







Age/Gender : 32 Y 9 M 7 D/M UHID/MR No : CMAN.0000090542 Visit ID : CMANOPV177624

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 119450

Collected : 26/Aug/2023 07:54AM

Received : 26/Aug/2023 01:03PM Reported : 26/Aug/2023 03:27PM

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

| DEPARTMENT OF HAEMATOLOGY | | | | | |
|--|--------|------|-----------------|--------|--|
| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324 | | | | | |
| Test Name | Result | Unit | Bio. Ref. Range | Method | |

| HAEMOGLOBIN | 13.7 | g/dL | 13-17 | Spectrophotometer |
|--------------------------------------|---------|----------------------------|---------------|--------------------------------|
| PCV | 40.80 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 4.72 | Million/cu.mm | 4.5-5.5 | Electrical Impedence |
| MCV | 86.4 | fL | 83-101 | Calculated |
| MCH | 29.1 | pg | 27-32 | Calculated |
| MCHC | 33.6 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 13.2 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,730 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (| DLC) | | | |
| NEUTROPHILS | 49.5 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 39.3 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 2.1 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 8.9 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.2 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3331.35 | Cells/cu.mm | 2000-7000 | Electrical Impedance |
| LYMPHOCYTES | 2644.89 | Cells/cu.mm | 1000-3000 | Electrical Impedance |
| EOSINOPHILS | 141.33 | Cells/cu.mm | 20-500 | Electrical Impedance |
| MONOCYTES | 598.97 | Cells/cu.mm | 200-1000 | Electrical Impedance |
| BASOPHILS | 13.46 | Cells/cu.mm | 0-100 | Electrical Impedance |
| PLATELET COUNT | 302000 | cells/cu.mm | 150000-410000 | Electrical impedence |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 8 | mm at the end of 1 hour | 0-15 | Modified Westergre |

RBC NORMOCYTIC NORMOCHROMIC

WBC WITHIN NORMAL LIMITS

PLATELETS ARE ADEQUATE ON SMEAR

NO HEMOPARASITES SEEN

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Page 1 of 14

SIN No:BED230203407













: Mr.PAVAN KUMAR KASSA

Age/Gender

: 32 Y 9 M 7 D/M

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: Dr.SELF : 119450 Collected

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Reported Status

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|--|--------|------|-----------------|--------|--|
| DEPARTMENT OF HAEMATOLOGY | | | | | |
| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324 | | | | | |
| Test Name | Result | Unit | Bio. Ref. Range | Method | |

| BLOOD GROUP ABO AND RH FACTOR , I | VHOLE BLOOD EDTA | |
|-----------------------------------|------------------|-----------------------|
| BLOOD GROUP TYPE | В | Microplate technology |
| Rh TYPE | Positive | Microplate technology |

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Collected

: 26/Aug/2023 07:54AM

Received

: 26/Aug/2023 12:32PM : 26/Aug/2023 02:47PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

| DEPARTMENT OF BIOCHEMISTRY | | | | | |
|--|--------|------|-----------------|--------|--|
| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324 | | | | | |
| Test Name | Result | Unit | Bio. Ref. Range | Method | |

| GLUCOSE, FASTING , NAF PLASMA | 95 | mg/dL | 70-100 | GOD - POD |
|-------------------------------|----|-------|--------|-----------|
| | | | | |

Comment:

As per American Diabetes Guidelines

| 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 | 104 | mg/dL | 70-140 | HEXOKINASE |
|----------------------------------|-----|-------|--------|------------|
| HOURS, SODIUM FLUORIDE PLASMA (2 | | | | |
| HR) | | | | |

Comment:

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

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.

Ref: Marks medical biochemistry and clinical approach

| HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA | 5.4 | % | HPLC |
|--|-----|-------|------------|
| ESTIMATED AVERAGE GLUCOSE (eAG), | 108 | mg/dL | Calculated |

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| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324 | | | | |
| Test Name Result Unit Bio. Ref. Range Method | | | | |
| MHOLE BLOOD EDTA | 1 | 1 | - 01 | I |

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 Diabetes Association guidelines 2023. American
- 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 Disease. Clinical Correlation is advised in interpretation of low Values. Kidney
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or 4. mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect decrease erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C alternative methods (Fructosamine) estimation is recommended Glycemic Control for

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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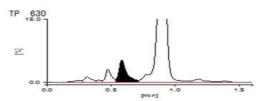
Unit **Test Name** Result Bio. Ref. Range Method

Chromatogram Report

2023-08-26 13:19:03 V5. 28 1 ID EDT230078377 SL 0007 - 02 Sample No. 08260073 Patient ID Name Comment

| Y | =1.0369) | (+ 0.8949 |
|-------|---|---|
| % | Time | Area |
| 0.5 | 0. 23 | 7. 17 |
| 1.0 | 0.31 | 14.83 |
| 0.3 | 0.40 | 4, 69 |
| 1.9 | 0.47 | 28. 62 |
| 5. 4 | 0.58 | 67.66 |
| 92. 3 | 0.89 | 1425. 42 |
| | % 0. 5 1. 0 0. 3 1. 9 5. 4 | % Time 0.5 0.23 1.0 0.31 0.3 0.40 1.9 0.47 5.4 0.58 |

1548.39 **IFCC**



26-08-2023 13:19:04 APOLLO

APOLLO DIAGNOSTICS GLOBAL BALNAGAR

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1/1

SIN No:PLF02018644,PLP1362547,EDT230078377













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| DEPARTMENT OF BIOCHEMISTRY | | | | | |
|--|--|--|--|--|--|
| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324 | | | | | |
| Test Name Result Unit Bio. Ref. Range Method | | | | | |

| LIPID PROFILE , SERUM | | | | |
|-----------------------|------|-------|--------|-------------------------------|
| TOTAL CHOLESTEROL | 186 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 180 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 40 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 146 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 110 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 36 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.65 | | 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 | | | |
| INCNAHDI CHOLESTEROI | 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

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| Test Name | Result | Unit | Bio. Ref. Range | Method | |

Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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SIN No:SE04462701

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











: Mr.PAVAN KUMAR KASSA

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DEPARTMENT OF BIOCHEMISTRY ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324 Unit Result Bio. Ref. Range Method

| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
|---------------------------------------|-------|------------|---------|-----------------------|
| BILIRUBIN, TOTAL | 0.53 | mg/dL | 0.3–1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.11 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.42 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 32 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 26.0 | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 69.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.35 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.42 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.93 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.51 | 9 1 | 0.9-2.0 | Calculated |

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SIN No:SE04462701









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| ' | | | | |
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| DEPARTMENT OF BIOCHEMISTRY | | | | |
| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324 | | | | |
| Test Name | Result | Unit | Bio. Ref. Range | Method |

| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM | | | | | |
|---|-------|--------|-------------|-----------------------------|--|
| CREATININE | 0.68 | mg/dL | 0.84 - 1.25 | Modified Jaffe, Kinetic | |
| UREA | 21.80 | mg/dL | 17-43 | GLDH, Kinetic Assay | |
| BLOOD UREA NITROGEN | 10.2 | mg/dL | 8.0 - 23.0 | Calculated | |
| URIC ACID | 4.97 | mg/dL | 3.5–7.2 | Uricase PAP | |
| CALCIUM | 9.47 | mg/dL | 8.8-10.6 | Arsenazo III | |
| PHOSPHORUS, INORGANIC | 3.08 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex | |
| SODIUM | 138 | mmol/L | 136–146 | ISE (Indirect) | |
| POTASSIUM | 4.3 | mmol/L | 3.5–5.1 | ISE (Indirect) | |
| CHLORIDE | 104 | mmol/L | 101–109 | ISE (Indirect) | |

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SIN No:SE04462701









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| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324 | | | | |
| Test Name Result Unit Bio. Ref. Range Method | | | | |

| GAMMA GLUTAMYL TRANSPEPTIDASE | 71.00 | U/L | <55 | IFCC |
|-------------------------------|-------|-----|-----|------|
| (GGT), SERUM | | | | |

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SIN No:SE04462701











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Sponsor Name

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: ARCOFEMI HEALTHCARE LIMITED

| DEPARTMENT OF IMMUNOLOGY | | | | | |
|--|--|--|--|--|--|
| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324 | | | | | |
| Test Name Result Unit Bio. Ref. Range Method | | | | | |

| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
|---|-------|--------|------------|------|
| TRI-IODOTHYRONINE (T3, TOTAL) | 1.58 | ng/mL | 0.87-1.78 | CLIA |
| THYROXINE (T4, TOTAL) | 10.41 | μg/dL | 6.09-12.23 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 4.957 | μIU/mL | 0.38-5.33 | CLIA |

Comment:

Note:

| Hor pregnant temales | 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 | Т3 | T4 | FT4 | Conditions |
|------|-----|-----|-----|--|
| High | Low | Low | Low | Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis |

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| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324 | | | | | | |
| Test Name | Result | Unit | Bio. Ref. Range | Method | | |

| 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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SIN No:SPL23121269









Age/Gender : 32 Y 9 M 7 D/M UHID/MR No : CMAN.000090542

Visit ID : CMANOPV177624

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 119450 Collected : 26/Aug/2023 07:54AM

Received : 26/Aug/2023 01:38PM Reported : 26/Aug/2023 03:40PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

| DEPARTMENT OF CLINICAL PATHOLOGY | | | | | | |
|--|--|--|--|--|--|--|
| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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 |
| рН | 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 | 9 2 | 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 MOUN | T AND MICROSCOPY | 1 | | · |
| 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 |

Comment:

- 1.Biochemical Examination of urine sample was performed by reflectance photometry and confirmed by alternative methods.
- 2. The samples are assessed for integrity and adequacy before processing.

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SIN No:UR2172505

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











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| Test Name | Result | Unit | Bio. Ref. Range | Method | | |

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

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

Page 14 of 14

SIN No:UF009332





Mr. PAVAN KUMAR KASSA

UHID Reported By:

: CMAN.0000090542

Referred By

: Dr. TRIPTI DEB .

: SELF

Age OP Visit No Conducted Date

: 32 Y/M

: CMANOPV177624

: 26-08-2023 13:26

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.

2. Heart rate is 84 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:

WITHIN NORMAL LIMITS.

-- END OF THE REPORT ----

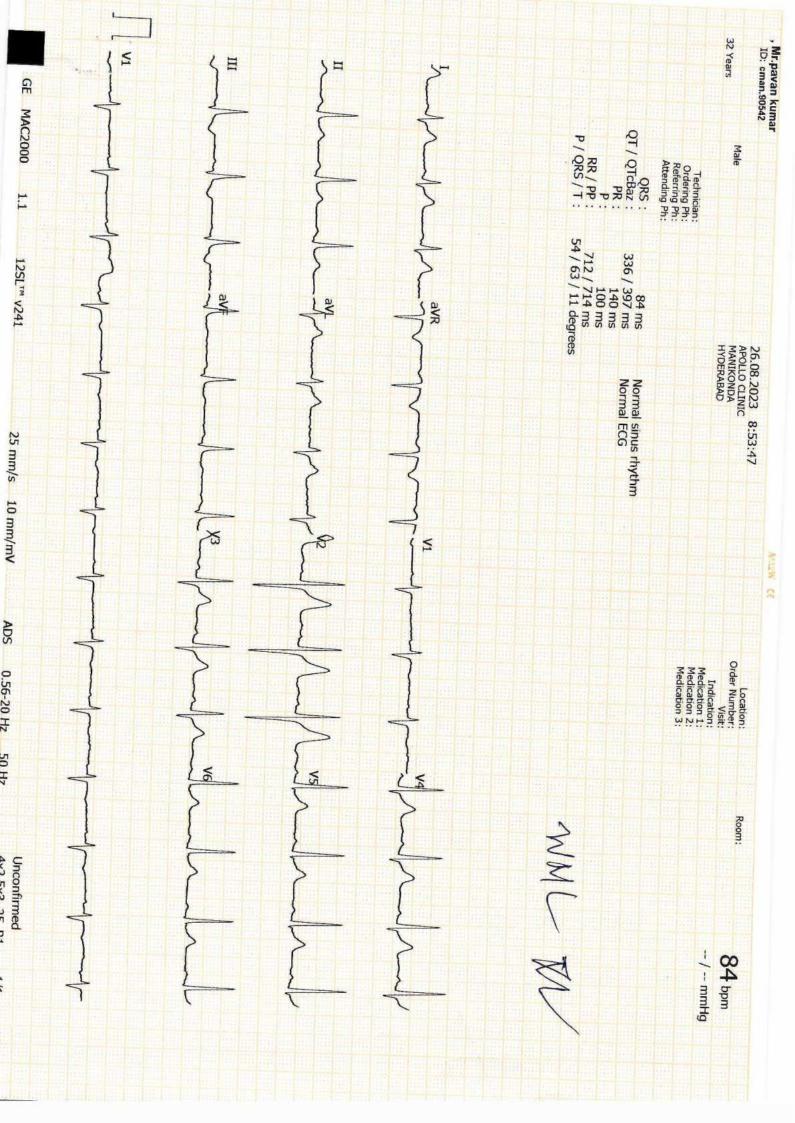


Dr. TRIPTI DEB .

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

TO BOOK AN APPOINTMENT





| F 1 | ie Apollo Clini PHYSICAL EXAMIN | c- Manil | konda DRM |
|-------------------------|------------------------------------|----------|--------------|
| DATE 26 18 | 23 UHID | CMAN | 190542 |
| DATE 26 8 Name MR-PW | an K Age 3 | | |
| Height | 120 Cms | | |
| Weight | 75 Kys | | , |
| Chest Measurement | (m) Cm | | (Out) Cm |
| Waist | []Cm | Нір | |
| Pulse | BI / Min | ВМІ | |
| BP | 130/ mm/Hg | SPO2 | [9] |





: Mr. PAVAN KUMAR KASSA

UHID

: CMAN.0000090542

Reported on

: 26-08-2023 14:32

Adm/Consult Doctor

Age

: 32 Y M

OP Visit No

: CMANOPV177624

Printed on

: 26-08-2023 16:39

Ref Doctor

: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size 13.88 cm and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is polyp measuring in size 0.48 cm. No evidence of calculus. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal in size 9.54 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:

9.92 x 5.03 cm.

Left kidney:

9.95 x 4.88 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 2.74 x 3.59 x 2.85 cm and echo texture 14.65 ml. No evidence of necrosis/calcification seen.

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TO BOOK AN APPOINTMENT 1 of 2





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: SELF

IMPRESSION:-

- GALL BLADDER POLYP.

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.

Printed on:26-08-2023 14:32

---End of the Report---

Dr. MD RAHEEMUDDIN QURESHI

Radiology

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

TO BOOK AN APPOINTMENT 2 of 2





: Mr.PAVAN KUMAR KASSA

Age/Gender

: 32 Y 9 M 7 D/M

UHID/MR No

: CMAN.0000090542

Visit ID

: CMANOPV177624

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 119450

Collected

: 26/Aug/2023 07:54AM

Received Reported

: 26/Aug/2023 01:03PM

Status

: 26/Aug/2023 03:27PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

| DEPARTMENT | OF | HAEMATOLOGY |
|------------|----|---------------|
| | ٠. | THE WIATOLOGY |

| EMATOLO | | | |
|------------|---------------------------|---|--|
| DI LIC MAN | | | |
| PLUS MAI | LE - TMT - PAN INDIA - FY | IT - PAN INDIA - FY2324 | |
| Unit | Bio. Ref. Range | Method | |
| | | PLUS MALE - TMT - PAN INDIA - FY Unit Bio. Ref. Range | |

| HAEMOGLOBIN | 10.7 | | | |
|--------------------------------------|---------|------------------------------|---------------|----------------------|
| PCV | 13.7 | g/dL | 13-17 | Spectrophotometer |
| RBC COUNT | 40.80 | % | 40-50 | Electronic pulse & |
| MCV | 4.72 | Million/cu.mm | 4.5-5.5 | Calculation |
| 200.00 (20.00) | 86.4 | fL | | Electrical Impedence |
| MCH | 29.1 | pg | 83-101 | Calculated |
| MCHC | . 33.6 | g/dL | 27-32 | Calculated |
| R.D.W | 13.2 | % % | 31.5-34.5 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6.720 | | 11.6-14 | Calculated |
| DIFFERENTIAL LEUCOCYTIC COUNT (| (DLC) | cells/cu.mm | 4000-10000 | Electrical Impedanc |
| NEUTROPHILS | | | | |
| LYMPHOCYTES | 49.5 | % | 40-80 | Electrical Impedanc |
| EOSINOPHILS | 39.3 | % | 20-40 | Electrical Impedance |
| MONOCYTES | 2.1 | % | 1-6 | Electrical Impedance |
| BASOPHILS | 8.9 | % | 2-10 | |
| | 0.2 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | Electrical Impedance |
| NEUTROPHILS | 3331.35 | Cells/cu.mm | 2000 7000 | 15. |
| LYMPHOCYTES | 2644.89 | Cells/cu.mm | 2000-7000 | Electrical Impedance |
| EOSINOPHILS | 141.33 | Cells/cu.mm | 1000-3000 | Electrical Impedance |
| MONOCYTES | 598.97 | Cells/cu.mm | 20-500 | Electrical Impedance |
| BASOPHILS | 13.46 | | 200-1000 | Electrical Impedance |
| PLATELET COUNT | 302000 | Cells/cu.mm | 0-100 | Electrical Impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 8 | cells/cu.mm mm at the end | 150000-410000 | Electrical impedence |
| ERIPHERAL SMEAR | | of 1 hour | 0-15 | Modified Westergren |

WBC WITHIN NORMAL LIMITS

PLATELETS ARE ADEQUATE ON SMEAR

NO HEMOPARASITES SEEN

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Page I of 14







: Mr.PAVAN KUMAR KASSA

Age/Gender

: 32 Y 9 M 7 D/M

UHID/MR No

: CMAN.0000090542

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Emp/Auth/TPA ID

: Dr.SELF : 119450

Collected

: 26/Aug/2023 07:54AM

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: 26/Aug/2023 01:03PM

Reported

: 26/Aug/2023 05:56PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

| ARCOEEMI MERUN | DEPARTMENT OF | HAEMATOLO | GY | |
|--------------------------------|---------------------|-------------|---------------------------|------|
| ARCOFEMI - MEDIWH Test Name | EEL - FULL BODY ANN | UAL PLUS MA | LE - TMT - PAN INDIA - FY | 2324 |
| | Result | | Bio. Ref. Range | |

| BLOOD GROUP ABO AND RH FAC | TOR, WHOLE BLOOD EDTA | |
|----------------------------|-----------------------|----------------------|
| BEOOD GROUP TYPE | B | |
| Rh TYPE | Positive | Microplate technolog |
| | 1 ositive | Microplate technolog |





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Collected

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: 26/Aug/2023 12:32PM : 26/Aug/2023 02:47PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

| ARCOFEMI - MEDIWI | HEEL - FULL BODY ANN | IIAL DI LICARA | | |
|-------------------|----------------------|----------------|---------------------------|--------|
| ARCOFEMI - MEDIWA | De-11 | UAL PLUS MA | LE - TMT - PAN INDIA - FY | 2324 |
| | Result | Unit | Bio. Ref. Range | Method |

GLUCOSE, FASTING, NAF PLASMA 95 mg/dL 70-100 GOD - POD

Comment:

As per American Diabetes Guidelines

| Fasting Glucose Values in mg/dL 70-100 mg/dL | Interpretation | |
|---|----------------|-------|
| | Normal | X5- 5 |
| 100-125 mg/dL ≥126 mg/dL | Prediabetes | |
| | 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.

| LUCOSE, POST PRANDIAL (PP), 2 | 104 | pa a /ell | | |
|----------------------------------|-----|-----------|--------|------------|
| OURS , SODIUM FLUORIDE PLASMA (2 | | 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

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.

Ref: Marks medical biochemistry and clinical approach

| HBA1C, GLYCATED HEMOGLOBIN, | 5.4 | T 24 | |
|----------------------------------|-----|-----------|------------|
| WHOLE BLOOD EDTA | | % | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG), | | | 1.11.20 |
| (eAG) | 108 | mg/dL | |
| | | i iiigidE | Calculated |





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DEPARTMENT OF BIOCHEMISTRY

| ARCOFEMI - MEDIWI | DEPARTMENT OF | IIAI DI LICAGA | RY LE - TMT - PAN INDIA - FY | |
|-------------------|---------------|----------------|---------------------------------|--------|
| Test Name | Result | OAL PLUS IVIAI | LE - TMT - PAN INDIA - FY | 2324 |
| | Result | Unit | Bio. Ref. Range | Method |

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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

Note: Dietary preparation or fasting is not required.

- 1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by 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 3. 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 5.
- In cases of Interference of Hemoglobin variants in HbA1C alternative methods (Fructosamine) estimation is recommended for A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)





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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name

Result

Unit

Bio. Ref. Range

Method

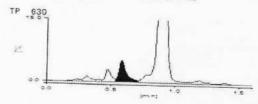
Chromatogram Report

VS 28 1 EDT230078377 2021-08-26 12 19 03 ID Sample No Patient ID Name Comment 08260073 SL 0007 - 02

> CALIB Y =1 0369X + 0 8949 Time Area Name A1A Area 7 17 0 5 1 0 0 3 1 9 5 4 92 3 A1B F 0 31 0 40 0 47 0 58 0 89 14 83 4 69 28 62 67 66 LA1C-SA1C A0 H-V0 H-V1 H-V2 1425. 42

HbA1c 5.4 % HbA1 6 9 %

Total Area 1548 39 HbF 0 3 %



26-08-2023 13:19:04 APOLLO

APOLLO DIAGNOSTICS GLOBAL BALNAGAR

1/1

Page 5 of 14







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Visit ID

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Ref Doctor Emp/Auth/TPA ID

: Dr.SELF

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Test Name

Collected

: 26/Aug/2023 07:54AM

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: 26/Aug/2023 01:04PM

Reported

: 26/Aug/2023 04:31PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324 Result Unit Bio. Ref. Range Method

| TOTAL CHOLESTEROL | 186 | | | |
|--|------|-------|----------|-------------------------------|
| TRIGLYCERIDES | | mg/dL | <200 | CHO-POD |
| HDL CHOLESTEROL | 180 | mg/dL | <150 | GPO-POD |
| A CONTROL CONT | 40 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 146 | mg/dL | <130 | |
| LDL CHOLESTEROL | 110 | mg/dL | A STRIFF | Calculated |
| VLDL CHOLESTEROL | | | <100 | Calculated |
| CHOL / HDL RATIO | 36 | mg/dL | <30 | Calculated |
| STICE / FIDE RATIO | 4.65 | | 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 | very riigi |
| 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





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DEPARTMENT OF BIOCHEMISTRY

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|--|--------------------|-------------|-------------------------------|
| ARCOFEMI - MEDIWHE | FI - FILL BODY AND | | |
| Test | EL TOLL BODY ANN | UAL PLUS MA | LE - TMT - PAN INDIA - FY2324 |
| Test Name | Result | | 1711 HEDIA - F12324 |
| The state of the s | IVESUIL | Unit | Dio Def D |

Unit

Bio. Ref. Range

Method

Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.





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| ARCOFEMI - MEDIWHEEL - Test Name | DEPARTMENT OF | IIAI BULLET | | |
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| Test Name | D | VAL PLUS MA | LE - TMT - PAN INDIA - FY | 2324 |
| | Result | Unit | Bio. Ref. Range | Method |

| LIVER FUNCTION TEST (LFT), SERUM BILIRUBIN, TOTAL | | | | |
|---|-------|-------|---------|-----------------|
| BILIRUBIN CONJUGATED (DIRECT) | 0.53 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.11 | mg/dL | <0.2 | DPD |
| ALANINE AMINOTRANSFERASE | 0.42 | mg/dL | 0.0-1.1 | Dual Wavelength |
| (AL1/SGP1) | 32 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 26.0 | U/L | | |
| ALKALINE PHOSPHATASE | | | <50 | IFCC |
| PROTEIN, TOTAL | 69.00 | U/L | 30-120 | IFCC |
| ALBUMIN | 7.35 | g/dL | 6.6-8.3 | Biuret |
| | 4.42 | g/dL | 3.5-5.2 | BROMO CRESOL |
| GLOBULIN | 2.93 | aldi | | GREEN |
| A/G RATIO | 1.51 | g/dL | 2.0-3.5 | Calculated |
| | 1.01 | | 0.9-2.0 | Calculated |





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| | DEPARTMENT OF | BIOCHEMIST | DV | |
|-------------------|---------------------|----------------|---------------------------------|------|
| ARCOFEMI - MEDIWH | EEL - FULL BODY ANN | LIAL DI LIC MA | KY LE - TMT - PAN INDIA - FY | |
| | | | | |
| Test Name | Result | Unit | LE - IMI - PAN INDIA - FY | 2324 |

| RENAL PROFILE/KIDNEY FUNCTION TO CREATININE | | OW | | |
|---|-------|--------|-------------|-----------------------------|
| UREA | 0.68 | mg/dL | 0.84 - 1.25 | Modified Jaffe, Kineti |
| BLOOD UREA NITROGEN | 21.80 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| URIC ACID | 10.2 | mg/dL | 8.0 - 23.0 | Calculated Calculated |
| CALCIUM | 4.97 | mg/dL | 3.5-7.2 | Uricase PAP |
| PHOSPHORUS, INORGANIC | 9.47 | mg/dL | 8.8-10.6 | Arsenazo III |
| THOROS, INORGANIC | 3.08 | mg/dL | 2.5-4.5 | |
| SODIUM | | | 2.0 4.0 | Phosphomolybdate Complex |
| POTASSIUM | 138 | mmol/L | 136-146 | ISE (Indirect) |
| CHLORIDE | 4.3 | mmol/L | 3.5-5.1 | ISE (Indirect) |
| | 104 | mmol/L | 101-109 | ISE (Indirect) |





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DEPARTMENT OF BIOCHEMISTRY

| ARCOFEMI - MEDIWHEEL | - FULL BODY ANN | IAL DI LIGATA | LE - TMT - PAN INDIA - FY2324 |
|----------------------|-----------------|---------------|-------------------------------|
| Test Name | - OLL BODT ANN | UAL PLUS MA | LE - TMT - PAN INDIA - FY2324 |
| | Result | Unit | Rio Pot D |

Unit Bio. Ref. Range Method

GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM

71.00

U/L

<55

IFCC

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Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

| ARCOFEMI - MEDIWH | HEEL - FULL BODY ANN | HAL DI HO SEA | Compression - 17 | |
|--|----------------------|---------------|---------------------------|------|
| Test Name | D. II | UAL PLUS MA | LE - TMT - PAN INDIA - FY | 2324 |
| and the second s | Result | Unit | Bio. Ref. Range | |

| THYPOID PROFILE | _ | | |
|----------------------------|----|--------|---------|
| THYROID PROFILE TOTAL (T3, | T4 | TSHI | SEDIMA |
| (10) | , | 1011), | SERUIVI |

| RI-IODOTHYRONINE (T3, TOTAL) | 1.58 | ng/mL | 0.07 | |
|------------------------------|-------|--------|------------|------|
| THYROXINE (T4, TOTAL) | 10.41 | | 0.87-1.78 | CLIA |
| HYROID STIMULATING HORMONE | 10.41 | μg/dL | 6.09-12.23 | CLIA |
| TSH) | 4.957 | 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 |

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

| TSH | Т3 | T4 | FT4 | Conditions |
|------|-----|-----|-----|---|
| High | Low | Low | Low | Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis |





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Visit ID

: CMANOPV177624

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF : 119450 Collected

: 26/Aug/2023 07:54AM

Received

: 26/Aug/2023 01:05PM

Reported

: 26/Aug/2023 02:24PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

| ADCOURTE | DEPARTMENT O | F IMMUNOLOG | GY | |
|-------------------|----------------------|-------------|---------------------------|------|
| ARCOFEMI - MEDIWH | IEEL - FULL BODY ANN | HAL DI HO | | |
| Test Name | BOBT ANN | UAL PLUS MA | LE - TMT - PAN INDIA - FY | 2324 |
| | | | | |
| - Tool Hallie | Result | Unit | Bio. Ref. Range | |

| f. | | | | Kesuit | Unit | Bio. Ref. R |
|-------|------|------|------|--|------------------|-----------------|
| High | N | N | N | Subclinical Hypothyroid Insufficient Hormone R | dism, Autoimmu | ne Thyroiditis, |
| N/Low | Low | Low | Low | Secondary and Tertiary | Hypothyroidisp | гару. |
| Low | High | High | High | Primary Hyperthyroidis effects, Early Pregnancy | m, Goitre Thyro | piditis, Drug |
| Low | N | N | N | Subclinical Hyperthyroid | dism | |
| Low | Low | Low | Low | Central Hypothyroidism Hyperthyroidism | , Treatment with | 1 |
| Low | N | High | High | Thyroiditis, Interfering A | ntibodios | |
| N/Low | High | N | N | T3 Thyrotoxicosis, Non | thuroidal | |
| ligh | High | High | High | Pituitary Adenoma; TSH | loma/Thyrotropi | noma |





: Mr.PAVAN KUMAR KASSA

Age/Gender

: 32 Y 9 M 7 D/M

UHID/MR No

: CMAN.0000090542

Visit ID Ref Doctor

: CMANOPV177624

: Dr.SELF

Emp/Auth/TPA ID

: 119450

Collected

: 26/Aug/2023 07:54AM

Received

: 26/Aug/2023 01:38PM : 26/Aug/2023 03:40PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

| ARCOFEMI - MEDIWI | HEEL - FULL BODY ANN | INICAL PATHO | DLOGY LE - TMT - PAN INDIA - FY | |
|-------------------|----------------------|--|------------------------------------|--------|
| Test Name | Popult | The second secon | LE - IMI - PAN INDIA - FY | 2324 |
| | Result | Unit | Bio. Ref. Range | Method |

| COMPLETE LIDINE EVANUELATION | | | | |
|--|---------------------|-------|------------------|--------------------------|
| COMPLETE URINE EXAMINATION (PHYSICAL EXAMINATION | CUE) , URINE | | | |
| COLOUR | | | | |
| TRANSPARENCY | PALE YELLOW | | PALE YELLOW | Visual |
| pH | CLEAR | | CLEAR | Visual |
| SP. GRAVITY | 5.5 | P | 5-7.5 | |
| TANK TO SHOUND HED | 1.025 | | 1.002-1.030 | Bromothymol Blue |
| BIOCHEMICAL EXAMINATION | | | 1.002-1.030 | Bromothymol Blue |
| URINE PROTEIN GLUCOSE | NEGATIVE | | NEGATIVE | PROTEIN ERROR O |
| 410000000000000000000000000000000000000 | NEGATIVE | | NEGATIVE | INDICATOR |
| URINE BILIRUBIN | NEGATIVE | | | GOD - POD |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | AZO COUPLING |
| UROBILINOGEN | | | NEGATIVE | SODIUM NITRO PRUSSIDE |
| BLOOD | NORMAL | | NORMAL | EHRLICH |
| A 10 CO 10 C | NEGATIVE | | NEGATIVE | |
| NITRITE | NEGATIVE | | | Peroxidase |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | Diazotization |
| CENTRIFICATION | 1 (2000) | | NEGATIVE | PYRROLE |
| CENTRIFUGED SEDIMENT WET MC | OUNT AND MICROSCOPY | | | HYDROLYSIS |
| PUS CELLS | 2-3 | /l==£ | | |
| EPITHELIAL CELLS | 1-2 | /hpf | 0-5 | Microscopy |
| RBC | NIL | /hpf | <10 | MICROSCOPY |
| CASTS | NIL | /hpf | 0-2 | MICROSCOPY |
| CRYSTALS | | | 0-2 Hyaline Cast | MICROSCOPY |
| | ABSENT | | ABSENT | MICROSCOPY |

Comment:

1. Biochemical Examination of urine sample was performed by reflectance photometry and confirmed by alternative methods. 2. The samples are assessed for integrity and adequacy before processing.

Page 13 of 14







: Mr. PAVAN KUMAR KASSA

Age/Gender

UHID/MR No

: 32 Y 9 M 7 D/M : CMAN.0000090542

Visit ID

: CMANOPV177624

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 119450 Collected

26/Aug/2023 07:54AM

Received

: 26/Aug/2023 12:50PM

Reported

: 26/Aug/2023 02:39PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

| | DEPARTMENT OF CLINICAL PATHOLOGY |
|------------------|--|
| ARCOFEMI - MEDIW | HEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324 |
| Took No. | THE 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.Shalini Singh

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

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

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





: Mr. PAVAN KUMAR KASSA

UHID

: CMAN.0000090542

Reported on

: 26-08-2023 11:22

Adm/Consult Doctor

Age

: 32 Y M

OP Visit No

: CMANOPV177624

Printed on

: 26-08-2023 13:24

Ref Doctor

: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Cardiac is normal in size.

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

CONCLUSION:

No obvious abnormality seen

Printed on:26-08-2023 11:22

---End of the Report---

Dr, MD RAHEEMUDDIN QURESHI

Radiology

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

TO BOOK AND WEROING WENT







UHID

Conducted By: Referred By

: Mr. PAVAN KUMAR KASSA

: CMAN.0000090542 : Dr. TRIPTI DEB .

SELF

Age

OP Visit No

Conducted Date

: 32 Y/M

: CMANOPV177624 : 28-08-2023 13:24

CARDIOLOGY

CARDIAC STRESS TEST - (TMT)

Angina Pectoria:

Previous MI:

PICA:

CABG:

HTN:

DM:

Smoking:

Obesity:

Lipidemia:

Resting ECG Supine:

-NORMAL

Standing: NORMAL

Protocol Used:

BRUCE

Monitoring Leads:

12 LEADS

Grade Achieved:

% HR / METS:

12.8

Reason for Terminating Test:

MAX HR ATTAINED

Total Exercise Time:

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com APOLLO CLINICS NETWORK TELANGANA & AP

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT







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

0 mis:

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

IV Fitness Response: GOOD

Impression:

NORMAL TMT

--- END OF THE REPORT ---



Dr. TRIPTI DEB .

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

APOLLO CLINICS NETWORK TELANGANA & AP

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT



Mr.pavan kumar kassa, Pattent ID (MAN 90542 08-26-2023 md(00)*1577 [14 Ξ 87 spm 20 80 mml lg TAB aVR 00.20 31.PINE PRETEST 12-1 cad Report -BRUCE 0.0 mph 0.0% Mound TMV 17 15 1 APOLLO CLINIC

Cil CardioSoft Vis 73 (2) 28 mm/s (Ommen Soliz 1901) (2) (2E 11R/V2A/s)

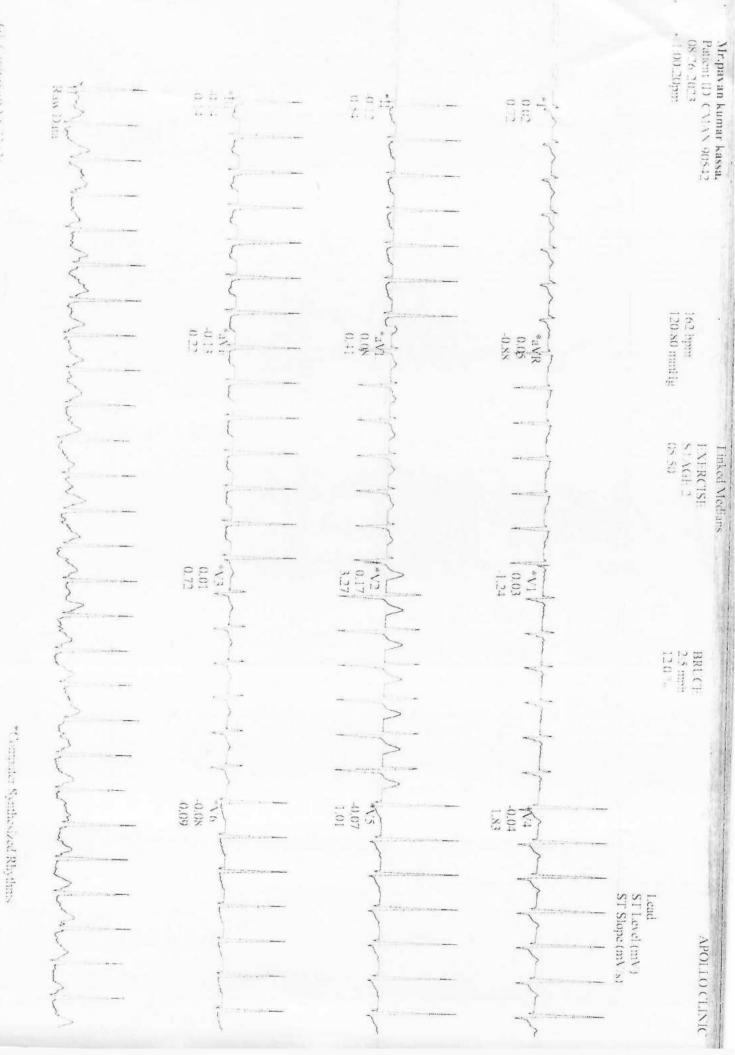
Start of Test 3.54 3.4 pm

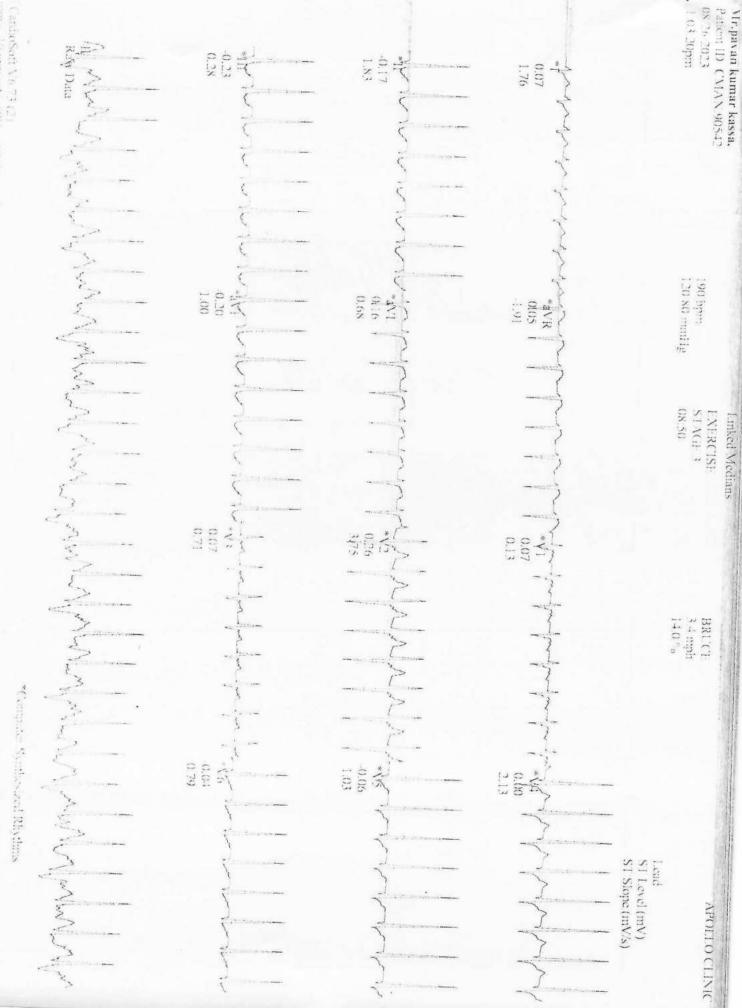
Dige :

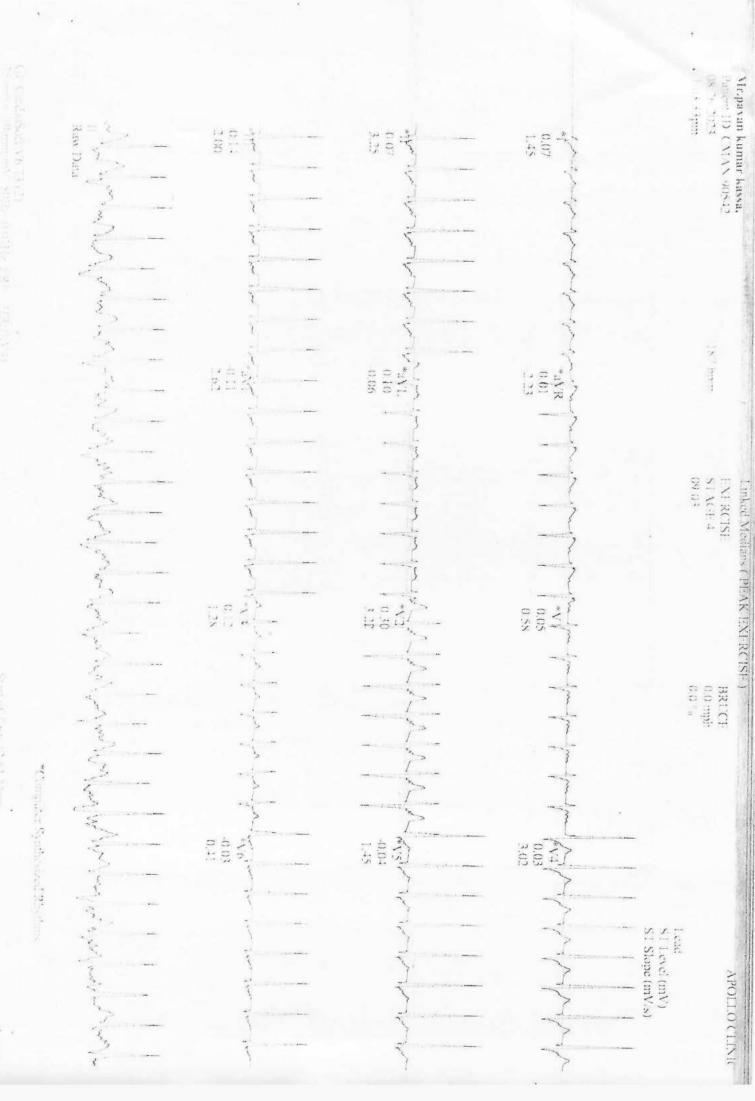
Gir CardioNon V.6.73 (2)

Cif. CardioSoft V.6.73 (2) 28 mars 10 mm/mV 50ftz 0.01Hz 1/R1+ 1/2/V/2/VS)

*Computer Synthesized Rhythms



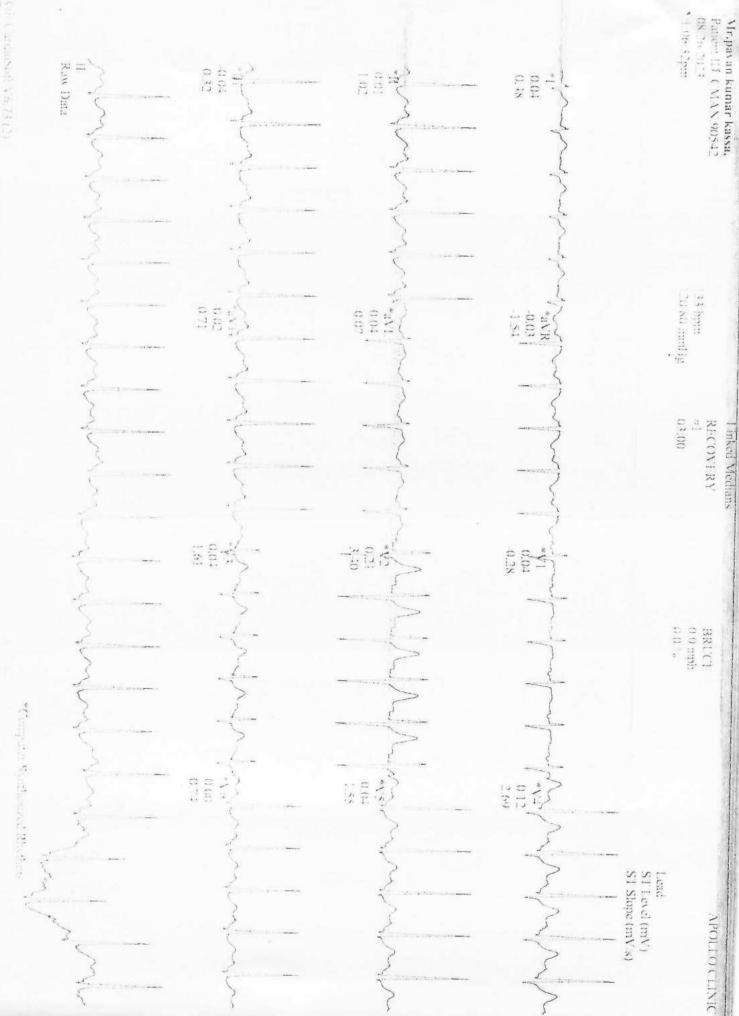




Mr.pavan kumar kassa, Patient ID (NIAN 90517 08/26/2023 1:04:32pm RIW Dire 0.07 150 hpm 2.47 0.0% 0.0% RECOVERY 195 60.03 1.0.4 1.0.4 BRUCE 0.0 Tiph 0.0 % 12 S Lead ST Level (mV) ST Slope (mV's)

I inked Medians

"Computer Synthesized Rhythms



Nule 170 cm 75 6 kg 4 Jyrs Asian Nices

12 **

Test Reason Medical History

Ref. MD Ordering MD: Technician: Test Type.

BRUCE Total Exercise Time 09:02

Max HR 190 ppm 60 of max producted ENS ppm HR at rest: NS

Max BP 120 NO ministag BP at rest: 170 NO Max RPP: 22080 ministag* ppm

Max ST 0.23 mV, 0.00 mV s in HL4-NERCISE STAGE 3 08:50

SITHR index: 1.41 LV ppm

Reasons for Fermination: Target heart rate achieved

Summary: Resting ECG: normal. Eurochemal Capacity: normal. HR Response to

| Spec. | |
|--|---|
| Ĕ2 | |
| (made | |
| Workload (METS) | |
| (bpin) | |
| BP (mmHe) | Summa Exercise Exercise response impressi |
| Workload HR BP RPP VE STLevel Comment (METS) (bpm) (mmHe) (mmHe*boom (min) (H ave) | Reasons for Fermination: Target hearth Summary: Resting FCG: normal, Function Exercise, appropriate BP Response to his esponse. Chest Part Frong, Arthythenias impression: Normal stress lest. |
| | ion: Targ |
| STLevel | ination: Target heart rate achieved FCG: normal. Functional Capacit to BP Response to Exercise, normal rone. Arthythmas none, STC stress test. |
| Comment | Reasons for Termination: Target heart rate achieved Summary: Resting FCG: normal. Exerciseal Capacity: normal. HR Response to Exercise, appropriate. BP Response to Exercise, normal resting BP - appropriate response. Chest Part. Fone. Arthythmas, none. ST Changes: none. Overall impression: Normal stress lest. |

| | 00.28 00.30 03:00 03:00 03:04 | m Stage |
|--|--|-----------|
| | | |
| | 0.00 0.50 1.70 1.50 0.00 | (h) |
| | 0.00 0.00 0.00 0.00 0.00 | ("") |
| | 10 N N N N N N N N N N N N N N N N N N N | (METS) |
| | 133 SS S | (bpm) |
| K | 120 80 120 80 120 80 120 80 | (mmlig) |
| No. of the second secon | 15960 15960 16860 16860 | (mmHg*bpm |
| 8 | 000000 | (mim.) |
| | 0.01 0.03 0.14 0.14 0.14 0.14 | (III mV) |
| 1 | | Commer |

RHOLATES

\$1.001.3 \$1.001.3 FXFR(|SI

STAGE 1

SUPINE STANDING

PREIN

Phase Name

Stage Name

Time

Some of the

ALL MANAGEMENT AND ADDRESS.

Table Control

Page



POWER PRESCRIPTION

NAME: powan Kymar Icassa

GENDER: M/F

DATE: 26.08.23

AGE: 32475

UHID:

RIGHT EYE

| | SPH | CYL | AXIS | VISION |
|----------|------|------|------|--------|
| DISTANCE | 5.50 | 1.00 | 170 | 616 |
| NEAR [| _ | | | 1/1/6 |

LEFT EYE

| SPH | CYL | AXIS | VISION |
|------|------|------|--------|
| 6.00 | 0.75 | 165' | GIE |
| | | | N 16 |

INSTRUCTIONS:

Colour vision

Apollo Health and Lifestyle Limited (CIN - U85110TN2000PLC046089) Regd. Office: 19 Bishop Gardens, R A Puram, Chennai 600 028, Tamil Nadu, India | Email ID: info@apollohl.com

TO BOOK AN APPOINTMENT

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

Online appointments: www.apolloclinic.com

1860 500 77





CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

Pavan Kumar Kassa on 28/8/23

After reviewing the medical history and on clinical examination it has been found that

| • | Medically Fit |
|---|--|
| • | Fit with restrictions/recommendations |
| | Though following restrictions have been revealed, in my opinion, these are not impediments to the job. |
| | 1 |
| | 2 |
| | 3 |
| 1 | However the employee should follow the advice/medication that has been communicated to him/her. |
| I | Review after |
| (| Currently Unfit. |
| F | Leview after |
| ι | Infit recommended |

The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com APOLLO CLINICS NETWORK TELANGANA & AP

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT





Patient Name : Mr. PAVAN KUMAR KASSA Age/Gender : 32 Y/M

Sample Collected on : Reported on : 26-08-2023 14:36

Ref Doctor : SELF **Emp/Auth/TPA ID** : 119450

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size 13.88 cm and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is polyp measuring in size 0.48 cm. No evidence of calculus.

No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal in size 9.54 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: 9.92 x 5.03 cm. Left kidney: 9.95 x 4.88 cm.

<u>Urinary Bladder</u> 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 2.74 x 3.59 x 2.85 cm and echo texture 14.65 ml.

No evidence of necrosis/calcification seen.

IMPRESSION:-

- GALL BLADDER POLYP.

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. PAVAN KUMAR KASSA Age/Gender

: 32 Y/M

Dr. MD RAHEEMUDDIN QURESHI

Radiology



Patient Name : Mr. PAVAN KUMAR KASSA Age/Gender : 32 Y/M

UHID/MR No. :

: CMAN.0000090542

OP Visit No

: CMANOPV177624

Sample Collected on

: RAD2082242

Reported on

: 26-08-2023 11:23

Ref Doctor Emp/Auth/TPA ID

LRN#

: SELF : 119450 Specimen

:

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Cardiac is normal in size.

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



नाम Name

कस्सा पवन कुमार

KASSA PAVAN KUMAR

कर्मचारी .क्टू क्र

E.C. No.

119450

जारीकर्ता प्राधिकारी Issuing Authority



L Paum Cumu धारक के हस्ताक्षर Signature Holder's Fwd: Health Check up Booking Confirmed Request(bobE44108), Package Code-PKG19000311, Beneficiary Code-29456

Pavan Kassa <pavankassa@gmail.com>

Fri 8/25/2023 1:58 PM

To:NEW TOWN, MAHABUBNAGAR BRANCH, TELANGANA SOUTH REGION < VJMAHB@bankofbaroda.com>

• सावधान: यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गर "CAUTION: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO N

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

From: Customer Care: Mediwheel: New Delhi < customercare@mediwheel.in >

Date: Thu, 24 Aug 2023, 11:23

Subject: Health Check up Booking Confirmed Request(bobE44108), Package Code-PKG10000311,

Beneficiary Code-29456

To: pavankassa@gmail.com < pavankassa@gmail.com >

011-41195959 Email:wellness@mediwheel.in

Dear MR. KASSA PAVAN KUMAR,

Please find the confirmation for following request.

Booking Date

: 12-08-2023

Package Name

: Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO

Name of

Diagnostic/Hospital Apollo Clinic - Manikonda

Address of

D.No – 8-1-284/OU/439 & 440, O.U Colony, Shaikpet, Manikonda Diagnostic/Hospital Road. Opp: Telangana Grameena Bank, Near Bheemas Hotel. -

500008

Contact Details

: (040)23568981 - 84/6309937230

City

: Hyderabad

State

: Telangana

Pincode

: 500008

Appointment Date : 26-08-2023

Confirmation

Status

: Confirmed

Preferred Time

: 8:00am-8:30am

Comment

: APPOINTMENT TIME 9:00AM