

Patient Name	: Mr.BHIMAVARAPU V SUBBA RAO
Age/Gender	: 50 Y 3 M 8 D/M
UHID/MR No	: CUPP.0000081570
Visit ID	: CUPPOPV121478
Ref Doctor	: Dr.SELF
Emp/Auth/TPA ID	: 159233

Collected	: 23/Sep/2023 08:32AM
Received	: 23/Sep/2023 11:35AM
Reported	: 23/Sep/2023 01:18PM
Status	: Final Report
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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

HAEMOGLOBIN	14.3	g/dL	13-17	Spectrophotometer
PCV	42.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.14	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	83.4	fL	83-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,580	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

NEUTROPHILS	60.7	%	40-80	Electrical Impedence
LYMPHOCYTES	29.5	%	20-40	Electrical Impedence
EOSINOPHILS	1.6	%	1-6	Electrical Impedence
MONOCYTES	7.9	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3994.06	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1941.1	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	105.28	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	519.82	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	19.74	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	316000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

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  
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



SIN No:BED230230693

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

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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



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Age/Gender : 50 Y 3 M 8 D/M	Received : 23/Sep/2023 11:36AM
UHID/MR No : CUPP.0000081570	Reported : 23/Sep/2023 12:30PM
Visit ID : CUPPOPV121478	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	94	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)	99	mg/dL	70-140	HEXOKINASE
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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.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	123	mg/dL		Calculated

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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**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
  - HbF >25%
  - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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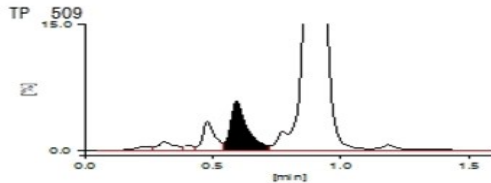
Chromatogram Report

HLC72368 V5.28.1 2023-09-23 12:26:37  
 ID EDT230087287  
 Sample No. 09230035 SL 0002 - 08  
 Patient ID  
 Name  
 Comment

CALIB			
Name	%	Time	Area
A1A	0.4	0.24	5.83
A1B	0.8	0.31	12.15
F	0.3	0.40	4.14
LA1C+	2.0	0.48	29.46
SA1C	5.9	0.59	67.95
AO	92.2	0.89	1364.84
H-V0			
H-V1			
H-V2			

Total Area 1484.37

**HbA1c 5.9 %** **IFCC 41 mmol/mol**  
 HbA1 7.2 % HbF 0.3 %



SIN No:PLF02031210,PLP1371332,EDT230087287

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Visit ID : CUPPOPV121478	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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

TOTAL CHOLESTEROL	130	mg/dL	<200	CHO-POD
TRIGLYCERIDES	62	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	40	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	90	mg/dL	<130	Calculated
LDL CHOLESTEROL	77.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.25		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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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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SIN No:SE04489813

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

**APOLLO CLINICS NETWORK**

Patient Name : Mr.BHIMA VARAPU V SUBBA RAO	Collected : 23/Sep/2023 08:32AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.88	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.71	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	68.00	U/L	30-120	IFCC
PROTEIN, TOTAL	<b>6.53</b>	g/dL	6.6-8.3	Biuret
ALBUMIN	4.07	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.46	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		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.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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3. Synthetic function impairment:

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



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.89	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	22.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.37	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.09	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	<b>2.47</b>	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	<b>135</b>	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.00	U/L	<55	IFCC



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Patient Name : Mr.BHIMAVARAPU V SUBBA RAO	Collected : 23/Sep/2023 08:32AM
Age/Gender : 50 Y 3 M 8 D/M	Received : 23/Sep/2023 01:59PM
UHID/MR No : CUPP.0000081570	Reported : 23/Sep/2023 03:06PM
Visit ID : CUPPOPV121478	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-iodothyronine (T3, TOTAL)	1.08	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	7.02	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.340	µIU/mL	0.38-5.33	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



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



SIN No:SPL23135357

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APOLLO CLINICS NETWORK

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Age/Gender : 50 Y 3 M 8 D/M	Received : 23/Sep/2023 01:59PM
UHID/MR No : CUPP.0000081570	Reported : 23/Sep/2023 02:57PM
Visit ID : CUPPOPV121478	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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



SIN No:SPL23135357

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Patient Name : Mr.BHIMAVARAPU V SUBBA RAO	Collected : 23/Sep/2023 08:32AM
Age/Gender : 50 Y 3 M 8 D/M	Received : 23/Sep/2023 01:45PM
UHID/MR No : CUPP.0000081570	Reported : 23/Sep/2023 03:01PM
Visit ID : CUPPOPV121478	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		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	TRACE		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	1-2	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2189037

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

Patient Name : Mr.BHIMAVARAPU V SUBBA RAO	Collected : 23/Sep/2023 08:32AM
Age/Gender : 50 Y 3 M 8 D/M	Received : 23/Sep/2023 11:28AM
UHID/MR No : CUPP.0000081570	Reported : 23/Sep/2023 01:04PM
Visit ID : CUPPOPV121478	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 159233	


DEPARTMENT OF CLINICAL PATHOLOGY

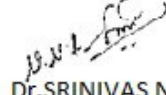
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324


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

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

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

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





**Patient Name** : Mr. Bhimavarapu V Subba Rao

**Age/Gender** : 50 Y/M

**UHID/MR No.** : CUPP.0000081570

**OP Visit No** : CUPPOPV121478

**Sample Collected on** :

**Reported on** : 23-09-2023 13:48

**LRN#** : RAD2106243

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 159233

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size 127 mm and **increased echotexture**. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is well distended. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen. **Evidence of multiple calculi measuring 4 - 5 mm.**

**Spleen** appears normal in size 90 mm. 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** : 101 x 41 mm.

**Left kidney** : 111 x 49 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 38 x 28 x 25 mm and echo texture. Volume measure 15 cc. No evidence of necrosis/calcification seen.

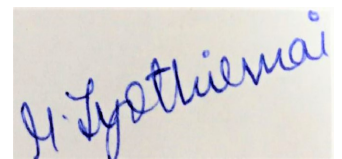
### **IMPRESSION:-**

\* **GRADE I FATTY LIVER.**

\* **CHOLELITHIASIS.**

**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. MATTA JYOTHIRMAI**  
**MBBS, MDRD**  
Radiology

**Patient Name** : Mr. Bhimavarapu V Subba Rao

**Age/Gender** : 50 Y/M

**UHID/MR No.** : CUPP.0000081570

**OP Visit No** : CUPPOPV121478

**Sample Collected on** :

**Reported on** : 23-09-2023 12:06

**LRN#** : RAD2106243

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 159233

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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



**Dr. MATTA JYOTHIRMAI**  
**MBBS, MDRD**  
Radiology

Name: Mr. Bhimavarapu V Subba Rao  
Age/Gender: 50 Y/M  
Address: hyd  
Location: HYDERABAD, TELANGANA  
Doctor:  
Department: GENERAL  
Rate Plan: UPPAL\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. AYYAPPA SWAMY AMARA

MR No: CUPP.0000081570  
Visit ID: CUPPOPV121478  
Visit Date: 23-09-2023 08:28  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: Mr. Bhimavarapu V Subba Rao  
Age/Gender: 50 Y/M  
Address: hyd  
Location: HYDERABAD, TELANGANA  
Doctor:  
Department: GENERAL  
Rate Plan: UPPAL\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
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Name: Mr. Bhimavarapu V Subba Rao  
Age/Gender: 50 Y/M  
Address: hyd  
Location: HYDERABAD, TELANGANA  
Doctor:  
Department: GENERAL  
Rate Plan: UPPAL\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. KOPPULA TRIVENI

MR No: CUPP.0000081570  
Visit ID: CUPPOPV121478  
Visit Date: 23-09-2023 08:28  
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. Bhimavarapu V Subba Rao  
Age/Gender: 50 Y/M  
Address: hyd  
Location: HYDERABAD, TELANGANA  
Doctor:  
Department: GENERAL  
Rate Plan: UPPAL\_06042023  
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**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

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**PHYSICAL EXAMINATION**

**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
26-09-2023 20:21	83 Beats/min	140/90 mmHg	22 Rate/min	98.6 F	175 cms	77 Kgs	%	%	Years	25.14	cms	cms	cms		AHLL06629

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
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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
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Established Patient: No

**Vitals**

<b>Date</b>	<b>Pulse (Beats/min)</b>	<b>B.P (mmHg)</b>	<b>Resp (Rate/min)</b>	<b>Temp (F)</b>	<b>Height (cms)</b>	<b>Weight (Kgs)</b>	<b>Body Fat Percentage (%)</b>	<b>Visceral Fat Level (%)</b>	<b>Body Age (Years)</b>	<b>BMI</b>	<b>Waist Circum (cms)</b>	<b>Hip (cms)</b>	<b>Waist (cms)</b>	<b>Waist &amp; Hip Ratio</b>	<b>User</b>
26-09-2023 20:21	83 Beats/min	140/90 mmHg	22 Rate/min	98.6 F	175 cms	77 Kgs	%	%	Years	25.14	cms	cms	cms		AHLL06629

## Apollo Clinic Uppal

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**From:** noreply@apolloclinics.info  
**Sent:** Friday, September 22, 2023 4:37 PM  
**To:** subdarao\_bv@rediffmail.com  
**Cc:** Apollo Clinic Uppal; shireen.christopher; Syamsunder M  
**Subject:** Your Apollo order has been confirmed



**Dear MR. SUBBA RAO BHIMAVARAPU V,**

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **UPPAL clinic** on **2023-09-23** at **08:30-08:35**.

Payment Mode	<b>Credit</b>
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324]</b>

**"In view of corona virus precautionary measures, you are requested to take a mandatory check for symptoms & self-declaration at centre. Please cooperate. Thank you."**

**NOTE: We are not providing the breakfast in view of corona virus. And that customers on their own should carry their breakfast.**

**Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.**

### **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.

**As per agreement terms please carry all relevant documents such as Confirmation mail, valid id proof, company ID card etc.**

**For further assistance please call us on our Help Line #: 1860 500 7788.**

**Clinic Address: APOLLO HEALTH AND LIFESTYLE LIMITED HNO- 6-48/3,PEERZADIGUDA PANCHAYAT, BODUPPAL,R R DISTRICT,HYDERABAD-500039.**

**Contact No: (040) 49503373 -74/.**

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

**Note: Speak Freely. Speak Free! Speak to our Doctor from 8:00 PM to 8:00 AM by calling 1860 500 7788 and press #2 on the IVR. Now get all your Health related queries answered by an expert! Service by Apollo Clinic.**

Warm Regards,  
Apollo Team

Patient Name	: Mr. Bhimavarapu V Subba Rao	Age	: 50 Y/M
UHID	: CUPP.0000081570	OP Visit No	: CUPPOPV121478
Reported By:	: Dr. CH VENKATESHAM	Conducted Date	: 23-09-2023 17:34
Referred By	: SELF		

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### **ECG REPORT**

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 83beats 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 see

#### **Impression:**

NORMAL ECG.

CORRELATE CLINICALLY

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



Dr. CH VENKATESHAM

Patient Name : Mr. Bhimavarapu V Subba Rao Age : 50 Y/M  
UHID : CUPP.0000081570 OP Visit No : CUPPOPV121478  
Conducted By: : Dr. CH VENKATESHAM Conducted Date : 23-09-2023 19:31  
Referred By : SELF

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## CARDIOLOGY

### CARDIAC STRESS TEST – (TMT)

Angina Pectoria:  
NO

Previous MI:  
NO

PTCA:  
NO

CABG:  
NO

HTN:  
NO

DM:  
NO

Smoking:  
NO

Obesity:  
NO

Lipidemia:  
NO

Resting ECG Supine:  
120BPM

Standing:  
119BPM

Protocol Used:  
BRUCE

Monitoring Leads:

Patient Name : Mr. Bhimavarapu V Subba Rao Age : 50 Y/M  
UHID : CUPP.0000081570 OP Visit No : CUPPOPV121478  
Conducted By: : Dr. CH VENKATESHAM Conducted Date : 23-09-2023 19:31  
Referred By : SELF

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12 LEADS

Grade Achieved:  
106%

% HR / METS:  
7.2METS

Reason for Terminating Test:  
MAX HR ATTAINED

Total Exercise Time:  
6:11

Symptoms and ECG Changes during Exercise:  
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

0 mts:  
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

3 mts:  
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

6 mts:  
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

**INTERPRETATION:**

Rhythm:  
NORMAL

S.T. Segment :  
NORMAL

III Blood Pressure Response :  
NORMAL



Patient Name : Mr. Bhimavarapu V Subba Rao Age : 50 Y/M  
UHID : CUPP.0000081570 OP Visit No : CUPPOPV121478  
Conducted By: : Dr. CH VENKATESHAM Conducted Date : 23-09-2023 19:31  
Referred By : SELF

---

IV Fitness Response :  
GOOD

Impression:  
TMT IS NEGATIVE EXERCISE INDUCE ISCHEMIA.

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



Dr. CH  
VENKATESHAM