



बैंक ऑफ़ बड़ौदा
Bank of Baroda

नाम बंडा श्रीकांत

Name BANDA SRIKANTH

EC No. 114862



जारीकर्ता प्राधिकारी
Issuing Authority

धारक के हस्ताक्षर
Signature of Holder

Patient First Name
MR. B SRIKANTH

Patient Last Name
NAGESH

Patient Mobile Number
8341155998

Patient E-mail ID
srikanthbanda834@gmail.com

Date of Birth
16-01-1991

Gender
male

Client
ARCOFEMI HEALTHCARE LIMITED

Agreement Name
(1) ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT

Package Name
(1) ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN
INDIA - FY2324

Visit Type
in-clinic

Visit Status
Show

Report Status
Order partially completed

City

Clinic
MANIKONDA

Order Date
23-01-2024

Appointment Date
26-01-2024

Slot Time
08:30-08:45

Net Amount
2000

Appointment ID
335477

Ref_Appointment ID

Visit ID



APOLLO CLINIC

CONSENT FORM

PATIENT NAME Mr. B. Srikanth Nagesh AGE:- 32 Y/M

UHID NUMBER CMAN: 86889 COMPANY NAME ARCOFEMI

I MR/MRS/MS..... EMPLOYEE OF

COMPANY WANT TO INFORM YOU THAT I AM NOT INTERESTED IN

GETTING..... Optical Test is pending

TEST DONE WHICH IS A PART OF MY ROUTINE HEALTH CHECK PACKAGE.

AND I CLAIM THE ABOVE STATEMENT IN MY FULL CONSCIOUSNESS.

PATIENT SIGNATURE.....

DATE:- 26/01/2024

The Apollo Clinic- Manikonda
PHYSICAL EXAMINATION FORM

DATE 26/1/24

UHID CMAN 86889

Name Mr. B. Srikanth
Nagesh

Age 32 y/M

Height 163 Cms

Weight 71.2 Kgs

Chest Measurement (In) Cm (Out) Cm

Waist cm Hip

Pulse 91 Bt / Min BMI 26.8

BP 160/120 mm/Hg SPO2 95%

Name <u>MR. B. Srikant Nagesh</u>	Date <u>26/01/2024</u>
Age <u>32m</u>	UHID No. <u>CMDN. 86889</u>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Ref. Physician
Ref. Diagnosis	

9 HZM

DR. TRIPTI DEB.

Echocardiogram Report

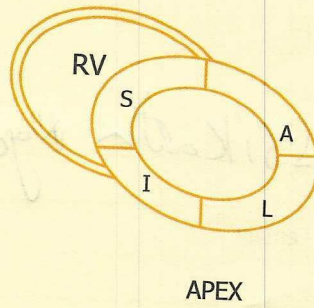
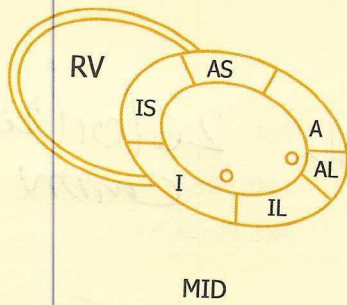
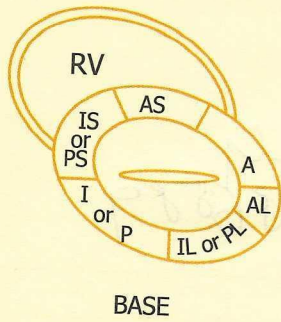
Echogenicity Poor Adequate Good Ht. _____ Wt. _____ BSA _____

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
Ao (ed) <u>3.2</u> cm	(1.5cm / m ²)	IVS (Ed) <u>1.52</u> cm	(0.6 - 1.2 cm)
LA (es) <u>3.5</u> cm	(1.5cm / m ²)	LVPW (Ed) <u>1.43</u> cm	(0.6 - 1.1 cm)
RVID (ed) <u>2.6</u> cm	(0.9 cm / m ²)	EF <u>61 %</u>	(0.62 - 0.85)
LVID (ed) <u>3.74</u> cm	(2.6 - 3.4 cm / m ²)	% FS <u>31.8%</u>	(2.8% - 42%)
LVID (es) <u>2.56</u>			

MORPHOLOGICAL DATA

Mitral Valve	AML <u>N</u>	Interatrial septum <u>Intact</u>
	PML <u>N</u> <u>NO MR</u>	Interventricular septum <u> </u>
Aortic Valve	<u>N</u>	Pulmonary artery <u>N</u>
Tricuspid valve	<u>N</u>	Aorta <u>N</u>
Pulmonary valve	<u>N</u>	Right atrium <u>N</u>
Right ventricle	<u>N</u>	Left atrium <u>N</u>

Left ventricle : LV WALL MOTION ANALYSIS



1. Normal
2. Hypokinesia
3. Akinesia
4. Dyskinesia
5. Aneurysmal

Pericardium

N

Doppler studies

$PJV = 0.75$ Normal $AJV = 0.72$

$A = 0.54$ colour Doppler $E = 0.68$

Impression

$E \geq A$ - Normal diastolic

Adv check up compliance
 B.P. LVH. (conc.) good LVEF NO R VMA
 urgently R Vx RA normal. Rest all is ok.

Done by

[Signature]

Checked by

[Signature]

Signature

Consultant - Cardiology

[Signature]

Customer Pending Tests

Mr. B SRIKANTH NAGESH OPHTHAL TEST IS PENDING

Patient Name	: Mr. B SRIKANTH NAGESH	Age/Gender	: 32 Y/M
UHID/MR No.	: CMAN.0000086889	OP Visit No	: CMANOPV192677
Sample Collected on	:	Reported on	: 26-01-2024 12:59
LRN#	: RAD2217078	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 335477		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size 14.01 cm and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal in size 10.75 cm . No focal lesion seen. Splenic vein appears normal.

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

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

Right kidney : 11.67 x 4.94 cm . **Calculus noted measures 1.02 x 0.9 cm in middle calyx .**
Left kidney : 10.36 x 5.14 cm . **Cyst noted measures 2.85 x 2.40 cm at upper lobe .**

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 2.94 x 3.85 x 3.14 cm and echo texture. Volume measuring 18.51 ml . No evidence of necrosis/calcification seen.

IMPRESSION:-

- **RIGHT RENAL CALCULUS .**
- **LEFT RENAL CALCULUS CYST .**

Suggest – clinical correlation.

Patient Name : Mr. B SRIKANTH NAGESH

Age/Gender : 32 Y/M

(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.



Dr. MD RAHEEMUDDIN QURESHI
Radiology

Patient Name : Mr. B SRIKANTH NAGESH

Age/Gender : 32 Y/M

UHID/MR No. : CMAN.0000086889

OP Visit No : CMANOPV192677

Sample Collected on :

Reported on : 26-01-2024 14:07

LRN# : RAD2217078

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 335477

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Cardia is normal .

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

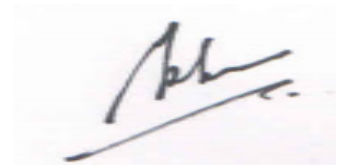
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. MD RAHEEMUDDIN QURESHI
Radiology


Patient Name : Mr.B SRIKANTH NAGESH	Collected : 26/Jan/2024 09:32AM
Age/Gender : 32 Y 4 M 4 D/M	Received : 26/Jan/2024 01:51PM
UHID/MR No : CMAN.0000086889	Reported : 26/Jan/2024 06:30PM
Visit ID : CMANOPV192677	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 335477	

DEPARTMENT OF HAEMATOLOGY

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

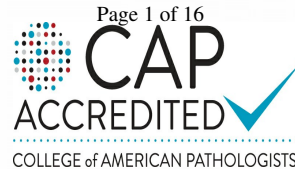
Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	17.5	g/dL	13-17	Spectrophotometer
PCV	51.60	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.97	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	86.5	fL	83-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	15.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,960	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	64.4	%	40-80	Electrical Impedance
LYMPHOCYTES	26.6	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	7.2	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5770.24	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2383.36	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	152.32	Cells/cu.mm	20-500	Calculated
MONOCYTES	645.12	Cells/cu.mm	200-1000	Calculated
BASOPHILS	8.96	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	206000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	mm at the end of 1 hour	0-15	MODIFIED WESTERGRENS
PERIPHERAL SMEAR				

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


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

SIN No:BED240018723

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




Patient Name : Mr.B SRIKANTH NAGESH
Age/Gender : 32 Y 4 M 4 D/M
UHID/MR No : CMAN.0000086889
Visit ID : CMANOPV192677
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 335477

Collected : 26/Jan/2024 09:32AM
Received : 26/Jan/2024 01:51PM
Reported : 26/Jan/2024 06:30PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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



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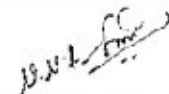


Patient Name	: Mr.B SRIKANTH NAGESH	Collected	: 26/Jan/2024 09:32AM
Age/Gender	: 32 Y 4 M 4 D/M	Received	: 26/Jan/2024 01:51PM
UHID/MR No	: CMAN.0000086889	Reported	: 26/Jan/2024 08:38PM
Visit ID	: CMANOPV192677	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 335477		

DEPARTMENT OF HAEMATOLOGY

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

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


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M.B.B.S,M.D(Pathology)
CONSULTANT PATHOLOGY

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Age/Gender : 32 Y 4 M 4 D/M	Received : 26/Jan/2024 01:30PM
UHID/MR No : CMAN.0000086889	Reported : 26/Jan/2024 02:27PM
Visit ID : CMANOPV192677	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 335477	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	86	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	102	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

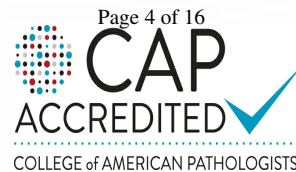
Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated



Dr.E.Maruthi Prasad
Msc,PhD(Biochemistry)
Consultant Biochemist

SIN No:EDT240007882

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Visit ID	: CMANOPV192677	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Comment:

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

REFERENCE GROUP	HbA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

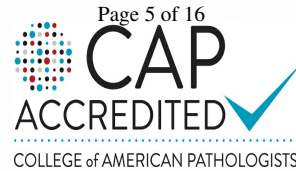
- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated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



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DEPARTMENT OF BIOCHEMISTRY

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

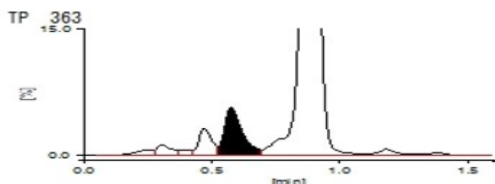
Chromatogram Report

1 V5.28 1 2024-01-26 14:18:07
 ID EDT240007882
 Sample No. 01260099 SL 0002 - 08
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
ATA	0.5	0.23	9.16
A1B	0.8	0.31	14.32
F	0.3	0.40	5.70
LA1C+	1.8	0.47	33.65
SA1C	5.7	0.58	82.76
A0	92.4	0.87	1691.77
H-V0			
H-V1			
H-V2			

Total Area 1837.36

HbA1c 5.7 % **IFCC 39 mmol/mol**
 HbA1 7.0 % HbF 0.3 %




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DEPARTMENT OF BIOCHEMISTRY

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Dr.E.Maruthi Prasad
Msc,PhD(Biochemistry)
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SIN No:EDT240007882

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Patient Name : Mr.B SRIKANTH NAGESH	Collected : 26/Jan/2024 09:32AM
Age/Gender : 32 Y 4 M 4 D/M	Received : 26/Jan/2024 01:36PM
UHID/MR No : CMAN.0000086889	Reported : 26/Jan/2024 05:09PM
Visit ID : CMANOPV192677	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 335477	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	207	mg/dL	<200	CHO-POD
TRIGLYCERIDES	125	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	39	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	168	mg/dL	<130	Calculated
LDL CHOLESTEROL	143	mg/dL	<100	Calculated
VLDL CHOLESTEROL	25	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.31		0-4.97	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist

SIN No:SE04609750

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.59	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.47	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	48	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	77.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.49	g/dL	6.6-8.3	Biuret
ALBUMIN	4.31	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.18	g/dL	2.0-3.5	Calculated
A/G RATIO	1.36		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

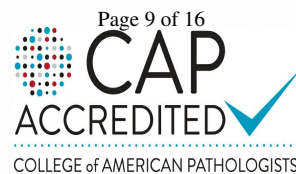
- Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist

SIN No:SE04609750

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



Patient Name : Mr.B SRIKANTH NAGESH
Age/Gender : 32 Y 4 M 4 D/M
UHID/MR No : CMAN.0000086889
Visit ID : CMANOPV192677
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 335477

Collected : 26/Jan/2024 09:32AM
Received : 26/Jan/2024 01:36PM
Reported : 26/Jan/2024 05:09PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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



Dr. RAJESH BATTINA
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SIN No:SE04609750

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

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Patient Name : Mr.B SRIKANTH NAGESH	Collected : 26/Jan/2024 09:32AM
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UHID/MR No : CMAN.0000086889	Reported : 26/Jan/2024 05:09PM
Visit ID : CMANOPV192677	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 335477	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.96	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	22.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.44	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.56	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)



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Age/Gender : 32 Y 4 M 4 D/M	Received : 26/Jan/2024 01:36PM
UHID/MR No : CMAN.0000086889	Reported : 26/Jan/2024 03:08PM
Visit ID : CMANOPV192677	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 335477	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	53.00	U/L	<55	IFCC



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Consultant Biochemist

SIN No:SE04609750

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

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Patient Name : Mr.B SRIKANTH NAGESH	Collected : 26/Jan/2024 09:32AM
Age/Gender : 32 Y 4 M 4 D/M	Received : 26/Jan/2024 01:35PM
UHID/MR No : CMAN.0000086889	Reported : 26/Jan/2024 02:57PM
Visit ID : CMANOPV192677	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 335477	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.11	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	7.87	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.338	µIU/mL	0.38-5.33	CLIA

Comment:

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

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

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



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist

SIN No:SPL24012231

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



Patient Name : Mr.B SRIKANTH NAGESH
Age/Gender : 32 Y 4 M 4 D/M
UHID/MR No : CMAN.0000086889
Visit ID : CMANOPV192677
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 335477

Collected : 26/Jan/2024 09:32AM
Received : 26/Jan/2024 01:35PM
Reported : 26/Jan/2024 02:57PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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



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SIN No:SPL24012231

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

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Patient Name : Mr.B SRIKANTH NAGESH	Collected : 26/Jan/2024 09:32AM
Age/Gender : 32 Y 4 M 4 D/M	Received : 26/Jan/2024 04:23PM
UHID/MR No : CMAN.0000086889	Reported : 26/Jan/2024 05:15PM
Visit ID : CMANOPV192677	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 335477	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No:UR2268504

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



Patient Name : Mr.B SRIKANTH NAGESH	Collected : 26/Jan/2024 09:32AM
Age/Gender : 32 Y 4 M 4 D/M	Received : 26/Jan/2024 04:24PM
UHID/MR No : CMAN.0000086889	Reported : 26/Jan/2024 06:02PM
Visit ID : CMANOPV192677	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 335477	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

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

Result/s to Follow:
PERIPHERAL SMEAR



Dr.R.SHALINI
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SIN No:UF010306

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

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