



# The Apollo Clinic

## PHYSICAL EXAMINATION FORM

Apollo Clinic

Date: 9/29/23

Age: 32 y/m

Name: Mrs. K. Ramjitha

UHID: 81345

Height

173

Cms

BMI

28.7

Weight

86

Kgs

BP

120/80

Apollo Clinic, H NO.6-48/3, PEERZADIGUDA, BESIDE RAMRAJ  
COTTONS, BODUPPAL, R RDISTRICT, HYD PH. NO.04049503373/74

mr k ranjith  
Male

02/01/2010 01:14:55  
Apollo Clinic A S Rao Nagar

Rate 76 . Sinus rhythm  
RR 78 . Borderline T abnormalities, inferior leads  
PR 129  
QRSD 75  
QT 348  
QTcB 392  
QTcF 377

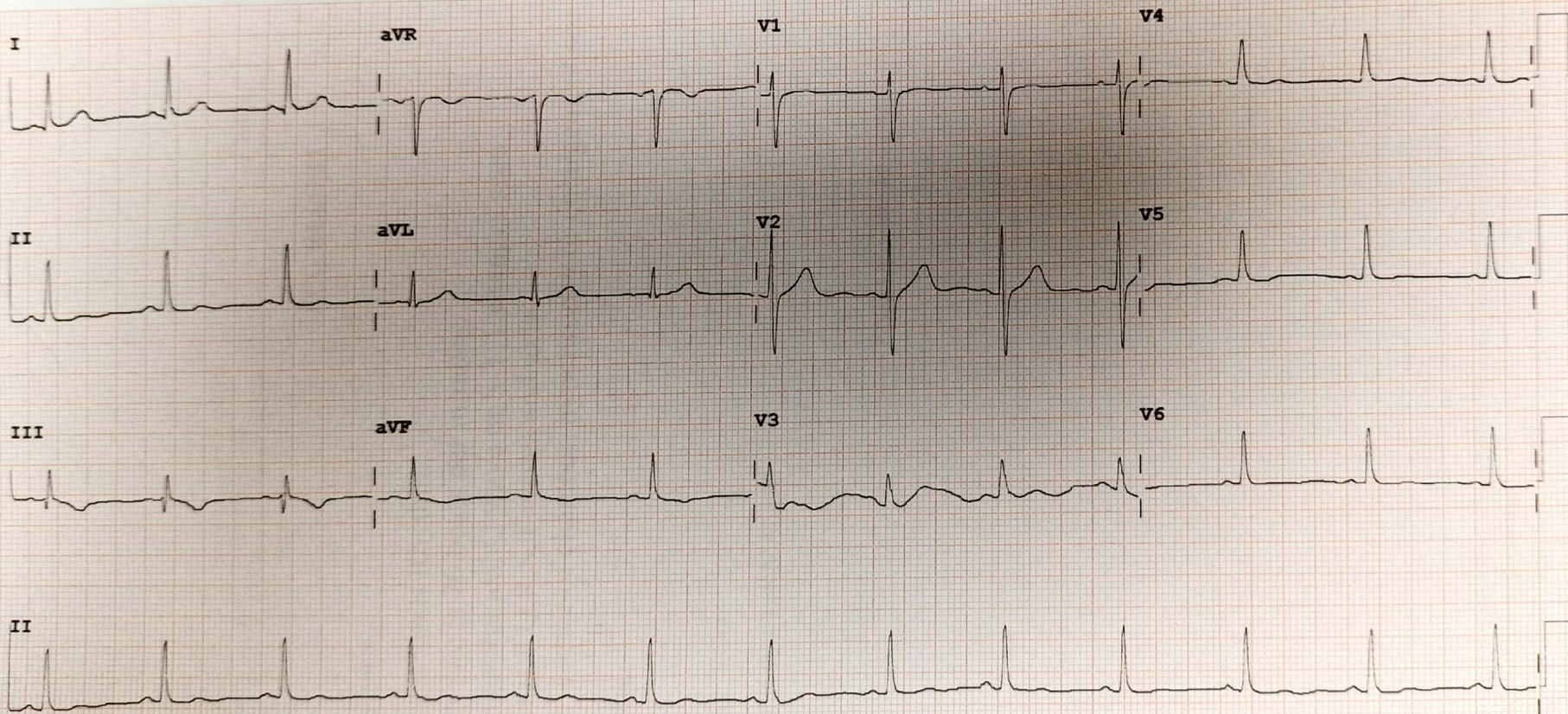
*Abn*

--AXIS--

P 52  
QRS 43  
T -28

Unconfirmed Diagnosis

12 Lead; Standard Placement



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.15- 40 Hz

PH100B CL

P?

**PHILIPS**

REORDER M3708A

706

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination  
of Mr. K. Ranjith on 11/9/23

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

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

Dr. K. Javeer  
Medical Officer  
The Apollo Clinic, (Location)  
**DR. KOPPULA TRIYENI**  
**MBBS**  
**TSMC/FMR/05073**

*This certificate is not meant for medico-legal purposes*

# POWER PRESCRIPTION

NAME: K. Ranjith

GENDER: M/F

DATE: 9/9/23

AGE: 32

UHID: 81345

## RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	—————→			6/6
NEAR	—————←			Nb

## LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	—————→			6/6
NEAR	—————←			Nb

COLOUR VISION : Be: Normal

DIAGNOSIS :  
OTHER FINDINGS :  
INSTRUCTIONS :

} Nil

  
 APOLLO CLINIC  
 \* 503373 \*  
 \* 503374 \*  
 \* 50336822 \*  
 SIGNATURE

Patient Name : Mr.KALASANI RANJITH	Collected : 09/Sep/2023 09:15AM
Age/Gender : 32 Y 3 M 24 D/M	Received : 09/Sep/2023 01:44PM
UHID/MR No : CUPP.0000081345	Reported : 09/Sep/2023 03:25PM
Visit ID : CUPPOPV121006	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 116007	

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	44.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.56	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	79.1	fL	83-101	Calculated
MCH	27.8	pg	27-32	Calculated
MCHC	35.1	g/dL	31.5-34.5	Calculated
R.D.W	15.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,450	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

NEUTROPHILS	42.6	%	40-80	Electrical Impedence
LYMPHOCYTES	48.3	%	20-40	Electrical Impedence
EOSINOPHILS	3.1	%	1-6	Electrical Impedence
MONOCYTES	5.4	%	2-10	Electrical Impedence
BASOPHILS	0.6	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	2321.7	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2632.35	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	168.95	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	294.3	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	32.7	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT	316000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC  
WBC - RELATIVE LYMPHOCYTOSIS  
PLATELETS ARE ADEQUATE ON SMEAR  
NO HEMOPARASITES SEEN  
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE LYMPHOCYTOSIS

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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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SIN No:BED230217289

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

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Age/Gender : 32 Y 3 M 24 D/M	Received : 09/Sep/2023 01:44PM
UHID/MR No : CUPP.0000081345	Reported : 09/Sep/2023 04:53PM
Visit ID : CUPPOPV121006	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 116007	

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			Microplate technology
Rh TYPE	Positive			Microplate technology



SIN No:BED230217289

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Patient Name : Mr.KALASANI RANJITH	Collected : 09/Sep/2023 09:15AM
Age/Gender : 32 Y 3 M 24 D/M	Received : 09/Sep/2023 01:38PM
UHID/MR No : CUPP.0000081345	Reported : 09/Sep/2023 03:25PM
Visit ID : CUPPOPV121006	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 116007	

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	95	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:**

- 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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	119	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.

Ref: Marks medical biochemistry and clinical approach

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.7	%		HPLC
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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
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	117	mg/dL		Calculated

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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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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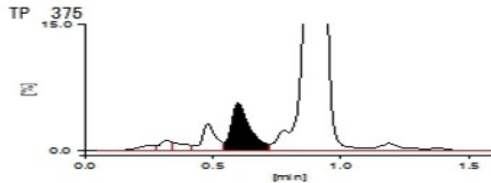
Chromatogram Report

1 V5.28 1 2023-09-09 14:49:42  
 ID EDT230082968  
 Sample No. 09090138 SL 0003 - 08  
 Patient ID  
 Name  
 Comment

CALIB			
Name	%	Time	Area
A1A	0.5	0.25	9.29
A1B	0.6	0.32	11.81
F	0.6	0.39	11.81
LA1C+	2.0	0.48	39.00
SA1C	5.7	0.60	92.94
AO	92.3	0.89	1845.98
H-V0			
H-V1			
H-V2			

Total Area 2010.83

**HbA1c 5.7 %** **IFCC 39 mmol/mol**  
 HbA1 6.8 % HbF 0.6 %



SIN No:PLF02025057,PLP1367100,EDT230082968

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

Patient Name : Mr.KALASANI RANJITH	Collected : 09/Sep/2023 09:15AM
Age/Gender : 32 Y 3 M 24 D/M	Received : 09/Sep/2023 01:51PM
UHID/MR No : CUPP.0000081345	Reported : 09/Sep/2023 06:27PM
Visit ID : CUPPOPV121006	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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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	193	mg/dL	<200	CHO-POD
TRIGLYCERIDES	91	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	155	mg/dL	<130	Calculated
LDL CHOLESTEROL	136.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.08		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.

Page 7 of 15

Patient Name : Mr.KALASANI RANJITH	Collected : 09/Sep/2023 09:15AM
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Visit ID : CUPPOPV121006	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 116007	

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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SIN No:SE04476375

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

APOLLO CLINICS NETWORK

Patient Name : Mr.KALASANI RANJITH	Collected : 09/Sep/2023 09:15AM
Age/Gender : 32 Y 3 M 24 D/M	Received : 09/Sep/2023 01:51PM
UHID/MR No : CUPP.0000081345	Reported : 09/Sep/2023 06:27PM
Visit ID : CUPPOPV121006	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 116007	

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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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.93	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.78	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	31	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	55.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.13	g/dL	6.6-8.3	Biuret
ALBUMIN	4.33	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated



SIN No:SE04476375

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

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Age/Gender : 32 Y 3 M 24 D/M	Received : 09/Sep/2023 01:51PM
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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	0.98	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	<b>16.40</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.7</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.99	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.43	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.64	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	<b>100</b>	mmol/L	101-109	ISE (Indirect)



SIN No:SE04476375

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Age/Gender : 32 Y 3 M 24 D/M	Received : 09/Sep/2023 01:51PM
UHID/MR No : CUPP.0000081345	Reported : 09/Sep/2023 05:30PM
Visit ID : CUPPOPV121006	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 116007	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	20.00	U/L	<55	IFCC



SIN No:SE04476375

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Age/Gender : 32 Y 3 M 24 D/M	Received : 09/Sep/2023 01:51PM
UHID/MR No : CUPP.0000081345	Reported : 09/Sep/2023 02:47PM
Visit ID : CUPPOPV121006	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 116007	

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)	1.41	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	<b>13.17</b>	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	3.130	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 MALE - 2D ECHO - 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:SPL23128516

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

Patient Name : Mr.KALASANI RANJITH	Collected : 09/Sep/2023 09:15AM
Age/Gender : 32 Y 3 M 24 D/M	Received : 09/Sep/2023 05:03PM
UHID/MR No : CUPP.0000081345	Reported : 09/Sep/2023 08:14PM
Visit ID : CUPPOPV121006	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 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	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	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

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



SIN No:UR2180979

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

Patient Name : Mr.KALASANI RANJITH	Collected : 09/Sep/2023 09:15AM
Age/Gender : 32 Y 3 M 24 D/M	Received : 09/Sep/2023 05:03PM
UHID/MR No : CUPP.0000081345	Reported : 09/Sep/2023 06:52PM
Visit ID : CUPPOPV121006	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 116007	

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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URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
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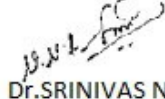
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick
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\*\*\* End Of Report \*\*\*

Result/s to Follow:  
PERIPHERAL SMEAR



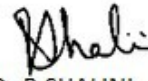
Dr. Shalini Singh  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist



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



Dr. RAJESH BATTINA  
PhD.(Biochemistry)  
Consultant Biochemist



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



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



Name: Mr. KALASANI RANJITH  
Age/Gender: 32 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.0000081345  
Visit ID: CUPPOPV121006  
Visit Date: 09-09-2023 09:05  
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. KALASANI RANJITH  
Age/Gender: 32 Y/M  
Address: hyd  
Location: HYDERABAD, TELANGANA  
Doctor:  
Department: GENERAL  
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Name: Mr. KALASANI RANJITH  
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Name: Mr. KALASANI RANJITH  
Age/Gender: 32 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.0000081345  
Visit ID: CUPPOPV121006  
Visit Date: 09-09-2023 09:05  
Discharge Date:  
Referred By: SELF

**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
09-09-2023 14:13	76 Beats/min	120/80 mmHg	22 Rate/min	98.6 F	173 cms	86 Kgs	%	%	Years	28.73	cms	cms	cms		AHLL09781

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

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Patient Name : Mr. KALASANI RANJITH Age : 32 Y/M  
UHID : CUPP.0000081345 OP Visit No : CUPPOPV121006  
Conducted By: : Dr. CH VENKATESHAM Conducted Date : 09-09-2023 16:04  
Referred By : SELF

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**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed)	2.9 CM
LA (es)	3.3 CM
LVID (ed)	3.7 CM
LVID (es)	2.6 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	67.00%
%FD	33.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL

Patient Name : Mr. KALASANI RANJITH  
UHID : CUPP.0000081345  
Conducted By: : Dr. CH VENKATESHAM  
Referred By : SELF

Age : 32 Y/M  
OP Visit No : CUPPOPV121006  
Conducted Date : 09-09-2023 16:04

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#### COLOUR AND DOPPLER STUDIES

AJV=1.2

PJV=0.8

E=0.8

A=0.6

#### IMPRESSION

**NORMAL CARDIAC CHAMBERS & VALVES**

**NORMAL BLOOD FLOW**

**NO RWMA / LVH**

**GOOD RV / LV FUNCTION**

**NO CLOT / P- E**

Patient Name : Mr. KALASANI RANJITH  
UHID : CUPP.0000081345  
Conducted By: : Dr. CH VENKATESHAM  
Referred By : SELF

Age : 32 Y/M  
OP Visit No : CUPPOPV121006  
Conducted Date : 09-09-2023 16:04

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Patient Name	: Mr. KALASANI RANJITH	Age	: 32 Y/M
UHID	: CUPP.0000081345	OP Visit No	: CUPPOPV121006
Reported By:	: Dr. CH VENKATESHAM	Conducted Date	: 09-09-2023 16:07
Referred By	: SELF		

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### **ECG REPORT**

#### **Observation :-**


1. Normal Sinus Rhythm.
2. Heart rate is 76 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 see

#### **Impression:**

NORMAL ECG.

CORRELATE CLINICALLY.

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



Dr. CH VENKATESHAM