

Patient Name	: Mr.NEYEGAPULA RAVI	Collected	: 28/Oct/2023 08:48AM
Age/Gender	: 35 Y 6 M 16 D/M	Received	: 28/Oct/2023 10:25AM
UHID/MR No	: CVIS.0000065198	Reported	: 28/Oct/2023 11:53AM
Visit ID	: CMYSOPV118783	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 505090644587		

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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SIN No:BED230263638

Patient Name : Mr.NEYEGAPULA RAVI	Collected : 28/Oct/2023 08:48AM
Age/Gender : 35 Y 6 M 16 D/M	Received : 28/Oct/2023 10:25AM
UHID/MR No : CVIS.0000065198	Reported : 28/Oct/2023 01:17PM
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DEPARTMENT OF HAEMATOLOGY

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

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

HAEMOGLOBIN	15.4	g/dL	13-17	Spectrophotometer
PCV	46.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.29	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	89	fL	83-101	Calculated
MCH	29	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	12.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,000	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	60.7	%	40-80	Electrical Impedence
LYMPHOCYTES	33.1	%	20-40	Electrical Impedence
EOSINOPHILS	1.7	%	1-6	Electrical Impedence
MONOCYTES	4.1	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3642	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1986	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	102	Cells/cu.mm	20-500	Calculated
MONOCYTES	246	Cells/cu.mm	200-1000	Calculated
BASOPHILS	24	Cells/cu.mm	0-100	Calculated

PLATELET COUNT

PLATELET COUNT	208000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	04	mm at the end of 1 hour	0-15	Modified Westergren
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PERIPHERAL SMEAR

R.B.C: Majority are normocytic normochromic.
W.B.C: normal in number with normal morphology and distribution.
Platelets: normal in number and are seen in singles and clumps.
Hemoparasites: Not seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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Age/Gender : 35 Y 6 M 16 D/M	Received : 28/Oct/2023 10:25AM
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Patient Name : Mr.NEYEGAPULA RAVI	Collected : 28/Oct/2023 08:45AM
Age/Gender : 35 Y 6 M 16 D/M	Received : 28/Oct/2023 10:25AM
UHID/MR No : CVIS.0000065198	Reported : 28/Oct/2023 11:24AM
Visit ID : CMYSOPV118783	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	102	mg/dl	74-106	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:

- 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.



SIN No:PLF02046515

Patient Name : Mr.NEYEGAPULA RAVI	Collected : 28/Oct/2023 12:58PM
Age/Gender : 35 Y 6 M 16 D/M	Received : 28/Oct/2023 02:25PM
UHID/MR No : CVIS.0000065198	Reported : 28/Oct/2023 03:04PM
Visit ID : CMYSOPV118783	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 505090644587	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	128	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.



Patient Name : Mr.NEYEGAPULA RAVI	Collected : 28/Oct/2023 08:48AM
Age/Gender : 35 Y 6 M 16 D/M	Received : 28/Oct/2023 01:03PM
UHID/MR No : CVIS.0000065198	Reported : 28/Oct/2023 01:57PM
Visit ID : CMYSOPV118783	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.0	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	97	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)



SIN No:EDT230098187

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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
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	193	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	194	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	36	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	157	mg/dL	<130	Calculated
LDL CHOLESTEROL	118.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	38.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.36		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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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.90	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.70	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	66.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.20	g/dL	6.3-8.2	Biuret
ALBUMIN	4.40	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.57		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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Test Name	Result	Unit	Bio. Ref. Range	Method
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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
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.16	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	30.60	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	14.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.80	mg/dL	3.5-8.5	Uricase
CALCIUM	9.36	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	2.98	mg/dL	2.5-4.5	PMA Phenol
SODIUM	144	mmol/L	135-145	Direct ISE
POTASSIUM	3.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98 - 107	Direct ISE



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	23.00	U/L	15-73	Glycylcysteine Nitoranalide



SIN No:SE04523513

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UHID/MR No : CVIS.0000065198	Reported : 28/Oct/2023 12:22PM
Visit ID : CMYSOPV118783	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 505090644587	

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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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.16	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.36	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.720	µIU/mL	0.35-4.94	CMIA

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



SIN No:SPL23152756

Patient Name : Mr.NEYEGAPULA RAVI	Collected : 28/Oct/2023 08:48AM
Age/Gender : 35 Y 6 M 16 D/M	Received : 28/Oct/2023 01:27PM
UHID/MR No : CVIS.0000065198	Reported : 28/Oct/2023 02:23PM
Visit ID : CMYSOPV118783	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 505090644587	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick

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	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
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



SIN No:UR2209211


Patient Name : Mr.NEYEGAPULA RAVI	Collected : 28/Oct/2023 08:48AM
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Emp/Auth/TPA ID : 505090644587	

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 ***



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination
of Mr NEYEGAPULH RAVIS on 28/10/23

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 	✓
<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>	
<ul style="list-style-type: none"> • Currently Unfit. • Unfit <p>Review after _____ recommended</p>	

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph: 0821-4006040/41

Dr. [Signature]
Medical Officer
The Apollo Clinic, Mysore.

This certificate is not meant for medico-legal purposes

Date : 28-10-2023
MR NO : CVIS.0000065198

Department : GENERAL
Doctor : *D. Anesh. H3*

Name : Mr. NEYEGAPULA RAVI

Registration No : *67084*
Qualification : *MBBS MD*

Age/ Gender : 35 Y / Male

Consultation Timing: 08:37

Height : <i>169</i>	Weight : <i>83</i>	BMI :	Waist Circum :
Temp :	Pulse : <i>90/lt</i>	Resp : <i>20/min</i>	B.P : <i>120/80</i>

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

C/S
NS
AA | *None*

Adv
Regular Exercise

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Follow up date :

[Signature]
Doctor Signature

Date : 28-10-2023
MR NO : CVIS.0000065198

Department : GENERAL
Doctor :

Name : Mr. NEYEGAPULA RAVI

Registration No : MV. Praveen Kumar
Qualification : MBBS

Age/ Gender : 35 Y / Male

Consultation Timing: 08:37

Height : 169	Weight : 83	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 120/80

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Come for regular pre employment
check up

Ear - bilateral IM @

Nose - nasal mucosa @

oral cavity & oropharynx @

neck @

As

- beamed

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Ph : 0821-4006040/41

PK

Follow up date :

Doctor Signature

Date : 28-10-2023
MR NO : CVIS.0000065198

Department : GENERAL Dietetics
Doctor : Madhura . B. P

Name : Mr. NEYEGAPULA RAVI

Registration No :

Age/ Gender : 35 Y / Male

Qualification : M.Sc Nutrition & Dietetics
PhD*

Consultation Timing: 08:37

Fiber - 67g

Height : 169	Weight : 83	BMI : 29 kg/m ²	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 120/80

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Triglycerides - 194
HDL - 36
Non-HDL - 157
LDL - 118.2
VLDL - 38.8
chol/HDL - 5.36

- ⇒ * Advised low fat diet with fiber rich foods.
- ⇒ Take small frequent meals. Do not skip meals.
- ⇒ Include all variety of seasonal fruits, veges - tubers and green leafy vegetables daily.
- ⇒ Include nuts like Almonds, walnuts and dry- fruits like dried dates & raisins daily
- ⇒ Include seeds like Flaxseeds, Pumpkin seeds, sunflower seeds, watermelon seeds & sesame seeds - 1 tea-spoon each, dry roasted.
- ⇒ Avoid red meat.
- ⇒ cooking oil - 1/2 liter / person / month. use combination of oil like sunflower oil, Groundnut oil, Rice bran oil, Gingeli oil, coconut oil, Mustard oil & chee. But donot mix the oils.

Follow up date :

Doctor Signature

28/10/2023

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Ph : 0821-4006040/41

Date : 28-10-2023
MR NO : CVIS.0000065198

Department : GENERAL
Doctor :

Name : Mr. NEYEGAPULA RAVI

Registration No :

Age/ Gender : 35 Y / Male

Qualification :

Consultation Timing: 08:37

Height : 169	Weight : 83	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 120/80

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Right eye

Left eye

Distance Vn

6/6.

6/6

Near Vn

N6

N6.

Colour Vn

normal

normal

Follow up date :

Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Date : 28-10-2023 Department : GENERAL Dental
 MR NO : CVIS.0000065198 Doctor : Dr. Jyothishree
 Name : Mr. NEYEGAPULA RAVI Registration No :
 Age/ Gender : 35 Y / Male Qualification :

Consultation Timing: 08:37

Height : 169	Weight : 83	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 120/80

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

O/E

Cat, St + ADV: oral prophylaxis

7/7 decayed

ADV:- Restoration

Follow up date :

Doctor Signature

Jyothishree

Apollo Clinic
 # 23, 1st Floor,
 Kalidasa Road, Mysore - 02
 Ph : 0821-4006040/41

Patient Name	: Mr. NEYEGAPULA RAVI	Age	: 35 Y M
UHID	: CVIS.0000065198	OP Visit No	: CMYSOPV118783
Reported on	: 28-10-2023 13:29	Printed on	: 28-10-2023 13:29
Adm/Consult Doctor	:	Ref Doctor	: SELF

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.

IMPRESSION : NORMAL STUDY.

Pradeep

Printed on:28-10-2023 13:29

---End of the Report---

Dr. PRADEEP KUMAR C N
MBBS DNB(RADIOLOGY)
Radiology

Apollo Health and Lifestyle Limited

Regd. Office: U65110TG2300PLC115819
Regd. Office: 1, 10 & 12, Ashoka Rayapathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
Ph. No: 040-4904 7777 | Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name: Mr. Neyegapula Ravi	Date: 28.10.2023	Referring Doctor: Self
Age / Sex : 35yrs / Male	UHID : 65198	
ULTRASONOGRAPHY – ABDOMEN & PELVIS		

LIVER: It is normal in size, outline and echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

GALL BLADDER: It is distended and normal. No evidence of calculi.

SPLEEN: It is normal in size, outline and echopattern. No e/o focal lesions.

PANCREAS: It is normal in size, outline and echopattern.

RIGHT KIDNEY: It measures 10x4.1 cm with parenchymal thickness of 1.2 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.


LEFT KIDNEY: It measures 10.3x5.1 cm with parenchymal thickness of 1.4 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

URINARY BLADDER: It is well distended. The UB wall is normal. No e/o calculi.

PROSTATE: It is normal in size, outline and echotexture.

No e/o free fluid in the abdomen.

IMPRESSION: NORMAL STUDY.


Dr. Chetan H. DNB
Consultant Radiologist.

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Ph. No: (041) 4904 7777 Fax No: 4904 7744 | Email ID: enquiry@apolloclinic.com | www.apolloclinic.com

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient's Name : Mr. Neyegapula Ravi	Age & Sex; 35Yrs /Male
Date : 28.10.2023	UHID No: 65198

2D ECHOCARDIOGRAPHY STUDY

Impression:

- Normal chambers and valves
- No regional wall motion abnormality
- Normal left ventricular systolic function. EF 68 %
- No clots. No pericardial effusion

Findings

Left Ventricle:	No RWMA
Right Ventricle	Normal
Left Atrium	Normal
Right Atrium	Normal
Aorta	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Valves	Normal
Pericardium	Normal
Doppler	Normal

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ICIN: UES110102000RUC115434
 Regd. Office: 1-10-10/1-2, Ashoka Road, 2nd & 3rd Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
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Patient's Name : Mr. Neyegapula Ravi	Age & Sex; 35Yrs /Male
Date : 28.10.2023	UHID No: 65198

Measurements

AO : 2.6 cm
LA : 2.9 cm

RV : 2.5 cm
LVIDd : 4.92 cm
LVIDs : 3.02 cm
IVSd : 0.89 cm
IVSs : 1.30 cm
PWd : 1.02 cm
PWs : 1.24 cm
EF : 68.0 %
FS : 38.0 %

Doppler

MV		TV		AV		PV	
E	0.76 m/s	E	---	V max	1.11 m/s	V max	0.98 m/s
A:	0.48 m/s	A	---				
MR	Nil	TR	Nil	AR	Nil	PR	Nil

Dr. GURU PRASAD. B. V, MBBS, PGDCC
CONSULTANT – NON-INVASIVE CARDIOLOGY

Apollo Health and Lifestyle Limited

City : 04311070200091011917
Regd Office : 1-10-10-102 Anika Rajgopathi Chambers 5th Floor Begumpet Hyderabad, Telangana - 500 016
Ph No : 04311070200091011917 Fax No : 4304 7244 | Email ID : enquiry@apolloh.com | www.apolloh.com

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TO BOOK AN APPOINTMENT

1860 500 7788

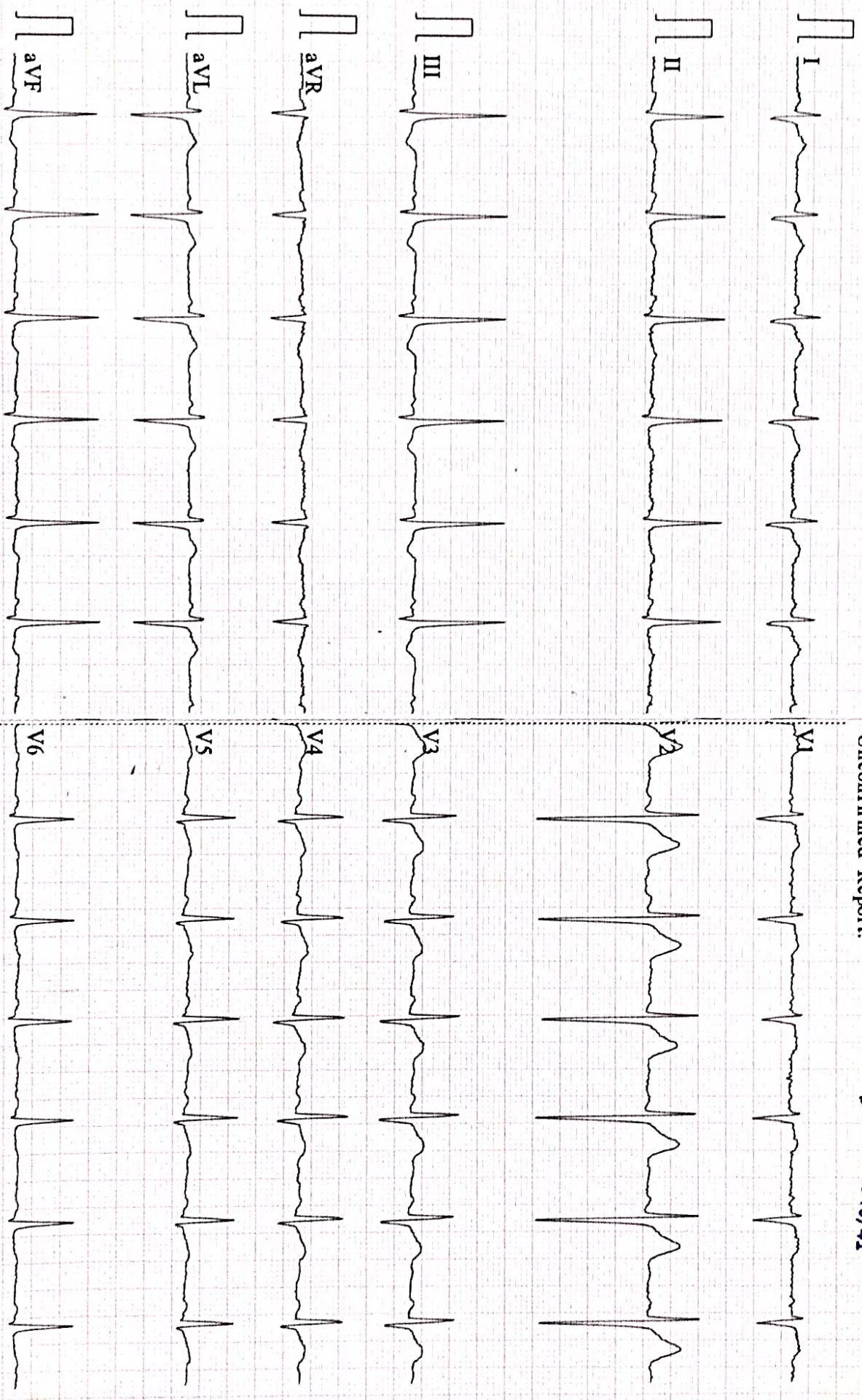
ID: 65198
MR NEYEGAPULA RAVI
Male 35Years
169cm 83kg 120/80 mmHg

28-10-2023 11:34:47 AM

Diagnosis Information:

Unconfirmed Report.

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Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41



0.5-45Hz AC50 25mm/s 10mm/mV 2*5.0s 79 CARDIART

D V1.43 Glasgow V28.6.0 APOLLO CLINIC MYSURU