



: Mr.K VENKATESWARA RAO

Age/Gender UHID/MR No : 50 Y 6 M 30 D/M : CAUN.0000149115

Visit ID

: CAUNOPV185840

Ref Doctor

: Self

Collected

: 08/Mar/2025 09:09AM

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: 08/Mar/2025 03:01PM

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: 08/Mar/2025 04:19PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

### **DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.9	g/dL	13-17	Spectrophotometer
PCV	47.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	6.06	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	78.4	fL	83-101	Calculated
MCH	26.2	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,060	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	49.5	%	40-80	Electrical Impedance
LYMPHOCYTES	40	%	20-40	Electrical Impedance
EOSINOPHILS	3.4	%	1-6	Electrical Impedance
MONOCYTES	6.2	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3494.7	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2824	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	240.04	Cells/cu.mm	20-500	Calculated
MONOCYTES	437.72	Cells/cu.mm	200-1000	Calculated
BASOPHILS	63.54	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.24		0.78- 3.53	Calculated
PLATELET COUNT	162000	cells/cu.mm	150000-410000	Electrical impedence
MPV	9.2	FI	8.1-13.9	Calculated
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

**RBC's Microcytes+** 

WBC's are normal in number and morphology

Platelets are Adequate

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Consultant Pathologist SIN No:AUH250301306

MBBS, MD (Pathology)

Dr Sneha Shah

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

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

Centriole, Plot #90, Survey #129, 130/1+2, ITI Road, Aundh, Pune, Maharashtra, India - 411007







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

No Abnormal cells seen.

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Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

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Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDTA			
BLOOD GROUP TYPE	0			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

### **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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### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING, NAF PLASMA	218	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.

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Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

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Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2	328	mg/dL	70-140	HEXOKINASE
HR)				

### **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.

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DR.Sanjay Ingle M.B.B.S,M.D(Pathology) Consultant Pathologist

SIN No:AUH250301616









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Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN), WH	IOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	11.2	%	HI	PLC
ESTIMATED AVERAGE GLUCOSE (eAG)	275	mg/dL	Ca	alculated

### **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)

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	215	mg/dL	< 200	CHOD-PAD
TRIGLYCERIDES	372	mg/dL	< 150	GPO-PAP
HDL CHOLESTEROL	32	mg/dL	>=40 Desirable	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	183	mg/dL	<130	Calculated
LDL CHOLESTEROL	108.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	74.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.74		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.71		<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
LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.35	mg/dL	0-1.2	Diazo
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0-0.2	Diazo
BILIRUBIN (INDIRECT)	0.14	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27.5	U/L	10-50	IFCC with Pyridoxal Phosphate
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.8	U/L	10-50	IFCC with Pyridoxal Phosphate
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	130.00	U/L	40-129	IFCC
PROTEIN, TOTAL	7.22	g/dL	6.4-8.3	Biuret
ALBUMIN	4.55	g/dL	3.5-5.2	Bromo Cresol Green
GLOBULIN	2.67	g/dL	2.0-3.5	Calculated
A/G RATIO	1.7		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.Note- If both SGPT and SGOT are within reference range then AST:ALT (De Ritis ratio) does not have any clinical significance.
- 2. Cholestatic Pattern:\*ALP Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.\*Bilirubin (Direct) and GGT elevated- helps to establish hepatic origin.
- 3. Synthetic function impairment:\*Albumin-Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.
- 4. Associated tests for assessment of liver fibrosis Fibrosis-4 and APRI Index.

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Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TES	T (RFT/KFT), S	ERUM		
CREATININE	0.65	mg/dL	0.7-1.2	Jaffe
.eGFR - ESTIMATED GLOMERULAR FILTRATION RATE	112.98	mL/min/1.73m²	>60	CKD-EPI FORMULA
UREA	23.80	mg/dL	13-43	Calculated
BLOOD UREA NITROGEN	11.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.76	mg/dL	3.5-7.2	Uricase
CALCIUM	9.66	mg/dL	8.6-10	NM-Bapta
PHOSPHORUS, INORGANIC	2.64	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.4	mmol/L	136-145	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	97.5	mmol/L	98-107	ISE (Indirect)
PROTEIN, TOTAL	7.22	g/dL	6.4-8.3	Biuret
ALBUMIN	4.55	g/dL	3.5-5.2	Bromo Cresol Green
GLOBULIN	2.67	g/dL	2.0-3.5	Calculated
A/G RATIO	1.7		0.9-2.0	Calculated

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Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

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APOLLO CLINICS NETWORK

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Test Name	Result	Unit	Bio. Ref. Interval	Method
ALKALINE PHOSPHATASE, SERUM	130.00	U/L	40-129	IFCC

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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL	40.00	U/L	10-71	IFCC
TRANSPEPTIDASE (GGT), SERUM				

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### **DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH),	SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	126	ng/dL	84.6-202	ECLIA
THYROXINE (T4, TOTAL)	9.27	μg/dL	5.12-14.06	ECLIA
THYROID STIMULATING HORMONE (TSH)	2.760	μlU/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.

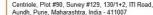
TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Treatment.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	ımıgn	Primary Hyperthyroidism, 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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Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) ,	4.83	ng/mL	30-100	ECLIA
SERUM				

### **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.

Page 14 of 19



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:AUH250301303







: Mr.K VENKATESWARA RAO

Age/Gender

: 50 Y 6 M 30 D/M

UHID/MR No Visit ID

: CAUN.0000149115 : CAUNOPV185840

Ref Doctor

: Self

Collected

: 08/Mar/2025 09:09AM

Received

: 08/Mar/2025 02:26PM

Reported Status

: 08/Mar/2025 05:55PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

### **DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12, SERUM	243	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 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.

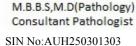
Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency. B12 levels 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	0.443	ng/mL	< 3.1	ECLIA

Page 15 of 19





DR.Sanjay Ingle









: Mr.K VENKATESWARA RAO

Age/Gender

: 50 Y 6 M 30 D/M

UHID/MR No Visit ID : CAUN.0000149115 : CAUNOPV185840

Ref Doctor

: Self

Collected

: 08/Mar/2025 09:09AM

Received

: 08/Mar/2025 02:22PM

Reported

: 08/Mar/2025 02:58PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

### **DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (	CUE) , URINE			
PHYSICAL EXAMINATION			10	
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
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
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOP	Y		
PUS CELLS	1 - 2	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0 - 1	/hpf	< 10	Automated Image based microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

### **Comment:**

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

Page 16 of 19



MBBS, MD (Pathology) Consultant Pathologist

Dr Sneha Shah

SIN No:AUH250301308

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab



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

Centriole, Plot #90, Survey #129, 130/1+2, ITI Road, Aundh, Pune, Maharashtra, India - 411007









: Mr.K VENKATESWARA RAO

Age/Gender

: 50 Y 6 M 30 D/M

UHID/MR No Visit ID : CAUN.0000149115 : CAUNOPV185840

Ref Doctor

: Self

Collected

: 08/Mar/2025 09:09AM

Received

: 08/Mar/2025 02:22PM : 08/Mar/2025 02:58PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

### **DEPARTMENT OF CLINICAL PATHOLOGY**

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

Page 17 of 19

Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:AUH250301308







: Mr.K VENKATESWARA RAO

Age/Gender

: 50 Y 6 M 30 D/M

UHID/MR No Visit ID : CAUN.0000149115 : CAUNOPV185840

Ref Doctor

: Self

Collected

: 08/Mar/2025 09:09AM

Received

: 08/Mar/2025 08:03PM

Reported

: 08/Mar/2025 08:21PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

### **DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

Page 18 of 19



SIN No:AUH250301307

APOLLO CLINICS NETWORK

DR. MANISH T. AKARE M.B.B.S, MD(Path.) Consultant Pathologist

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

Centriole, Plot #90, Survey #129, 130/1+2, ITI Road, Aundh, Pune, Maharashtra, India - 411007







: Mr.K VENKATESWARA RAO

Age/Gender UHID/MR No : 50 Y 6 M 30 D/M

Visit ID

: CAUN.0000149115 : CAUNOPV185840

Ref Doctor

: Self

Collected

: 08/Mar/2025 09:09AM

Received Reported : 08/Mar/2025 02:23PM

Status

: 08/Mar/2025 03:04PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

### **DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

Page 19 of 19



Consultant Pathologist SIN No:AUH250301304

DR.Sanjay Ingle M.B.B.S,M.D(Pathology)

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

Centriole, Plot #90, Survey #129, 130/1+2, ITI Road, Aundh, Pune, Maharashtra, India - 411007







: Mr.K VENKATESWARA RAO

Age/Gender

: 50 Y 6 M 30 D/M

UHID/MR No Visit ID : CAUN.0000149115 : CAUNOPV185840

Ref Doctor

: Self

Collected

: 08/Mar/2025 09:09AM

Received

: 08/Mar/2025 02:23PM : 08/Mar/2025 03:04PM

Reported 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.

DR.Sanjay Ingle M.B.B.S,M.D(Pathology) Consultant Pathologist

i- Sadasiiiv Fetti Fulle, Diagnostics La

Centriole, Plot #90, Survey #129, 130/1+2, ITI Road, Aundh, Pune, Maharashtra, India - 411007





: Mr. K VENKATESWARA RAO

UHID

: CAUN.0000149115

OP Visit No.

Age

: 50Yrs 7Mths 2Days : CAUNOPV185840

Printed On

: 11-03-2025 09:59 AM

Advised/Pres Doctor : --

Department

: Radiology

Overlific estice

--

Referred By

: Self

Qualification

: --

Employeer Id

: --

Registration No.

: --

### **DEPARTMENT OF RADIOLOGY**

### **USG ABDOMEN & PELVIS**

Liver appears mildly enlarged (17cm) in size and shows enhanced in echotexture.

No focal lesion is seen.

PV and CBD are normal.

No dilatation of the intrahepatic billiary 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.

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

**Spleen** appears normal. No focal lesion seen. Spleenic vein appears normal.

**Right Kidney is** - 11.3 x 5.2cm. **Left Kidney is** - 11.1 x 6.1 cm.

Both Kidneys are normal in size and echotexture.

The cortico medullary differentiation is maintained bilaterally.

No evidence of calculus / hydronephrosis seen on either side.

**Urinary bladder** is normal. No evidence of filling defect or mass effect. The wall thickness is normal.

**Prostate** is normal in size and echotexture. No evidence of calcification seen.

No obvious free fluid or lymphadenopathy is noted in the abdomen.



IMPRESSION : Grade II fatty Liver. No other significant abnormality seen.
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.SUHAS KATHURIA MBBS,DMRE 2015/04/2158 Radiology



: Mr. K VENKATESWARA RAO

UHID

: CAUN.0000149115

OP Visit No.

Age

: 50Yrs 7Mths 2Days

Printed On

: 11-03-2025 08:41 AM

Advised/Pres Doctor : --

: CAUNOPV185840

Department

: Cardiology

Qualification

Reffered By

: Self

: --

Employeer Id

Registration No.

: --

: --

### **DEPARTMENT OF CARDIOLOGY**

### 2D ECHO CARDIOGRAPHY & COLOR DOPPLER REPORT

Mitral Valve: Normal.

Aortic Valve: Normal.

Tricuspid Valve: Normal.

Pulmonary Valve: Normal.

RWMA: Absent.

RA: Normal **RV: Normal** IVS: Intact IAS: Intact

Pericardial effusion: No

IVC: Normal.

AO - 28 mm, LA - 29 mm, LVIDd - 42 mm, LVISd - 23 mm, IVS -11 mm, PW - 10 mm.

**CONCLUSION:** 

Normal size cardiac chambers.

No RWMA.



Good LV function LVEF-60%.

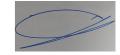
Grade I diastolic dysfunction

No AR/MR/TR No PAH.

No e/o clot, thrombus, vegetation or pericardial effusion.

P/S: Normal echo does not rule out coronary artery disease.

---End Of The Report---



Dr. SATYAJEET SURYAWANSHI MBBS, D.N.B. (CARDIOLOGY) 2005/05/2798 Cardiology



: Mr. K VENKATESWARA RAO

UHID

: CAUN.0000149115

Printed On

: 08-03-2025 10:50 AM

Department

: Radiology

Referred By

: Self

Employeer Id : --

Age

: 50Yrs 6Mths 27Days

OP Visit No.

: CAUNOPV185840

Advised/Pres Doctor : --

Qualification

Registration No. :

### **DEPARTMENT OF RADIOLOGY**

### **CHEST RADIOGRAPH PA VIEW**

No evidence of any focal lesion.

Trachea is central in position.

Costophrenic angles are clear.

Cardio thoracic ratio is normal.

Cardiac silhouette is well maintained.

Mediastinal and hilar regions are normal.

Both diaphragmatic domes are well visualized and normal.

Visualized skeleton and soft tissues around thoracic cage appear normal.

COMMENT: No significant abnormality seen.

Please correlate clinically.

---End Of The Report---

Dr.SUHAS KATHURIA

MBBS,DMRE 2015/04/2158

Radiology

Patient ID: 149115

08.03.2025 12:09:15pm Male 171 cm 81 kg 50 yrs Indian

Meds:

Test Reason:
Medical History:

Ref. MD: Ordering MD: Technician: Test Type:

Comment:

BRUCE: Exercise Time 09:02

Max HR: 148 bpm 87 % of max predicted 170 bpm HR at rest: 96

Max BP: 160/90 mmHg BP at rest: 140/90 Max RPP: 22200 mmHg\*bpm

Maximum Workload: 10.20 METS

Max. ST: -0.10 mm, 0.87 mV/s in I; EXERCISE STAGE 3 6:30

HR reserve used: 67 % HR recovery: 17 bpm VE recovery: 0 VE/min

ST/HR hysteresis: 0.007 mV (I)

QRS duration: BASELINE: 86 ms, PEAK EX: 86 ms, REC: 88 ms

Room:

Location: \* 0 \*

Phase Name	Stage Name	Time in Stage	Speed [ mph ]	Grade [%]	Workload [ METS ]	HR [ bpm ]	BP [ mmHg ]	RPP VE [mmHg*bp [/min]	ST Level I [ mm ]	Comment	
PRETEST	SUPINE	00:03	0.00	0.00	1.0	96	140/90	13440 0	0.30		
	STANDING	00:04	0.00	0.00	1.0	96	140/90	13440 0	0.30		mark makembanan 🔭
	HYPERV.	00:23	0.00	0.00	1.0	105	140/90	14700 0	0.45	e	•
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	130	140/90	18200	0.15		
	STAGE 2	03:00	2.50	12.00	7.0	144	150/90	21600 0	0.10		
	STAGE 3	03:00	3.40	14.00	10.1	146	150/90	21900 0	0.25		And the Company of th
	STAGE 4	00:03	4.10	14.10	10.1	146		21900 0	0.30		
RECOVERY		01:56	0.00	0.00	1.0	115	160/90	18400	0.10		

Stress East is -ve for indenible is chang APOLLO CLINIC-AUNDH

APOLLO CLINIC - AUNDH Dr. KANCHAN SARAF MBBS, MD MEDICINE, IDCCM Reg. No. 2003072785

Patient ID: 149115

08.03.2025 12:09:03pm Male 171 cm 81 kg

P-R-T axes P duration

RR interval

50 yrs Indian

140/90 mmHg

Vent. Rate 97bpm PR interval 152 ms QRS duration 82 ms QT / QTc 344 / 436 ms

52 / 26 / 61 °

118ms

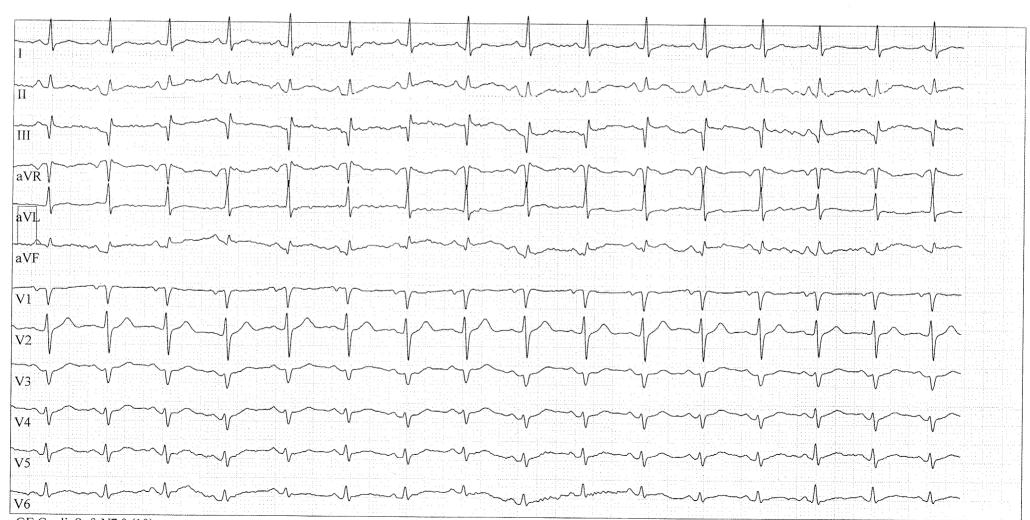
620 ms

Possible Inferior infarct, age undetermined Possible Anterior infarct, age undetermined

Abnormal ECG

Normal sinus rhythm

Technician Medication:



Patient ID: 149115

08.03.2025 12:09:13pm Male 171 cm 81 kg

P duration

RR interval

50 yrs Indian

140/90 mmHg

126 ms

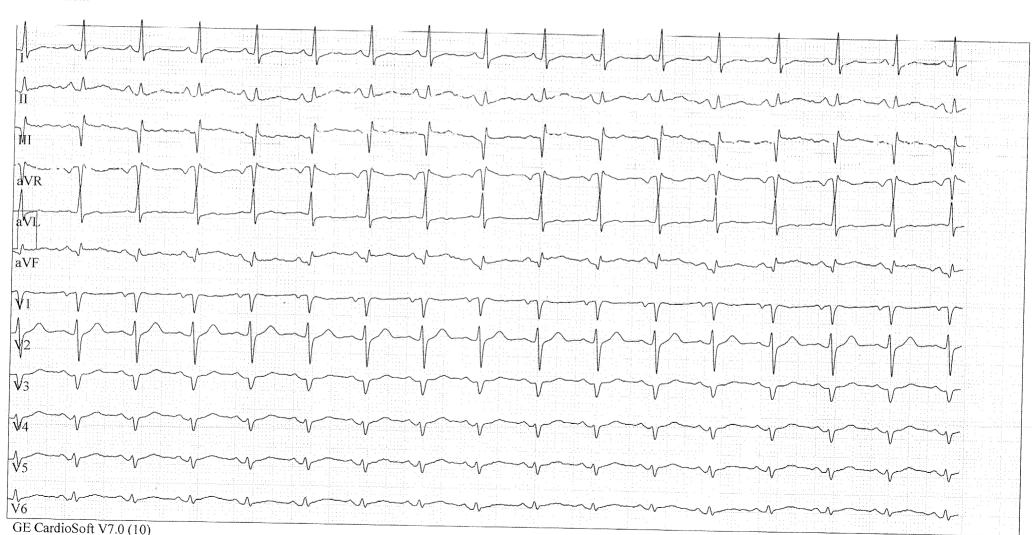
610ms

Vent. Rate 98bpm PR interval 154 ms QRS duration 80 ms QT / QTc 334 / 426 ms P-R-T axes 43 / 20 / 57°

Normal sinus rhythm Inferior infarct, age undetermined Anterior infarct, age undetermined

Abnormal ECG

Technician Medication:



Patient ID: 149115

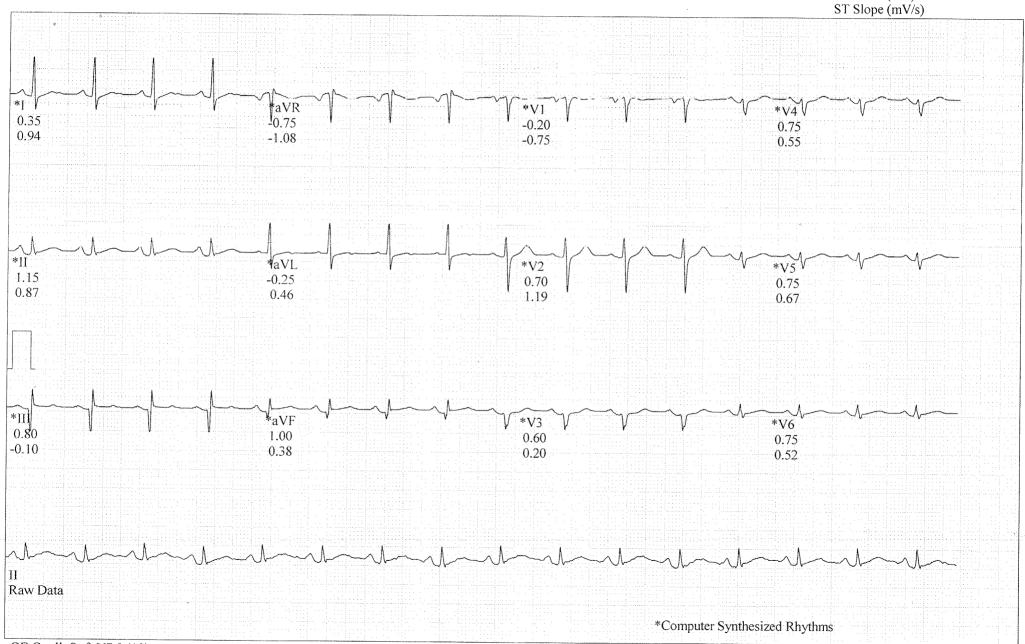
08.03.2025 Male 171 cm 81 kg 12:09:17pm

50 yrs Indian

96 bpm 140/90 mmHg

PRETEST **SUPINE** 00:02

**BRUCE** 0.0 mph 0.0 %



Exercise Test / Linked Medians

APOLLO CLINIC AUNDH

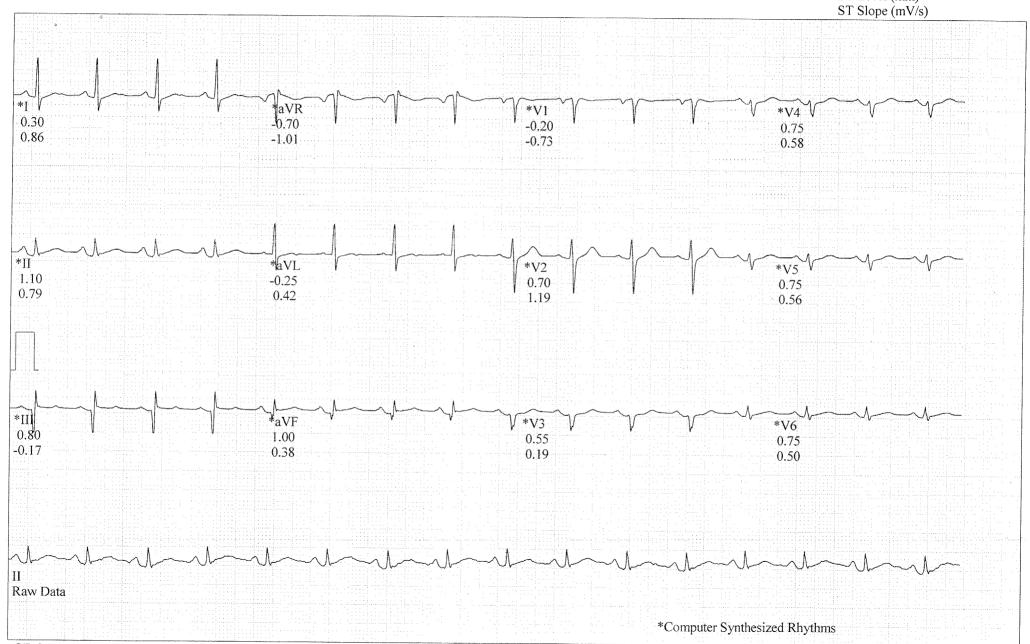
K VENKATESWARA, RAO Patient ID: 149115

08.03.2025 Male 171 cm 81 kg 12:09:20pm

50 yrs Indian

96 bpm 140/90 mmHg PRETEST STANDING 00:05

**BRUCE** 0.0 mph 0.0 %

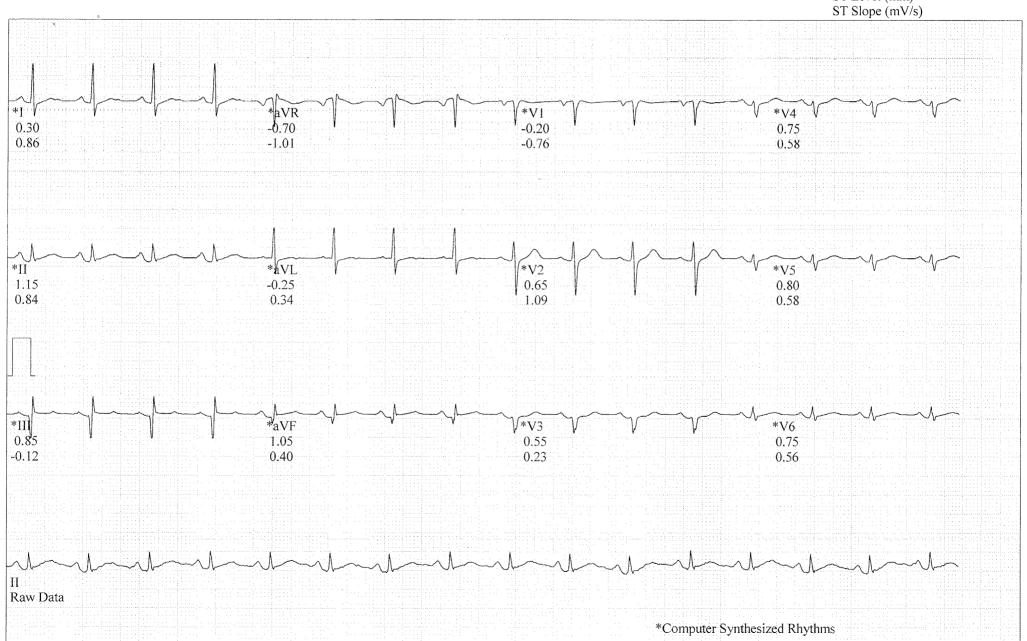


### Exercise Test / Linked Medians

APOLLO CLINIC AUNDH

Patient ID: 149115

08.03.2025 12:09:23pm Male 171 cm 81 kg 50 yrs Indian 95 bpm 140/90 mmHg PRETEST HYPERV. 00:08 BRUCE 0.0 mph 0.0 %



Exercise Test / Linked Medians

APOLLO CLINIC AUNDH

Patient ID: 149115

08.03.2025 Male 171 cm 81 kg

12:12:33pm

50 yrs Indian

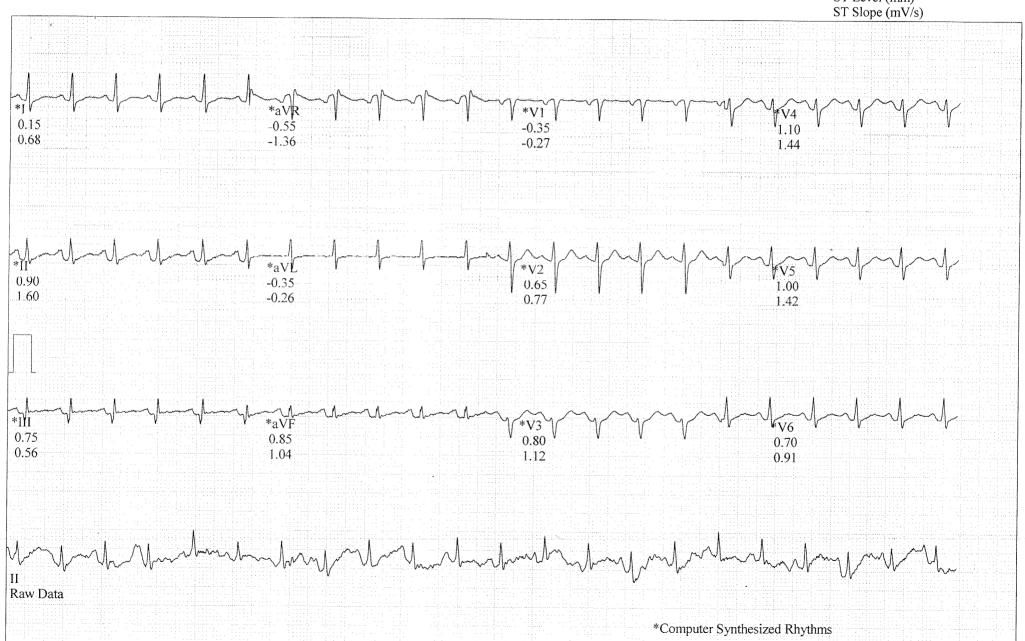
130 bpm 140/90 mmHg

**EXERCISE** STAGE 1 02:50

**BRUCE** 1.7 mph 10.0 %

Lead

ST Level (mm)



Exercise Test / Linked Medians

K VENKATESWARA, RAO

Patient ID: 149115

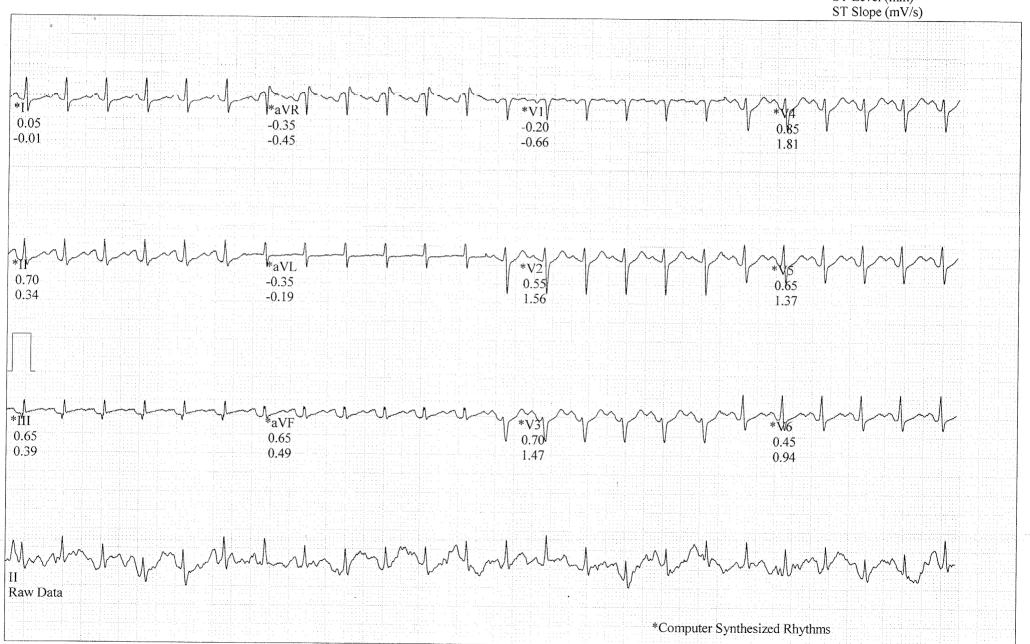
08.03.2025 Male 171 cm 81 kg

12:15:33pm 50 yrs Indian 150/90 mmHg

142 bpm

EXERCISE STAGE 2 05:50

**BRUCE** 2.5 mph 12.0 % APOLLO CLINIC AUNDH



Exercise Test / Linked Medians

K VENKATESWARA, RAO

Patient ID: 149115

08.03.2025 Male 171 cm 81 kg 12:18:33pm

50 yrs Indian

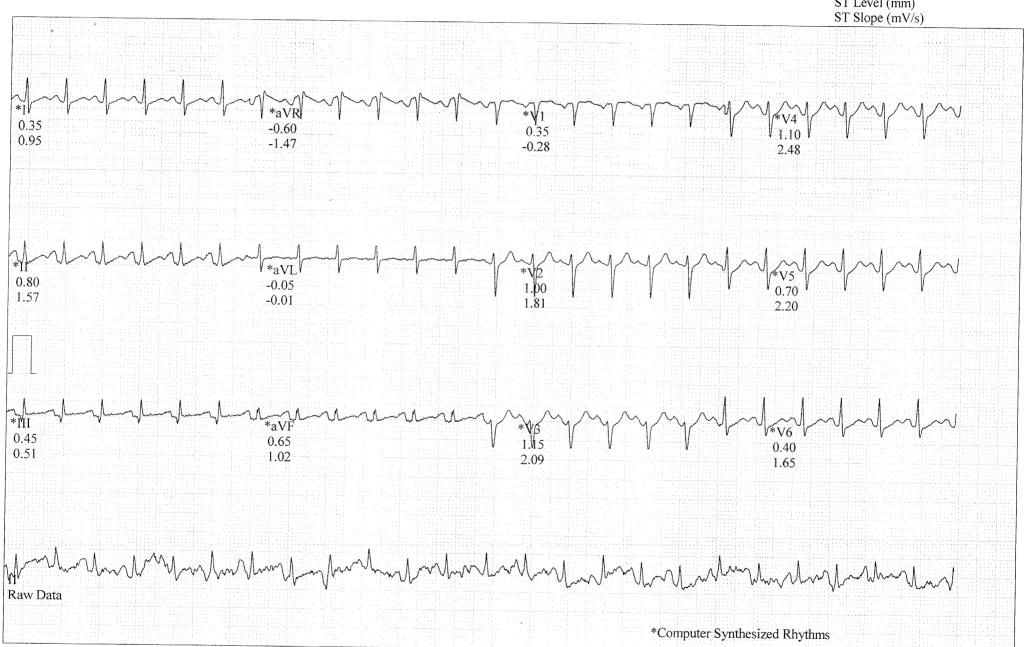
146 bpm 150/90 mmHg EXERCISE STAGE 3 08:50

**BRUCE** 3.4 mph 14.0 %

APOLLO CLINIC AUNDH

Lead

ST Level (mm)



Exercise Test / Linked Medians ( PEAK EXERCISE )

BRUCE

APOLLO CLINIC AUNDH

Patient ID: 149115

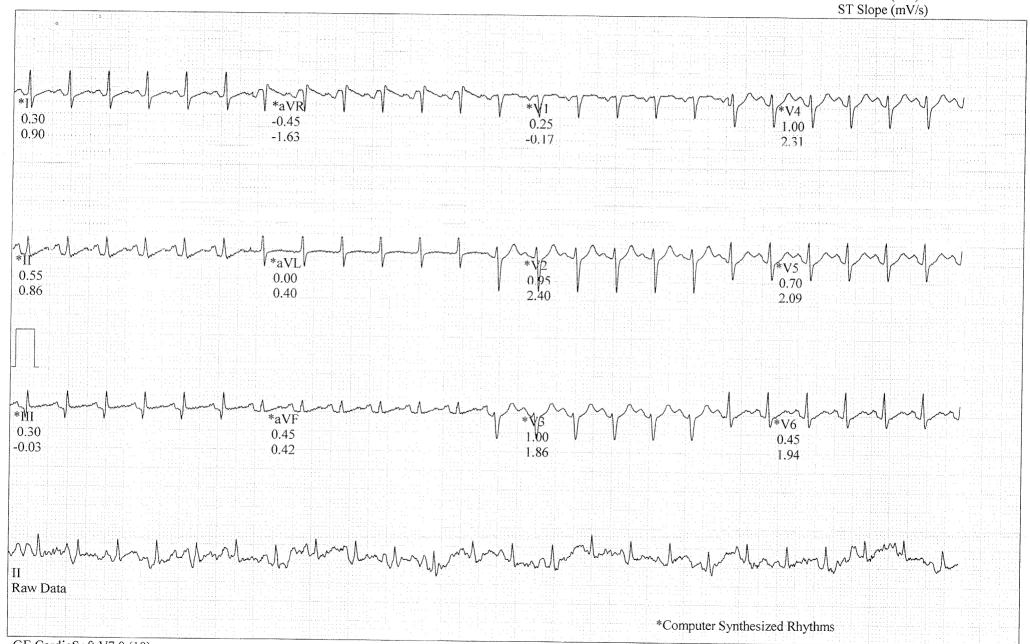
08.03.2025 12:18:46pm

Male 171 cm 81 kg 50 yrs Indian

146 bpm 150/90 mmHg EXERCISE STAGE 4 09:03

4.1 mph 14.1 %

Lead ST Level (mm) ST Slope (mV/s



Patient ID: 149115

08.03.2025 12:19:35pm

Male 171 cm 81 kg

50 yrs Indian

RECOVERY

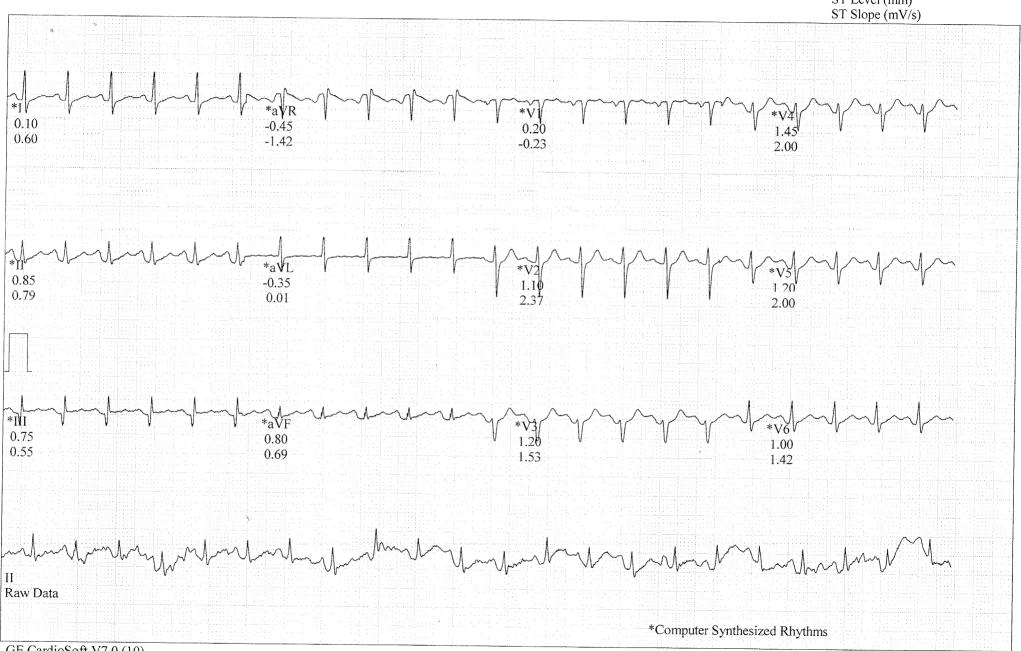
133 bpm 160/90 mmHg

#1 00:50

**BRUCE** 0.0 mph 0.0 %

Lead

ST Level (mm)



Exercise Test / Linked Medians

APOLLO CLINIC AUNDH

Patient ID: 149115

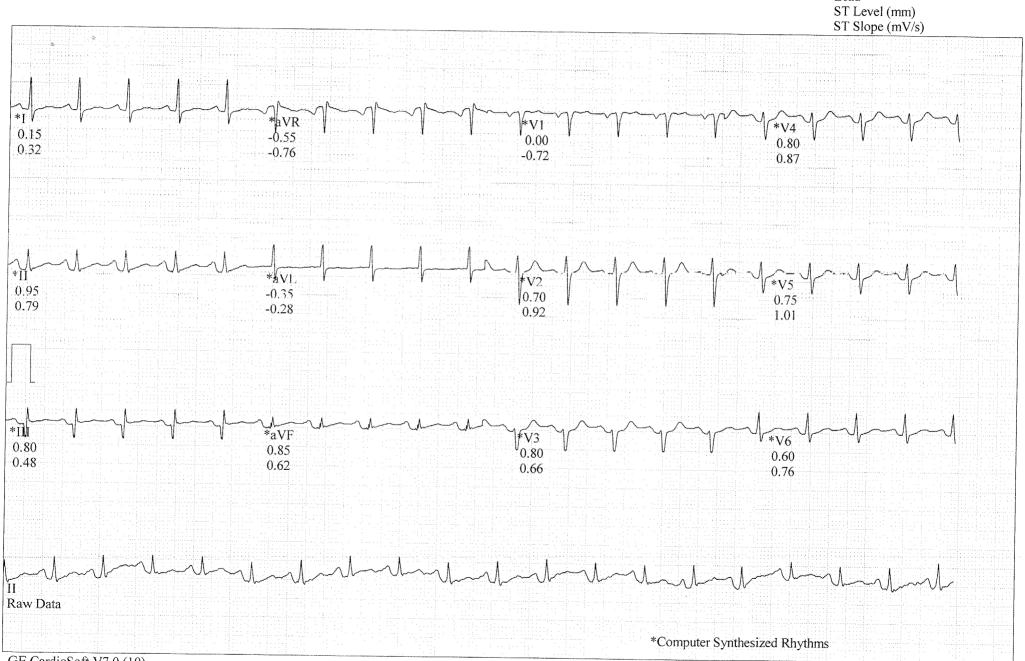
08.03.2025 Male 171 cm 81 kg 12:20:35pm 50 yrs Indian

116 bpm

RECOVERY #1 01:50

**BRUCE** 0.0 mph 0.0 %

Lead





## **CERTIFICATE OF MEDICAL FITNESS**

reviewing the medical history and on cli	on 8-3-25
e/she is	Ti
Medically Fit	
Fit with restrictions/recommendations	
Though following restrictions have bee	en revealed, in my opinion, these are
not impediments to the job.  Where (4/4) + + +	Ac-11.2%. Pour control h - Borderline High.
1 414 (F) (T) 17   Mb	Tic-11.2/. Diabetes
2 John / non-HDL el	h - Borderline Nigh.
3.74 -> 4144   HD 4. VIL D -> DEFICIE	of ch-10m
However the employee should follow t	ha advisa/madigation that has been
	4 .
communicated to him/her.  S. Ell - Changes + Review after_	ophinon
Currently Unfit.	
Review after	recommended
Unfit	

This certificate is not meant for medico-legal purposes

### Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016. Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT







Name Address Sno. **₹** <del>(2)</del> = : Aundh T.S. Pune Maharashtra INDIA 411007 26 24 23 22 21 20 19 18 17 16 74 15 12 10 ARCOFEMI MEDIWHEEL MALE AHC CREDIT Mr. K VENKATESWARA RAO PAN INDIA OP AGREEMENT DIET CONSULTATION HbA1c, GLYCATED HEMOGLOBIN LIPID PROFILE PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL) FITNESS BY GENERAL PHYSICIAN GAMMA GLUTAMYL TRANFERASE (GGT) URINE GLUCOSE(FASTING) LIVER FUNCTION TEST (LFT) X-RAY CHEST PA BODY MASS INDEX (BMI) THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) BLOOD GROUP ABO AND RH FACTOR DENTAL CONSULTATION VITAMIN D - 25 HYDROXY (D2+D3)\ GLUCOSE, FASTING GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) ENT CONSULTATION COMPLETE URINE EXAMINATION VITAMIN B12 2 D ECHO RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) OPTHAL BY GENERAL PHYSICIAN URINE GLUCOSE(POST PRANDIAL) ULTRASOUND - WHOLE ABDOMEN HEMOGRAM + PERIPHERAL SMEAR FY2324 Service Type/Service Name ALKALINE PHOSPHATASE - SERUM/PLASMA ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA -TO 9 13/000 sex : Male Age: - war 50Y 6M 30D D X Bill No: CAUN-OCR-81935 UHID: Date: Mar 8th, 2025, 9:02 AM OP No: CAUNOPV185840 General General Biochemistry Consultation Biochemistry Clinical Pathology Biochemistry Biochemistry X Ray Radiology Biochemistry Biochemistry Consultation Clinical Pathology Biochemistry Biochemistry Biochemistry Biochemistry Biochemistry Consultation Biochemistry Clinical Pathology Ultrasound Radiology Cardiology Blood Bank Cardiology Consultation Haematology Department CAUN 0000149115

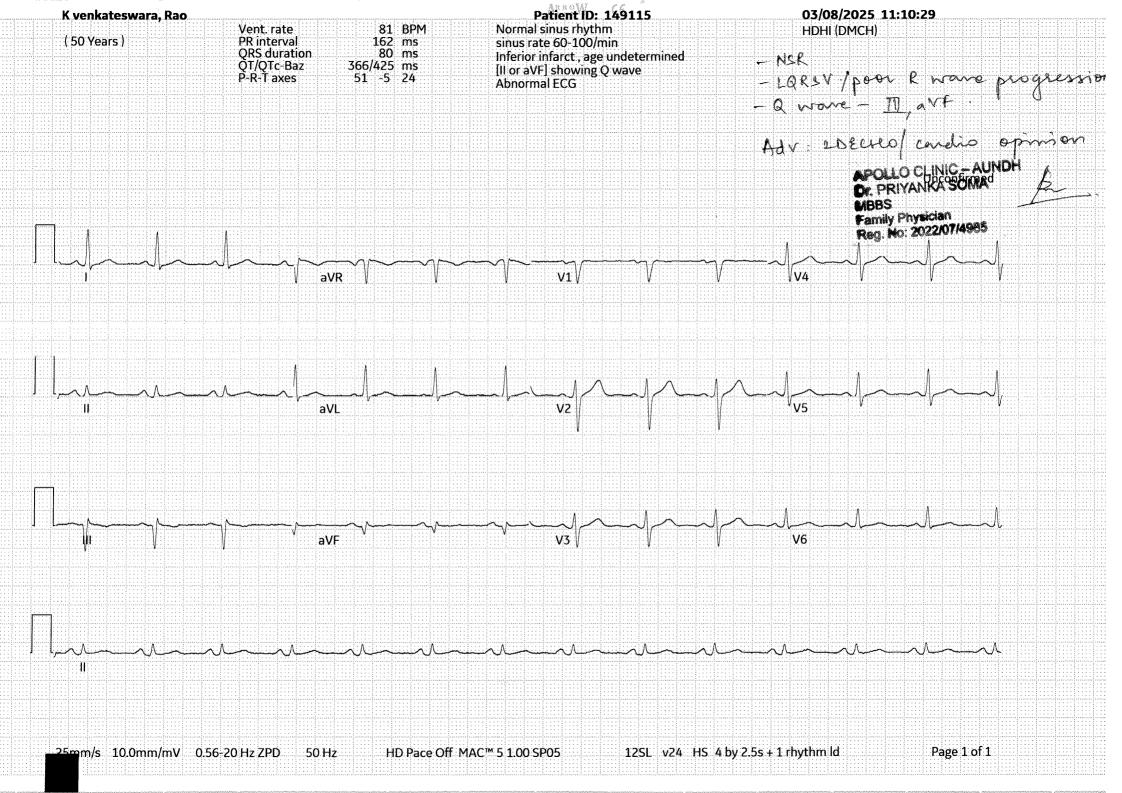
615 Imperial Towers, 7th Floor : Ameerpet, Hyderabad 500038, Telangana. | nguiry@apollohi.com , Pn No: 040-4904 ?777, Fax No: 4904 7744

Se Rea Magar (Chanda Magar (Kondabar (Mallakund (Nibernar) Abanbanda) (Upas) Anala Magar (Magar) and Se Sebaga Ask a Bergalera Gaseovangada (Belgadar) Relacuonas Chyp. 1958 bagar (Najar (Magar) Alabasansakan (Velacher) Ask (Niber) Readh Magar (Viron Magar (Magar) (Magar) (Katar) Pasasan (Belgada (Magar) Alabasansakan (Velacher)

Centriole building above star bucks, Piot #90 Survey #129, 130/1+2, ITI Road, Aundh-411027

GSTIN: 27AADCA0733E1Z7

**1860 500 7788** 







Consulation Timing **UHID** Date Age / Gender Patient Name Height: □ Others ☐ HPV-Vaccine ☐ Shingles Vaccine ☐ Influenza Vaccine Temp: Vaccination History History General Examination / Allergies Tdap Pneumococcal Conjugate Vaccine (Tetanus, Diphtheria, Pertussis) Vaccine 77 : 50Yrs 6Mths 27Days/ Male : CAUN.0000149115 RAO: 9:03 AM Mr. K VENKATESWARA : 3/8/2025 Weight: Pulse : Follow up date: Clinical Diagnosis & Management Plan Chest-P/A-CNS-CVS-9 Surgical H/O Addiction -Family H/O Allergies -Comorbidity -Present Complains -**X** وسي Qualification Doctor Department BMI : Registration No. Resp : B.P : Waist Circum: : MBBS : 2022/07/4985 : Dr.PRIYANKA JAIPRAKASH SOMA :General Practice **Doctor Signature** 140 ٩ 501

## **Book Your Appointment**

Whatsapp Number: 970 100 3333
Toll Number: 1860 500 7788
Website: www.apo loclinic.com

# K Venkateswara Rao,

Sent: From: Friday, March 7, 2025 11:29 AM K V RAO <raokv0908@gmail.com>

Fwd: Health Check up Booking Request(35E8486) K Venkateswara Rao,.

Subject:

मेल के संबंध में, कृपया antiphishing[Dot]ciso[At the rate]unionbankofindia[Dot]bank पर रिपोर्ट करे नही). प्रेषक की पहचान किए बिना लिंक पर क्लिक न करे एवं संलग्न को न खोले और पहचाने की दी गई सामग्री सुरक्षित है अथवा नहीं. संदिग्ध क्रुपया सावधानी बरते एवं ध्यान दें: यह ई- मेल बाहर से प्राप्त हुई हैं. कृपया प्रेषक के ई-मेल पते को पूर्ण रूप से जाँचे (केवल प्रेषक का नाम ही

CAUTION AND ATTENTION PLEASE: This is an external email. Please check the sender's full email address (not just the sender name). Do not click links or open attachments unless you recognize the sender and know the content is safe. In case of any suspicious email, please report it to antiphishing[Dot]ciso[At the rate]unionbankofindia[Dot]bank

----- Forwarded message ------

From: Mediwheel < wellness@mediwheel.in>

Date: Tue, 18 Feb 2025, 5:26 pm

Subject: Health Check up Booking Request(35E8486)

To: < raokv0908@gmail.com>

Cc: < customercare@mediwheel.in>



Dear K VENKATESWARA RAO,

approval letter as soon as possible to enable us to confirm your booking We have received your booking request for the following health checkup, , please upload your

Upload HRM Letter

User Package Name: Executive Health Checkup Male

Name of

Diagnostic/Hospital: Apollo Clinic - Aundh

Address of Apollo Clinic, 130, Centriole Building, Above Star Bucks coffee, ITI Road,

Diagnostic/Hospital Aundh , Pune, Maharashtra - 411007

Appointment Date : 05-03-2025

**Preferred Time** : 08:15 AM - 08:30 AM

K VENKATESWARA RAO	Booked Member Name
51 year	Member Info Age
Male	ormation Gender

Note - Do not pay any amount to the hospital



