

## Physical Medical Examination Format

NAME:- <u>M. Gautham</u>	DATE:- <u>10/2/24</u>
DESIGNATION:-	AGE:- <u>33/m</u>
EMP CODE:-	UNIT/DEPARTMENT:-
BLOOD GROUP:-	MARTIAL STATUS:- <u>MARRIED/UNMARRIED</u>

### MEDICAL EXAMINATION

Complaints (if any)	<u>No</u>
Personal /family history	<u>Father HTN<sup>+</sup>, DM<sup>+</sup></u>
Past Medical /Surgical	<u>No</u>
Sensitivity/Allergy (if any)	<u>No</u>
Habits	<u>No</u>
Occupational History	<u>No</u>

Height:- <u>163</u>	Weight:- <u>72</u>	BMI <u>27.1</u>	Pulse <u>76</u>
Temp:- <u>98.6°F</u>	SPO2 <u>99</u>	Resp:- <u>18</u>	B.P <u>110/70</u>

Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms. M. Gautham .....for pre-employment /periodical medical examination, I have found / not found any disease, illness, contagious illness

I Certify That Employee Is Medically..... Fit .....

Fit

Unfit

Signature Of Employee

Dr. G. INDIRA PRIYADAKSHINI  
MBBS

Signature & Registration No. 53148  
Apollo Family Physician  
Registration No. Seethammisetla, Vizag  
Apollo Clinic, Seethammisetla, Vizag

Name: Mr. GAUTHAM MORTHA  
 Age/Gender: 33 Y/M  
 Address: vskp  
 Location: VISAKHAPATNAM, ANDHRA PRADESH  
 Doctor:  
 Department: LABORATORY  
 Rate Plan: VISHAKAPATNAM\_06042023  
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS 0000123677  
 Visit ID: CVISOPV121308  
 Visit Date: 10-02-2024 09:03  
 Discharge Date:  
 Referred By: SELF

**Vitals:**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
10-02-2024 12:18	76 Beats/min	110/70 mmHg	18 Rate/min	98.6 F	163 cms	72 Kgs	%	%	Years	27.1	cms	cms	cms		AHLL07730

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 Vizag (Seethamma Peta)

Online appointments: [www.apolloclinic.com](http://www.apolloclinic.com)

TO BOOK AN APPOINTMENT

 **1860 500 7788**

ID: 123677

M Gautham

Male 33Years

Req. No. :

10-02-2024 10:22:56

HR : 76 bpm

P : 108 ms

PR : 128 ms

QRS : 114 ms

QT/QTcBz : 360/405 ms

P/QRS/T : 61/34/13 °

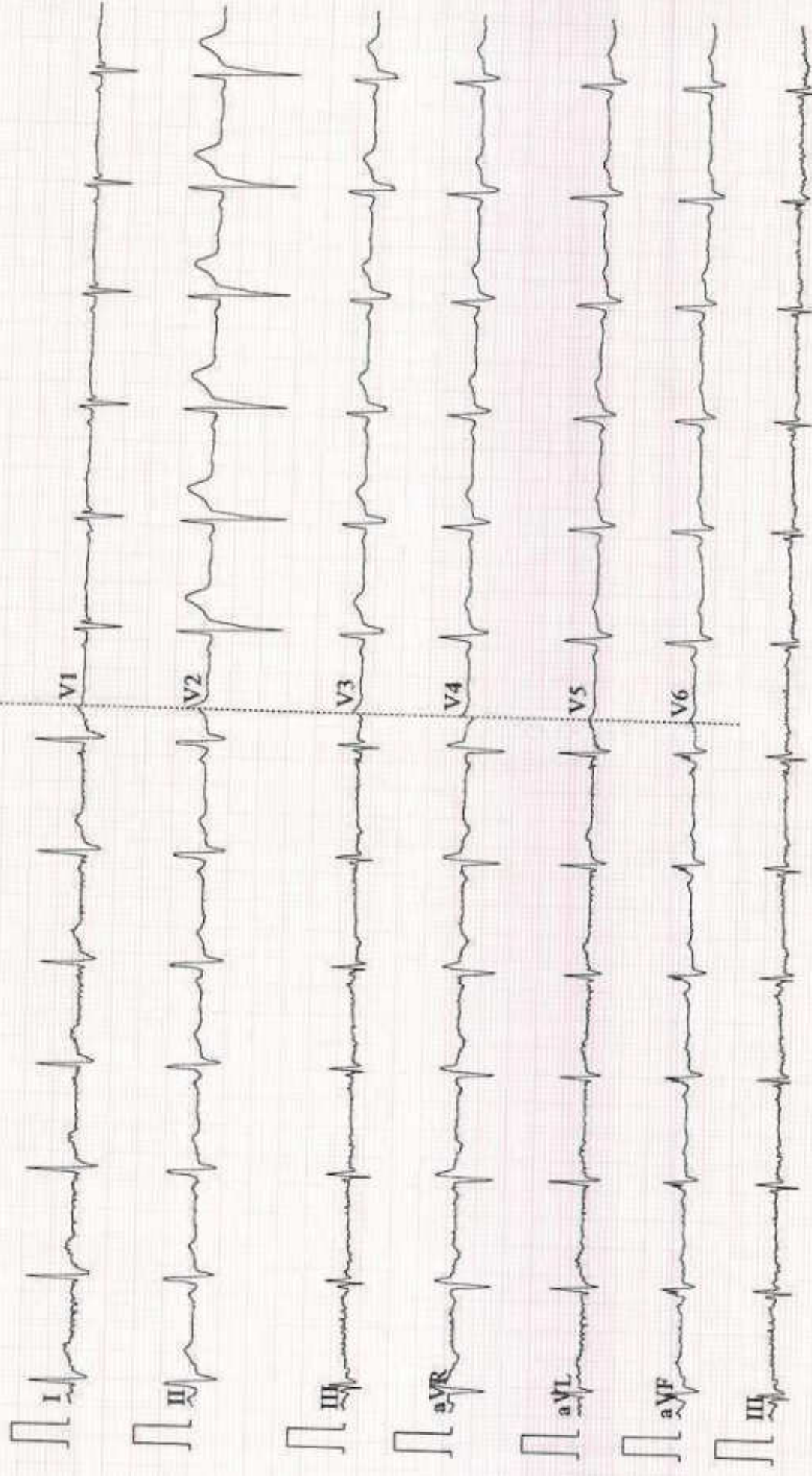
RV5/SV1 : 0.532/0.616 mV

**Diagnosis Information:**

Sinus rhythm

Normal ECG

Report Confirmed by:





Patient Name	: Mr. GAUTHAM MORTHA	Age	: 33 Y/M
UHID	: CVIS.0000123677	OP Visit No	: CVISOPV121308
Reported By:	: Dr. SHASHANKA CHUNDURI	Conducted Date	: 10-02-2024 12:17
Referred By	: SELF		

### ECG REPORT

#### Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 76 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

#### Impression:

NORMAL RESTING ECG.

---- END OF THE REPORT ----

Dr. SHASHANKA CHUNDURI

Patient Name	: Mr. GAUTHAM MORTHA	Age	: 33 Y M
UHID	: CVIS.0000123677	OP Visit No	: CVISOPV121308
Reported on	: 10-02-2024 10:10	Printed on	: 10-02-2024 10:13
Adm/Consult Doctor	:	Ref Doctor	: SELF

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** : 12.2 cm.appears normal in size and increased in 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. 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 : 9.4 x 4.7 cm

Left kidney : 10.5 x 5.3 cm

**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** :Normal in size and echo texture.No evidence of necrosis/calcification seen. its volume 10 cc

There is no evidence of ascites/ pleural effusion seen.

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UHID : CVIS.0000123677  
Reported on : 10-02-2024 10:10  
Adm/Consult Doctor :

Age : 33 Y M  
OP Visit No : CVISOPV121308  
Printed on : 10-02-2024 10:13  
Ref Doctor : SELF

**IMPRESSION:-**

**GRADE-I FATTY INFILTRATION OF LIVER.**

**For clinico-lab correlation / follow - up / further work up.**

**This is only a screening test.**

Printed on:10-02-2024 10:10

---End of the Report---

**Dr. KARROTU SUDHA**  
**MD RADIOLOGY**  
Radiology

Patient Name : Mr. GAUTHAM MORTHA

UHID : CVIS.0000123677

Reported on : 10-02-2024 12:19

Adm/Consult Doctor :

Age : 33 Y M

OP Visit No : CVISOPV121308

Printed on : 10-02-2024 12:19

Ref Doctor : SELF

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

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.

Printed on: 10-02-2024 12:19

---End of the Report---

**Dr. KARROTU SUDHA**  
**MD RADIOLOGY**  
Radiology



BANK of BARODA

NAME : M.V.M. GAUTHAM GENDER : M  
 AGE : 33 DATE : 10/2/24

**OPHTHALMOLOGY SCREENING REPORT**

VISION : (OD) 6/6 (OS) 6/6  
 DISTANCE : 26 26  
 NEAR VISION : - GNC -  
 COLOUR VISION :  
 ANT.SEGMENT : - sub -  
 CONJUNCTIVA : - clear -  
 CORNEA :  
 PUPIL : 2/4/4  
 FUNDUS :  
 IMPRESSION : GNC

*M.V.M.*  
SIGNATURE



Patient Name:	: Mr. GAUTHAM MORTHIA	Age:	: 33 Y/M
UHID:	: CVIS.0000123677	OP Visit No:	: CVISOPV121308
Conducted By:	: Dr. SHASHANKA CHUNDURI	Conducted Date:	: 10-02-2024 15:18
Referred By:	: SELF		

### 2D-ECHO WITH COLOUR DOPPLER

#### Dimensions:

Ao (ed)	2.6 CM
LA (es)	2.9 CM
LVID (ed)	3.6 CM
LVID (es)	2.6 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	62.00%
½ED	33.00%

MITRAL VALVE : NORMAL

AMI. NORMAL

PML. NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM NORMAL

INTER VENTRICULAR SEPTUM NORMAL

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

#### COLOUR AND DOPPLER STUDIES:

PF:0.7 m/sec.  
MF:E>A.  
AF:0.8 m/sec.

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TO BOOK AN APPOINTMENT

 1860 500 7788

**IMPRESSION:**

NORMAL CARDIAC SIZE.  
NO RWMA.  
NORMAL LV SYSTOLIC FUNCTION.  
NO PERICARDIAL EFFUSION.  
LVEF:62%

Dr. SHASHANKA  
CHUNDURI

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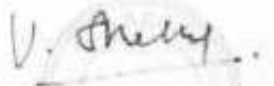
 **1860 500 7788**

Patient Name : Mr.GAUTHAM MORTHA	Collected : 10/Feb/2024 09:14AM
Age/Gender : 33 Y 6 M 0 D/M	Received : 10/Feb/2024 12:42PM
UHID/MR No : CVIS.0000123677	Reported : 10/Feb/2024 02:28PM
Visit ID : CVISOPV121308	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 343945	

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs ARE NORMOCYTIC NORMOCHROMIC.  
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.  
NO HEMOPARASITES SEEN

  
DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



Patient Name	: Mr.GAUTHAM MORTHA	Collected	: 10/Feb/2024 09:14AM
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	15.4	g/dL	13-17	Spectrophotometer
PCV	46.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.52	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	12.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,100	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	54.7	%	40-80	Electrical Impedance
LYMPHOCYTES	35.5	%	20-40	Electrical Impedance
EOSINOPHILS	4	%	1-6	Electrical Impedance
MONOCYTES	5.6	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3883.7	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2520.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	284	Cells/cu.mm	20-500	Calculated
MONOCYTES	397.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	14.2	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	194000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren

**PERIPHERAL SMEAR**

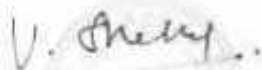
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TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN

Page 2 of 12



DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



SIN No. BEB240033258

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**





MC-2373

Patient Name : Mr. GAUTHAM MORTHA  
Age/Gender : 33 Y 6 M 0 D/M  
UHID/MR No : CVIS.0000123677  
Visit ID : CVISOPV121308  
Ref Doctor : Dr. SELF  
Emp/Auth/TPA ID : 343945

Collected : 10/Feb/2024 09:14AM  
Received : 10/Feb/2024 12:42PM  
Reported : 10/Feb/2024 02:28PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

*V. Snehal*

DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist

Page 3 of 12



SIN No: BRD240013258  
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TO BOOK AN APPOINTMENT

**1860 500 7788**

MC-2373

Patient Name : Mr.GAUTHAM MORTHA	Collected : 10/Feb/2024 09:14AM
Age/Gender : 33 Y 6 M 0 D/M	Received : 10/Feb/2024 12:42PM
UHID/MR No : CVIS.0000123677	Reported : 10/Feb/2024 04:30PM
Visit ID : CVISOPV121308	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 343945	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	B			Forward & Reverse Grouping with Slide/Tube Agglut
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

*V. Sneh*

DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



SIN No: BFD340032258

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr.GAUTHAM MORTHA	Collected : 10/Feb/2024 09:14AM
Age/Gender : 33 Y 6 M 0 DM	Received : 10/Feb/2024 12:42PM
UHID/MR No : CVIS.0000123677	Reported : 10/Feb/2024 03:47PM
Visit ID : CVISOPV121308	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 343945	

**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	110	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

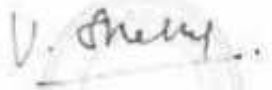
- Note:**
- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
  - Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	125	mg/dL	70-140	GOD - POD

**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	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL		Calculated

  
**DR. V. SNEHAL**  
 M.D (PATH)  
 Consultant Pathologist





MC-2373

Patient Name	: Mr.GAUTHAM MORTHA	Collected	: 10/Feb/2024 09:14AM
Age/Gender	: 33 Y 6 M 0 D/M	Received	: 10/Feb/2024 12:42PM
UHID/MR No	: CVIS.0000123677	Reported	: 10/Feb/2024 03:47PM
Visit ID	: CVISOPV121308	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 343945		

**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.

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)

*V. Snehal*

DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



SIN No: DT240014605

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TO BOOK AN APPOINTMENT

**1860 500 7788**



Patient Name : Mr.GAUTHAM MORTHA	Collected : 10/Feb/2024 09:14AM
Age/Gender : 33 Y 6 M 0 DIM	Received : 10/Feb/2024 12:01PM
UHID/MR No : CVIS.0000123677	Reported : 10/Feb/2024 03:40PM
Visit ID : CVISOPV121308	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 343945	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	188	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	93	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	43	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>145</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>126.71</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.69	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.38		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. 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.
5. 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.
6. 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. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



SIN No: SE04624833

**Apollo Health and Lifestyle Limited** Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

(CIN - UB5110TG2000PLC046089) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Charada Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

MC-2373

Patient Name : Mr.GAUTHAM MORTHA	Collected : 10/Feb/2024 09:14AM
Age/Gender : 33 Y 6 M 0 DIM	Received : 10/Feb/2024 12:01PM
UHID/MR No : CVIS.0000123677	Reported : 10/Feb/2024 03:40PM
Visit ID : CVISOPV121308	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 343945	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.90	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15.37	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.3	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	99.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	17.99	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.81	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	13.18	g/dL	2.0-3.5	Calculated
A/G RATIO	0.36		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.



*V. Sneh*  
DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



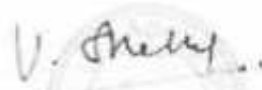
MC-2373

Patient Name	: Mr.GAUTHAM MORTHA	Collected	: 10/Feb/2024 09:14AM
Age/Gender	: 33 Y 6 M 0 DIM	Received	: 10/Feb/2024 12:01PM
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Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 343945		

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	1.12	mg/dL	0.7-1.2	Jaffe
UREA	27.04	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	12.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.80	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	<b>10.38</b>	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	4.34	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE



**DR. V. SNEHAL**  
M.D (PATH)  
Consultant Pathologist



SIN No: 5704634833

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(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohi.com

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mr.GAUTHAM MORTHA	Collected	: 10/Feb/2024 09:14AM
Age/Gender	: 33 Y 6 M 0 DM	Received	: 10/Feb/2024 12:01PM
UHID/MR No	: CVIS.0000123677	Reported	: 10/Feb/2024 03:40PM
Visit ID	: CVISOPV121308	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 343945		

**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 TRANSEPTIDASE (GGT) , <i>SERUM</i>	22.00	U/L	15-73	Glycylcysteine Nitoranalide



*V. Snehal*  
DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist

SIN No: SP04024835

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**



MC-2373

Patient Name : Mr.GAUTHAM MORTHA  
 Age/Gender : 33 Y 6 M 0 D/M  
 UHID/MR No : CVIS.0000123677  
 Visit ID : CVISOPV121308  
 Ref Doctor : Dr.SELF  
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Collected : 10/Feb/2024 09:14AM  
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 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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)	1.23	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	73.10	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	2.970	µIU/mL	0.3-4.5	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. V. SNEHAL  
 M.D (PATH)  
 Consultant Pathologist



SIN No: SPL24021869

**Apollo Health and Lifestyle Limited** Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

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Vizag (Seethamma Peta)

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TO BOOK AN APPOINTMENT

**1860 500 7788**

Patient Name	: Mr.GAUTHAM MORTHA	Collected	: 10/Feb/2024 09:14AM
Age/Gender	: 33 Y 6 M 0 D/M	Received	: 10/Feb/2024 12:01PM
UHID/MR No	: CVIS.0000123677	Reported	: 10/Feb/2024 03:40PM
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Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 343945		

**DEPARTMENT OF IMMUNOLOGY**

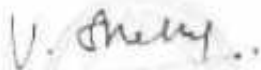
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

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

Result/s to Follow:

COMPLETE URINE EXAMINATION (CUE), GLUCOSE (FASTING) - URINE, GLUCOSE (POST PRANDIAL) - URINE

Page 12 of 12



DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



SIN No: SPL24921863

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Vizag (Seethamma Peta)

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TO BOOK AN APPOINTMENT

 **1860 500 7788**





MC-2373

Patient Name : Mr. GAUTHAM MORTHA	Collected : 10/Feb/2024 09:14AM
Age/Gender : 33 Y 6 M 0 D/M	Received : 10/Feb/2024 04:35PM
UHID/MR No : CVIS.0000123677	Reported : 10/Feb/2024 04:56PM
Visit ID : CVISOPV121308	Status : Final Report
Ref Doctor : Dr. SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 343945	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*V. Snehal*  
**DR. V. SNEHAL**  
M.D (PATH)  
Consultant Pathologist



SIN No:UR2279241  
This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

**Apollo Health and Lifestyle Limited**

IN - U85110TG2000PLC046089 | Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apolloht.com

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Vizag (Seethamma Peta)  
Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**





Patient Name : Mr.GAUTHAM MORTHA  
 Age/Gender : 33 Y 6 M 0 D/M  
 UHID/MR No : CVIS.0000123677  
 Visit ID : CVISOPV121308  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 343945

Collected : 10/Feb/2024 09:14AM  
 Received : 10/Feb/2024 04:35PM  
 Reported : 10/Feb/2024 04:56PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. 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 \*\*\*

*V. Snehal*  
**DR. V. SNEHAL**  
 M.D (PATH)  
 Consultant Pathologist



SIN No:UF010503

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

**Apollo Health and Lifestyle Limited**

SIN - U85110TG2000PLC046089 Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohi.com

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 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

**Fwd: Reminder your health checkup booking is tomorrow**

raja gautham &lt;gautham.j4u@gmail.com&gt;

Sat 2/10/2024 9:07 AM

To: Vizag Apolloclinic &lt;vizag@apolloclinic.com&gt;

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

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

Date: Sat, Feb 10, 2024, 3:31 AM

Subject: Reminder your health checkup booking is tomorrow

To: &lt;Gautham.j4u@gmail.com&gt;

Cc: &lt;customercare@mediwheel.in&gt;

Dear **MR. GAUTHAM MORTHA RAJA**,

This is a gentle reminder that your health checkup is scheduled for tomorrow as per the below particular. Please visit the center at any time.

Please follow the following instructions. Please call us at 011-41195959 if you face any issues.

**Booking Date** : 01/02/2024

**Health Check up Name** : Mediwheel Full Body Annual Plus

**Health Check Code** : PKG10000366

**Name of Diagnostic/Hospital** : Apollo Clinic - Visakhapatnam Visakhapatnam

**Address of Diagnostic/Hospital-** : Apollo Clinic, 50, Plot 5, Sheethammapeta, Beside BVK college, Dwaraka Nagar, Vishakapatnam-530016

**Appointment Date** : 10/02/2024

**Preferred Time** : 9:00am

**Package Name** : Mediwheel Full Body Annual Plus

**Tests included in this Package** :

- Bmi Check
- Ent Consultation
- Dietician Consultation
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG

- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile

Thanks,  
Mediwheel Team

You have received this mail because your e-mail ID is registered with This is a system-generated e-mail **Arcofemi Healthcare Limited**, please don't reply to this message.

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@ 2024 - 25, Arcofemi Healthcare Pvt Limited,(Mediwheel)





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GOVERNMENT OF INDIA

మార్గ రాశ గౌరవం

Mortha Raja Gautham

పుట్టిన తేదీ / DOB: 23/08/1990

పురుషుడు / MALE

2300 7922 9468



ఆధార్ - సామాన్య ని హక్కు

Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
10-02-2024 12:18	76 Beats/min	110/70 mmHg	18 Rate/min	98.6 F	163 cms	72 Kgs	%	%	Years	27.1	cms	cms	cms		AHLL07730

Name: Mr. GAUTHAM MORTHA  
Age/Gender: 33 Y/M  
Address: vskp  
Location: VISAKHAPATNAM, ANDHRA PRADESH  
Doctor:  
Department: LABORATORY  
Rate Plan: VISHAKAPATNAM\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. R ABHISHEK

MR No: CVIS.0000123677  
Visit ID: CVISOPV121308  
Visit Date: 10-02-2024 09:03  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**



Name: Mr. GAUTHAM MORTHA  
Age/Gender: 33 Y/M  
Address: vskp  
Location: VISAKHAPATNAM, ANDHRA PRADESH  
Doctor:  
Department: LABORATORY  
Rate Plan: VISHAKAPATNAM\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ANCHAL KAPOOR

MR No: CVIS.0000123677  
Visit ID: CVISOPV121308  
Visit Date: 10-02-2024 09:03  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

Name: Mr. GAUTHAM MORTHA  
Age/Gender: 33 Y/M  
Address: vskp  
Location: VISAKHAPATNAM, ANDHRA PRADESH  
Doctor:  
Department: LABORATORY  
Rate Plan: VISHAKAPATNAM\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. GOLI INDIRA PRIYADARSHINI

MR No: CVIS.0000123677  
Visit ID: CVISOPV121308  
Visit Date: 10-02-2024 09:03  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

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**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
10-02-2024 12:18	76 Beats/min	110/70 mmHg	18 Rate/min	98.6 F	163 cms	72 Kgs	%	%	Years	27.1	cms	cms	cms		AHLL07730



Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
10-02-2024 12:18	76 Beats/min	110/70 mmHg	18 Rate/min	98.6 F	163 cms	72 Kgs	%	%	Years	27.1	cms	cms	cms		AHLL07730

Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
10-02-2024 12:18	76 Beats/min	110/70 mmHg	18 Rate/min	98.6 F	163 cms	72 Kgs	%	%	Years	27.1	cms	cms	cms		AHLL07730

Name: Mr. GAUTHAM MORTHA  
Age/Gender: 33 Y/M  
Address: vskp  
Location: VISAKHAPATNAM, ANDHRA PRADESH  
Doctor:  
Department: LABORATORY  
Rate Plan: VISHAKAPATNAM\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. N MUKUNDA RAO

MR No: CVIS.0000123677  
Visit ID: CVISOPV121308  
Visit Date: 10-02-2024 09:03  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**



<b>Patient Name</b>	: Mr. GAUTHAM MORTHA	<b>Age/Gender</b>	: 33 Y/M
<b>UHID/MR No.</b>	: CVIS.0000123677	<b>OP Visit No</b>	: CVISOPV121308
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 10-02-2024 12:19
<b>LRN#</b>	: RAD2231813	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 343945		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

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. KARROTU SUDHA**  
**MD RADIOLOGY**  
Radiology



<b>Patient Name</b>	: Mr. GAUTHAM MORTHA	<b>Age/Gender</b>	: 33 Y/M
<b>UHID/MR No.</b>	: CVIS.0000123677	<b>OP Visit No</b>	: CVISOPV121308
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 10-02-2024 10:13
<b>LRN#</b>	: RAD2231813	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 343945		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver** : 12.2 cm.appears normal in size and increased in 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. 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 : 9.4 x 4.7 cm

Left kidney : 10.5 x 5.3 cm

**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** :Normal in size and echo texture.No evidence of necrosis/calcification seen. its volume 10 cc

There is no evidence of ascites/ pleural effusion seen.

**IMPRESSION:-**

**GRADE-I FATTY INFILTRATION OF LIVER.**

**For clinico-lab correlation / follow - up / further work up.**



**Patient Name** : Mr. GAUTHAM MORTHA

**Age/Gender** : 33 Y/M

---

**This is only a screening test.**

**Dr. KARROTU SUDHA**  
**MD RADIOLOGY**  
Radiology


Patient Name : Mr.GAUTHAM MORTHA	Collected : 10/Feb/2024 09:14AM
Age/Gender : 33 Y 6 M 0 D/M	Received : 10/Feb/2024 12:42PM
UHID/MR No : CVIS.0000123677	Reported : 10/Feb/2024 02:28PM
Visit ID : CVISOPV121308	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 343945	

**DEPARTMENT OF HAEMATOLOGY**

ARCOFEMI MEDICALS FULL BODY ANNUAL BLS MALE 35 FOLIO BANINDIA FY2024

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs ARE NORMOCYTIC NORMOCHROMIC.  
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.  
NO HEMOPARASITES SEEN



**DR. V. SNEHAL**  
M.D (PATH)  
Consultant Pathologist



SIN No:BED240033258

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mr.GAUTHAM MORTHA	Collected : 10/Feb/2024 09:14AM
Age/Gender : 33 Y 6 M 0 D/M	Received : 10/Feb/2024 12:42PM
UHID/MR No : CVIS.0000123677	Reported : 10/Feb/2024 02:28PM
Visit ID : CVISOPV121308	Status : Final Report
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Emp/Auth/TPA ID : 343945	

**DEPARTMENT OF HAEMATOLOGY**

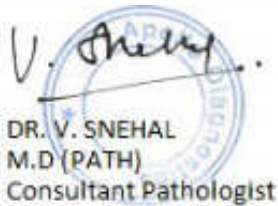
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.4	g/dL	13-17	Spectrophotometer
PCV	46.00	%	40-50	Electronic pulse & Calculation
<b>RBC COUNT</b>	<b>5.52</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	12.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,100	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	54.7	%	40-80	Electrical Impedance
LYMPHOCYTES	35.5	%	20-40	Electrical Impedance
EOSINOPHILS	4	%	1-6	Electrical Impedance
MONOCYTES	5.6	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3883.7	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2520.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	284	Cells/cu.mm	20-500	Calculated
MONOCYTES	397.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	14.2	Cells/cu.mm	0-100	Calculated
<b>PLATELET COUNT</b>	194000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	10	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.  
NO HEMOPARASITES SEEN

Page 2 of 13



**DR. V. SNEHAL**  
M.D (PATH)  
Consultant Pathologist



SIN No:BED240033258


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Patient Name : Mr.GAUTHAM MORTHA	Collected : 10/Feb/2024 09:14AM
Age/Gender : 33 Y 6 M 0 D/M	Received : 10/Feb/2024 12:42PM
UHID/MR No : CVIS.0000123677	Reported : 10/Feb/2024 02:28PM
Visit ID : CVISOPV121308	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 343945	

**DEPARTMENT OF HAEMATOLOGY**

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



**DR. V. SNEHAL**  
M.D (PATH)  
Consultant Pathologist



SIN No:BED240033258


This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mr.GAUTHAM MORTHA	Collected : 10/Feb/2024 09:14AM
Age/Gender : 33 Y 6 M 0 D/M	Received : 10/Feb/2024 12:42PM
UHID/MR No : CVIS.0000123677	Reported : 10/Feb/2024 04:30PM
Visit ID : CVISOPV121308	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 343945	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



**DR. V. SNEHAL**  
M.D (PATH)  
Consultant Pathologist



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Age/Gender : 33 Y 6 M 0 D/M	Received : 10/Feb/2024 12:42PM
UHID/MR No : CVIS.0000123677	Reported : 10/Feb/2024 03:47PM
Visit ID : CVISOPV121308	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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	110	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.

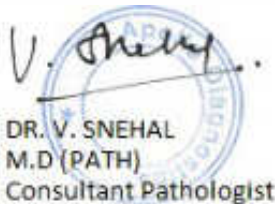
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	125	mg/dL	70-140	GOD - POD

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	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL		Calculated



DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



SIN No:EDT240014605

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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)



**DR. V. SNEHAL**  
M.D (PATH)  
Consultant Pathologist



SIN No:EDT240014605

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Patient Name : Mr.GAUTHAM MORTHA	Collected : 10/Feb/2024 09:14AM
Age/Gender : 33 Y 6 M 0 D/M	Received : 10/Feb/2024 12:01PM
UHID/MR No : CVIS.0000123677	Reported : 10/Feb/2024 03:40PM
Visit ID : CVISOPV121308	Status : Final Report
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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	188	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	93	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	43	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>145</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>126.71</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.69	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.38		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. 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.
5. 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.
6. 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. V. SNEHAL**  
M.D (PATH)  
Consultant Pathologist



SIN No:SE04624833

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Patient Name : Mr.GAUTHAM MORTHA	Collected : 10/Feb/2024 09:14AM
Age/Gender : 33 Y 6 M 0 D/M	Received : 10/Feb/2024 12:01PM
UHID/MR No : CVIS.0000123677	Reported : 10/Feb/2024 03:40PM
Visit ID : CVISOPV121308	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 343945	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.90	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15.37	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.3	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	99.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	<b>17.99</b>	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.81	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	<b>13.18</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>0.36</b>		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'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. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist

SIN No:SE04624833


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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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	1.12	mg/dL	0.7-1.2	Jaffe
UREA	27.04	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	12.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.80	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	<b>10.38</b>	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	4.34	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE



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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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	22.00	U/L	15-73	Glycylglycine Nitoranalide



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M.D (PATH)  
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.23	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	73.10	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	2.970	µIU/mL	0.3-4.5	CLIA

Comment:

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



SIN No:SPL24021863

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

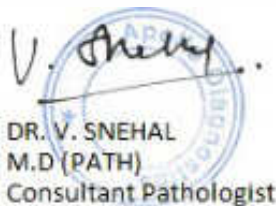


Patient Name : Mr.GAUTHAM MORTHA	Collected : 10/Feb/2024 09:14AM
Age/Gender : 33 Y 6 M 0 D/M	Received : 10/Feb/2024 04:35PM
UHID/MR No : CVIS.0000123677	Reported : 10/Feb/2024 04:56PM
Visit ID : CVISOPV121308	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 343945	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



SIN No:UR2279241

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017



Patient Name : Mr.GAUTHAM MORTHA	Collected : 10/Feb/2024 09:14AM
Age/Gender : 33 Y 6 M 0 D/M	Received : 10/Feb/2024 04:35PM
UHID/MR No : CVIS.0000123677	Reported : 10/Feb/2024 04:56PM
Visit ID : CVISOPV121308	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 343945	


**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 \*\*\***



**DR. V. SNEHAL**  
M.D (PATH)  
Consultant Pathologist



SIN No:UF010503

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017