

Name: Mr. Mahesh K. Age: 54 Y. Sex: M.  
 Address: B  
 Pin: ARCOFEMI MIDOWHEEL MALE AHC CREDIT PAB INDIA 50 AGREEMENT  
 UHID: CKAB00007881  
 OP Number: CBASOPV 00003  
 Bill No: CBAS 00160141  
 Date: 02.03.2024 08:30

Sno	Service Type/Service Name	Department
1	ARCOFEMI MIDOWHEEL FULL BODY ANKLE PLUS MALE - 2 TIER HD - PAN INDIA - 15230	
	<del>1. UREA</del>	
	<del>2. CREATININE</del>	
	<del>3. ALBUMIN</del>	
	<del>4. BUN</del>	
	<del>5. URIC ACID</del>	
	<del>6. SODIUM</del>	
	<del>7. POTASSIUM</del>	
	<del>8. CALCIUM</del>	
	<del>9. PHOSPHORUS</del>	
	<del>10. CHOLESTEROL</del>	
	<del>11. HDL CHOLESTEROL</del>	
	<del>12. LDL CHOLESTEROL</del>	
	<del>13. VLDL CHOLESTEROL</del>	
	<del>14. TRIGLYCERIDES</del>	
	<del>15. FASTING GLUCOSE</del>	
	<del>16. POST PRANDIAL GLUCOSE</del>	
	<del>17. HEMOGLOBIN A1C</del>	
	<del>18. HEMOGLOBIN</del>	
	<del>19. HEMATOCRIT</del>	
	<del>20. HEMOGLOBIN ELECTROPHORESIS</del>	
	<del>21. RED BLOOD CELL COUNT</del>	
	<del>22. WHITE BLOOD CELL COUNT</del>	
	<del>23. PLATELET COUNT</del>	
	<del>24. BUN</del>	
	<del>25. CREATININE</del>	
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	<del>98. ALBUMIN</del>	
	<del>99. BUN</del>	
	<del>100. CREATININE</del>	

→ Physio - (6)  
 → Dentist

Ht - 167  
 wt - 70.2  
 BP - 110/71  
 PR - 74  
 Wd - 319  
 Hip - 86

Mr. Madhush, Surgeon

2/2/20

Fatty Liver Investigations

11/10/20

10/1/20

As per report of the previous

Investigation

There is no evidence of fatty liver

changes (ALT/AST/ALP/GGT/USG)

As per report of the previous

investigation

There is no evidence of fatty liver

Dr. Madhush

**ECHOCARDIOGRAPHY REPORT**

**Name: MR MAHESH K    Age: 54 YEARS    GENDER: MALE**

**Consultant: Dr.VISHAL KUMAR,H.    Date : 02/03/2024**

**Findings**

**2D Echo cardiography**

**Chambers**

- Left Ventricle: Normal, No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

**Septa**

- IVS: Intact
- IAS: Intact

**Valves**

- Mitral valve Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility
- Pulmonary Valve: Normal

**Great Vessels**

- Aorta: Normal
- Pulmonary Artery: Normal

**Pericardium: Normal**

**Doppler echocardiography**

Mitral Valve	E	0.78	m/sec	A	0.62	m/sec	No MR
Tricuspid Valve	E	0.50	m/sec	A	0.32	m/sec	No TR
Aortic Valve	Vmax	1.16	m/sec				No AR
Pulmonary valve	Vmax	0.78	m/sec				No PR
Diastolic Dysfunction							

## M-Mode Measurements

P	Parameter	Observed Value	Normal Range	
A	Aorta	2.8	2.6-3.6	cm
D	left Atrium	3.0	2.7-3.6	cm
A	Aortic Cusp Separation	1.5	1.4-1.7	cm
I	IVS - Diastole	0.9	0.9-1.1	cm
L	left Ventricle-Diastole	4.5	4.2-5.3	cm
P	Posterior wall-Diastole	0.9	0.9-1.1	cm
I	IVS-Systole	1.2	1.3-1.5	cm
LL	left Ventricle-Systole	2.9	2.1-4.0	cm
P	Posterior wall-Systole	1.2	1.3-1.5	cm
E	Ejection Fraction	60	≥ 50	%
I	Fractional shortening	30	≥ 20	%
R	Right Ventricle	2.4	2.0-3.3	cm

### Impression -

- Normal Sized Cardiac Chambers
- No RWMA/S
- normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot

**DR. VISHAL KUMAR .H**

**CLINICAL CARDIOLOGIST**

Personal Details

EDIC: AIP01A.0180X.51  
Patient ID: 10825  
MRN: 27438511K  
Age: 54  
Gender: Male  
Mobile: 655786556686

Pre-existing Medical Conditions

Stomachitis

Vitals

Capn: 49.4, P: 115/51, HR: 138, SpO2: 96, 95%

Interpretation

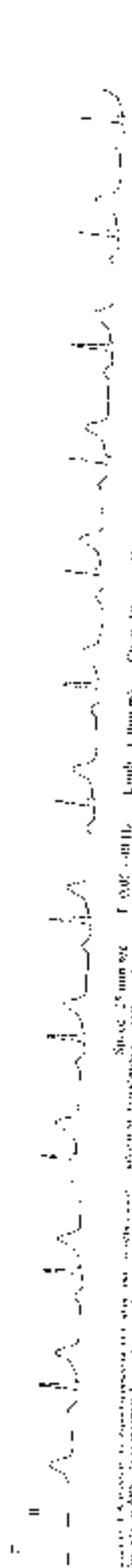
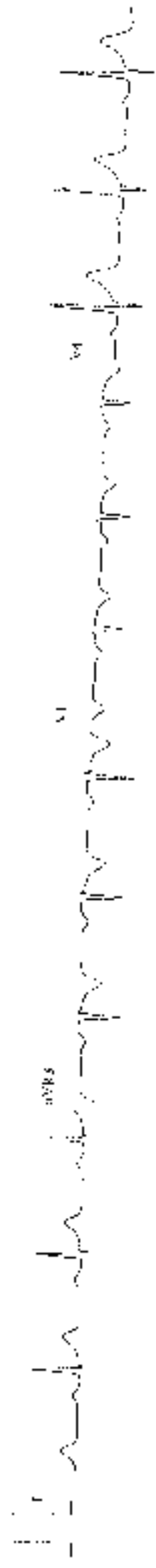
with 1st degree AV block.  
Sinus Brachycardia Regular  
Normal ECG  
Prolonged PR intervals

Measurements  
PR: 230ms  
PQ: 115ms  
QRS: 77ms  
QTc: 408ms  
QT: 444ms

Apollo

Analysed by:  
*[Signature]*

Dr. Anjali Kulkarni  
MD DNB FRCSC FIP  
ACC, ACC-BASIC, ACCS



ECG: 12-lead ECG (Standard) at 100 mm/sec. Sinus 75/min (ECG 100mm). Long QTc (408ms).  
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## RE: Health checkup Booking No. 11

Corporate Apollo Clinic <corporate@apolloclinic.com>

Fri 2/23/2024 4:00 PM

To: Wellness : Mediwheel - New Delhi <wellness@mediwheel.in>

Cc: Customer Care : Mediwheel - New Delhi <customercare@mediwheel.in>; Network : Mediwheel - New Delhi <network@mediwheel.in>; deepak c <deepak.c@apolloclinic.com>; Nigampati Apolloclinic - chizamboli@apolloclinic.com>; Dilip Baniya <Dilip.B@apolloclinic.com>; Pritam Padyal <pritam.padyal@apolloclinic.com>; Rahul Rai <rahul.rai@apolloclinic.com>; Basavanagudi Apolloclinic <basavanagudi@apolloclinic.com>; Indiranagar Apolloclinic <indiranagar@apolloclinic.com>

📎 1 attachments (15 KB)

Copy of 23022024 BOOKING.xlsx

Namaste Team,

Greetings from Apollo Clinics,

Please find the attachment for appointments status.

Thanks & Regards,

**Anvesh M** | Apollo Clinics | Pan India Toll No: 1960 500 7788 | Contact F-  
Mail: [corporate@apolloclinic.com](mailto:corporate@apolloclinic.com) | [www.apolloclinic.com](http://www.apolloclinic.com) |

**From:** Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

**Sent:** 23 February 2024 10:54

**To:** Corporate Apollo Clinic <corporate@apolloclinic.com>

**Cc:** Customer Care : Mediwheel : New Delhi <customercare@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>; deepak c <deepak.c@apolloclinic.com>

**Subject:** Health checkup Booking No. 11

Dear Team,

Please find the attached Health checkup booking file and confirm the same.

Mrs. Anubhava K. Srinivas 19.03.2024

EYE CHECK UP REPORT

Vision Acuity:  $\left. \begin{array}{l} \text{OD} \\ \text{Corrected} \\ \text{OTC} \end{array} \right\}$

Near Vision:  $\left. \begin{array}{l} \text{N10} \\ \text{Corrected} \\ \text{OTC} \end{array} \right\}$

Digital IOP:  $\left. \begin{array}{l} \text{①} \\ \text{②} \end{array} \right\}$

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

• Fundus: Normal @ study

• Ant. Segment: normal

• Media: Normal

• Pupil: normal

NO +2.00SPH NC MA plan for

normal eye including vision only.

MA



ಭಾರತ ಸರ್ಕಾರ  
Government of India

**ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ**  
**Unique Identification Authority of India**  
ಮೊರೆಯೆ ಸಂಖ್ಯೆ / Enrollment No.: 0648-1121R02556

In  
ಶೋಭಿಷಿ  
Manesh  
S/O Kamalakar,  
11966 B,  
STU Post, Koppa,  
PO Koppa,  
Sri District, Kodu, District Channarayana  
State Kerala,  
PIN Code 562141  
Aadhaar ID: 9028 1434 9438



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

**9028 1434 9438**

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ  
Government of India



Issue Date : 21-12-2017



ಶೋಭಿಷಿ  
Manesh  
ಸಂಸ್ಥೆ/ವ್ಯಕ್ತಿ : S/O KAMALAKAR  
ಲಿಂಗ : Male

**9028 1434 9438**

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Customer Pending Tests  
FITNESS BY GP,ENT,DENTAL PENDING

<b>Patient Name</b>	: Mr. Mahesh K	<b>Age/Gender</b>	: 54 Y/M
<b>UHID/MR No.</b>	: CKAB.0000018803	<b>OP Visit No</b>	: CBASOPV100703
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 02-03-2024 15:40
<b>LRN#</b>	: RAD2253821	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 369383		

**DEPARTMENT OF RADIOLOGY**

**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 PRNAV VENKATESH**  
**MBBS,MD**  
Radiology

<b>Patient Name</b>	: Mr. Mahesh K	<b>Age/Gender</b>	: 54 Y/M
<b>UHID/MR No.</b>	: CKAB.0000018803	<b>OP Visit No</b>	: CBASOPV100703
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 02-03-2024 16:56
<b>LRN#</b>	: RAD2253821	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 369383		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver:** appears normal in size (13.5 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 9.9x1.4 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

**Left kidney** appear normal in size 9.4x1.4 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 enlarged in size and volume measuring 4.5x4.0x4.3 cm (volume 41 cc) with median lobe hypotrophy.

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

-


### IMPRESSION:-

**GRADE I FATTY LIVER.**

**GRADE II PROSTATOMEGALY.**

### **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 PRNAV VENKATESH**  
MBBS,MD  
Radiology

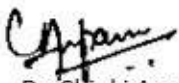
Patient Name : Mr.MAHESH K	Collected : 02/Mar/2024 08:58AM
Age/Gender : 54 Y 11 M 0 D/M	Received : 02/Mar/2024 11:47AM
UHID/MR No : CKAB.0000018803	Reported : 02/Mar/2024 01:36PM
Visit ID : CBASOPV100703	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369383	

**DEPARTMENT OF HAEMATOLOGY**

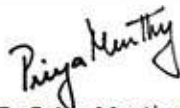
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13.7	g/dL	13-17	Spectrophotometer
PCV	41.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>4.42</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	94.8	fL	83-101	Calculated
MCH	31.1	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	12.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,380	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	55.3	%	40-80	Electrical Impedance
LYMPHOCYTES	33.4	%	20-40	Electrical Impedance
EOSINOPHILS	3	%	1-6	Electrical Impedance
MONOCYTES	7.7	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2422.14	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1462.92	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	131.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	337.26	Cells/cu.mm	200-1000	Calculated
BASOPHILS	26.28	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.66		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	285000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	14	mm at the end of 1 hour	0-15	Modified Westgren method
<b>PERIPHERAL SMEAR</b>				

Page 1 of 15



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:BED24005232

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 - U85110TG2000PLC1158111  
Regd. Office: 1-10-62/63, Ashoka Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 018 |  
www.apollohli.com | Email ID: enquiry@apollohli.com, Ph No: 040-4884 7777, Fax No: 4884 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad | US Rao Nagar | Charada Nagar | Kondapur | Nallakunta | Nizampet | Marikonda | Uppal | Andhra Pradesh: Vizag | Seethamma Peta | Karnataka: Bangalore | Basavanagari | Bellandur | Electronics City | Hebbal | HSR Layout | Indira Nagar | JP Nagar | Kandrajohli | Koramangala | Sarajpur Road | Mysore | W. Whitefield | Tamil Nadu: Chennai | Anna Nagar | Kotturpuram | Moolappai | T. Nagar | Vellore | Kerala: Kochi | Maharastra: Pune | Aurang | Nigdi | Pochhalan | Wananagar | Maharashtra: Mumbai | Thane | Gujarat: Ahmedabad | Solatpur | Panaji | Karnataka: Mysore | Court Road | Karnataka: Bangalore | Railway Station Road

Address:  
32/316/122, Doddabangur Village, Woodside Main Road,  
Newlands Nagar, Electronic City, Bangalore,  
Karnataka - 560038

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

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**DEPARTMENT OF HAEMATOLOGY**

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

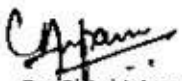
RBCs: are normocytic normochromic

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

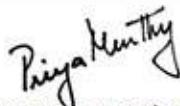
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**



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:BED240055232

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 - U85110TG2000PLC1158116  
Regd. Office: 1-10-62/63, Arshika Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 018 |  
www.apollohli.com | Email ID: enquiry@apollohli.com, Ph No: 843-4884 7777, Fax No: 4884 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad | RS Rao Nagar | Charada Nagar | Kondapur | Nallakunta | Nizampet | Marikonda | Uppal | Andhra Pradesh: Vijay | Seshamanna Petal | Karnataka: Bangalore | Basavanagudi | Bellandur | Electronics City | Hebbal | HSR Layout | Indira Nagar | JP Nagar | Kandrajohalli | Koramangala | Sarajpur Road | Mysore | TN Velupillai | Tamil Nadu: Chennai | Anna Nagar | Kotturupuzhi | Moolappair | T Nagar | West Bengal: Kolkata | Maharashtra: Pune | Aurangabad | Nigdi | Poonhikan | Vinay Nagar | Madhya Pradesh: Bhopal | Indraprastha | Gujarat: Ahmedabad | Sabalpur | Punjab: Amritsar | Court Road | Haryana: Panipat | Railway Station Road

Address:  
32/3/196/122, Doddaballapur Village, Woodlark Hills Road,  
Newlands Nagar, Electronic City, Bangalore,  
Karnataka - 560038

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

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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369383	

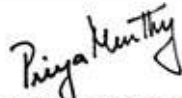
**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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



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:BED240055232

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

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**Apollo Health and Lifestyle Limited** | CIN - U85110TG2000PLC1158116  
 Regd. Office: 1-10-62/63, Arshika Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4884 7777, Fax No: 4884 7744

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Address:  
32/196/122, Doddaballapur Village, Woodlath Main Road,  
Newlands Nagar, Electronic City, Bangalore,  
Karnataka - 560038

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

Patient Name : Mr.MAHESH K	Collected : 02/Mar/2024 08:58AM
Age/Gender : 54 Y 11 M 0 D/M	Received : 02/Mar/2024 12:26PM
UHID/MR No : CKAB.0000018803	Reported : 02/Mar/2024 03:12PM
Visit ID : CBASOPV100703	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369383	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, FASTING , NAF PLASMA</b>	97	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  $> \text{ or } = 126 \text{ mg/dL}$  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.

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	85	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>				



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

SIN No:EDT240024892

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**DEPARTMENT OF BIOCHEMISTRY**

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

HbA1c, GLYCATED HEMOGLOBIN	<b>5.8</b>	%	HPLC
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)




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

SIN No:EDT240024892

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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>211</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	80	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>163</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>146.7</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.39		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:SE04647470

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**DEPARTMENT OF BIOCHEMISTRY**

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




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

SIN No:SE04647470

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 Regd. Office: 1-10-62/63, Anshika Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
 www.apollohsl.com | Email ID: enquiry@apollohsl.com, Ph No: 040-4884 7777, Fax No: 4884 7744

Address:  
 32/3/196/122, Doddaballapur Village, Woodhill Main Road,  
 Newlands Nagar, Electronic City, Bangalore,  
 Karnataka - 560038

 **1860 500 7788**  
[www.apolloclinic.com](http://www.apolloclinic.com)

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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.74	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.61	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	58.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.48	g/dL	6.6-8.3	Biuret
ALBUMIN	4.41	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.07	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		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'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.




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

SIN No:SE04647470

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Emp/Auth/TPA ID : 369383	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.95	mg/dL	0.67-1.17	Jaffe's, Method
UREA	<b>15.50</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.2</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.19	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.82	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141	mmol/L	136-146	ISE (Indirect)
POTASSIUM	<b>5.3</b>	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.48	g/dL	6.6-8.3	Biuret
ALBUMIN	4.41	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.07	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		0.9-2.0	Calculated



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

SIN No:SE04647470

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Regd. Office: 1-10-82/63, Anshika Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 018 |  
www.apolloclinic.com | Email ID: enquiry@apolloclinic.com, Ph No: 040-4884 7777, Fax No: 4884 7744

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Address:  
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**1860 500 7788**  
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Patient Name : Mr.MAHESH K	Collected : 02/Mar/2024 08:58AM
Age/Gender : 54 Y 11 M 0 D/M	Received : 02/Mar/2024 02:58PM
UHID/MR No : CKAB.0000018803	Reported : 02/Mar/2024 04:28PM
Visit ID : CBASOPV100703	Status : Final Report
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Emp/Auth/TPA ID : 369383	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	25.00	U/L	<55	IFCC



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M.B.B.S.,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

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Regd. Office: 1-10-62/63, Anshika Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 018 |  
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Age/Gender : 54 Y 11 M 0 D/M	Received : 02/Mar/2024 03:00PM
UHID/MR No : CKAB.0000018803	Reported : 02/Mar/2024 03:44PM
Visit ID : CBASOPV100703	Status : Final Report
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.20	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.847	µIU/mL	0.34-5.60	CLIA

**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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
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




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

SIN No:SPL24036422

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**DEPARTMENT OF IMMUNOLOGY**

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

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Patient Name : Mr.MAHESH K	Collected : 02/Mar/2024 08:58AM
Age/Gender : 54 Y 11 M 0 D/M	Received : 02/Mar/2024 11:42AM
UHID/MR No : CKAB.0000018803	Reported : 02/Mar/2024 01:13PM
Visit ID : CBASOPV100703	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369383	

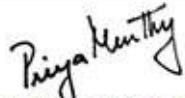
**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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: UR2295430

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

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**Apollo Health and Lifestyle Limited** | CIN - U85110TG2000PLC1158111  
Regd. Office: 1-10-62/63, Anshika Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohli.com | Email ID: enquiry@apollohli.com, Ph No: 040-4884 7777, Fax No: 4884 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad | U.S. Rao Nagar | Charada Nagar | Kondapur | Nallakunta | Nizampet | Marikonda | Uppal | Andhra Pradesh: Vijay | Sankaranna Petal | Karnataka: Bangalore | Basavanagudi | Bellandur | Electronics City | Hebbal | HSR Layout | Indira Nagar | JP Nagar | Kandrajohli | Koramangala | Sarjapur Road | Mysore: W. Venkatesh | Tamil Nadu: Chennai | Anna Nagar | Kotturupalli | Moolappalli | T. Nagar | West Chokkiam | Wilcochery | Maharashtra: Pune | Aurang | Nigdi | Pathankar | Wankar Nagar | Maharashtra: Mumbai: Chhatrapati Shivaji Maharaj | Ahmedabad: Satellite | Punjab: Amritsar | Court Road | Haryana: Panipat | Railway Station Road

Address:  
32/196/122, Doodh Bazaar Village, Woodside Main Road,  
Newlands Nagar, Electronic City, Bangalore,  
Karnataka - 560038

**1860 500 7788**  
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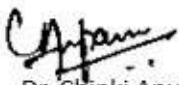


Patient Name : Mr.MAHESH K	Collected : 02/Mar/2024 12:17PM
Age/Gender : 54 Y 11 M 0 D/M	Received : 02/Mar/2024 04:32PM
UHID/MR No : CKAB.0000018803	Reported : 02/Mar/2024 05:50PM
Visit ID : CBASOPV100703	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369383	

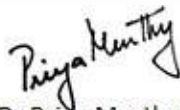
**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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



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:UPP016838

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

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**Apollo Health and Lifestyle Limited** | CIN - U85110TG2000PLC1158116  
 Regd. Office: 1-10-62/63, Arshika Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
 www.apollohli.com | Email ID: enquiry@apollohli.com, Ph No: 040-4884 7777, Fax No: 4884 7744

APOLLO CLINICS NETWORK

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Address:  
 32/196/123, Doodh Bazaar Village, Woodhill Main Road,  
 Newlands Nagar, Electronic City, Bangalore,  
 Karnataka - 560038

 **1860 500 7788**  
[www.apolloclinic.com](http://www.apolloclinic.com)

Patient Name : Mr.MAHESH K	Collected : 02/Mar/2024 08:58AM
Age/Gender : 54 Y 11 M 0 D/M	Received : 02/Mar/2024 12:42PM
UHID/MR No : CKAB.0000018803	Reported : 02/Mar/2024 04:25PM
Visit ID : CBASOPV100703	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369383	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

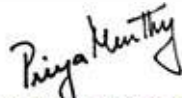
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:  
PERIPHERAL SMEAR



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:UF010858

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