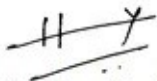


| | |
|-----------------------------------|--|
| Patient Name : Mr.SATISH BALLAL C | Collected : 12/Jul/2024 09:09AM |
| Age/Gender : 65 Y 4 M 23 D/M | Received : 12/Jul/2024 01:25PM |
| UHID/MR No : CINR.0000169068 | Reported : 12/Jul/2024 03:50PM |
| Visit ID : CINROPV233158 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 39E1053 | |

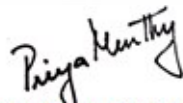
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|---------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 15.9 | g/dL | 13-17 | Spectrophotometer |
| PCV | 46.10 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 5.01 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 92 | fL | 83-101 | Calculated |
| MCH | 31.7 | pg | 27-32 | Calculated |
| MCHC | 34.4 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 14.5 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 5,150 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYtic COUNT (DLC) | | | | |
| NEUTROPHILS | 72.3 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 20.7 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 1.4 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 5.2 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.4 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3723.45 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1066.05 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 72.1 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 267.8 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 20.6 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 3.49 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 198000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 2 | mm at the end of 1 hour | 0-15 | Modified Westegren method |
| PERIPHERAL SMEAR | | | | |



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SIN No: BED240181394

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

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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Patient Name : Mr.SATISH BALLAL C
Age/Gender : 65 Y 4 M 23 D/M
UHID/MR No : CINR.0000169068
Visit ID : CINROPV233158
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 39E1053

Collected : 12/Jul/2024 09:09AM
Received : 12/Jul/2024 01:25PM
Reported : 12/Jul/2024 03:50PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

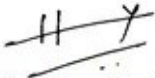
RBCs: are normocytic normochromic

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

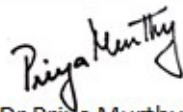
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



Dr. Harshitha Y
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Consultant Pathologist



Dr. Priya Murthy
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Consultant Pathologist



SIN No: BED240181394

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Karnataka - 560034

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| | |
|-----------------------------------|--|
| Patient Name : Mr.SATISH BALLAL C | Collected : 12/Jul/2024 09:09AM |
| Age/Gender : 65 Y 4 M 23 D/M | Received : 12/Jul/2024 01:25PM |
| UHID/MR No : CINR.0000169068 | Reported : 12/Jul/2024 04:34PM |
| Visit ID : CINROPV233158 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 39E1053 | |

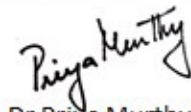
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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



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Dr Priya Murthy
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Consultant Pathologist



SIN No:BED240181394

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| | |
|-----------------------------------|--|
| Patient Name : Mr.SATISH BALLAL C | Collected : 12/Jul/2024 09:09AM |
| Age/Gender : 65 Y 4 M 23 D/M | Received : 12/Jul/2024 03:09PM |
| UHID/MR No : CINR.0000169068 | Reported : 12/Jul/2024 03:44PM |
| Visit ID : CINROPV233158 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 39E1053 | |

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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

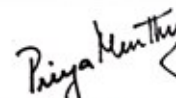
Comment:

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 > 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.


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 Consultant Pathologist



SIN No:PLF02187003

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 Karnataka- 560034


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| | |
|-----------------------------------|--|
| Patient Name : Mr.SATISH BALLAL C | Collected : 12/Jul/2024 09:09AM |
| Age/Gender : 65 Y 4 M 23 D/M | Received : 12/Jul/2024 01:21PM |
| UHID/MR No : CINR.0000169068 | Reported : 12/Jul/2024 02:51PM |
| Visit ID : CINROPV233158 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 39E1053 | |

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 87 | 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 | 5.7 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 117 | mg/dL | | Calculated |

Comment:

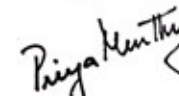
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

| 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.



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SIN No: EDT240075752

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Patient Name : Mr.SATISH BALLAL C
Age/Gender : 65 Y 4 M 23 D/M
UHID/MR No : CINR.0000169068
Visit ID : CINROPV233158
Ref Doctor : Dr.SELF
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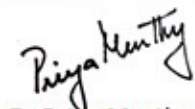
Collected : 12/Jul/2024 09:09AM
Received : 12/Jul/2024 01:21PM
Reported : 12/Jul/2024 02:51PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
A: HbF >25%
B: Homozygous Hemoglobinopathy.
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)


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Dr Priya Murthy
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Consultant Pathologist



SIN No:EDT240075752

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| | |
|-----------------------------------|--|
| Patient Name : Mr.SATISH BALLAL C | Collected : 12/Jul/2024 09:09AM |
| Age/Gender : 65 Y 4 M 23 D/M | Received : 12/Jul/2024 12:55PM |
| UHID/MR No : CINR.0000169068 | Reported : 12/Jul/2024 01:38PM |
| Visit ID : CINROPV233158 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 39E1053 | |

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------|-------|-----------------|-------------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 202 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 110 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 45 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 157 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 135 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 22 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.49 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | 0.03 | | <0.11 | Calculated |

Comment:

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

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

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

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



Dr.Govinda Raju N L
MSc,PhD(Biochemistry)
Consultant Biochemistry

SIN No:SE04777983

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| | |
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| Patient Name : Mr.SATISH BALLAL C | Collected : 12/Jul/2024 09:09AM |
| Age/Gender : 65 Y 4 M 23 D/M | Received : 12/Jul/2024 12:55PM |
| UHID/MR No : CINR.0000169068 | Reported : 12/Jul/2024 01:38PM |
| Visit ID : CINROPV233158 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 39E1053 | |

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|--------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.86 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.14 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.72 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 16 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 21.0 | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 90.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 6.86 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.10 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.76 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.49 | | 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, Wilsons’s diseases, Cirrhosis, but the increase is usually not >2

2. Cholestatic Pattern:



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Consultant Biochemistry

SIN No:SE04777983

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- 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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DEPARTMENT OF BIOCHEMISTRY

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|------------|--------|-----------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.97 | mg/dL | 0.84 - 1.25 | Modified Jaffe, Kinetic |
| UREA | 20.70 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 9.7 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 4.88 | mg/dL | 3.5-7.2 | Uricase PAP |
| CALCIUM | 9.80 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 2.86 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 134 | mmol/L | 136-146 | ISE (Indirect) |
| POTASSIUM | 4.6 | mmol/L | 3.5-5.1 | ISE (Indirect) |
| CHLORIDE | 102 | mmol/L | 101-109 | ISE (Indirect) |
| PROTEIN, TOTAL | 6.86 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.10 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.76 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.49 | | 0.9-2.0 | Calculated |



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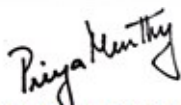
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 17.00 | U/L | <55 | IFCC |



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Consultant Pathologist



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-iodothyronine (T3, TOTAL) | 1.05 | ng/mL | 0.64-1.52 | CMIA |
| THYROXINE (T4, TOTAL) | 6.69 | µg/dL | 4.87-11.72 | CMIA |
| THYROID STIMULATING HORMONE (TSH) | 3.530 | µIU/mL | 0.35-4.94 | CMIA |


Comment:

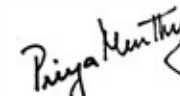
| For pregnant females | Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association) |
|----------------------|---|
| First trimester | 0.1 - 2.5 |
| Second trimester | 0.2 – 3.0 |
| Third trimester | 0.3 – 3.0 |

- 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 |

Page 12 of 17


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SIN No: SPL24115605

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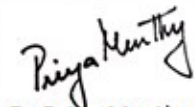
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

| | | | | |
|-------|------|------|------|--|
| 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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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|--------|
| TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM | 1.679 | ng/mL | <4 | CMIA |



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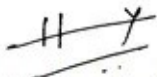
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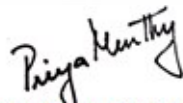
| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|------|-----------------------|----------------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Physical measurement |
| TRANSPARENCY | Clear | | CLEAR | Physical measurement |
| pH | 5.0 | | 5-7.5 | Bromothymol Blue |
| SP. GRAVITY | 1.008 | | 1.002-1.030 | Dipstick |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NORMAL | | NEGATIVE | GOD-POD |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | Sodium nitro prusside |
| UROBILINOGEN | NORMAL | | NORMAL (0.1-1.8mg/dl) | Diazonium salt |
| NITRITE | NEGATIVE | | NEGATIVE | Griess reaction |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | Diazonium salt |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 2 | /hpf | 0-5 | Automated Image based microscopy |
| EPITHELIAL CELLS | 0 | /hpf | < 10 | Automated Image Based Microscopy |
| RBC | 1 | /hpf | 0-2 | Automated Image based microscopy |
| CASTS | NEGATIVE | /lpf | 0-2 Hyaline Cast | Automated Image based microscopy |
| CRYSTALS | NEGATIVE | /hpf | Occasional-Few | Automated Image based microscopy |

Comment:

All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of



Dr. Harshitha Y
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Consultant Pathologist



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Consultant Pathologist



SIN No: UR2384777

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

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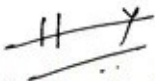
Patient Name : Mr.SATISH BALLAL C
Age/Gender : 65 Y 4 M 23 D/M
UHID/MR No : CINR.0000169068
Visit ID : CINROPV233158
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 39E1053

Collected : 12/Jul/2024 09:09AM
Received : 12/Jul/2024 02:39PM
Reported : 12/Jul/2024 03:42PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

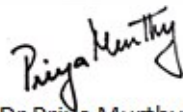
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

10 high power fields.



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SIN No: UR2384777

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Karnataka - 560034

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| | |
|-----------------------------------|--|
| Patient Name : Mr.SATISH BALLAL C | Collected : 12/Jul/2024 09:09AM |
| Age/Gender : 65 Y 4 M 23 D/M | Received : 12/Jul/2024 03:04PM |
| UHID/MR No : CINR.0000169068 | Reported : 12/Jul/2024 03:40PM |
| Visit ID : CINROPV233158 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 39E1053 | |

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

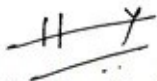
| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|----------|------|-----------------|----------|
| URINE GLUCOSE(POST PRANDIAL) | NEGATIVE | | NEGATIVE | Dipstick |

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

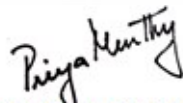
*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

Page 17 of 17



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



Dr. Priya Murthy
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Consultant Pathologist



SIN No: UF011889

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Karnataka - 560034

 1860 500 7788
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Patient Name : Mr. SATISH BALLAL C

Age/Gender : 65 Y/M

UHID/MR No. : CINR.0000169068

OP Visit No : CINROPV233158

Sample Collected on :

Reported on : 12-07-2024 18:26

LRN# : RAD2376199

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 39E1053

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. DHANALAKSHMI B
MBBS, DMRD
Radiology

Patient Name : Mr. SATISH BALLAL C

Age/Gender : 65 Y/M

UHID/MR No. : CINR.0000169068

OP Visit No : CINROPV233158

Sample Collected on :

Reported on : 12-07-2024 16:39

LRN# : RAD2376199

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 39E1053

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern **minimally increased**. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended.

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of hydronephrosis on left side.

Right kidney measures 8.7x4.7cm. **A simple cortical cyst seen.**

Left kidney measures 9.9x5.1 cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in size(17cc) and echo-pattern.

No free fluid is seen.

IMPRESSION:

1. MINIMAL FATTY LIVER.

2. A SIMPLE CORTICAL CYST SEEN IN THE RIGHT KIDNEY MEASURING 10x10mm.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY