



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. SOMLA LAVURI
EC NO.	124466
DESIGNATION	IT COMPLIANCE
PLACE OF WORK	HYDERABAD,DISASTER RECOVERY SI
BIRTHDATE	17-06-1991
PROPOSED DATE OF HEALTH CHECKUP	10-02-2024
BOOKING REFERENCE NO.	23M124466100088440E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **06-02-2024** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



बैंक ऑफ बड़ौदा
Bank of Baroda

नाम लाहरी सोम्ला
Name LAVURI SOMLA

वर्गकारी क्र. E.C. No. 124466



[Handwritten signature]

जारीकर्ता अधिकारी
Issuing Authority

L. Somla

होल्डर के हस्ताक्षर
Signature of Holder

#	ARCOFEMI HEALTHCARE	M. SOMLIA LAVURI	ARCOFEMI MEDIWHEEL MA	ARCOFEMI - MEDIWHEEL -	9494496326	2/7/2024	2/10/2024	08:30-08:4
#	VISIT HEALTH PRIVATE	Mr Naveen Kanth Say	VISIT HEALTH VH00ORC AHC	VISIT HEALTH - VH00ORC -	8143838938	2/7/2024	2/10/2024	08:00-08:1
#	VISIT HEALTH PRIVATE	Manidepa sai Satyar	VISIT HEALTH VH00ORC AHC	VISIT HEALTH - VH00ORC -	9494593244	2/7/2024	2/10/2024	08:00-08:1
#	CONNECT AND HEAL	Athinarapu Kayva	CONNECT AND HEAL SVN IC	CONNECT AND HEAL - CNH	9381309209	2/10/2024	2/10/2024	08:00-08:1
#	CARRIER TECHNOLOG	Varala Namitha Patel	CARRIER TECHNOLOGIES AH	Check Authorisation Lette	8331803738	2/7/2024	2/10/2024	08:30-08:4
#	ACCENTURE SOLUTIONS	Parvinder Kaur	ACCENTURE SOLUTIONS DEF	ACEN - AHC PACK 5 FEMA	9891186858	2/6/2024	2/10/2024	08:45-09:0
#	APOLLO HEALTHCO L	Likitha Jillella	APOLLO HEALTHCO URLIFE	APOLLO HEALTHCO - URLI	9945670503	2/10/2024	2/10/2024	08:00-08:1
#	CONNECT AND HEAL	Gaurava Kumar Gupta	CONNECT AND HEAL SE SCR	CONNECT AND HEAL - SE -	8886540505	2/6/2024	2/10/2024	08:45-09:0
#	AAYUV TECHNOLOGI	Shibani Mohanty	AAYUV TECHNOLOGIES EKP	AAYUV TECHNOLOGIES - E	9398722363	2/6/2024	2/10/2024	08:45-09:0
#	APOLLO HEALTHCO L	Keertana Vijay Kuma	APOLLO HEALTHCO URLIFE	APOLLO HEALTHCO - URLI	9177909923	2/5/2024	2/10/2024	08:30-08:4
#	APOLLO HEALTHCO L	Bhupesh Jattani	APOLLO HEALTHCO URLIFE	APOLLO HEALTHCO - URLI	9899932554	2/10/2024	2/10/2024	08:00-08:1
#	CONNECT AND HEAL	Bharghav Pujari	CONNECT AND HEAL EXPED	CONNECT AND HEAL - EXP	9949354782	2/5/2024	2/10/2024	08:45-09:0
#	PRONOHEALTH SOL	Mahendrakumar S	PRONOHEALTH AHC PACK	PRONOHEALTH - AHC PA	91235599755	2/3/2024	2/10/2024	08:45-09:0
#	APOLLO HEALTHCO L	Thangapriya K	APOLLO HEALTHCO URLIFE	APOLLO HEALTHCO - URLI	7092267798	2/2/2024	2/10/2024	08:45-09:0
#	APOLLO HEALTHCO L	Mahadevan V	APOLLO HEALTHCO URLIFE	APOLLO HEALTHCO - URLI	9787360622	2/2/2024	2/10/2024	08:30-08:4
#	CONNECT AND HEAL	Sagar Agarwal	CONNECT AND HEAL HPE 01	CONNECT AND HEAL - HPH	9990337751	2/10/2024	2/10/2024	08:00-08:1
#	CONNECT AND HEAL	Kapu Ganga Bhavani	CONNECT AND HEAL SE SCR	CONNECT AND HEAL - SE -	7076315068	2/2/2024	2/10/2024	08:30-08:4
#	CONNECT AND HEAL	Kapu Yatish	CONNECT AND HEAL SE SCR	CONNECT AND HEAL - SE -	7076315068	2/2/2024	2/10/2024	08:30-08:4
#	VISIT HEALTH PRIVATE	Kundan Kumar	VISIT HEALTH NB DIAGNOS	VISIT HEALTH - NB DIAGN	9742306716	2/1/2024	2/10/2024	08:45-09:0
#	PHASORZ TECHNOLO	John Rajesh T	PHASORZ INDIVIDUAL TESTS	PHASORZ - INDIVIDUAL TE	9704688433	2/1/2024	2/10/2024	08:45-09:0
#	AAYUV TECHNOLOGI	Shaik adil huda	AAYUV TECHNOLOGIES RAH	AAYUV TECHNOLOGIES - R	9985266304	1/31/2024	2/10/2024	08:45-09:0
#	AAYUV TECHNOLOGI	Dinesh v	AAYUV TECHNOLOGIES RAH	AAYUV TECHNOLOGIES - R	9952026799	1/31/2024	2/10/2024	08:30-08:4
#	CONNECT AND HEAL	Padma Kamarthi	CONNECT AND HEAL OPEN T	CONNECT AND HEAL - CN-	9513349411	2/10/2024	2/10/2024	08:00-08:1
#	CONNECT AND HEAL	Vivekananda Kowkun	CONNECT AND HEAL SE SCR	CONNECT AND HEAL - SE -	9985825757	1/22/2024	2/10/2024	08:45-09:0
#	CARRIER TECHNOLOG	Chennakeshava Redd	CARRIER TECHNOLOGIES AH	Check Authorisation Lette	9949955688	1/19/2024	2/10/2024	08:30-08:4

Patient Name	: Mr. SOMLA LAVURI	Age	: 32 Y/M
UHID	: CMAN.0000095639	OP Visit No	: CMANOPV194210
Reported By:	: Dr. TRIPTI DEB .	Conducted Date	: 12-02-2024 13:06
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 71beats 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. TRIPTI DEB .

The Apollo Clinic- Manikonda
PHYSICAL EXAMINATION FORM

DATE 10/2/24

UHID UMAN-95639

Name Mr. Somla Laware

Age 32y / M

Height Cms

Weight Kgs

Chest Measurement (In) Cm (Out) Cm

Waist Cm Hip

Pulse Bt / Min BMI

BP mm/Hg SPO2

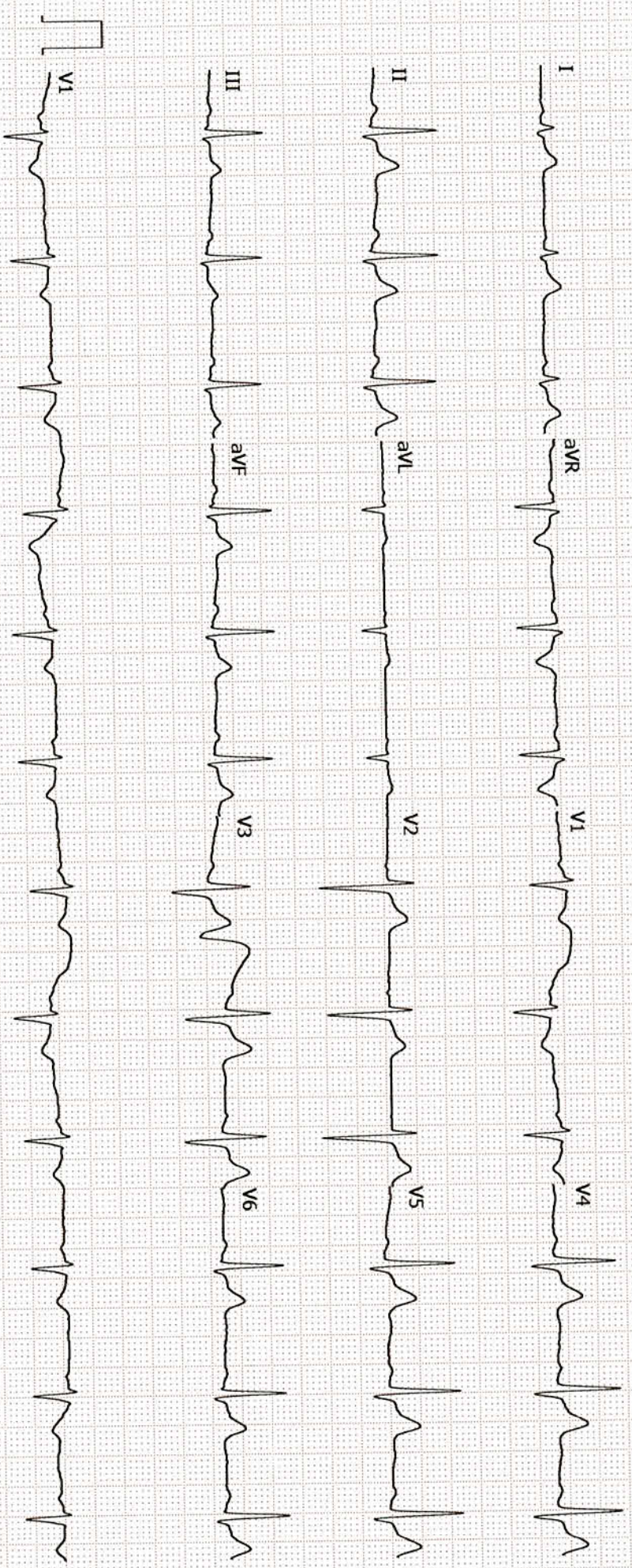
Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 100 ms
QT / QTcBaz : 364 / 395 ms
PR : 140 ms
P : 94 ms
RR / PP : 842 / 845 ms
P / QRS / T : 55 / 81 / 55 degrees

Normal sinus rhythm
Normal ECG

WNL

WNL




CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr- Somla Lavosi on 12/02/2024

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Dr. 
 Medical Officer
 The Apollo Clinic, (Location)



This certificate is not meant for medico-legal purposes

Patient Name : Mr. SOMLA LAVURI

Age/Gender : 32 Y/M

UHID/MR No. : CMAN.0000095639

OP Visit No : CMANOPV194210

Sample Collected on :

Reported on : 10-02-2024 17:01

LRN# : RAD2231637

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 124466

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size 12.39 cm and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

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

Spleen appears normal in size 7.99 cm . No focal lesion seen. Splenic vein appears normal.

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

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

Right kidney : 8.65 x 3.85 cm .

Left kidney : 8.04 x 4.76 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 is normal in size 2.7 x 2.74 x 3.09 cm and echo texture. Volume measuring 12.00 ml . No evidence of necrosis/calcification seen.

IMPRESSION:-

No significant abnormality detected.

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.

Patient Name : Mr. SOMLA LAVURI

Age/Gender : 32 Y/M



Dr. MD RAHEEMUDDIN QURESHI
Radiology

Patient Name : Mr. SOMLA LAVURI

Age/Gender : 32 Y/M

UHID/MR No. : CMAN.0000095639

OP Visit No : CMANOPV194210

Sample Collected on :

Reported on : 10-02-2024 18:56

LRN# : RAD2231637

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 124466

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Cardia is normal .

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

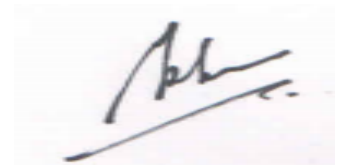
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. MD RAHEEMUDDIN QURESHI
Radiology

Patient Name : Mr.SOMLA LAVURI	Collected : 10/Feb/2024 09:03AM
Age/Gender : 32 Y 7 M 23 D/M	Received : 10/Feb/2024 01:32PM
UHID/MR No : CMAN.0000095639	Reported : 10/Feb/2024 04:15PM
Visit ID : CMANOPV194210	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 124466	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.8	g/dL	13-17	Spectrophotometer
PCV	43.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.97	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.3	fL	83-101	Calculated
MCH	29.7	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,900	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	50	%	40-80	Electrical Impedance
LYMPHOCYTES	38	%	20-40	Electrical Impedance
EOSINOPHILS	2	%	1-6	Electrical Impedance
MONOCYTES	10	%	2-10	Electrical Impedance
BASOPHILS	0	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2950	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2242	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	118	Cells/cu.mm	20-500	Calculated
MONOCYTES	590	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	276000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

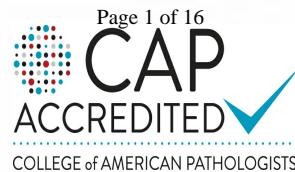
RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



Dr. R. SHALINI
M.B.B.S., M.D (Pathology)
Consultant Pathologist

SIN No: BED240033153


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



Patient Name	: Mr.SOMLA LAVURI	Collected	: 10/Feb/2024 09:03AM
Age/Gender	: 32 Y 7 M 23 D/M	Received	: 10/Feb/2024 01:32PM
UHID/MR No	: CMAN.0000095639	Reported	: 10/Feb/2024 04:15PM
Visit ID	: CMANOPV194210	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 124466		

DEPARTMENT OF HAEMATOLOGY

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



Dr.R.SHALINI
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240033153

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

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CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



Patient Name : Mr.SOMLA LAVURI	Collected : 10/Feb/2024 09:03AM
Age/Gender : 32 Y 7 M 23 D/M	Received : 10/Feb/2024 01:32PM
UHID/MR No : CMAN.0000095639	Reported : 10/Feb/2024 05:40PM
Visit ID : CMANOPV194210	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 124466	

DEPARTMENT OF HAEMATOLOGY

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

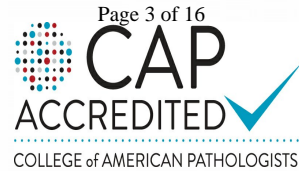
Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate technology
Rh TYPE	Positive			Microplate technology



Dr.R.SHALINI
M.B.B.S,M.D(Pathology)
Consultant Pathologist

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Patient Name : Mr.SOMLA LAVURI	Collected : 10/Feb/2024 09:03AM
Age/Gender : 32 Y 7 M 23 D/M	Received : 10/Feb/2024 01:56PM
UHID/MR No : CMAN.0000095639	Reported : 10/Feb/2024 05:49PM
Visit ID : CMANOPV194210	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 124466	

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	92	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 > 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)	109	mg/dL	70-140	HEXOKINASE

Comment:

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

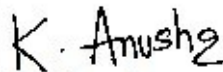
Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues,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

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



Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist

SIN No:EDT240014543



Dr.K.Anusha
M.B.B.S.,M.D(Biochemistry)
Consultant Biochemist

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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

Address:
Door No : 8-1-284/OU/439 & 8-1-284/OU/440, O. U. Colony, Manikonda
Road, Shaikpet, Manikonda, Hyderabad, Telangana, India - 500008

 1860 500 7788
www.apolloclinic.com

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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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:

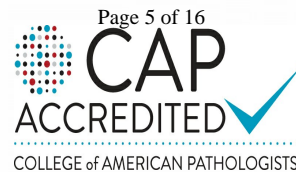
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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)

Maruthi...
Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist

K. Anusha
Dr.K.Anusha
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist



SIN No:EDT240014543

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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Address:
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DEPARTMENT OF BIOCHEMISTRY

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

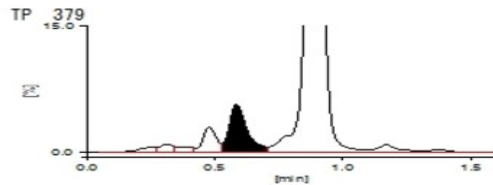
Chromatogram Report

HLC723G8 V5.28.1 2024-02-10 17:33:22
 ID EDT240014543
 Sample No. 02100217 SL 0002 - 07
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
ATA	0.4	0.25	7.13
A1B	0.5	0.31	8.30
F	0.4	0.39	7.27
LA1C+	1.7	0.48	27.95
SA1C	5.7	0.58	71.40
AO	92.9	0.88	1507.11
H-V0			
H-V1			
H-V2			

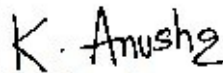
Total Area 1629.16

HbA1c 5.7 % **IFCC 38 mmol/mol**
 HbA1 6.6 % HbF 0.4 %

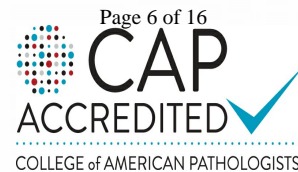



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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) **Andhra Pradesh: Vizag** (Seethamma Peta) **Karnataka: Bangalore** (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | 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)

Patient Name : Mr.SOMLA LAVURI
Age/Gender : 32 Y 7 M 23 D/M
UHID/MR No : CMAN.0000095639
Visit ID : CMANOPV194210
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 124466

Collected : 10/Feb/2024 09:03AM
Received : 10/Feb/2024 01:56PM
Reported : 10/Feb/2024 05:49PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

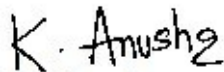
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DEPARTMENT OF BIOCHEMISTRY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	166	mg/dL	<200	CHO-POD
TRIGLYCERIDES	95	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	128	mg/dL	<130	Calculated
LDL CHOLESTEROL	109	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.37		0-4.97	Calculated

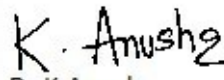
Comment:

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

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

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


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SIN No: SE04624728

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Emp/Auth/TPA ID : 124466	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.57	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	74.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.41	g/dL	6.6-8.3	Biuret
ALBUMIN	4.36	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.05	g/dL	2.0-3.5	Calculated
A/G RATIO	1.43		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.

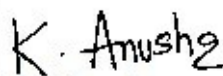
3. Synthetic function impairment:

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



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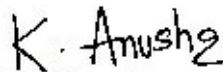
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.01	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	30.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	14.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.64	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.68	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.34	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)



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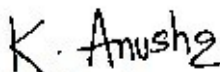
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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	15.00	U/L	<55	IFCC



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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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.8	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	7.67	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.725	µIU/mL	0.38-5.33	CLIA

Comment:

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

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

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



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Visit ID : CMANOPV194210
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 124466

Collected : 10/Feb/2024 09:03AM
Received : 10/Feb/2024 01:49PM
Reported : 10/Feb/2024 03:44PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Maruthi...

Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist

SIN No:SPL24021786

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

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

Address:
Door No : 8-1-284/OU/439 & 8-1-284/OU/440, O. U. Colony, Manikonda
Road, Shaikpet., Manikonda, Hyderabad, Telangana, India - 500008

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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)

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

Patient Name : Mr.SOMLA LAVURI	Collected : 10/Feb/2024 09:03AM
Age/Gender : 32 Y 7 M 23 D/M	Received : 10/Feb/2024 02:08PM
UHID/MR No : CMAN.0000095639	Reported : 10/Feb/2024 03:57PM
Visit ID : CMANOPV194210	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 124466	

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	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr.R.SHALINI
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:UR2279142

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



Patient Name : Mr.SOMLA LAVURI	Collected : 10/Feb/2024 11:56AM
Age/Gender : 32 Y 7 M 23 D/M	Received : 10/Feb/2024 04:35PM
UHID/MR No : CMAN.0000095639	Reported : 10/Feb/2024 08:51PM
Visit ID : CMANOPV194210	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 124466	

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

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

SIN No:UPP016498

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

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Patient Name : Mr.SOMLA LAVURI	Collected : 10/Feb/2024 09:03AM
Age/Gender : 32 Y 7 M 23 D/M	Received : 10/Feb/2024 02:07PM
UHID/MR No : CMAN.0000095639	Reported : 10/Feb/2024 03:56PM
Visit ID : CMANOPV194210	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 124466	

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(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr.R.SHALINI
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:UF010496

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