

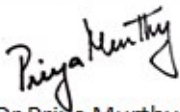
Patient Name : Mr.SHYAM KUMAR SHARMA	Collected : 23/Mar/2024 09:15AM
Age/Gender : 39 Y 0 M 8 D/M	Received : 23/Mar/2024 12:24PM
UHID/MR No : CELE.0000051933	Reported : 23/Mar/2024 03:57PM
Visit ID : CELEOPV345093	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS14509	

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>				
HAEMOGLOBIN	14.4	g/dL	13-17	Spectrophotometer
PCV	43.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	6.29	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	69.4	fL	83-101	Calculated
MCH	22.9	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	15.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,970	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	52.5	%	40-80	Electrical Impedance
LYMPHOCYTES	33.9	%	20-40	Electrical Impedance
EOSINOPHILS	7.3	%	1-6	Electrical Impedance
MONOCYTES	5.9	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3659.25	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2362.83	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	508.81	Cells/cu.mm	20-500	Calculated
MONOCYTES	411.23	Cells/cu.mm	200-1000	Calculated
BASOPHILS	27.88	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.55		0.78- 3.53	Calculated
PLATELET COUNT	111000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	26	mm at the end of 1 hour	0-15	Modified Westgren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are microcytic hypochromic RBCs.



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



SIN No:BED240079400

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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 |  
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DEPARTMENT OF HAEMATOLOGY

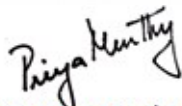
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

PLATELETS: are reduced in number.

HEMOPARASITES: negative

**IMPRESSION: MICROCYTIC HYPOCHROMIC BLOOD PICTURE WITH MILD THROMBOCYTOPENIA.**



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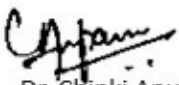
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**DEPARTMENT OF HAEMATOLOGY**

**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. Chinki Anupam  
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Age/Gender : 39 Y 0 M 8 D/M	Received : 23/Mar/2024 12:37PM
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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
GLUCOSE, FASTING , NAF PLASMA	98	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	83	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	6.1	%		HPLC

  
**Govinda Raju N L**  
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**Dr Priya Murthy**  
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SIN No:EDT240036358

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ESTIMATED AVERAGE GLUCOSE (eAG)	128	mg/dL	Calculated
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**Comment:**

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

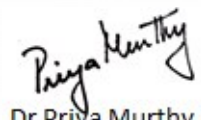
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

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



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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	291	mg/dL	<200	CHO-POD
TRIGLYCERIDES	294	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	58	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	233	mg/dL	<130	Calculated
LDL CHOLESTEROL	174.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	58.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.02		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.35		<0.11	Calculated


**Comment:**

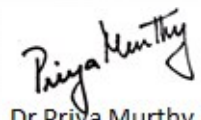
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

**Note:**

1) Measurements in the same patient on different days can show physiological and analytical variations.

  
**Govinda Raju N L**  
 MSc, MPhil, (Phd)  
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**Dr Priya Murthy**  
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 Consultant Pathologist



SIN No:SE04672506

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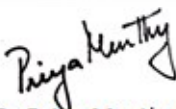
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**DEPARTMENT OF BIOCHEMISTRY**

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

- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) 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.
- 5) 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.
- 6) 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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

  
**Govinda Raju N L**  
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 M.B.B.S., M.D (Pathology)  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.56	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.46	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	37	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	84.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.34	g/dL	6.6-8.3	Biuret
ALBUMIN	4.61	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.73	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		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.

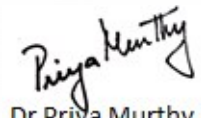
**2. Cholestatic Pattern:**

- 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.

  
**Govinda Raju N L**  
 MSc, MPhil, (Phd)  
 Consultant Biochemist

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



SIN No:SE04672506

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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 Karnataka- 560034

  
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Patient Name : Mr.SHYAM KUMAR SHARMA	Collected : 23/Mar/2024 09:15AM
Age/Gender : 39 Y 0 M 8 D/M	Received : 23/Mar/2024 11:46AM
UHID/MR No : CELE.0000051933	Reported : 23/Mar/2024 01:08PM
Visit ID : CELEOPV345093	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS14509	

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	0.98	mg/dL	0.67-1.17	Jaffe's, Method
UREA	18.20	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.46	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.05	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.34	g/dL	6.6-8.3	Biuret
ALBUMIN	4.61	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.73	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		0.9-2.0	Calculated

  
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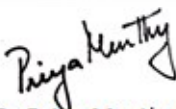
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	41.00	U/L	<55	IFCC

  
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Patient Name : Mr.SHYAM KUMAR SHARMA	Collected : 23/Mar/2024 09:15AM
Age/Gender : 39 Y 0 M 8 D/M	Received : 23/Mar/2024 11:57AM
UHID/MR No : CELE.0000051933	Reported : 23/Mar/2024 12:54PM
Visit ID : CELEOPV345093	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS14509	

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)	1.35	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.4	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.055	µIU/mL	0.34-5.60	CLIA

Comment:

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

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

  
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 Consultant Pathologist



SIN No: SPL24053202

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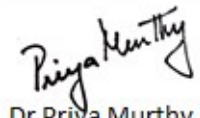


Patient Name	: Mr.SHYAM KUMAR SHARMA	Collected	: 23/Mar/2024 09:15AM
Age/Gender	: 39 Y 0 M 8 D/M	Received	: 23/Mar/2024 11:57AM
UHID/MR No	: CELE.0000051933	Reported	: 23/Mar/2024 12:54PM
Visit ID	: CELEOPV345093	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

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

  
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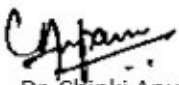
  
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Patient Name : Mr.SHYAM KUMAR SHARMA	Collected : 23/Mar/2024 09:15AM
Age/Gender : 39 Y 0 M 8 D/M	Received : 23/Mar/2024 06:33PM
UHID/MR No : CELE.0000051933	Reported : 23/Mar/2024 07:14PM
Visit ID : CELEOPV345093	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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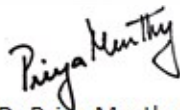
DEPARTMENT OF CLINICAL PATHOLOGY

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	1.025		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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Consultant Pathologist



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SIN No:UR2313769

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DEPARTMENT OF CLINICAL PATHOLOGY

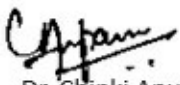
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

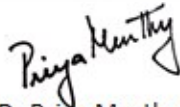
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:  
PERIPHERAL SMEAR



Dr. Chinki Anupam  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



Dr. Priya Murthy  
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Consultant Pathologist



SIN No:UF011316

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<b>Patient Name</b>	: Mr. SHYAM KUMAR SHARMA	<b>Age/Gender</b>	: 39 Y/M
<b>UHID/MR No.</b>	: CELE.0000051933	<b>OP Visit No</b>	: CELEOPV345093
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 24-03-2024 17:56
<b>LRN#</b>	: RAD2278149	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: bobS14509		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

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

**GALL BLADDER:** moderately distended and appears normal. No abnormal wall thickening / pericholecystic fluid seen.

**PANCREAS:** Normal to the extent visualized.

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

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

#### **PELVIC ORGANS:**

Urinary bladder is moderately distended and appears normal.

Prostate appear normal in size and echogenicity.

No free fluid in the abdomen and pelvis.


#### **IMPRESSION:**

- **Grade I fatty liver.**

*To correlate clinically & with other investigations.*

*Not for medico-legal purpose*

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

Name : Mr. SHYAM KUMAR SHARMA	Age: 39 Y	UHID:CELE.0000051933
	Sex: M	
Address : E CITY		OP Number:CELEOPV345093
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		Bill No :CELE-OCR-56103
		Date : 23.03.2024 08:49

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
<del>1</del>	<del>GAMMA GLUTAMYL TRANSFERASE (GGT) 12</del>	
<del>2</del>	<del>D'ECHO (18)</del>	✓
<del>3</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<del>4</del>	<del>GLUCOSE, FASTING</del>	
<del>5</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
<del>6</del>	<del>DIET CONSULTATION - 18 with physician.</del>	
<del>7</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>8</del>	<del>URINE GLUCOSE(POST PRANDIAL)</del>	
<del>9</del>	<del>PERIPHERAL SMEAR</del>	
<del>10</del>	<del>ECG 13</del>	✓
<del>11</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
<del>12</del>	<del>DENTAL CONSULTATION 15/20</del>	
<del>13</del>	<del>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)</del>	
<del>14</del>	<del>URINE GLUCOSE(FASTING)</del>	
<del>15</del>	<del>HbA1c, GLYCATED HEMOGLOBIN</del>	
<del>16</del>	<del>X-RAY CHEST PA 9</del>	
<del>17</del>	<del>ENT CONSULTATION 6 9:30 to 11</del>	✓ Consent
<del>18</del>	<del>FITNESS BY GENERAL PHYSICIAN 18</del>	✓
<del>19</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	
<del>20</del>	<del>LIPID PROFILE</del>	
<del>21</del>	<del>BODY MASS INDEX (BMI)</del>	
<del>22</del>	<del>OPHTHAL BY GENERAL PHYSICIAN 5</del>	✓ Consent.
<del>23</del>	<del>ULTRASOUND - WHOLE ABDOMEN 8</del>	✓
<del>24</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSII)</del>	

**DENTAL CONSULTATION -**  
**PHYSIO CONSULTATION - 14**  
**OPHTHAL SCREENING -**  
**AUDIOLOGY SCREENING - 03**

MEDICAL FITNESS CERTIFICATE

DATE: 23/3/2024

NAME: Mr. Shyan Kumar Shana 37y/M  
AGE/SEX:

UHID: 51933

CHIEF COMPLAINTS:

1st came for g.c.f.

PAST/FAMILY HISTORY:

father + DM.

ALLERGIES:

- Nil -

GENERAL EXAMINATION:

PULSE: 64	BP: 127/76	TEMP:	RR:
HT: 168	WT: 64.3	WAIST: 80	BMI: 22.7

Hip: 85

Vision	Rt	Lt	With Correction
DISTANT			
NEAR			
COLOUR			

SYSTEMIC EXAMINATION

Chest: (N)  
 Cvs: S1S2 (A)  
 P/A: (N)

IMPRESSION:

FINAL RECOMMENDATION:

*[Signature]*  
 GENERAL PHYSICIAN



Patient Name : Mr. SHYAM KUMAR SHARMA  
UHID : CELE.0000051933  
Reported on : 23-03-2024 19:49  
Adm/Consult Doctor :

Age : 39 Y M  
OP Visit No : CELEOPV345093  
Printed on : 23-03-2024 19:49  
Ref Doctor : SELF

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .


Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen

Printed on:23-03-2024 19:49

---End of the Report---

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

---

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

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


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

APOLLO CLINICS NETWORK KARNATAKA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

<b>NAME:</b>	Mr. SHYAM KUMAR SHARMA
<b>AGE / SEX:</b>	39YRS/ MALE
<b>DATE:</b>	23/03/2024
<b>REFERRED BY:</b>	ARCOFEMI HEALTHCARE

**ABDOMINAL ULTRASONOGRAPHY REPORT**

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

**GALL BLADDER:** moderately distended and appears normal. No abnormal wall thickening / pericholecystic fluid seen.

**PANCREAS:** Normal to the extent visualized.

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

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

**PELVIC ORGANS:**

Urinary bladder is moderately distended and appears normal.

Prostate appear normal in size and echogenicity.

No free fluid in the abdomen and pelvis.

**IMPRESSION:**

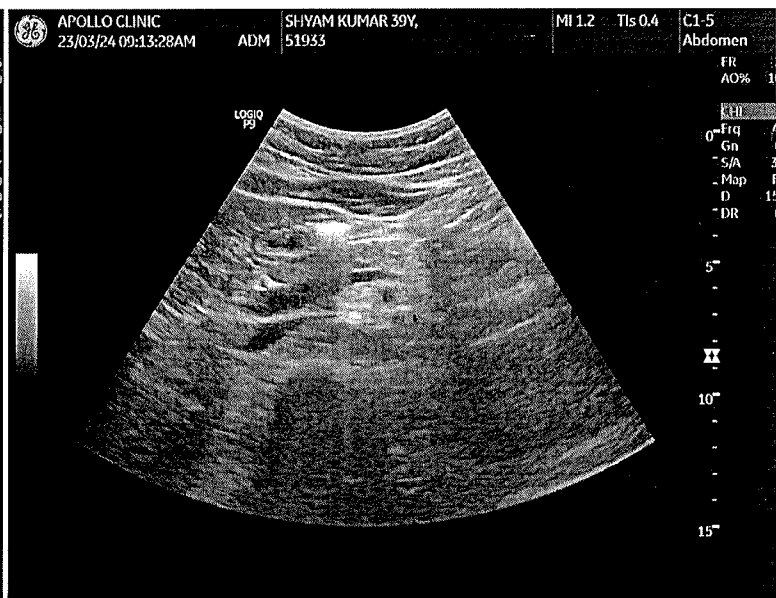
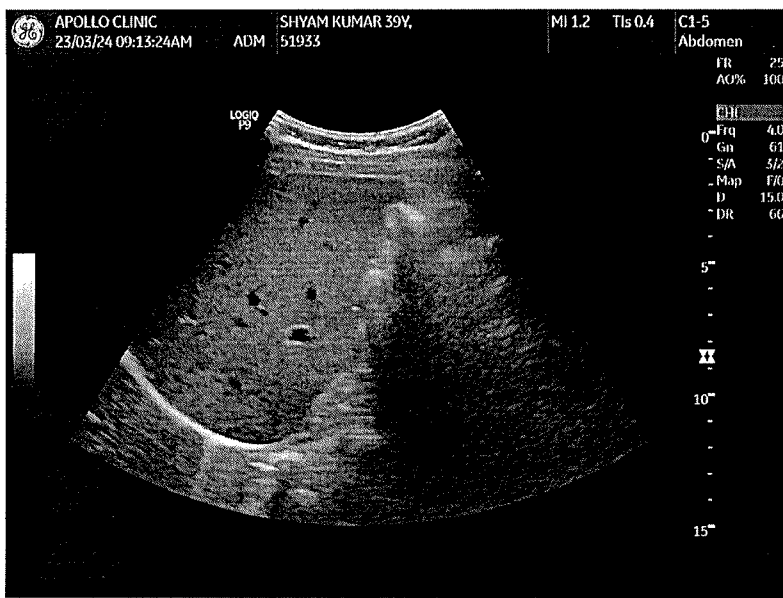
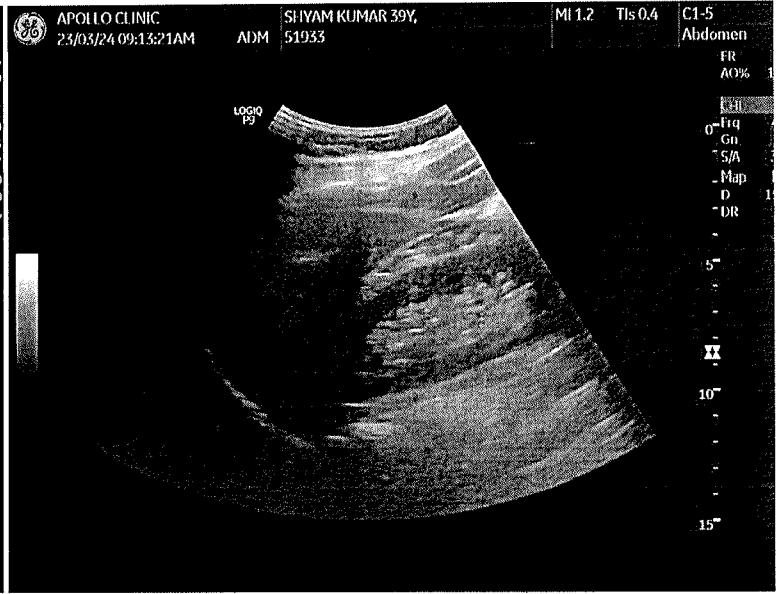
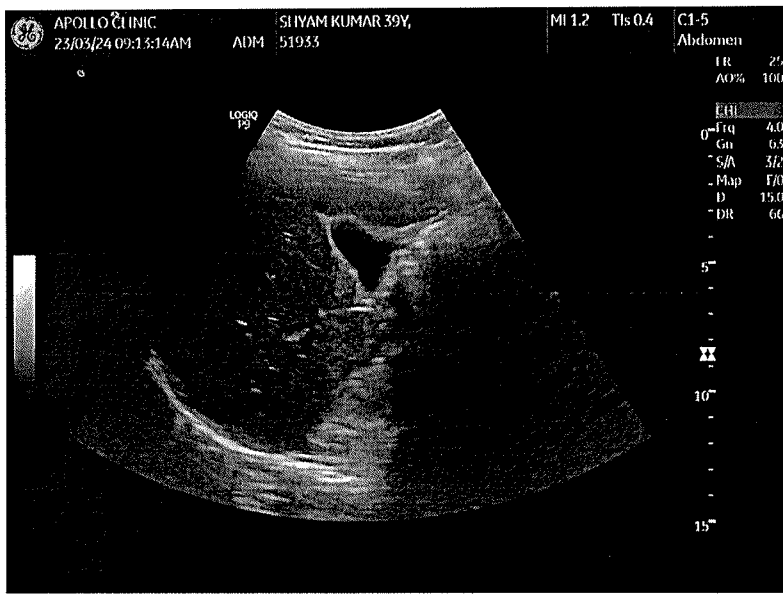
- ***Grade I fatty liver.***

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



**DR. VIGNESH K**

**CONSULTANT RADIOLOGIST**







Date: IST: 2024-03-23 10:42:50

Personal Details

UHID: 00XHE1PU6TT0TQ1  
PatientID: 51933  
Name: MR SHYAM KUMAR SHARMA  
Age: 39  
Gender: Male  
Mobile: 9538088810

Pre-Existing Medical-Conditions

Vitals

Measurements  
HR: 75 BPM  
PR: 149 ms  
PD: 117 ms  
QRSD: 89 ms  
QRS Axis: 58 deg  
QT/QTc: 338/338 ms

Interpretation

Normal sinus rhythm  
Normal axis

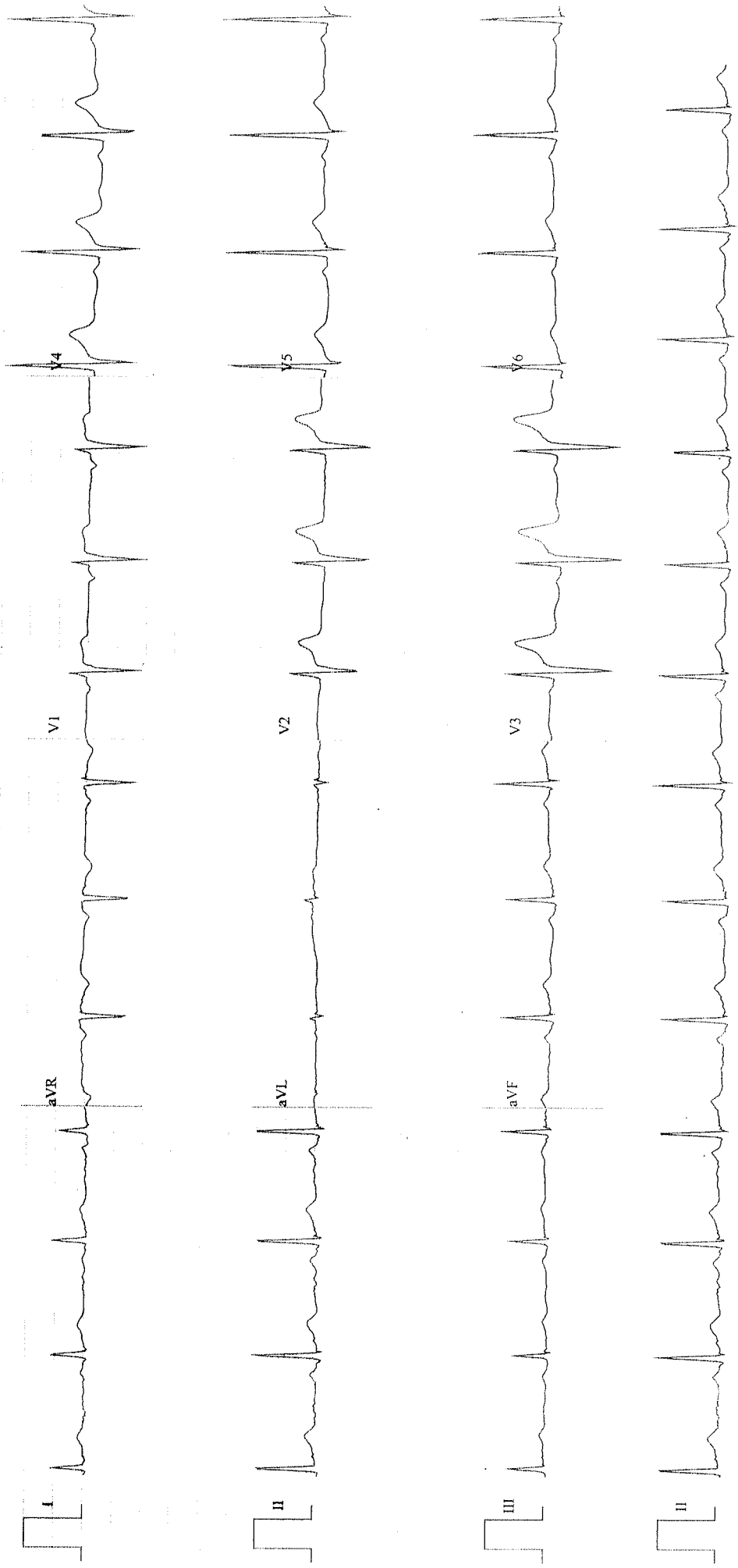
Authorized by

*Yogesh*

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

**Apollo Medical Centre**  
Gandhinagar

Report ID: AHLLP\_00XHE1PU6TT0TQ1\_V6TT0TRE



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

Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV  
Version: 1.2 Copyright: Medix All Rights Reserved

**2-D ECHO-CARDIOGRAPHY DOPPLER & COLOUR DOPPLER REPORT**

**NAME : MR SHYAM KUMAR SHARMA**

**DATE:23/03/2024**

**AGE/SEX: 39Y/ M**

**REF : ARCOFEMI**

**UHID:51933/03/153**

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

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



**DR (CAPT.) S.V KRISHNA RAO**

**MD (PGI), DNB (Card)**

**Senior Consultant – Cardiologist**

**Reg No : ANP 19780000746KTK**

***To correlate with clinical findings & other relevant investigations.***

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

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

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

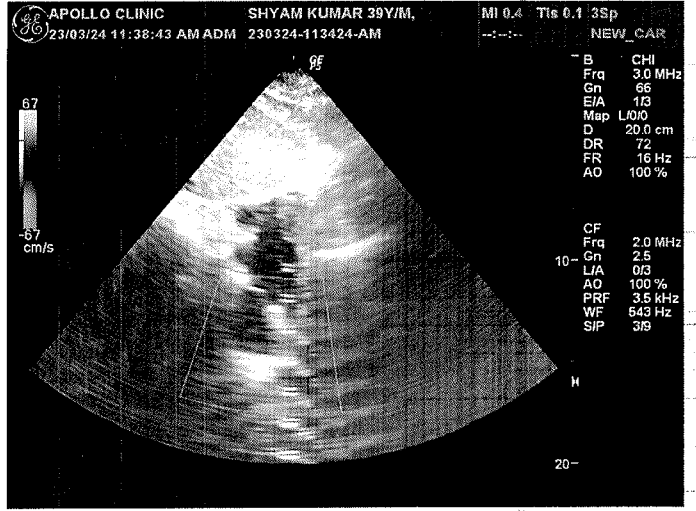
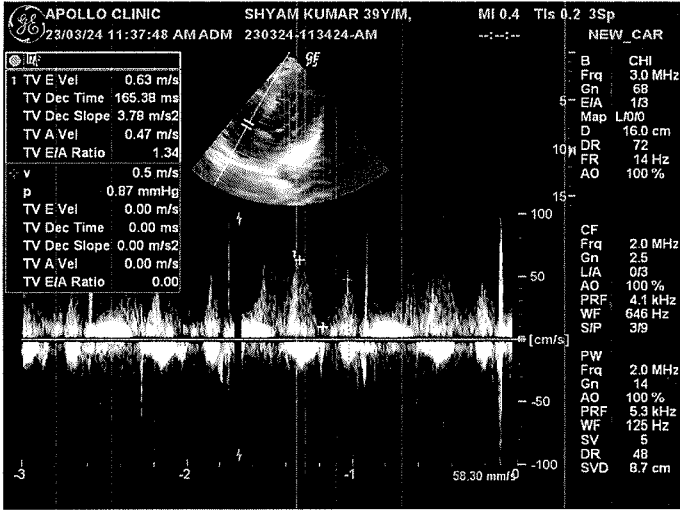
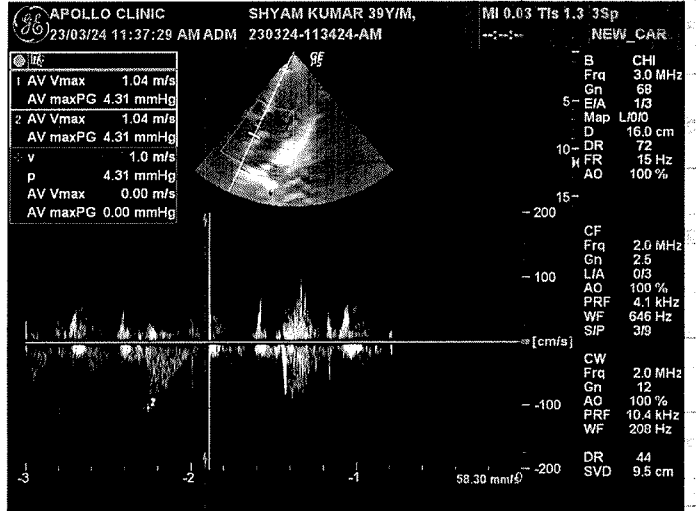
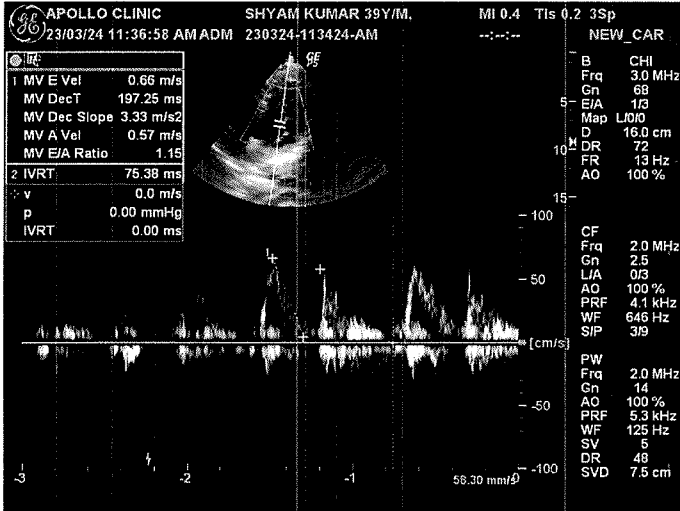
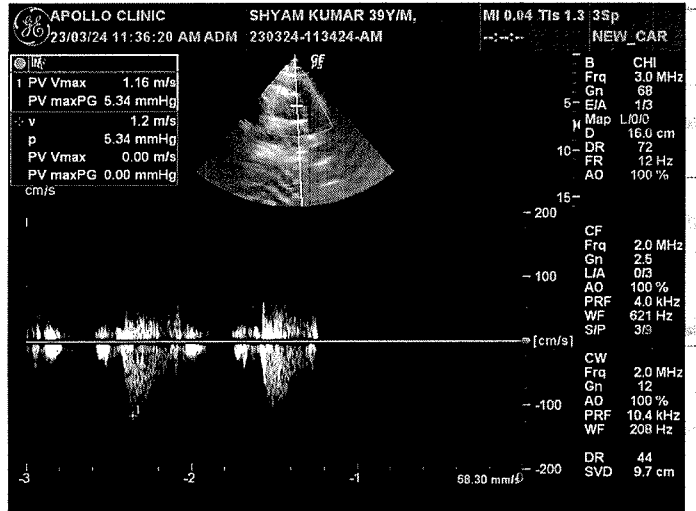
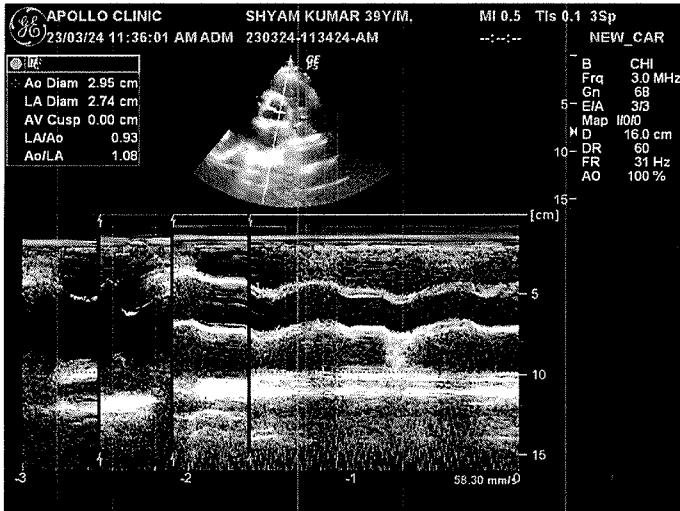
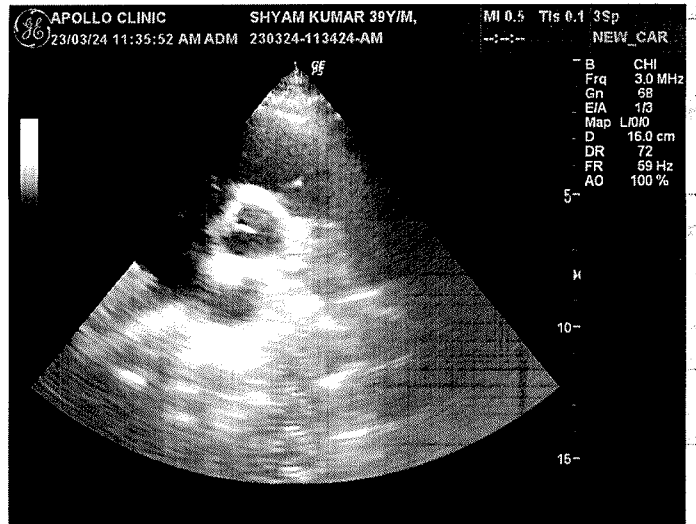
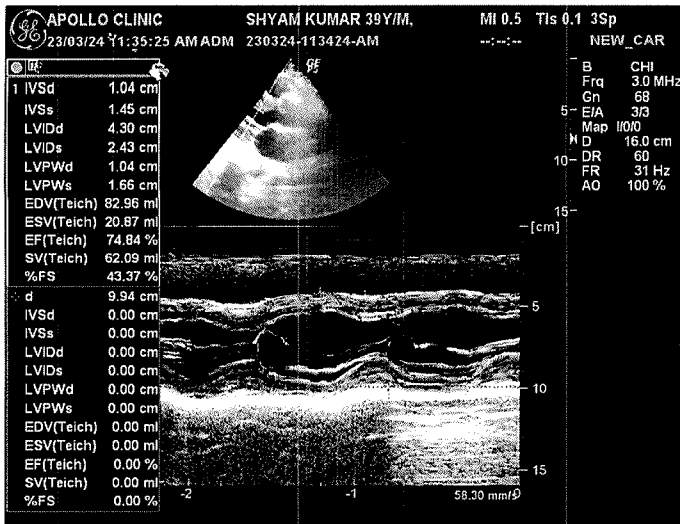
APOLLO CLINICS NETWORK KARNATAKA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**



आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

SHYAM KUMAR SHARMA

BASUDEO LAL

15/03/1985

Permanent Account Number

BGAPSS147M

  
Signature



1012013

# Apollo Clinic

## CONSENT FORM

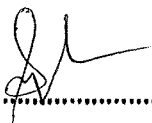
Patient Name: Shyam kr Sharma Age: 39

UHID Number: CELE0000051933 Company Name: BOB

I Mr/Mrs/Ms Shyam kr Sharma Employee of .....

(Company) want to inform you that I am not doing ..... consultation procedure due to ..... unavailability of doctor which is a part of my health package.

And I claim the above statement in my full consciousness.

Patient Signature: 

Date: 28/03/24





To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	SHYAM KUMAR SHARMA
DATE OF BIRTH	15-03-1985
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	09-03-2024
BOOKING REFERENCE NO.	23M162282100096414S
SPOUSE DETAILS	
EMPLOYEE NAME	MS. SARNA SHILPA
EMPLOYEE EC NO.	162282
EMPLOYEE DESIGNATION	HEAD CASHIER "E" _II
EMPLOYEE PLACE OF WORK	HULIMANGALA
EMPLOYEE BIRTHDATE	26-02-1986

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **05-03-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



## SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
<b>General Tests</b>	<b>General Tests</b>
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

**Patient Name** : Mr. SHYAM KUMAR SHARMA

**Age/Gender** : 39 Y/M

**UHID/MR No.** : CELE.0000051933

**OP Visit No** : CELEOPV345093

**Sample Collected on** :

**Reported on** : 23-03-2024 19:49

**LRN#** : RAD2278149

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobS14509

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen

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