

Name : Mr. SANJEEV REDDY

Age: 45 Y

Sex: M

UHID:CBAS.0000044027



OP Number:CBASOPV100465

Bill No :CBAS-OCR-61021

Date : 24.02.2024 09:23

 Address : BSK 3RD STAGE SRINIVAS NAGAR  
 Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
 INDIA OP AGREEMENT

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	2D ECHO	
4	LIVER FUNCTION TEST (LFT)	
5	GLUCOSE, FASTING	
6	HEMOGRAM + PERIPHERAL SMEAR	
7	DIET CONSULTATION →	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE (POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
13	DENTAL CONSULTATION	
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
15	URINE GLUCOSE (FASTING)	
16	HbA1c, GLYCATED HEMOGLOBIN	
17	X-RAY CHEST PA	
18	ENT CONSULTATION	
19	FITNESS BY GENERAL PHYSICIAN	
20	BLOOD GROUP ABO AND RH FACTOR	
21	LIPID PROFILE	
22	BODY MASS INDEX (BMI)	
23	OPHTHAL BY GENERAL PHYSICIAN	
24	ULTRASOUND - WHOLE ABDOMEN	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

HT - 163

WT - 66 kg

BP - 122/74 mmHg

PR - 58 bpm

HR - 84 us

WAIST - 94 cm

Mr. Sanjeev Reddy  
45/M

Dr Anilitha Purnanitha  
MBBS, MS, DNB, FRCO.

24/9/24

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Came for routine health check up

Spec: Ear |  
Nose |  
Throat |

Adv: Regular follow up

Follow up date:

  
Dr Anilitha  
114400  
Doctor Signature

EYE CHECK UP REPORT

Mr. Sangeer 45/M & UNOST

24/2/24

Vision	6/6	Near	NG
Acuity	6/24 → 6/18 PPH → NRP	Vision	28cm
Digital	(2)	Colour	NO2al
IOP	(2)	Vision	NO2al

- Fundus:
- Ant. Segment :-
- Media:

} need retina evaluation

Pupil: R R

CC: Amblyopia, NO Temp & PA + glen

Adv for dilatation + Retina evaluation

KALIS

**ECHOCARDIOGRAPHY REPORT**

**Name: MR SANJEEV REDDY    Age: 45 YEARS                      GENDER: MALE**

**Consultant: Dr.VISHAL KUMAR.H.      Date : 24/02/2024**

**Findings**

**2D Echo cardiography**

**Chambers**

- Left Ventricle: Normal, No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

**Septa**

- IVS: Intact
- IAS: Intact

**Valves**

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility
- Pulmonary Valve: Normal

**Great Vessels**

- Aorta: Normal
- Pulmonary Artery: Normal

**Pericardium: Normal**

**Doppler echocardiography**

Mitral Valve	E	0.64	m/sec	A	0.38	m/sec	No MR
Tricuspid Valve	E	0.38	m/sec	A	0.22	m/sec	No TR
Aortic Valve	Vmax	1.06	m/sec				No AR
Pulmonary Valve	Vmax	0.78	m/sec				No PR
astolic Dysfunction							

P	Parameter	Observed Value	Normal Range	
A	Aorta	2.7	2.6-3.6	cm
L	left Atrium	3.0	2.7-3.8	cm
A	Aortic Cusp Separation	1.5	1.4-1.7	cm
II	IVS - Diastole	0.9	0.9-1.1	cm
L	left Ventricle-Diastole	4.4	4.2-5.9	cm
P	Posterior wall-Diastole	0.9	0.9-1.1	cm
I	IVS-Systole	1.1	1.3-1.5	cm
LL	left Ventricle-Systole	2.7	2.1-4.0	cm
P	Posterior wall-Systole	1.2	1.3-1.5	cm
E	Ejection Fraction	60	≥ 50	%
F	Fractional shortening	30	≥ 20	%
R	Right Ventricle	2.4	2.0-3.3	cm

**Impression -**

- Normal Sized Cardiac Chambers
- No RWMA,S
- normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot
- **BRADYCARDIA DURING STUDY**

**DR. VISHAL KUMAR .H**

**CLINICAL CARDIOLOGIST**

Fwd: Health Check up Booking Confirmed Request(bobE10085),Package Code-PKG10000367, Beneficiary Code-298467

Sanjeev Reddy <budarsanju78@gmail.com>

Sat 2/24/2024 8:43 AM

To:Basavanagudi Apolloclinic <basavanagudi@apolloclinic.com>

Sanjeevreddy

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

From: **Mediwheel** <wellness@mediwheel.in>

Date: Mon, Feb 19, 2024, 6:06 PM

Subject: Health Check up Booking Confirmed Request(bobE10085),Package Code-PKG10000367, Beneficiary Code-298467

To: <budarsanju78@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

Dear **Sanjeevreddy**,

We are pleased to confirm your health checkup booking request with the following details.

**Booking Date** : 17-02-2024  
**Hospital Package Name** : Mediwheel Full Body Annual Plus Above 50 Male  
**Patient Package Name** : Mediwheel Full Body Health Checkup Male Above 40  
**Name of Diagnostic/Hospital** : Apollo Clinic  
**Address of Diagnostic/Hospital-** : Apollo Clinic, # 99, Bull Temple Road , Next to Ramakrishna mutt, Basavanagudi - 560019  
**City** : Bangalore  
**State** :  
**Pincode** : 560019  
**Appointment Date** : 24-02-2024  
**Confirmation Status** : Booking Confirmed  
**Preferred Time** : 8:00am  
**Booking Status** : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. SANJEEVREDDY	45 year	Male

**Personal Details**  
 UHID: 01P3FGAT6T10X4F  
 PatientID: 44027  
 Name: SANJEEV REDDY  
 Age: 45  
 Gender: Male  
 Mobile: 6594765994494

**Pre-Existing Medical-Conditions**  
 Sinus rhythm with sinus arrhythmias  
 Normal axis

**Vitals**  
 HR: 59 BPM  
 PR: 133 ms  
 PD: 115 ms  
 QRSD: 108 ms  
 QRS Axis: 53 deg  
 QT/QTc: 412/412 ms

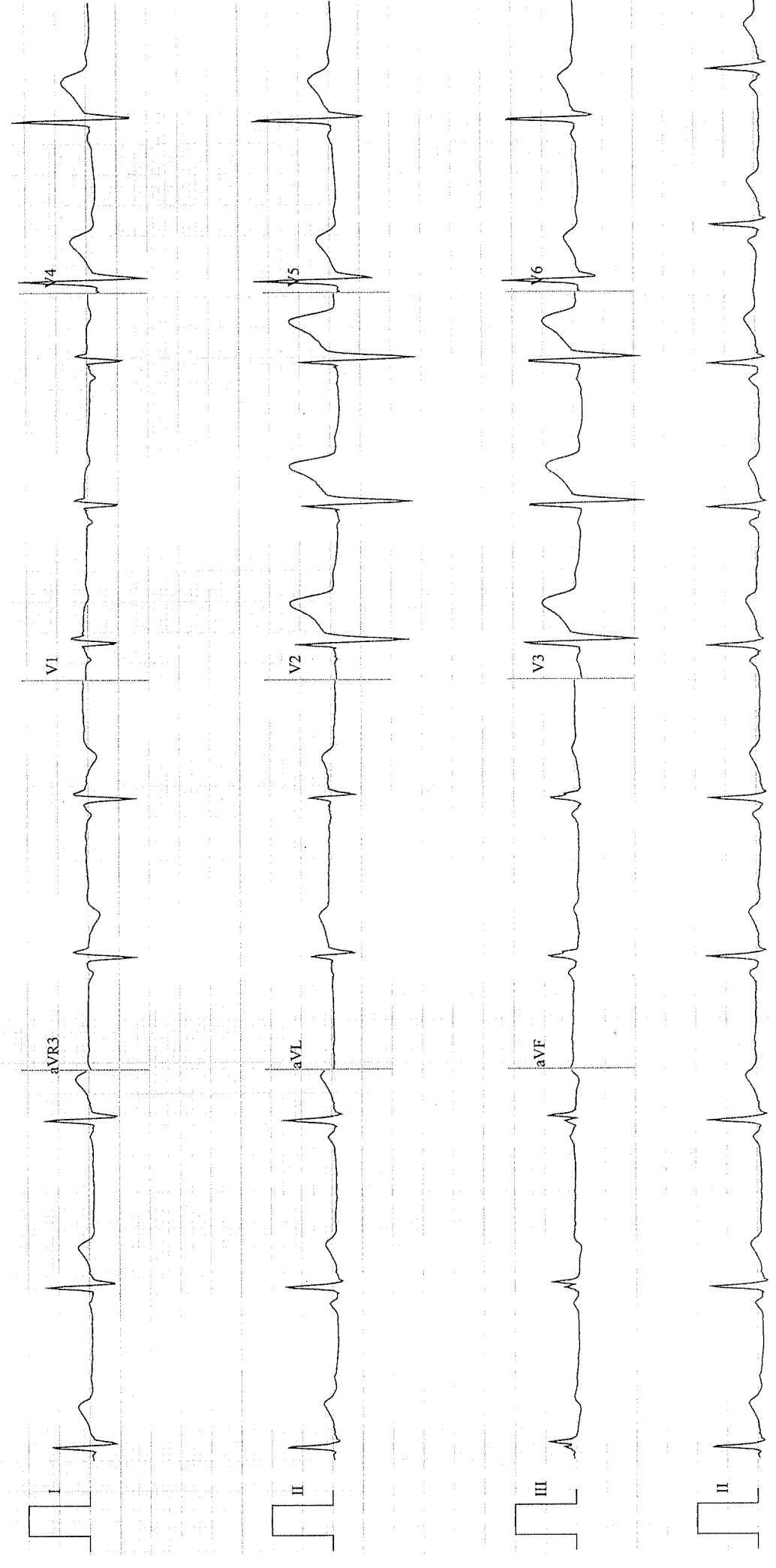
**Measurements**  
 HR: 59 BPM  
 PR: 133 ms  
 PD: 115 ms  
 QRSD: 108 ms  
 QRS Axis: 53 deg  
 QT/QTc: 412/412 ms

**Interpretation**  
 Sinus rhythm with sinus arrhythmias  
 Normal axis

Author:  
 Dr. Yogesh MD.DNB.J  
 Reg No- K

Author:  
 Dr. Yogesh MD.DNB.J  
 Reg No- K

This trace is generated by *KardiaScreen*; Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from *IMEDRIX*



Disclaimer: This report is based on ECG alone and should be used as an adjunct to clinical history. Symptoms and results of other diagnostic tests and must be interpreted by a qualified physician. Normal ECG does not rule out heart disease. Abnormal ECG does not always mean severe heart disease. Comments & report is based on available data; clinical correlation is important.

Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV

Version: 8.2 Copyright © Medtronic, All Rights Reserved





बैंक ऑफ़ बड़ोदा  
Bank of Baroda

नाम  
Name **Sanjeev Reddy**

E.C. No. **121738**



  
जारीकर्ता प्राधिकारी  
Issuing Authority

  
धारक के हस्ताक्षर  
Signature of Holder



Mr. Sanjeev Reddy, 45yrs,

24/2/24

Fully Nbs Don / HTW

HT, 163w  
WT, 66kg

Adict → 1800cc High Zink low Zet  
cut - ISW → 65g

\* BF in Diu → Pepsitubet / pellets / ally 10m.  
(4) (3)

\* Very solid → Pre nbs / fannu

\* Cut Zink ⇒ Sorel

\* Walm / jingy → 60w / 1kg F buds → up to 5lit.  
water → 3-3.5 lit / kg

Oil → < 50cc / 100g

Dr. [Signature]

Customer Pending Tests  
physician consultation and dental consultation pending

**Patient Name** : Mr. SANJEEV REDDY

**Age/Gender** : 45 Y/M

**UHID/MR No.** : CBAS.0000044027

**OP Visit No** : CBASOPV100465

**Sample Collected on** :

**Reported on** : 24-02-2024 14:24

**LRN#** : RAD2246946

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 362717

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver:** appears normal in size (13.0 cm) and appears normal in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear 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. Small anterior wall polyp measuring 0.2 cm.

**Spleen** appears normal. 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** appear normal in size 8.9x1.3 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

**Left kidney** appear normal in size 9.5x1.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

**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 (volume 18.5 cc) and echo texture.

- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

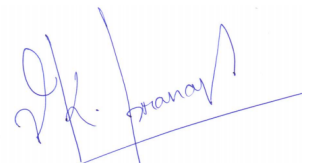
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### **IMPRESSION:-**

**SMALL GALLBLADDER POLYP.**

### **Suggested 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.



**Dr. V K PRANAV VENKATESH**  
**MBBS, MD**



**Patient Name** : Mr. SANJEEV REDDY

**Age/Gender** : 45 Y/M

Radiology

**Patient Name** : Mr. SANJEEV REDDY

**Age/Gender** : 45 Y/M

**UHID/MR No.** : CBAS.0000044027

**OP Visit No** : CBASOPV100465

**Sample Collected on** :

**Reported on** : 24-02-2024 16:23

**LRN#** : RAD2246946

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 362717

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

**IMPRESSION:**

**No obvious abnormality seen in the present study.**



**Dr. V K PRNAV VENKATESH**  
**MBBS,MD**  
Radiology

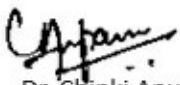
Patient Name : Mr.SANJEEV REDDY	Collected : 24/Feb/2024 10:01 AM
Age/Gender : 45 Y 7 M 8 D/M	Received : 24/Feb/2024 11:56 AM
UHID/MR No : CBAS.0000044027	Reported : 24/Feb/2024 02:00 PM
Visit ID : CBASOPV100465	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 362717	

DEPARTMENT OF HAEMATOLOGY

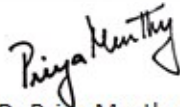
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13.7	g/dL	13-17	Spectrophotometer
PCV	<b>39.50</b>	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.57	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	86.6	fL	83-101	Calculated
MCH	30	pg	27-32	Calculated
MCHC	<b>34.6</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.1</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,610	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	41.8	%	40-80	Electrical Impedence
LYMPHOCYTES	<b>46.5</b>	%	20-40	Electrical Impedence
EOSINOPHILS	4.8	%	1-6	Electrical Impedence
MONOCYTES	6.3	%	2-10	Electrical Impedence
BASOPHILS	0.6	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	<b>1926.98</b>	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2143.65	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	221.28	Cells/cu.mm	20-500	Calculated
MONOCYTES	290.43	Cells/cu.mm	200-1000	Calculated
BASOPHILS	27.66	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.9		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	230000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	3	mm at the end of 1 hour	0-15	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

Page 1 of 16



Dr. Chinki Anupam  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



Dr Priya Murthy  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



SIN No:BED240048549

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Karnataka - 560034

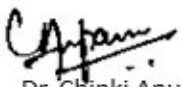
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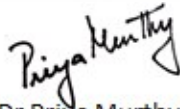
DEPARTMENT OF HAEMATOLOGY

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

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



Dr. Chinki Anupam  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



Dr Priya Murthy  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



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Karnataka - 560034

 **1860 500 7788**  
www.apolloclinic.com

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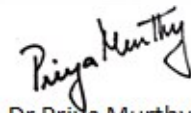
**DEPARTMENT OF HAEMATOLOGY**

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

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



Dr. Karishma Dayanand  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



Dr Priya Murthy  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



SIN No:BED240048549

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Age/Gender : 45 Y 7 M 8 D/M	Received : 24/Feb/2024 12:08 PM
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Visit ID : CBASOPV100465	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 362717	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	88	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	83	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				

Page 4 of 16



DR.SHIVARAJA SHETTY  
M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

SIN No:EDT240021848

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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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APOLLO CLINICS NETWORK

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Karnataka- 560034



**1860 500 7788**  
www.apolloclinic.com

Patient Name : Mr.SANJEEV REDDY	Collected : 24/Feb/2024 10:01 AM
Age/Gender : 45 Y 7 M 8 D/M	Received : 24/Feb/2024 12:08 PM
UHID/MR No : CBAS.0000044027	Reported : 24/Feb/2024 02:11 PM
Visit ID : CBASOPV100465	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 362717	

**DEPARTMENT OF BIOCHEMISTRY**

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

HBA1C, GLYCATED HEMOGLOBIN	<b>6.1</b>	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	mg/dL	Calculated

**Comment:**

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

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

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

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




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Age/Gender : 45 Y 7 M 8 D/M	Received : 24/Feb/2024 04:22PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	159	mg/dL	<200	CHO-POD
TRIGLYCERIDES	98	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	112	mg/dL	<130	Calculated
LDL CHOLESTEROL	92.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.38		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

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DEPARTMENT OF BIOCHEMISTRY

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.33	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.24	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.09	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	57.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.86	g/dL	6.6-8.3	Biuret
ALBUMIN	4.42	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.44	g/dL	2.0-3.5	Calculated
A/G RATIO	1.81		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, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:** • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.




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SIN No:SE04640431

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.93	mg/dL	0.67-1.17	Jaffe's, Method
UREA	26.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>7.35</b>	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)



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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	16.00	U/L	<55	IFCC



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Age/Gender : 45 Y 7 M 8 D/M	Received : 24/Feb/2024 04:25 PM
UHID/MR No : CBAS.0000044027	Reported : 24/Feb/2024 05:25 PM
Visit ID : CBASOPV100465	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.82	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	6.24	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.918	µIU/mL	0.34-5.60	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	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




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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.590	ng/mL	0-4	CLIA

**Comment:**

Disclaimer: \*The results determined by assays using different manufacturers or methods may not be comparable.  
Manufacturer: BECKMAN COULTER



**DR.SHIVARAJA SHETTY**  
**M.B.B.S,M.D(Biochemistry)**  
**CONSULTANT BIOCHEMIST**

SIN No:SPL24032027

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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

**APOLLO CLINICS NETWORK**

**Telangana:** Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | **Andhra Pradesh:** Vizag (Seethamma Peta) | **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | **Mysore** (VV Mohalla) | **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | **Uttar Pradesh:** Ghaziabad (Indrapuram) | **Gujarat:** Ahmedabad (Satellite) | **Punjab:** Amritsar (Court Road) | **Haryana:** Faridabad (Railway Station Road)

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Karnataka - 560034



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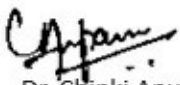
Patient Name : Mr.SANJEEV REDDY	Collected : 24/Feb/2024 10:00AM
Age/Gender : 45 Y 7 M 8 D/M	Received : 24/Feb/2024 01:04PM
UHID/MR No : CBAS.0000044027	Reported : 24/Feb/2024 01:57PM
Visit ID : CBASOPV100465	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 362717	

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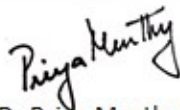
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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

Page 14 of 16



Dr. Chinki Anupam  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



Dr. Priya Murthy  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



SIN No:UR2290635

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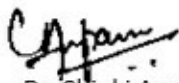
 1860 500 7788  
www.apolloclinic.com

Patient Name : Mr.SANJEEV REDDY	Collected : 24/Feb/2024 11:59AM
Age/Gender : 45 Y 7 M 8 D/M	Received : 25/Feb/2024 10:29AM
UHID/MR No : CBAS.0000044027	Reported : 25/Feb/2024 10:33AM
Visit ID : CBASOPV100465	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 362717	

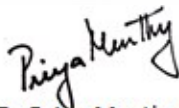
**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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



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Consultant Pathologist



Dr Priya Murthy  
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Consultant Pathologist



SIN No:UPP016711

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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 **1860 500 7788**  
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Patient Name : Mr.SANJEEV REDDY	Collected : 24/Feb/2024 10:01AM
Age/Gender : 45 Y 7 M 8 D/M	Received : 24/Feb/2024 01:04PM
UHID/MR No : CBAS.0000044027	Reported : 24/Feb/2024 03:45PM
Visit ID : CBASOPV100465	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 362717	

DEPARTMENT OF CLINICAL PATHOLOGY

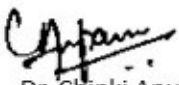
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

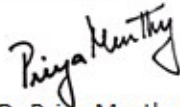
\*\*\* End Of Report \*\*\*

Result/s to Follow:  
PERIPHERAL SMEAR

Page 16 of 16



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Consultant Pathologist



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Consultant Pathologist



SIN No:UF010764

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