

Patient Name : Mr.HEMANT KUMAR	Collected : 25/Sep/2023 08:43AM
Age/Gender : 34 Y 0 M 7 D/M	Received : 25/Sep/2023 10:28AM
UHID/MR No : CKON.0000417185	Reported : 25/Sep/2023 12:27PM
Visit ID : CKONOPV605919	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 2568954	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	14.5	g/dL	13-17	Spectrophotometer
PCV	45.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.13	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	88	fL	83-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	32.1	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,200	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	52	%	40-80	Electrical Impedence
LYMPHOCYTES	40	%	20-40	Electrical Impedence
EOSINOPHILS	03	%	1-6	Electrical Impedence
MONOCYTES	05	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3744	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2880	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	216	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	360	Cells/cu.mm	200-1000	Electrical Impedence
PLATELET COUNT	157000	cells/cu.mm	150000-410000	Electrical impedence

ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
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PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN

SIN No:BED230232661

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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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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Patient Name : Mr.HEMANT KUMAR	Collected : 25/Sep/2023 08:43AM
Age/Gender : 34 Y 0 M 7 D/M	Received : 25/Sep/2023 03:45PM
UHID/MR No : CKON.0000417185	Reported : 25/Sep/2023 05:44PM
Visit ID : CKONOPV605919	Status : Final Report
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate technology
Rh TYPE	Negative			Microplate technology

SIN No:HA05739822

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Patient Name : Mr.HEMANT KUMAR	Collected : 25/Sep/2023 12:37PM
Age/Gender : 34 Y 0 M 7 D/M	Received : 25/Sep/2023 01:47PM
UHID/MR No : CKON.0000417185	Reported : 25/Sep/2023 01:48PM
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DEPARTMENT OF BIOCHEMISTRY

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GLUCOSE, FASTING , NAF PLASMA	110	mg/dL	70-100	GOD - POD
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Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	117	mg/dL	70-140	GOD - POD
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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.

SIN No:PLF02032236,PLP1372246

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Patient Name : Mr.HEMANT KUMAR	Collected : 25/Sep/2023 08:43AM
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HBA1C, GLYCATED HEMOGLOBIN , <i>WHOLE BLOOD EDTA</i>	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , <i>WHOLE BLOOD EDTA</i>	105	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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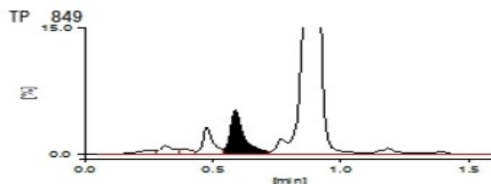
Chromatogram Report

I V5.28 1 2023-09-25 13:15:39
 ID EDT230087952
 Sample No. 09250058 SL 0001 - 09
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.5	0.25	5.97
A1B	0.8	0.31	9.54
F	0.4	0.37	5.06
LA1C+	1.9	0.48	22.58
SA1C	5.3	0.59	50.26
A0	92.7	0.89	1125.45
H-V0			
H-V1			
H-V2			

Total Area 1218.86

HbA1c 5.3 % **IFCC 34 mmol/mol**
 HbA1 6.6 % HbF 0.4 %



25-09-2023 13:15:39 APOLLO

APOLLO DIAGNOSTICS GLOBAL
BALNAGAR

1 / 1

SIN No:EDT230087952

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	203	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	224	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	39	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	164	mg/dL	<130	Calculated
LDL CHOLESTEROL	119.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	44.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.21		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 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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Test Name	Result	Unit	Bio. Ref. Range	Method
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SIN No:SE04491860

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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.80	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	41	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	73.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.30	g/dL	6.3-8.2	Biuret
ALBUMIN	4.40	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.52		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:

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

SIN No:SE04491860

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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.90	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	26.00	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	12.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.30	mg/dL	3.5-8.5	Uricase
CALCIUM	9.30	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.5-4.5	PMA Phenol
SODIUM	135	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98 - 107	Direct ISE



Patient Name : Mr.HEMANT KUMAR	Collected : 25/Sep/2023 08:43AM
Age/Gender : 34 Y 0 M 7 D/M	Received : 25/Sep/2023 10:28AM
UHID/MR No : CKON.0000417185	Reported : 25/Sep/2023 12:04PM
Visit ID : CKONOPV605919	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 2568954	

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	25.00	U/L	15-73	Glycylglycine Nitoranalide

SIN No:SE04491860

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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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)

Address:
The Apollo Medical Centre, 2-20/6/A, Kothaguda X Roads, Kondapur,
Hyderabad, Telangana, India - 500032



Patient Name : Mr.HEMANT KUMAR	Collected : 25/Sep/2023 08:43AM
Age/Gender : 34 Y 0 M 7 D/M	Received : 25/Sep/2023 09:53AM
UHID/MR No : CKON.0000417185	Reported : 25/Sep/2023 10:04AM
Visit ID : CKONOPV605919	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 2568954	

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)	0.9	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.61	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.146	µIU/mL	0.34-5.60	CLIA

Comment:

Note:

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

Patient Name : Mr.HEMANT KUMAR	Collected : 25/Sep/2023 08:43AM
Age/Gender : 34 Y 0 M 7 D/M	Received : 25/Sep/2023 09:53AM
UHID/MR No : CKON.0000417185	Reported : 25/Sep/2023 10:04AM
Visit ID : CKONOPV605919	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 2568954	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--

SIN No:SPL23136526

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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)

Address:
The Apollo Medical Centre, 2-20/6/A, Kothaguda X Roads, Kondapur,
Hyderabad, Telangana, India - 500032



1860 500 7788
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Patient Name : Mr.HEMANT KUMAR	Collected : 25/Sep/2023 08:43AM
Age/Gender : 34 Y 0 M 7 D/M	Received : 25/Sep/2023 11:25AM
UHID/MR No : CKON.0000417185	Reported : 25/Sep/2023 12:45PM
Visit ID : CKONOPV605919	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 2568954	

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	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

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	POSITIVE (+)		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	6-8	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

SIN No:UR2190280

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Patient Name : Mr.HEMANT KUMAR	Collected : 25/Sep/2023 08:43AM
Age/Gender : 34 Y 0 M 7 D/M	Received : 25/Sep/2023 11:25AM
UHID/MR No : CKON.0000417185	Reported : 25/Sep/2023 01:36PM
Visit ID : CKONOPV605919	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 2568954	

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
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:
PERIPHERAL SMEAR



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



Dr.RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist



Customer Pending Tests
PATIENT YET TO VISIT THE CENTER FOR FITNESS EVALUATION

GLASS PRESCRIPTION

DATE: 28/09/2023.

UHID: 417185.

PATIENT NAME: Mr. Hemant Kumar 8860228888.

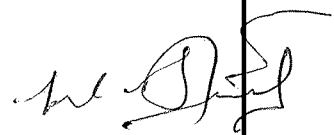
AGE/ GENDER:

34/m.

	UAVA	SPH	CYL	AXIS	ADD	BCVA
OD	6/6 6/6	R	—	—	Σ	6/6
OS	6/6 6/6	R	—	—		6/6

COLOR VISION : 56 normal

INSTRUCTIONS:


SIGNATURE

Patient Name	: Mr. HEMANT KUMAR	Age	: 34 Y/M
UHID	: CKON.0000417185	OP Visit No	: CKONOPV605919
Reported By:	: Dr. VENKATA RAYUDU NEKKANTI	Conducted Date	: 26-09-2023 09:57
Referred By	: SELF		

ECG REPORT

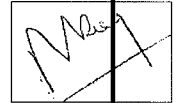
Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 66 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 SINUS RHYTHM

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



Dr. VENKATA RAYUDU NEKKANTI

Apollo Health and Lifestyle Limited

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APOLLO CLINICS NETWORK

Andhra Pradesh: **Tirupati** (Sankarambadi Circle) **Vizag** (Seethamma Peta)

Telangana: **Hyderabad** (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Nallakunta | Nizampet | SR Nagar | Vanasthalipuram)

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TO BOOK AN APPOINTMENT

 **1860 500 7788**



Diagnose. Observe. Treat.

APOLLO MEDICAL CENTRE
PHYSICAL EXAMINATION FORM

DATE :

25/9/23

UHID :

41F185

NAME :

Mr Hemant Kumar

AGE :

34/years

HEIGHT

168

CM

WEIGHT

68

KGS

CHEST MEASUREMENT

96

IN

ABDOMEN

89

IN

PULSE

66

MIN

BP

130/80

MM/HG

OUT

88

WAIST

94

HIP

97

THE APOLLO MEDICAL CENTRE # 2-20/6/A, KOTHAGUDA X ROADS, NEAR HARSHA TOYOTA SHOWROOM, KONDAPUR, HI-TECH CITY,
HYDERABAD - 500032, PH. NO- 040-30166600/77, EMAIL : hitechcity@apolloclinics.com

AGE: 34

Measurement Results:

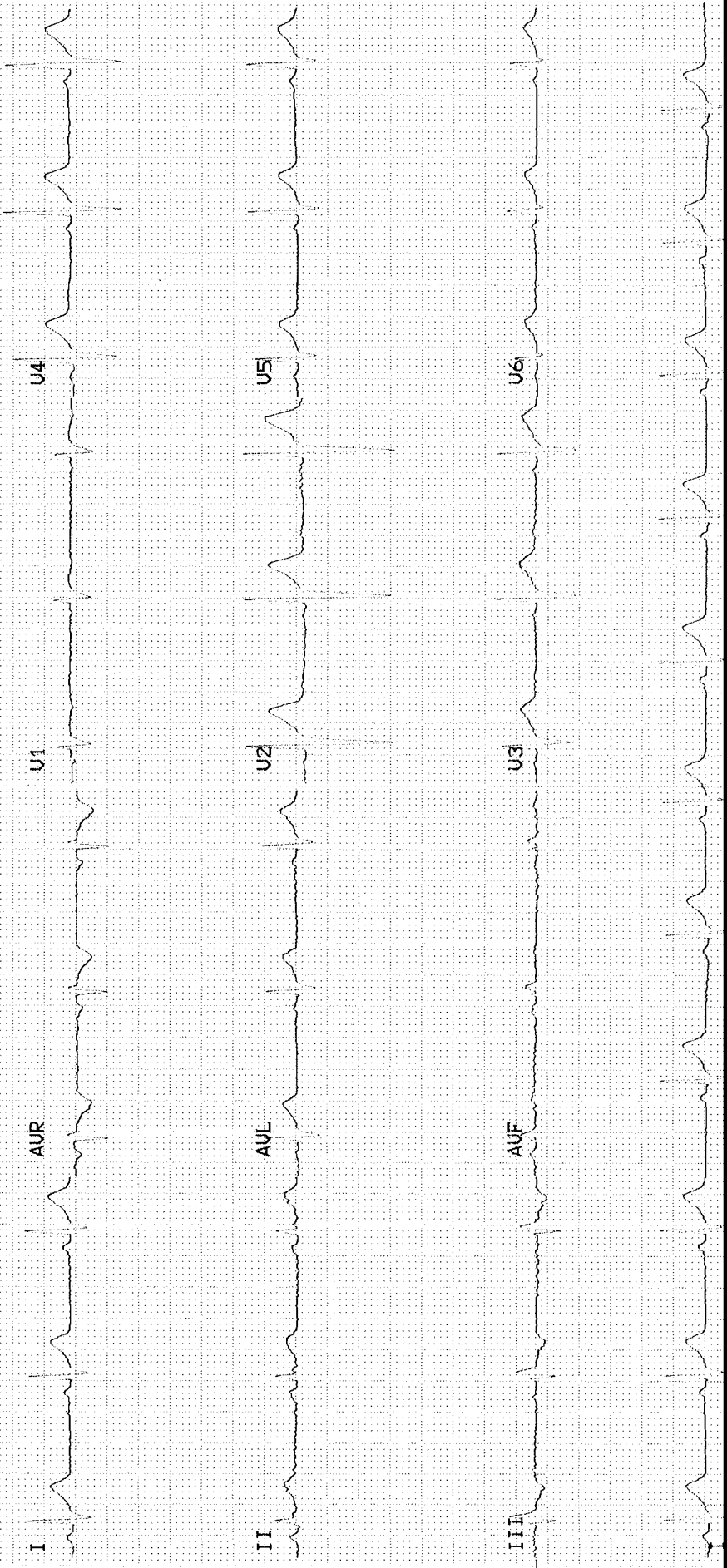
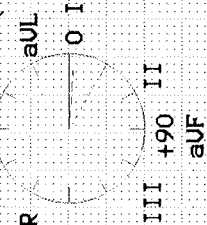
QRS : 90 ms
 QT/QTcB : 348 / 364 ms
 PR : 128 ms
 P : 100 ms
 RR/PP : 912 / 900 ms
 P/QRS/T : 30/ 0/ 5 degrees
 QTc/QTcBD : 34 / 36 ms
 Sokolow : 1.0 mV
 NK : 9

Interpretation:

normal ECG

Handwritten signature

Unconfirmed report.



Patient Name : Mr. HEMANT KUMAR Age : 34 Y/M
UHID : CKON.0000417185 OP Visit No : CKONOPV605919
Conducted By: : Dr. VENKATA RAYUDU NEKKANTI Conducted Date : 25-09-2023 15:07
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed) 3.93CM
LA (cs) 2.78 CM
LVID (ed) 4.33 CM
LVID (cs) 2.61 CM
IVS (Ed) 0.90 CM
LVPW (Ed) 0.8 CM
EF 64.00%
%FD 39.00%

MITRAL VALVE : NORMAL
AML NORMAL
PML NORMAL
AORTIC VALVE MILD SCLEROTIC
TRICUSPID VALVE NORMAL
RIGHT VENTRICLE NORMAL
INTER ATRIAL SEPTUM INTACT
INTER VENTRICULAR SEPTUM INTACT
AORTA 3.93 CM
RIGHT ATRIUM NORMAL
LEFT ATRIUM NORMAL
Pulmonary Valve NORMAL
PERICARDIUM NORMAL
LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY

COLOUR AND DOPPLER STUDIES

GRADE I DIASTOLIC DYSFUNCTION

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APOLLO CLINICS NETWORK

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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Nallakunta | Nizampet | SR Nagar | Vanasthalipuram)

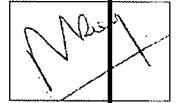
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TO BOOK AN APPOINTMENT



1860 500 7788

IMPRESSION:-
GRADE I DIASTOLIC DYSFUNCTION
MILD AORTIC VALVE SCLEROTIC
NO AS/ AR/ MR/ TR
NO RWMA EF 64%



Dr. VENKATA
RAYUDU
NEKKANTI

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana.

APOLLO CLINICS NETWORK

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TO BOOK AN APPOINTMENT



1860 500 7788

Mediated.

Name <u>Mr. Manoj Kumar</u>	Date <u>25/09/23</u>
Age <u>34</u>	UHID No. <u>U17185</u>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Ref. Physician
Ref. Diagnosis	<u>Dr. N.V. Raghavan</u>

Echocardiogram Report

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

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
Ao (ed) <u>3.93</u> cm	(1.5cm / m2)	IVS (Ed) <u>0.90</u> cm	(0.6 - 1.2 cm)
LA (es) <u>2.78</u> cm	(1.5cm / m2)	LVPW (Ed) <u>0.8</u> cm	(0.6 - 1.1 cm)
RVID (ed) _____ cm	(0.9 cm / m2)	EF <u>64%</u>	(0.62 - 0.85)
LVID (ed) <u>4.33</u> cm	(2.6 - 3.4 cm / m2)	% FD <u>39%</u>	(2.8% - 42%)
LVID (es) <u>2.61</u>			

MORPHOLOGICAL DATA

Mitral Valve	AML <u>(N)</u>	Interatrial septum	<u>(N)</u>
	PML <u>(N)</u>	Interventricular septum	<u>(N)</u>
Aortic Valve	<u>Mild sclerosis</u>	Pulmonary artery	
Tricuspid valve	<u>(N)</u>	Aorta	<u>3.93cm</u>
Pulmonary valve	<u>(N)</u>	Right atrium	<u>(N)</u>
Right ventricle	<u>(N)</u>	Left atrium	<u>(N)</u>

Patient Name : Mr. HEMANT KUMAR

Age/Gender : 34 Y/M

UHID/MR No. : CKON.0000417185

OP Visit No : CKONOPV605919

Sample Collected on :

Reported on : 25-09-2023 18:15

LRN# : RAD2107841

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 2568954

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

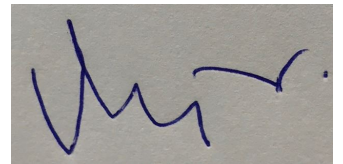
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. VIJAYA KUMAR M
MBBS, DMRD
Consultant Radiologist

Patient Name	: Mr. HEMANT KUMAR	Age/Gender	: 34 Y/M
UHID/MR No.	: CKON.0000417185	OP Visit No	: CKONOPV605919
Sample Collected on	:	Reported on	: 25-09-2023 13:35
LRN#	: RAD2107841	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 2568954		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

Gall bladder is distended normal. 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 measures 104 x 40 mm.

Left kidney measures 104 x 40 mm.

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 and echo texture.No evidence of necrosis/calcification seen. Prostate measures 30 x 30 x 30 mm,Volume--16 cc.

Patient Name : Mr. HEMANT KUMAR

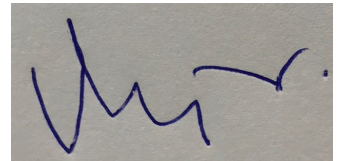
Age/Gender : 34 Y/M

IMPRESSION:-

****MILD FATTY CHANGES IN LIVER.**

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. VIJAYA KUMAR M
MBBS, DMRD
Consultant Radiologist

Health Check up Booking Confirmed
Request(bobE46804),Package Code-
PKG10000309, Beneficiary Code-62943

From: Mediwheel wellness@mediwheal.in

To: Hemant Kumar

Cc: MAA123456789@arcotel.com

Cc: arcotel@mediwheal.in

Cc: customer@mediwheal.in

Sent: Saturday, 23 September, 15:57

You don't often get email from wellness@mediwheal.in.

****सावधान: यह मेल बैंक डोमेन के बाहर से आ**
****CAUTION: THIS MAIL IS ORIGINATI**



012-40100459

Email: wellness@mediwheal.in

Dear Hemant Kumar,

Please find the confirmation for following request.

- Booking Date : 22-09-2023
- Package Name : Arcotel MediWheel Full Body Annual Plus Male 2D ECHO (Metro)
- Name of Diagnostic/Hospital : Apollo Medical Centre - Kondapur
- Address of Diagnostic/Hospital : Kothaguda X Roads, Beside Swagth De-Royal Restaurants, Kondapur - 500084
- Contact Details : arcotel@mediwheal.in
- City : Hyderabad

State : Telangana

Pincode : 500084

Appointment Date : 25 09 2023

Confirmation
Status : Confirmed

Preferred Time : 8:00am-8:30am

Comment : APPOINTMENT TIME - 9:00 AM

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10 To 12 Hours prior to check
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
 2. It is advisable not to undergo any Health Check during menstrual cycle.
- Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwinzel





State of
Department of

1985