

Anushree R

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

SIN No:BED240009592

Page 3 of 14



Patient Name : Mr.PRAKASH	Collected : 13/Jan/2024 09:56AM
Age/Gender : 33 Y 9 M 19 D/M	Received : 13/Jan/2024 10:46AM
UHID/MR No : SKOR.0000193681	Reported : 13/Jan/2024 11:32AM
Visit ID : SKOROPV276820	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 163791	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL CHECKUP 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	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

Anushree R

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

SIN No:BED240009592



Patient Name : Mr.PRAKASH
Age/Gender : 33 Y 9 M 19 D/M
UHID/MR No : SKOR.0000193681
Visit ID : SKOROPV276820
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	97	mg/dL	70-100	GOD - POD

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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

Anushree R

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

SIN No:PLF02089549



Patient Name : Mr.PRAKASH
Age/Gender : 33 Y 9 M 19 D/M
UHID/MR No : SKOR.0000193681
Visit ID : SKOROPV276820
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 163791

Collected : 13/Jan/2024 12:50PM
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DEPARTMENT OF BIOCHEMISTRY

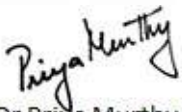
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL CHECKUP MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	121	mg/dL	70-140	GOD - POD

Comment:

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

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



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

SIN No:PLP1408432



Patient Name : Mr.PRAKASH	Collected : 13/Jan/2024 09:55AM
Age/Gender : 33 Y 9 M 19 D/M	Received : 13/Jan/2024 10:46AM
UHID/MR No : SKOR.0000193681	Reported : 13/Jan/2024 11:31AM
Visit ID : SKOROPV276820	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 163791	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	167	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	183	mg/dL	<150	
HDL CHOLESTEROL	24	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	143	mg/dL	<130	Calculated
LDL CHOLESTEROL	106.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	36.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.96		0-4.97	Calculated

Result Rechecked

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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

Anushree R

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

SIN No:SE04600138



Patient Name : Mr.PRAKASH
Age/Gender : 33 Y 9 M 19 D/M
UHID/MR No : SKOR.0000193681
Visit ID : SKOROPV276820
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 163791

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	89.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	4.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		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 > 1 In 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.

Page 8 of 14

Anushree R

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



SIN No:SE04600138

Patient Name : Mr.PRAKASH
Age/Gender : 33 Y 9 M 19 D/M
UHID/MR No : SKOR.0000193681
Visit ID : SKOROPV276820
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 163791

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DEPARTMENT OF BIOCHEMISTRY

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

Anushree R

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

SIN No:SE04600138



Patient Name : Mr.PRAKASH
Age/Gender : 33 Y 9 M 19 D/M
UHID/MR No : SKOR.0000193681
Visit ID : SKOROPV276820
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.84	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	21.00	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.00	mg/dL	4.0-7.0	URICASE
CALCIUM	8.50	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	145	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE

Anushree R

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

SIN No:SE04600138



Patient Name : Mr.PRAKASH
Age/Gender : 33 Y 9 M 19 D/M
UHID/MR No : SKOR.0000193681
Visit ID : SKOROPV276820
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	27.00	U/L	16-73	Glycylglycine Kinetic method

Anushree R

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

SIN No:SE04600138



Patient Name : Mr.PRAKASH
Age/Gender : 33 Y 9 M 19 D/M
UHID/MR No : SKOR.0000193681
Visit ID : SKOROPV276820
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL CHECKUP 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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	ABSENT			MICROSCOPY

Anushree R

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

SIN No:UR2262283

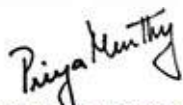


Patient Name : Mr.PRAKASH	Collected : 13/Jan/2024 12:50PM
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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

SIN No:UPP016189



Patient Name : Mr.PRAKASH	Collected : 13/Jan/2024 09:56AM
Age/Gender : 33 Y 9 M 19 D/M	Received : 13/Jan/2024 10:46AM
UHID/MR No : SKOR.0000193681	Reported : 13/Jan/2024 11:31AM
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Emp/Auth/TPA ID : 163791	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***

Anushree R

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

SIN No:UF010189

