

Patient Name	: Mr.PAVAN KUMAR DANDU	Collected	: 15/Feb/2025 08:51AM
Age/Gender	: 45 Y 10 M 2 D/M	Received	: 15/Feb/2025 12:05PM
UHID/MR No	: APJ1.0011676115	Reported	: 15/Feb/2025 01:52PM
Visit ID	: CNIZOPV223849	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>12.2</b>	g/dL	13-17	Spectrophotometer
PCV	<b>34.40</b>	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>4.31</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>79.8</b>	fL	83-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	<b>35.4</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.1</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,400	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	69	%	40-80	Flow cytometry
LYMPHOCYTES	<b>19</b>	%	20-40	Flow cytometry
EOSINOPHILS	4	%	1-6	Flow cytometry
MONOCYTES	8	%	2-10	Flow cytometry
BASOPHILS	0	%	0-2	Flow cytometry
<b>ABSOLUTE LEUCOCYte COUNT</b>				
NEUTROPHILS	6486	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1786	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	376	Cells/cu.mm	20-500	Calculated
MONOCYTES	752	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	<b>3.63</b>		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	278000	cells/cu.mm	150000-410000	Electrical impedance
MPV	9	Fl	8.1-13.9	Calculated
<b>ERYTHROCYte SEDIMENTATION RATE (ESR)</b>	10	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

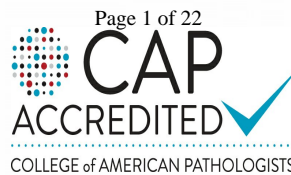
RBC NORMOCYTIC NORMOCHROMIC  
 WBC WITHIN NORMAL LIMITS  
 PLATELETS ARE ADEQUATE ON SMEAR  
 NO HEMOPARASITES SEEN  
 IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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

SIN No: CPT250203404

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



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DEPARTMENT OF HAEMATOLOGY

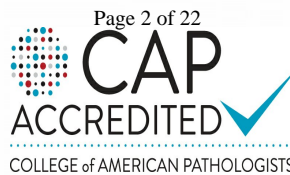
ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324



Dr.R.SHALINI  
M.B.B.S,M.D(Pathology)  
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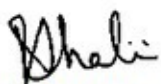
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate technology
Rh TYPE	Positive			Microplate technology

**Comment:**

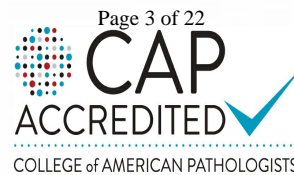
1. This tests determines ABO & Rh blood groups (testing for other blood group systems not performed) through immunological reaction between RBC antigen & antibody.
2. ABO system also has Subgroups of A, B and rare phenotype as Bombay blood group which requires further testing and required recommendations as per the case will be provided.
3. Rh system in certain individual can have weak or partial Rh D expression which can result in weaker agglutination reactions and hence all Rh D Negative groups need to be further cross verified using Rh Du testing.
4. In case of Newborn - Only forward typing is performed, reverse typing is not performed, since the antibodies are not fully formed. Hence it is recommended to re-test blood grouping after 6 months.
5. In certain cases History of Recent blood transfusion (within 3-4mths), of bone marrow transplantation, certain drugs (especially monoclonal antibody) & certain malignancies may interfere with interpretation of blood grouping.
6. It is always recommended for reconfirmation of the Blood Group along with cross matching before blood transfusion.



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 M.B.B.S,M.D(Pathology)  
 Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	91	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

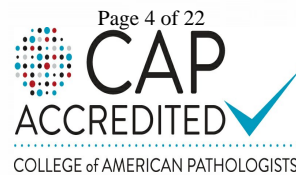
Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- 1.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.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

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

*Sujana...*  
 Dr.Matta Sujana Reddy  
 M.B.B.S.,M.D(Biochemistry)  
 Consultant Biochemist



Patient Name : Mr.PAVAN KUMAR DANDU	Collected : 15/Feb/2025 11:21AM
Age/Gender : 45 Y 10 M 2 D/M	Received : 15/Feb/2025 02:32PM
UHID/MR No : APJ1.0011676115	Reported : 15/Feb/2025 03:32PM
Visit ID : CNIZOPV223849	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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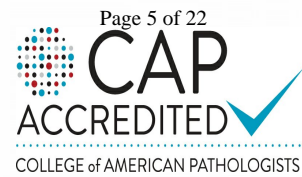
Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	98	mg/dL	Non-diabetic <140 ~ Impaired glucose Tolerance 140 - 200 ~ Diabetic >200	Hexokinase

**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.

*Maruthi*  
**Dr.E.Maruthi Prasad**  
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*Sujana*  
**Dr.Matta Sujana Reddy**  
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APOLLO Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad  
 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)

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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	6.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	140	mg/dL		Calculated

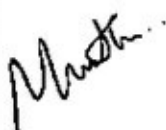
**Comment:**

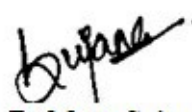
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

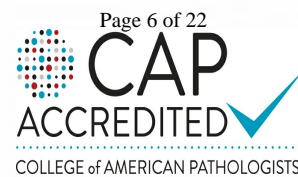
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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

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

  
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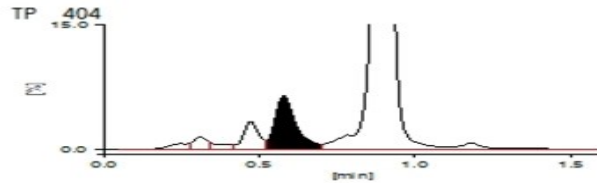
Chromatogram Report

HLC72368 V5.28 1 2025-02-15 14:36:29  
 ID CPT250203407  
 Sample No. 02150144 SL 0011 - 04  
 Patient ID  
 Name  
 Comment

CALIB Name	%	Time	Area
A1A	0.5	0.23	11.36
A1B	0.7	0.31	14.83
F	0.5	0.39	10.08
LA1C+	1.9	0.47	39.18
SA1C	6.5	0.58	103.92
AO	91.9	0.89	1909.49
H-V0			
H-V1			
H-V2			

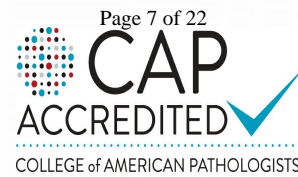
Total Area 2088.86

**HbA1c 6.5 %** **IFCC 48 mmol/mol**  
 HbA1 7.8 % HbF 0.5 %



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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	116	mg/dL	< 200	CHOD-PAD
TRIGLYCERIDES	75	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>39</b>	mg/dL	>=40 Desirable	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	77	mg/dL	<130	Calculated
LDL CHOLESTEROL	62.1	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.98		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<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	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 40	Low < 35; Borderline Low 35-40		
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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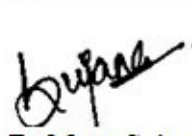
Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.06	mg/dL	0-1.2	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.22	mg/dL	0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.84	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	54	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	35.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.6		<1.15	Calculated
ALKALINE PHOSPHATASE	96.70	U/L	40-129	IFCC
PROTEIN, TOTAL	7.03	g/dL	6.6-8.3	Biuret
ALBUMIN	4.11	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.92	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41		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:

- 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. 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. Note- If both SGPT and SGOT are within reference range then AST:ALT (De Ritis ratio) does not have any clinical significance.
- Cholestatic Pattern: \*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. \*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.
- Synthetic function impairment: \*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.
- Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

  
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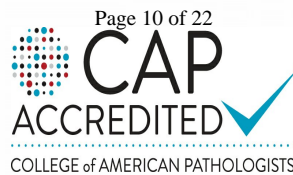
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<b>LIVER FUNCTION TEST (LFT) WITH GGT , SERUM</b>				
BILIRUBIN, TOTAL	1.06	mg/dL	0-1.2	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.22	mg/dL	0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.84	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>54</b>	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	35.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.6		<1.15	Calculated
ALKALINE PHOSPHATASE	96.70	U/L	40-129	IFCC
PROTEIN, TOTAL	7.03	g/dL	6.6-8.3	Biuret
ALBUMIN	4.11	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.92	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41		0.9-2.0	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	<b>56.00</b>	U/L	<55	IFCC

**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:

- 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. 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. Note- If both SGPT and SGOT are within reference range then AST:ALT (De Ritis ratio) does not have any clinical significance.
- Cholestatic Pattern:** \*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. \*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.
- Synthetic function impairment:** \*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.



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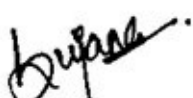
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Age/Gender : 45 Y 10 M 2 D/M  
UHID/MR No : APJ1.0011676115  
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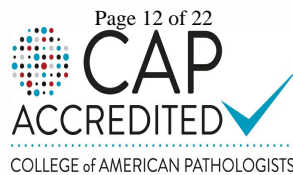
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4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.75	mg/dL	0.7-1.2	Jaffe
eGFR - ESTIMATED GLOMERULAR FILTRATION RATE	110.26	mL/min/1.73m <sup>2</sup>	>60	CKD-EPI FORMULA
UREA	29.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	13.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.54	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.08	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.27	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.7	mmol/L	136-145	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.4-4.5	ISE (Indirect)
CHLORIDE	101.1	mmol/L	98-107	ISE (Indirect)
PROTEIN, TOTAL	7.03	g/dL	6.6-8.3	Biuret
ALBUMIN	4.11	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.92	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41		0.9-2.0	Calculated

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*Sujana...*  
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Test Name	Result	Unit	Bio. Ref. Interval	Method
ALKALINE PHOSPHATASE , SERUM	96.70	U/L	40-129	IFCC

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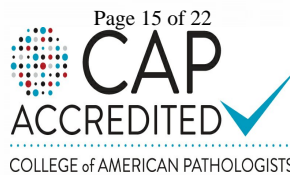
Test Name	Result	Unit	Bio. Ref. Interval	Method
CALCIUM , SERUM	10.08	mg/dL	8.8-10.6	Arsenazo III

Comments:-

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.

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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	108	ng/dL	84.6-202	ECLIA
THYROXINE (T4, TOTAL)	7.93	µg/dL	5.12-14.06	ECLIA
THYROID STIMULATING HORMONE (TSH)	<b>0.075</b>	µIU/mL	0.270-4.20	ECLIA

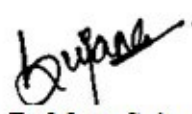
Comment:

For Pregnant Women	Bio Ref Range for TSH in µIU/mL
9 – 12 Weeks	0.18 – 2.99
First trimester	0.33 – 4.59
Second trimester	0.35 – 4.10
Third trimester	0.21 – 3.15

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Treatment.
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

  
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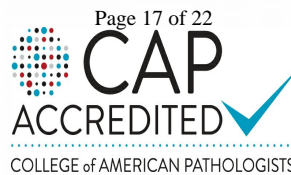
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Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	26.9	ng/mL	30-100	ECLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.


**Decreased Levels:-** Inadequate exposure to sunlight, Dietary deficiency, Vitamin D malabsorption, Severe Hepatocellular disease., Drugs like Anticonvulsants, Nephrotic syndrome.

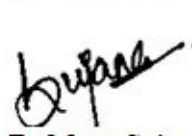
**Increased levels:-** Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	752	pg/mL	197-771	ECLIA

Comment:

Population based data reflecting exact scenario of vitamin B12 levels in Indian population is still evolving, however, different studies

  
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reporting a deficiency in adults, pregnant women and children ranging from 16% to 77% with average of about 47%. This high incidence is attributed to vegetarian food habits of large majority of Indian population.

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency. B12 levels in the range of 150 to 190 pg/ml may not be associated with any clinical manifestations, while B12 levels below 100 pg/ml are often associated with clinical symptoms. However, for an individual based on other co-morbid conditions or other nutritional deficiency (especially folate) the manifestations can vary accordingly.

If clinical symptoms suggest deficiency, measurement of active vitamin B12, MMA and homocysteine should be considered as further workup.

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.451	ng/mL	< 2	ECLIA

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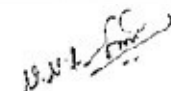
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**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.017		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE++		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	3	/hpf	< 10	Automated Image based microscopy
RBC	1	/hpf	0-2	Automated Image based microscopy
CASTS	ABSENT	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	ABSENT	/hpf	Occasional-Few	Automated Image based microscopy

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

  
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SIN No: CPT250203409

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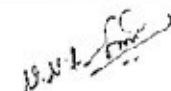
  
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UHID/MR No : APJ1.0011676115  
Visit ID : CNIZOPV223849  
Ref Doctor : Self

Collected : 15/Feb/2025 08:51AM  
Received : 15/Feb/2025 04:47PM  
Reported : 15/Feb/2025 07:02PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

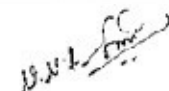
**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE +++		NEGATIVE	GOD-POD

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

Result/s to Follow:  
GLUCOSE (FASTING) - URINE



**Dr. SRINIVAS N.S. NORI**  
M.B.B.S, M.D(Pathology)  
CONSULTANT PATHOLOGY

SIN No:CPT250203406

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

**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)

Page 22 of 22  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



 **1860 500 7788**  
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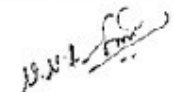
Address:  
Plot no. 3 & 4, Survey no. 239 Qutbullapur mandal, R R Dist,  
Nizampet, Hyderabad, Telangana, India - 500072

Patient Name : Mr.PAVAN KUMAR DANDU  
Age/Gender : 45 Y 10 M 2 D/M  
UHID/MR No : APJ1.0011676115  
Visit ID : CNIZOPV223849  
Ref Doctor : Self

Collected : 15/Feb/2025 08:51 AM  
Received : 15/Feb/2025 04:47 PM  
Reported : 15/Feb/2025 07:02 PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.



Dr. SRINIVAS N.S. NORI  
M.B.B.S, M.D (Pathology)  
CONSULTANT PATHOLOGY

SIN No: CPT250203406

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**CAP**  
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Patient Name	: Mr. pavan kumar dandu	Age	: 45Yrs 10Mths 4Days
UHID	: APJ1.0011676115	OP Visit No.	: CNIZOPV223849
Printed On	: 15-02-2025 12:04 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: --		

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## DEPARTMENT OF RADIOLOGY

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### ULTRASOUND WHOLE ABDOMEN

**Liver** : 137 mm, appears normal in size and echotexture . No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is distended normal. No evidence of calculus. Wall thickness appears normal. No evidence of peri GB collection. No evidence of focal lesion is seen.

**Spleen** : 99 x 39 mm, appears normal. No focal lesion seen. Splenic vein is normal.

**Pancreas** appears normal in echo pattern. No focal/mass lesion/calcification. No evidence of per pancreatic free fluid or collection. Pancreatic duct appears normal.

**Both the kidneys** appear normal in size, shape and echo pattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

**Right kidney measures** : 99 x 39 mm. , **Left kidney measures** : 105 x 46 mm .

**Urinary Bladder** : is **minimally distended** and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

**Prostate** is normal in size and echo texture. No evidence of necrosis/calcification seen. Volume--19 cc.

#### IMPRESSION:-

**\*\*NO SIGNIFICANT ABNORMALITY IS SEEN.**

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**Suggest – clinical correlation.**

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

---End Of The Report---



DR. REVANTH REDDY  
MBBS, DMRD  
TSMC/FMR/05028  
Radiology

Patient Name	: Mr. pavan kumar dandu	Age	: 45Yrs 10Mths 4Days
UHID	: APJ1.0011676115	OP Visit No.	: CNIZOPV223849
Printed On	: 15-02-2025 04:38 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: --		

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### DEPARTMENT OF CARDIOLOGY

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Ao (ed)	2.7CM
LA (es)	2.9 CM
LVID (ed)	4.4CM
LVID (es)	2.8CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	66.00%
%FD	36.00%
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

#### LEFT VENTRICLE:

NO REGION WALL MOTION ABNORMALITY

#### COLOUR AND DOPPLER STUDIES

---

PJV: 0.7

AJV: 1.3

E: 0.6m/s

A: 0.4 m/s

**IMPRESSION:-**

NORMAL SIZED CARDIAC CHAMBERS

NO RWMA AT REST

GOOD LV/RV FUNCTION

NO MR/AR/TR/PR

NO PE/PAH

---End Of The Report---



Dr. VIKASH KUMAR SHUKLA

MBBS, Dip.Cardio

03279

Cardiology

Patient Name	: Mr. pavan kumar dandu	Age	: 45Yrs 10Mths 4Days
UHID	: APJ1.0011676115	OP Visit No.	: CNIZOPV223849
Printed On	: 16-02-2025 12:40 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: --		

### DEPARTMENT OF CARDIOLOGY

Observation :-

1. Sinus Rhythm.
2. Heart rate is 76 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 SINUS RHYTHM  
WITHIN NORMAL LIMITS**

---End Of The Report---



Dr. VIKASH KUMAR SHUKLA  
MBBS, Dip.Cardio  
03279  
Cardiology

Patient Name	: Mr. pavan kumar dandu	Age	: 45Yrs 10Mths 4Days
UHID	: APJ1.0011676115	OP Visit No.	: CNIZOPV223849
Printed On	: 17-02-2025 10:07 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: --		

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA VIEW**

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardio phrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

**IMPRESSION:**

**\*NO SIGNIFICANT ABNORMALITY DETECTED.**

---End Of The Report---



**DR. REVANTH REDDY**  
MBBS, DMRD  
TSMC/FMR/05028  
Radiology

# GLASS PRESCRIPTION

<b>Name</b>	Pavan Kumar	<b>Age &amp; Gender</b>	45/Male
<b>UHID</b>	APJ1.0011676115	<b>DATE</b>	15-02-2025

## RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	0	0	0	6/6
NEAR	+1.00	0	0	N6

## LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	0	0	0	6/6
NEAR	+1.00	0	0	N6

COLOUR VISION : Normal

DIAGNOSIS : Presbyopia

OTHER FINDINGS : Normal

INSTRUCTIONS : Use BRFL Lenses

Remarks : NA

A.MADHAV REDDY

OPTOMETRIST