



భారత ప్రభుత్వం
Government of India



Issue Date: 11/06/2012



కురుకులా ముత్యాలూ
Kurukula Muthyaloo
జన్మ తేదీ/DOB: 22/11/1975
పాస్‌గేట్ / MALE

5910 4751 4713

UID : 9146 1824 5380 9994

నా ఆధార్, నా సర్దింబు


CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of

Mr. K. Muthiyaloo on 10/02/24

After reviewing the medical history and on clinical examination it has been found that he/ she is:

<ul style="list-style-type: none"> Medically Fit 	<p style="text-align: center;"><u>Tick</u></p> <p style="text-align: center;">✓</p>
<ul style="list-style-type: none"> Fit with Restrictions/ Recommendations <p>Though following restrictions have been revealed in my opinion, these are not impediments to the job:</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>However the candidate should follow the advice medication that has been communicated to him/her.</p> <p>Review after</p>	
<ul style="list-style-type: none"> Currently Unfit. <p>Review after.....recommended.</p>	
<ul style="list-style-type: none"> Unfit 	


Dr. K. Vaishnavi MBBS
 Regd. No. TSMC/12106
 Dr. Vaishnavi
 Reg No :12106
 Consultant physician
 Apollo Clinic
 A S Rao Nagar

POWER PRESCRIPTION

NAME: *K. MUTHAYALOO*

GENDER: M/F

DATE: *10-02-24*

AGE: *48 yrs.*

UHID:

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>-0.75</i>	<i>-0.50</i>	<i>90</i>	<i>6/6</i>
NEAR	<i>+1.75</i>	<i>-</i>	<i>-</i>	<i>N6</i>

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>-0.75</i>	<i>-</i>	<i>-</i>	<i>6/6</i>
NEAR	<i>+1.75</i>	<i>-</i>	<i>-</i>	<i>N6</i>

COLOUR VISION : *normal*

DIAGNOSIS :

OTHER FINDINGS :

INSTRUCTIONS :

[Signature]
SIGNATURE

ORAL EXAMINATION FORM



Date: 10/02/2024

Patient ID: _____ MHC

Patient Name: Mrs K. Muthyaloo Age: 48 Sex: Male Female

Chief Complaint: P. Came for general dental check up.

Medical History :

Drug Allergy :

Medication currently taken by the Guest :

Initial Screenign Findings :

Dental Caries :

Missing Teeth :

Impacted Teeth :

Attrition / Abrasion :

Bleeding :

Pockets / Recession :

Calculus / Stains : ++

Mobility :

Restored Teeth :

Non - restorable Teeth for extraction /
Root Stumps :

Malocclusion :

Others :

Advice :- Scaling.

Doctor Name & Signature : A. Kalany

Patient Name : Mr. K Muthyaloo Age : 48 Y/M
UHID : CASR.0000100533 OP Visit No : CASROPV220394
Conducted By: : Dr. SHILPI MOHAN Conducted Date : 11-02-2024 10:04
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed) 2.8 CM
LA (es) 3.4 CM
LVID (ed) 4.8 CM
LVID (es) 2.7 CM
IVS (Ed) 1.1 CM
LVPW (Ed) 1.1 CM
EF 75 %
%FD 43 %

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

MITRAL -E: 0.6 m/sec A: 0.5 m/sec

PJV- 1.1 m/sec

AJV- 1.2 m/sec

Patient Name	: Mr. K Muthyaloo	Age	: 48 Y/M
UHID	: CASR.0000100533	OP Visit No	: CASROPV220394
Conducted By:	: Dr. SHILPI MOHAN	Conducted Date	: 11-02-2024 10:04
Referred By	: SELF		

IMPRESSION;

NORMAL CHAMBER DIMENSION.

NORMAL VALVES.

NO RWMA.

LV EF ;75%

NO MR/AR/TR/PAH.

NO CLOTS / VEGETATION.

NO PERICARDIAL EFFUSION.



Dr. SHILPI
MOHAN

Patient Name	: Mr. K Muthyaloo	Age	: 48 Y/M
UHID	: CASR.0000100533	OP Visit No	: CASROPV220394
Reported By:	: Dr. MRINAL .	Conducted Date	: 12-02-2024 17:24
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 60 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen

Impression:

NORMAL RESTING ECG.

----- END OF THE REPORT -----

Dr. MRINAL .

Patient Name	: Mr. K Muthyaloo	Age/Gender	: 48 Y/M
UHID/MR No.	: CASR.0000100533	OP Visit No	: CASROPV220394
Sample Collected on	:	Reported on	: 10-02-2024 18:53
LRN#	: RAD2231751	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE7692		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

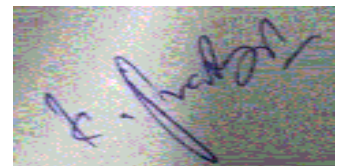
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. PRAVEEN BABU KAJA
Radiology

Patient Name	: Mr. K Muthyaloo	Age/Gender	: 48 Y/M
UHID/MR No.	: CASR.0000100533	OP Visit No	: CASROPV220394
Sample Collected on	:	Reported on	: 10-02-2024 18:11
LRN#	: RAD2231751	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE7692		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size with increased echotexture. No focal lesion is seen. PV and CBD 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 echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Right kidney : 99x41mm Normal in size and shows extra renal pelvis .

Left kidney : 103x42mm Normal in size and shows lower pole caliectasis changes

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality.

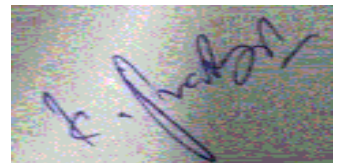
Prostate is normal in size and echo texture.No evidence of necrosis/calcification seen.

IMPRESSION:-Grade 1 Fatty Liver

Right Extra Renal Pelvis

Lower Pole Caliectasis Changes In The Left Kidney

Suggested clinical correlation and further evaluation CT KUB if necessary.



Dr. PRAVEEN BABU KAJA
Radiology

Patient Name : Mr.K MUTHYALOO	Collected : 10/Feb/2024 09:05AM
Age/Gender : 48 Y 2 M 18 D/M	Received : 10/Feb/2024 01:37PM
UHID/MR No : CASR.0000100533	Reported : 10/Feb/2024 04:10PM
Visit ID : CASROPV220394	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE7692	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

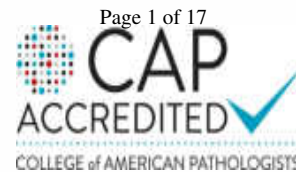
Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	8.6	g/dL	13-17	Spectrophotometer
PCV	27.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.84	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	57.1	fL	83-101	Calculated
MCH	17.7	pg	27-32	Calculated
MCHC	31	g/dL	31.5-34.5	Calculated
R.D.W	16.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,660	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	74.6	%	40-80	Electrical Impedence
LYMPHOCYTES	19	%	20-40	Electrical Impedence
EOSINOPHILS	1.7	%	1-6	Electrical Impedence
MONOCYTES	4.6	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	0-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4968.36	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1265.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	113.22	Cells/cu.mm	20-500	Calculated
MONOCYTES	306.36	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6.66	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	243000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	16	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC- MICROCYTIC HYPOCHROMIC.MILD DEGREE OF ANISOPOIKILOCYTOSIS WITH TEAR DROP CELLS,ELLIPTOCYTES AND OVALOCYTES SEEN.
WBC WITHIN NORMAL LIMITS


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

SIN No:BED240033174

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

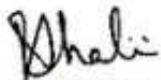


Patient Name	: Mr.K MUTHYALOO	Collected	: 10/Feb/2024 09:05AM
Age/Gender	: 48 Y 2 M 18 D/M	Received	: 10/Feb/2024 01:37PM
UHID/MR No	: CASR.0000100533	Reported	: 10/Feb/2024 04:10PM
Visit ID	: CASROPV220394	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA
KINDLY CORRELATE WITH IRON STUDIES.



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

SIN No: BED240033174

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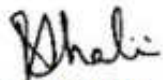


Patient Name : Mr.K MUTHYALOO	Collected : 10/Feb/2024 09:05AM
Age/Gender : 48 Y 2 M 18 D/M	Received : 10/Feb/2024 01:37PM
UHID/MR No : CASR.0000100533	Reported : 10/Feb/2024 05:40PM
Visit ID : CASROPV220394	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE7692	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate technology
Rh TYPE	Positive			Microplate technology



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Consultant Pathologist

SIN No:BED240033174

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad



Patient Name : Mr.K MUTHYALOO	Collected : 10/Feb/2024 09:05AM
Age/Gender : 48 Y 2 M 18 D/M	Received : 10/Feb/2024 01:25PM
UHID/MR No : CASR.0000100533	Reported : 10/Feb/2024 04:37PM
Visit ID : CASROPV220394	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	129	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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	67	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.

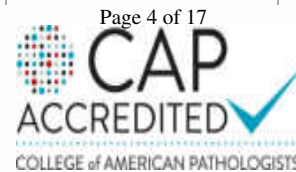
Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	137	mg/dL		Calculated

Maruthi

Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist

K. Anusha

Dr.K.Anusha
M.B.B.S.,M.D(Biochemistry)
Consultant Biochemist



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DEPARTMENT OF BIOCHEMISTRY

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Comment:

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

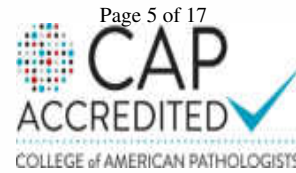
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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 ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

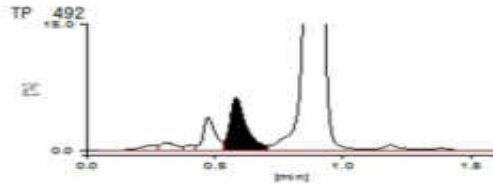
Chromatogram Report

V5.28 1 2024-02-10 15:45:15
 ID EDT240014555
 Sample No. 02100143 SL 0009 -- 06
 Patient ID
 Name
 Comment:

CALIB Name	%	Time	Area
A1A	0.5	0.23	7.00
A1B	0.7	0.31	9.65
F	0.3	0.40	4.24
LA1C+	2.3	0.47	29.92
SA1C	6.4	0.58	65.93
AO	91.5	0.88	1206.99
H-V0			
H-V1			
H-V2			

Total Area 1323.73

HbA1c 6.4 % IFCC 46 mmol/mol
HbA1 7.7 % HbF 0.3 %

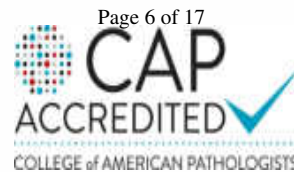


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SIN No:EDT240014555

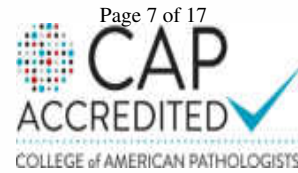
Patient Name	: Mr.K MUTHYALOO	Collected	: 10/Feb/2024 09:05AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324


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SIN No:EDT240014555

Patient Name : Mr.K MUTHYALOO	Collected : 10/Feb/2024 09:05AM
Age/Gender : 48 Y 2 M 18 D/M	Received : 10/Feb/2024 01:46PM
UHID/MR No : CASR.0000100533	Reported : 10/Feb/2024 04:43PM
Visit ID : CASROPV220394	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE7692	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	146	mg/dL	<200	CHO-POD
TRIGLYCERIDES	130	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	108	mg/dL	<130	Calculated
LDL CHOLESTEROL	82	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.84		0-4.97	Calculated

Comment:

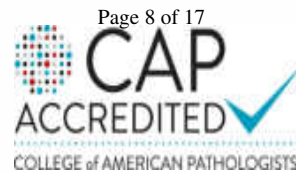
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

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

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.72	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.56	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	61.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.90	g/dL	6.6-8.3	Biuret
ALBUMIN	4.07	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.83	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:

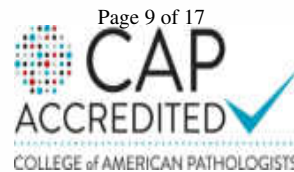
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.

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 Consultant biochemist

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 Consultant Biochemist



Patient Name : Mr.K MUTHYALOO	Collected : 10/Feb/2024 09:05AM
Age/Gender : 48 Y 2 M 18 D/M	Received : 10/Feb/2024 01:46PM
UHID/MR No : CASR.0000100533	Reported : 10/Feb/2024 04:43PM
Visit ID : CASROPV220394	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE7692	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

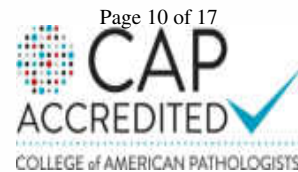
Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.89	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	12.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.02	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	8.97	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.08	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)

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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	24.00	U/L	<55	IFCC

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Patient Name : Mr.K MUTHYALOO	Collected : 10/Feb/2024 09:05AM
Age/Gender : 48 Y 2 M 18 D/M	Received : 10/Feb/2024 01:44PM
UHID/MR No : CASR.0000100533	Reported : 10/Feb/2024 03:43PM
Visit ID : CASROPV220394	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE7692	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.11	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.45	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.642	µIU/mL	0.38-5.33	CLIA

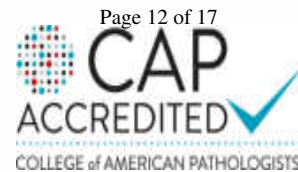
Comment:

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 biochemist



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Age/Gender	: 48 Y 2 M 18 D/M	Received	: 10/Feb/2024 01:44PM
UHID/MR No	: CASR.0000100533	Reported	: 10/Feb/2024 03:43PM
Visit ID	: CASROPV220394	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 ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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Patient Name : Mr.K MUTHYALOO	Collected : 10/Feb/2024 09:05AM
Age/Gender : 48 Y 2 M 18 D/M	Received : 10/Feb/2024 01:44PM
UHID/MR No : CASR.0000100533	Reported : 10/Feb/2024 03:43PM
Visit ID : CASROPV220394	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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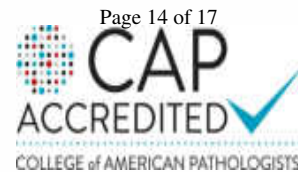
DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.980	ng/mL	0-4	CLIA

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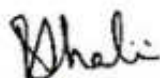


Patient Name : Mr.K MUTHYALOO	Collected : 10/Feb/2024 09:05AM
Age/Gender : 48 Y 2 M 18 D/M	Received : 10/Feb/2024 02:08PM
UHID/MR No : CASR.0000100533	Reported : 10/Feb/2024 03:56PM
Visit ID : CASROPV220394	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE7692	

DEPARTMENT OF CLINICAL PATHOLOGY

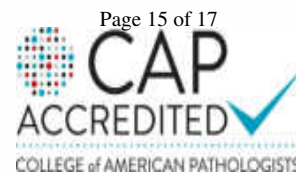
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	TRACE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	4-5	/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

SIN No: UR2279162

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad




Patient Name : Mr.K MUTHYALOO	Collected : 10/Feb/2024 12:32PM
Age/Gender : 48 Y 2 M 18 D/M	Received : 10/Feb/2024 03:34PM
UHID/MR No : CASR.0000100533	Reported : 10/Feb/2024 08:51PM
Visit ID : CASROPV220394	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE7692	

DEPARTMENT OF CLINICAL PATHOLOGY

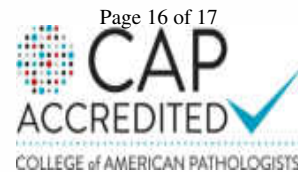
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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


Dr.SRINIVAS N.S.NORI
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 CONSULTANT PATHOLOGY

SIN No:UPP016512

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad



Patient Name : Mr.K MUTHYALOO	Collected : 10/Feb/2024 09:05AM
Age/Gender : 48 Y 2 M 18 D/M	Received : 10/Feb/2024 02:04PM
UHID/MR No : CASR.0000100533	Reported : 10/Feb/2024 03:55PM
Visit ID : CASROPV220394	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE7692	

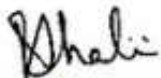
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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



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SIN No:UF010498

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

