





Patient Name : Mr.SURAKARAM ANJANEYULU

Age/Gender : 37 Y 4 M 17 D/M UHID/MR No : CUPP.0000092218 Visit ID : CUPPOPV140813

Ref Doctor : Self Emp/Auth/TPA ID : 22E35868 Collected : 22/Oct/2024 10:17AM

Received : 22/Oct/2024 02:42PM : 22/Oct/2024 04:28PM Reported

: Final Report Status

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

#### **DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11	g/dL	13-17	Spectrophotometer
PCV	33.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.91	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	68.2	fL	83-101	Calculated
MCH	22.4	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	16.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,270	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	56	%	40-80	Flow cytometry
LYMPHOCYTES	34	%	20-40	Flow cytometry
EOSINOPHILS	2	%	1-6	Flow cytometry
MONOCYTES	8	%	2-10	Flow cytometry
BASOPHILS	0	%	0-2	Flow cytometry
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3511.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2131.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	125.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	501.6	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.65		0.78- 3.53	Calculated
PLATELET COUNT	267000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC MICROCYTIC HYPOCHROMIC

WBC WITHIN NORMAL LIMITS

PLATELETS ARE ADEQUATE ON SMEAR

NO HEMOPARASITES SEEN



Dr.Muttavarapu Viswanath M.B.B.S.M.D(Pathology) Consultant Pathologist

SIN No:UPP241002116

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IMPRESSION: MICROCYTIC HYPOCHROMIC BLOOD PICTURE

M. Wigwarmth

Dr.Muttavarapu Viswanath M.B.B.S,M.D(Pathology) Consultant Pathologist

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACT</b>	OR , WHOLE BLOOD EDTA			
BLOOD GROUP TYPE	0			Microplate technology
Rh TYPE	Positive			Microplate technology



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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. Interval	Method
GLUCOSE, FASTING, NAF PLASMA	119	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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	284	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.

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

Consultant Biochemist

ACCREDITED COLLEGE of AMERICAN PATHOLOGISTS



SIN No:UPP241002131









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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN), WH	OLE BLOOD EDTA			1
HBA1C, GLYCATED HEMOGLOBIN	9.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	229	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.

- 1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- 2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 3. 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.
- 4. 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.
- 5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control A: HbF > 25%
  - B: Homozygous Hemoglobinopathy.
  - (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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

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





SIN No:UPP241002113

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#### Chromatogram Report

ID

UPP241002113

2024-10-22 14:48:32

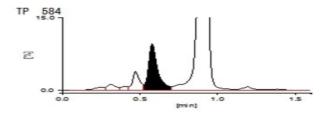
Sample No. Patient ID 10220150 SL 0003 - 10

Name Comment

CALIB	Y	=1. 1888X	+ 0.5932
Name	%	Time	Area
A1A	0.6	0. 23	6. 62
A1B	0.9	0.31	10.39
F	0.5	0.41	5. 19
LA1C+	2.4	0.47	26.05
SA1C	9.6	0.58	84. 49
AO H-VO	88. 4	0. 90	976. 03
H-V1 H-V2			

HbA1c 9.6 %

Total Area 1108.77 IFCC 81



Dr.E.Maruthi Prasad PhD (Biochemistry) Consultant biochemist Dr.Matta Sujana Reddy M.B.B.S.M.D(Biochemistry) Consultant Biochemist

COLLEGE of AMERICAN PATHOLOGISTS



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Apoll District has been performed at Apollo, Health, & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

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









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22-10-2024 14:48:33 APOLLO

APOLLO DIAGNOSTICS GLOBAL BALNAGAR

1/1

Dr.E.Maruthi Prasad PhD (Biochemistry) Consultant biochemist Dr.Matta Sujana Reddy M.B.B.S.M.D(Biochemistry) Consultant Biochemist





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Apolibhisetest has deen performed at Apollos Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad 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









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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM	1	1		'
TOTAL CHOLESTEROL	230	mg/dL	<200	CHO-POD
TRIGLYCERIDES	115	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	187	mg/dL	<130	Calculated
LDL CHOLESTEROL	164	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.35		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.07		<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

Dr.RAJESH BATTINA PhD.(Biochemistry) Consultant Biochemist

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





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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.71	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.58	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	58	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	61.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	81.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.06	g/dL	6.6-8.3	Biuret
ALBUMIN	4.32	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.74	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		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. AST: ALT (ratio) In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.
- 2. Cholestatic Pattern:\*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.
- 3. Synthetic function impairment: \*Albumin-Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

Dr.RAJESH BATTINA PhD.(Biochemistry) Consultant Biochemist

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





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#### **DEPARTMENT OF BIOCHEMISTRY**

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4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

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H. No 6-48/3, Peerzadiguda Panchayat, Boduppal,









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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SEF	RUM		
CREATININE	0.70	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	25.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.27	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.24	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.12	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	135	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	100	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.06	g/dL	6.6-8.3	Biuret
ALBUMIN	4.32	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.74	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	34.00	U/L	<55	IFCC

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#### **DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH)	, SERUM	<u>'</u>		
TRI-IODOTHYRONINE (T3, TOTAL)	0.9	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.22	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.597	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		

- **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	<b>T3</b>	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
Low	N	High	High	Thyroiditis, Interfering Antibodies

Dr.RAJESH BATTINA PhD.(Biochemistry) Consultant Biochemist Dr.Matta Sujana Reddy M.B.B.S,M.D(Biochemistry) Consultant Biochemist





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

Dr.RAJESH BATTINA
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: 22/Oct/2024 10:17AM

Received

: 22/Oct/2024 02:30PM : 22/Oct/2024 03:31PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (C	UE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
рН	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.018		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	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
CENTRIFUGED SEDIMENT WET MO	OUNT AND MICROSCOP	Ϋ́		
PUS CELLS	2	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	4	/hpf	< 10	Automated Image based microscopy
RBC	0	/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.

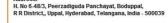


Dr.Muttavarapu Viswanath M.B.B.S.M.D(Pathology) Consultant Pathologist

SIN No:UPP241002118

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













: Mr.SURAKARAM ANJANEYULU

Age/Gender

: 37 Y 4 M 17 D/M

UHID/MR No Visit ID : CUPP.0000092218 : CUPPOPV140813

Ref Doctor

: Self

Emp/Auth/TPA ID

: 22E35868

Collected

: 22/Oct/2024 10:17AM

Received Reported : 22/Oct/2024 02:30PM : 22/Oct/2024 03:31PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

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

M. William th

Dr.Muttavarapu Viswanath M.B.B.S,M.D(Pathology) Consultant Pathologist

SIN No:UPP241002118

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









: Mr.SURAKARAM ANJANEYULU

Age/Gender UHID/MR No

: 37 Y 4 M 17 D/M : CUPP.0000092218

Visit ID

: CUPPOPV140813

Ref Doctor

: Self

Emp/Auth/TPA ID : 22E35868

Collected

: 22/Oct/2024 10:17AM

Received Reported : 22/Oct/2024 05:02PM : 22/Oct/2024 05:48PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

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

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



SIN No:UPP241002115

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









: Mr.SURAKARAM ANJANEYULU

Age/Gender

: 37 Y 4 M 17 D/M : CUPP.0000092218

UHID/MR No Visit ID

: CUPPOPV140813

Ref Doctor

: Self

Emp/Auth/TPA ID :

: 22E35868

Collected

: 22/Oct/2024 10:17AM

Received

: 22/Oct/2024 02:30PM

Reported Status : 22/Oct/2024 04:52PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

Result/s to Follow: PERIPHERAL SMEAR







Dr.Muttavarapu Viswanath M.B.B.S,M.D(Pathology)

Consultant Pathologist

SIN No:UPP241002112

M. Wigosanoth







Patient Name : Mr.SURAKARAM ANJANEYULU

Age/Gender : 37 Y 4 M 17 D/M

UHID/MR No : CUPP.0000092218

Visit ID : CUPPOPV140813

Ref Doctor : Self

Emp/Auth/TPA ID : 22E35868

Collected : 22/Oct/2024 10:17AM

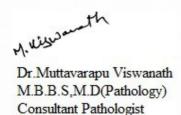
Received : 22/Oct/2024 02:30PM Reported : 22/Oct/2024 04:52PM

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 understandreporting 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.



ACCREDITED COLLEGE of AMERICAN PATHOLOGISTS



SIN No:UPP241002112





: Mr. SURAKARAM ANJANEYULU

: CUPP.0000092218

Printed On

**UHID** 

: 22-10-2024 05:14 AM

Department

: Radiology

: 22E35868

Referred By

Employeer Id

: Self

Age

: 37Yrs 4Mths 18Days

OP Visit No.

: CUPPOPV140813

Advised/Pres Doctor : --

Qualification

Registration No.

#### **DEPARTMENT OF RADIOLOGY**

Liver appears normal in size 147 mm and 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 peri GB collection. No evidence of focal lesion is seen.

**Spleen** appears normal in size 93 mm. No focal lesion seen. Splenic vein appears normal.

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

**Right kidney**: 107 x 52 mm appear normal in size, shape and echo pattern. CM differentiation are maintained. No calculus / hydro nephrosis seen. Evidence of upper pole cyst measuring 16 mm.

Left kidney: 109 x 55 mm appear normal in size, shape and echo pattern. Cortical thickness and CM differentiation are maintained. No calculus / hydro nephrosis seen.

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

Prostate is normal in size 31 x 28 x 30 mm and echo texture. Volume measure 14 cc. No evidence of necrosis/calcification seen.

#### **IMPRESSION:**

Fatty liver.

Simple right renal cortical cyst.



# 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---

Mohenell

Dr. K BHAGHEERATHI MBBS,DNB Radiodiagnosis APMC/FMR/89662 Radiology



: Mr. SURAKARAM ANJANEYULU

UHID

: CUPP.0000092218

Printed On

: 22-10-2024 01:09 PM

Department

: Radiology

Referred By

: Self

Employeer Id

: 22E35868

Age

: 37Yrs 4Mths 18Days

OP Visit No.

: CUPPOPV140813

Advised/Pres Doctor : --

Qualification

: --

Registration No.

: --

# **DEPARTMENT OF RADIOLOGY**

#### X-RAY CHEST PA VIEW

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

For clinical correlation.

---End Of The Report---

Dr. MATTA JYOTHIRMAI MBBS, MDRD APMC/FMR/74706 Radiology



: Mr. SURAKARAM ANJANEYULU

UHID

: CUPP.0000092218

Printed On

: 22-10-2024 07:14 AM

Department

: Cardiology

Reffered By

: Self

Employeer Id

: 22E35868

Age

: 37Yrs 4Mths 18Days

OP Visit No.

: CUPPOPV140813

Advised/Pres Doctor : --

Qualification

: --

Registration No.

: --

#### **DEPARTMENT OF CARDIOLOGY**

Ao (ed) 3.2 CM LA (es) 3.5 CM LVID (ed) 4.5 CM LVID (es) 2.8 CM IVS (Ed) 1.0 CM LVPW (Ed) 1.0 CM 67.00% EF %FD 33.00% MITRAL VALVE: **NORMAL AML NORMAL PML NORMAL AORTIC VALVE NORMAL** TRICUSPID VALVE **NORMAL** RIGHT VENTRICLE **NORMAL** INTER ATRIAL SEPTUM INTACT INTER VENTRICULAR SEPTUMINTACT **AORTA NORMAL RIGHT ATRIUM NORMAL LEFT ATRIUM NORMAL** Pulmonary Valve **NORMAL PERICARDIUM NORMAL** 



## **COLOUR AND DOPPLER STUDIES:**

PJV: 0.9

AJV: 1.3

 $E: 0.9 \,\mathrm{m/s}$ 

A: 0.7 m/s

**IMPRESSION:-**

NORMAL CARDIAC CHAMBERS.

NO RWMA.

GOOD LV/ RV FUNCTION.

NO MR/ AR/ TR/ PAH.

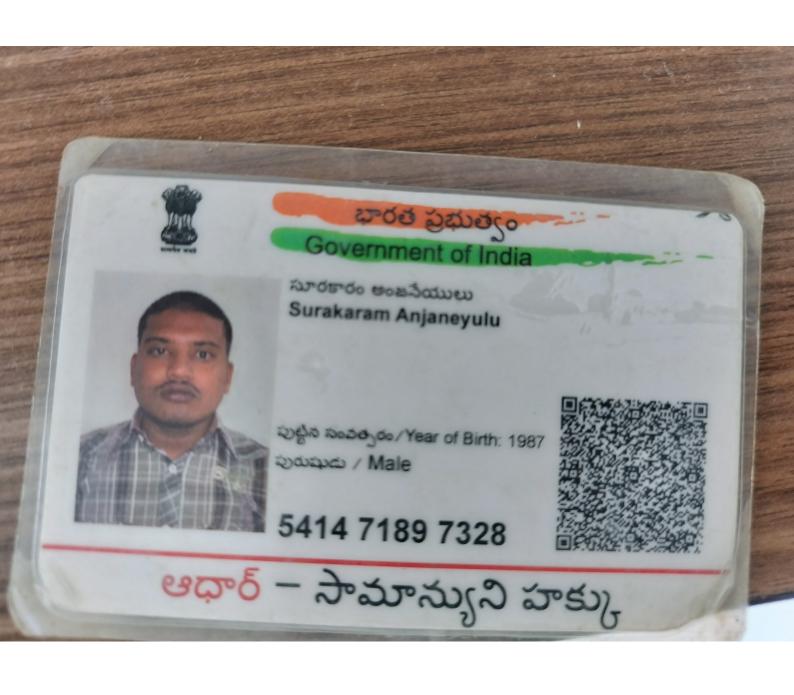
NO CLOT.

NO PERICARDIAL EFFUSION.

---End Of The Report---

Ch

Dr. CH VENKATESHAM MBBS,PGDCC 41992 Cardiology



# **Apollo Clinic Uppal**

From: Anjaneyulu Surakaram <anji.surakaram@gmail.com>

Sent: Tuesday, October 22, 2024 09:40 AM

**To:** Apollo Clinic Uppal

**Subject:** Fwd: Your appointment is confirmed

----- Forwarded message ------From: <<u>noreply@apolloclinics.info</u>>
Date: Mon, 21 Oct 2024, 4:28 pm
Subject: Your appointment is confirmed
To: <anji.surakaram@gmail.com>

Cc: <uppal@apolloclinic.com>, <nishanth.reddy@apolloclinic.com>, <syamsunder.m@apollohl.com>



# Dear MR. SURAKARAM ANJANEYULU,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at UPPAL clinic on 2024-10-22 at 07:45-08:00.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

#### Instructions to be followed for a health check:

- 1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- 2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
- 3. Please bring all your medical prescriptions and previous health medical records with you.
- 4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

#### For Women:

- 1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
- 2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: APOLLO CLINIC NEAR PILLAR NO 91, BESIDE RAMRAJ COTTON SHOWROOM, CANARA NAGAR BUS STOP, WARANGAL HIGHWAY,.

Contact No: (040) 49503373 -74/.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards, Apollo Clinic

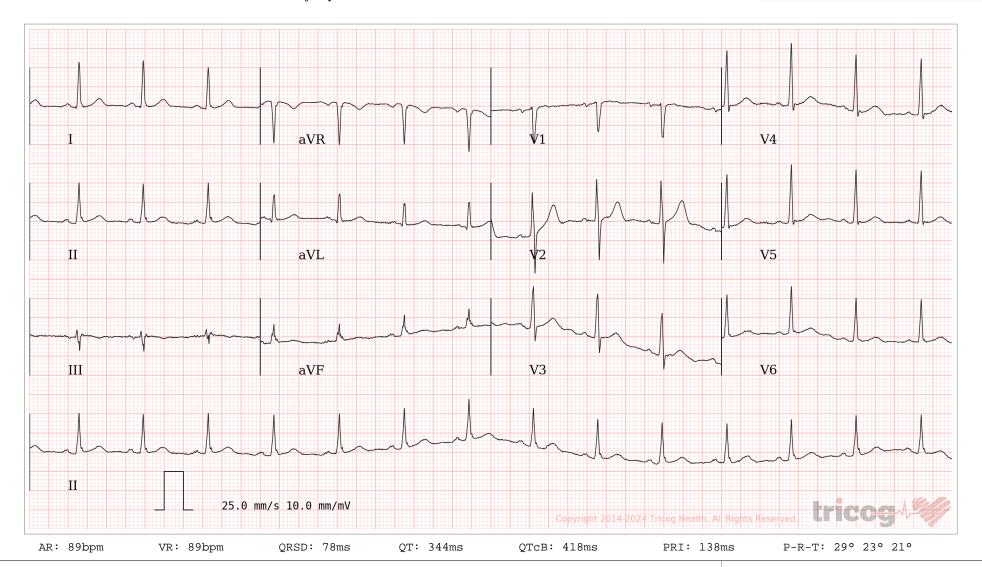
# **Apollo clinic Boduppal**



Age / Gender: 37/Male

Patient ID: 0000092218
Patient Name: Mr Anjaneyulu

Date and Time: 22nd Oct 24 11:03 AM



ECG Within Normal Limits: Sinus Rhythm, Normal ECG, correlate clinically. Please correlate clinically.



Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.



: Mr. SURAKARAM ANJANEYULU

UHID

: CUPP.0000092218

Printed On

: 22-10-2024 12:44 PM

Department

: Cardiology

Reffered By

: Self

Employeer Id

: 22E35868

Age

: 37Yrs 4Mths 17Days

OP Visit No.

: CUPPOPV140813

Advised/Pres Doctor : --

Qualification

: --

Registration No.

: --

# **DEPARTMENT OF CARDIOLOGY**

Ao (ed) 3.2 CM LA (es) 3.5 CM LVID (ed) 4.5 CM LVID (es) 2.8 CM IVS (Ed) 1.0 CM LVPW (Ed) 1.0 CM EF 67.00% %FD 33.00% MITRAL VALVE: **NORMAL AML NORMAL PML NORMAL AORTIC VALVE NORMAL** TRICUSPID VALVE **NORMAL RIGHT VENTRICLE NORMAL** INTER ATRIAL SEPTUM INTACT INTER VENTRICULAR SEPTUMINTACT **AORTA NORMAL RIGHT ATRIUM** NORMAL **LEFT ATRIUM NORMAL Pulmonary Valve NORMAL PERICARDIUM NORMAL** 



# **COLOUR AND DOPPLER STUDIES:**

PJV: 0.9

**AJV: 1.3** 

E: 0.9 m/s

A: 0.7 m/s

**IMPRESSION:-**

NORMAL CARDIAC CHAMBERS.

NO RWMA.

GOOD LV/ RV FUNCTION.

NO MR/ AR/ TR/ PAH.

NO CLOT.

NO PERICARDIAL EFFUSION.

---End Of The Report---

Ch

Dr. CH VENKATESHAM MBBS,PGDCC 41992 Cardiology





# **PHYSICAL EXAMINATION FORM**

Name	Mr. SURAKARAM ANJANEYULU	Age & Gender	37 Y /M
UHID	CUPP.0000092218	DATE	22.10.2024

Vitals			
Height (CM)	162		
Weight (KG)	83		
	31		
ВМІ			
ВР	140/80		
Pulse	93		
SPO2 (%)	NA		
Temperature	NA		

Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)

Online appointments: www.apolloclinic.com





# CERTIFICATE OF MEDICAL FITNESS

пас п	reviewing the medical history and on clinical examination it has been found e/she is	Tick
•	Medically Fit	
•	Fit with restrictions/recommendations	
	Though following restrictions have been revealed, in my opinion, these are not impediments to the job.  1. High Sugau.	
	2	
	3	
	However the employee should follow the advice/medication that has been communicated to him/her.	
	Review after	
8	Currently Unfit.  Review after	
	Unfit .	-

This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd, Office: 7-1-617/A, 7° Floor, Imperial Towers, Ameripet, Hyderabad 500016, Telangana. | Email ID, enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppul )

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788





# POWER PRESCRIPTION

NAME: S. Anjanegolv

GENDER: M/F

DATE: 22/10/24

AGE: 37

UHID: 92218

RIGHT EYE

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	0.45			-6/6
NEAR				116

SPH	CYL	AXIS	VISION
0.50		•	9/6
			120

COLOUR VISION: BE: NOTMAL

**DIAGNOSIS** 

OTHER FINDINGS :

INSTRUCTIONS

SIGNATURE