

**Dr. Manaswini Ramachandra,** MBBS, MS (ENT)  
Consultant ENT and Head & Neck Surgeon  
Fellowship in Endoscopic Sinus Surgery  
Trained in Allergy (AASC)  
Email : manaswiniramachandra@gmail.com



Mr. Suresh  
✓

17-2-24

Health Check

OC/00 - NS ; ⊕ Transudate [Asymptomatic]

Vert. - NS + JTW

Doc - ⊕

S/O SLOOP Apnea ⊕

Ad<sub>2</sub>  
→ R/A Inc. of observation

Apollo Spectra Hospitals

**Dr. Salim Shamsuddin BDS, MDS**

Consultant - Orthodontics & Dentofacial Orthopaedics

Email : salimshamsuddin83@gmail.com

Consultation : Mon - Sat 10am - 7pm

Ph : 8296500869 / 7259679908



**\* Restorative Procedures**

**\* Root Canal Treatment**

**\* Teeth replacement**

**\* Oral Surgery**

**\* Preventive Dentistry**

**\* Orthodontics / Braces**

**\* Dental Implants**

**\* Pedodontics**

**\* Esthetics and Smile design**

**Periodontics**

**\* Veneers**

**\* Tooth jewellery**

MR R. AYOON 3311A

17/12/2024

Routine check up

1. TMT -> NAD

2. Soft tissue -> NAD

3. Hard tissue ->

Crowding with lower anterior teeth

R plan

- O.P

- Orthodontic treatment

R/O C OPG / Cephalogram (my scan)

Pt. Name: **MR. REVURI SURESH**

Age/Sex: **33 Y / M**

Ref By: **H.C**

Date: **17 - 02 - 2024**

**ULTRASOUND ABDOMEN AND PELVIS**

**LIVER:** **Normal in size and increased echotexture.**  
No focal lesion is seen. No IHBR dilatation is seen  
Portal vein and CBD are normal.

**GALL** Is well distended with normal wall thickness.  
**BLADDER:** No pericholecystic collection is seen  
No intraluminal content or calculi are seen.

**PANCREAS:** Normal in size and echotexture. No focal lesion is seen  
Peri-pancreatic fat planes are well preserved.

**SPLEEN:** Normal in size and normal in echotexture  
No focal lesion is seen. Splenic vein is normal.

**KIDNEYS:** Right Kidney measures 9.8 x 1.6 cms, Left Kidney measures 9.9 x 1.7 cms.  
Both kidneys are normal in size, shape, position, contour and echotexture.  
Cortico-medullary differentiation is well maintained  
No calculi / hydronephrosis are seen

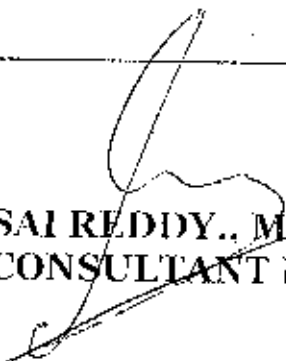
**URINARY** Is well-distended with normal wall thickness.  
**BLADDER:** No intraluminal content or calculi are seen.

**PROSTATE:** Normal in size and echotexture. No focal lesion is seen  
No lymphadenopathy or ascites are seen.

**IMPRESSION:**

**GRADE I FATTY LIVER.**

Thanks for reference.

  
**Dr. PREMSAI REDDY., M.B.B.S., MDRD**  
**CONSULTANT RADIOLOGIST**

Pt. Name: **MR. REVURI SURESH**

Age/Sex: **33 Y / M**

Ref By: **H.C**

Date: **17 - 02 - 2024**

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**GRADE I FATTY LIVER.**

Thanks for reference.

**Dr. PREMSAI REDDY., M.B.B.S., MDRD  
CONSULTANT RADIOLOGIST**

Pt. Name: MR REVURI SURESH

Age/Sex: 33 Y/ M

Ref By: H.C

Date: 17-02-2024

**X-RAY CHEST PA VIEW**

Both the lung parenchyma appears normal.

Heart and mediastinum are unremarkable

Trachea and main stem bronchi are unremarkable.

Pulmonary vasculature is normal.

Both the cardiophrenic and costophrenic angles are clear

Soft tissues and bony thorax are unremarkable.

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**IMPRESSION: NORMAL STUDY.**

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Please correlate clinically.

Thanks for reference.

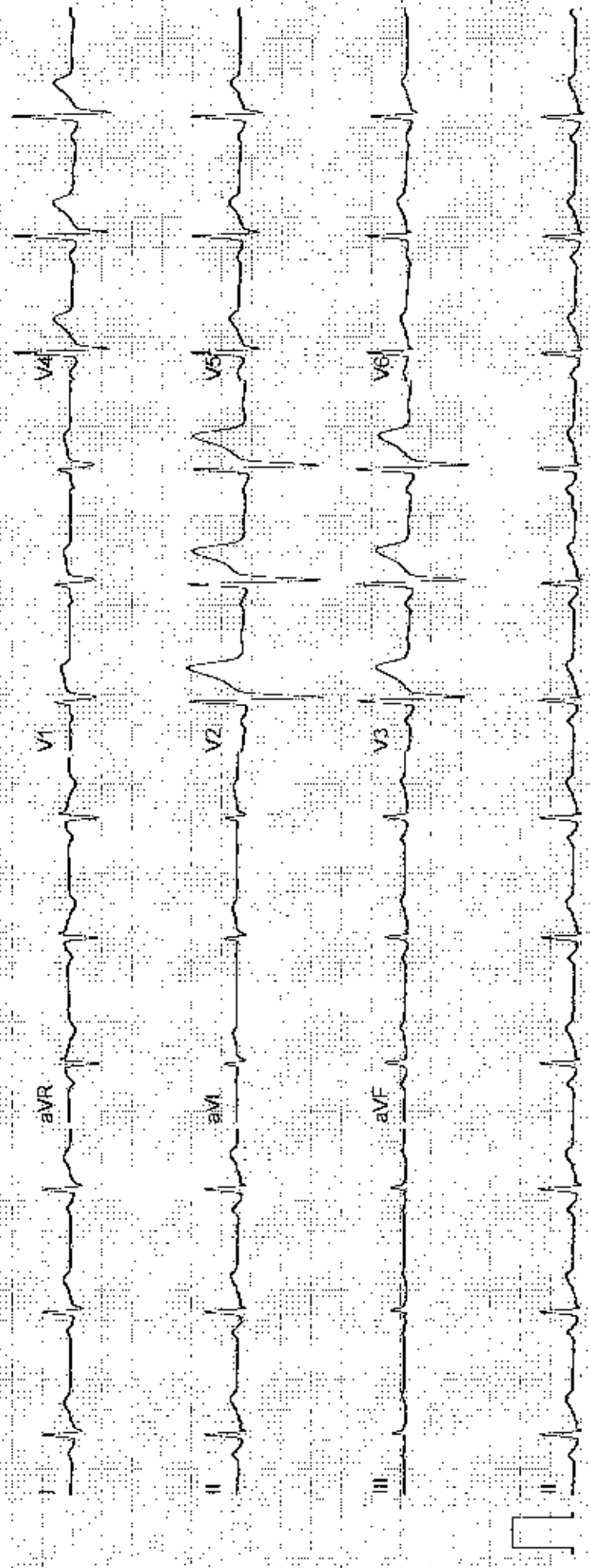
  
**Dr. PREMSAI REDDY**  
**CONSULTANT RADIOLOGIST**

33 years Male

Normal sinus rhythm  
Normal ECG

QRS 86 ms  
QT/QTc/Baz 356 / 395 ms  
PR 146 ms  
P 110 ms  
RR/PP 806 / 810 ms  
P / QRS / T 48 / 48 / 39 degrees

② S.R.P





Patient Name : Mr.REVURI SURESH  
 Age/Gender : 33 Y 2 M 7 D/M  
 UHID/MR No : SKOR.0000195166  
 Visit ID : SKOROPV281073  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : PKG10000377

Collected : 17/Feb/2024 10:38AM  
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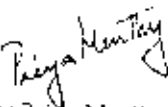
**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs are normocytic normochromic.  
 WBCs are normal in number with normal distribution and morphology.  
 Platelets are adequate.  
 No hemoparasites or abnormal cells seen.

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**



  
 Dr Priya Murthy  
 M.B.B.S.M.D(Pathology)  
 Consultant Pathologist

SIN No:BBDD240011582



Mr. REVURI SURESH  
 33 Y 2 M 7 D/M  
 UHID/IR No : SKOR.0000195168  
 Visit ID : SKOROPV281073  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : PKG10005377



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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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	13.2	g/dL	13-17	Spectrophotometer
PCV	38.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.81	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	80	fl	83-101	Calculated
MCH	27.3	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7.600	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	67	%	40-80	Electrical Impedance
LYMPHOCYTES	27	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5092	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2052	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	76	Cells/cu.mm	20-600	Calculated
MONOCYTES	380	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.48		0.78- 3.53	Calculated
PLATELET COUNT	217000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBCs are normocytic normochromic.

WBCs are normal in number with normal distribution and morphology.

Platelets are adequate.

Dr. Pragna Worthy  
 M.D., B.S.M.D (Pathology)  
 Consultant Pathologist



SIN No:BEL240041382





: Mr.REVURI SURESH  
 Age/Gender : 33 Y 2 M 7 D/W  
 CHID/MR No : SKOR.0000195186  
 Visit ID : SKORDPV281073  
 Ref Doctor : Dr.SELF  
 Empr/Auth/TPA ID : PKG10000377



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**DEPARTMENT OF HAEMATOLOGY**

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

No hemoparasites or abnormal cells seen.

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**

*Priya Murthy*

Dr. Priya Murthy  
 M.B.B.S., M.D. Pathology;  
 Consultant Pathologist



SN No: BED240641383



Mr. REVURI SURESH  
 Age/Gender : 33 Y 2 M 7 D/M  
 UHID/MR No : SKOR.0000195166  
 Visit ID : SKOROPV281073  
 Ref Doctor : Dr.SELF  
 Emp/Auh/TPA ID : PKG10000377



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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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

*Priya Murthy*

Dr. Priya Murthy  
 M.B.B.S., M.D (Pathology)  
 Consultant Pathologist



SIN No:3BD340041382



Patient Name : Mr. REVURI SURESH  
 Age/Gender : 33 Y 2 M 7 D/M  
 UH/ID/MR No : SKOR.0000195188  
 Visit ID : SKOROPV281073  
 Ref Doctor : Dr.SELF  
 Emp/Area/TPA ID : PKG10000377

Collected : 17/Feb/2024 01:33 PM  
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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
GLUCOSE, FASTING , NAF PLASMA	106	mg/dL	70-100	GOD - POD

Result Rechecked

**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:**

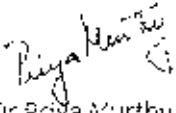
- The diagnosis of Diabetes requires a fasting plasma glucose of  $\geq 126$  mg/dL and/or a random / 2 hr post glucose value of  $\geq$  or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels ( $>450$  mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	126	mg/dL	70-140	GOD - POD

**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.

  
 Dr Priya Murthy  
 M.B.B.S.,M.D.(Pathology)  
 Consultant Pathologist



SIN No:PLP1420783



Mr. REV. JRI SURESH  
 Age/Gender : 33 Y 2 M 7 DM  
 UHID/MR No : SKOR.0000195166  
 Visit ID : SKOROPV281073  
 Ref Doctor : Dr. SELF  
 Emp/Kath/TPA ID : PKG13030377



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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	164	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	88	mg/dL	<150	
HDL CHOLESTEROL	35	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	129	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>111.4</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.69		0-4.97	Calculated

Result Rechecked

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 10 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 400 mg/dL. When Triglycerides are more than 400 mg/dL, LDL cholesterol is a direct measurement.

*Priya Murthy*  
 Dr. Priya Murthy  
 M.B.B.S.M.D(Pathology)  
 Consultant Pathologist



SIN No:SR04632873

Name: Mr. REVURI SURESH  
 Age/Gender: 33 Y 2 M 7 D/M  
 UHID/MR No: SKOR.0000195168  
 Visit ID: SKOROPV281073  
 Ref Doctor: Dr.SELF  
 Emp/Auth/TPA ID: PKG10030377

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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.60	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	74.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.60	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.81		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:

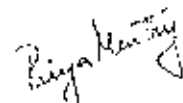
**1. Hepatocellular Injury:**

- AST - Elevated levels may 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 A.L.P. • 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 NASH, Wilson's disease, Cirrhosis, but the increase is usually not > 2.

**2. Cholestatic Patterns:**

- 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 the raised ALP.

**3. Synthetic function impairment:** • Albumin - Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.

  
 Dr Priya Murthy  
 M.B.B.S.,M.D(Pathology)  
 Consultant Pathologist





Patient Name : Mr.REVURI SURFISH  
 Age/Gender : 33 Y 2 M 7 D/M  
 U-ID/MR No : SKOR.0000195166  
 Visit ID : SKOROPV281073  
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 Emp/Auth/TPA ID : PKG10000377

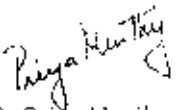


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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM</b>				
CREATININE	0.82	mg/dL	0.6-1.1	ENZYMATIC METHOD
URFA	20.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.50	mg/dL	4.0-7.0	URICASE
CALCIUM	8.60	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/l	135-145	Direct ISE
POTASSIUM	4.5	mmol/l	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE

  
 Dr Priya Murthy  
 M.B.B.S.M.D(Pathology)  
 Consultant Pathologist



SIN No:SE04632873



Patient Name : Mr. REVURI SURESH  
 Age/Gender : 33 Y 2 M 7 D/M  
 U-ID/IR No : SKOR.0000195166  
 Visit ID : SKCROPV281073  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : PKG1000377




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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), <i>SERUM</i>	28.00	U/L	16-73	Glycylglycine Kinetic method

  
 Dr Priya Murthy  
 M.S.B.S.,M.D.(Pathology)  
 Consultant Pathologist



SIN No:SF06032813



Patient Name : Mr.REVURI SURESH  
 Age/Gender : 33 Y 2 M 7 D/M  
 UHID/MR No : SKOR.0000195166  
 Visit ID : SKORCPV281073  
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymo! Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1 - 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
OTHERS	ABSENT			MICROSCOPY

*Pritya Murthy*

Dr Pritya Murthy  
 M.S.B.S.,M.D.(Pathology)  
 Consultant Pathologist



SIN No:UR2385414





Patient Name : Mr. REVURI SURESH  
 Age/Gender : 33 Y 2 M 7 D/M  
 UHID/MR No : SKDR.0000195186  
 Visit ID : SKOROPV281073  
 Ref Doctor : Dr. SELF  
 Emp/Acc/TPA ID : PKG10300377

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DEPARTMENT OF CLINICAL PATHOLOGY

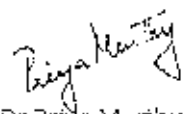
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE (TRACE)		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

\*\*\* End Of Report \*\*\*

Results to Follow:  
 HBA1C (GLYCATED HEMOGLOBIN), THYROID PROFILE TOTAL (T3, T4, TSH)

  
 Dr Pritya Murthy  
 (M.B.B.S.,M.D.(Pathology))  
 Consultant Pathologist



SIN No: L F010608

APOLLO SPECTRA  
KORAMANGALA  
BANGALORE

Station  
Telephone:



## EXERCISE STRESS TEST REPORT

Patient Name: Mr Revuri Suresh.  
Patient ID: 195166  
Height: 171 cm  
Weight: 77.2 kg

DOB: 10.12.1988  
Age: 35 yrs  
Gender: Male  
Race: Indian

Study Date: 17.02.2024  
Test Type: --  
Protocol: BRUCE

Referring Physician: Dr. Murali Mohan  
Attending Physician: Dr. Murali Mohan  
Technician: --

Medications:  
--

Medical History:  
No Medical History

Reason for Exercise Test:  
--

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [ km/h ]	Grade [ % ]	HR		BP [ mmHg ]	Comment
					[ bpm ]	[ mmHg ]		
PRETEST	SUPINE	00:05	0.00	0.00	83			
	STANDING	00:25	0.00	0.00	83			
	HYPERV.	00:03	0.00	0.00	83			
	WARM-UP	00:06	0.00	0.00	83			
EXERCISE	STAGE 1	03:00	2.70	10.00	110	130/85		
	STAGE 2	03:00	4.00	12.00	127	136/90		
	STAGE 3	03:00	5.40	14.00	141	138/92		
	STAGE 4	01:12	6.70	16.00	157			
RECOVERY		01:15	0.00	0.00	120	1/94		

The patient exercised according to the BRUCE for 10:11 mins, achieving a work level of Max. METS: 13.30. The resting heart rate of 83 bpm rose to a maximal heart rate of 157 bpm. This value represents 84 % of the maximal, age-predicted heart rate. The resting blood pressure of --/-- mmHg, rose to a maximum blood pressure of 138/92 mmHg. The exercise test was stopped due to Target heart rate achieved.

### Interpretation

Summary: Resting ECG: normal.  
Functional Capacity: normal.  
HR Response to Exercise: appropriate.  
BP Response to Exercise: normal resting BP - appropriate response.  
Chest Pain: none.  
Arrhythmias: none.  
ST Changes: none.  
Overall impression: Normal stress test.

### Conclusions

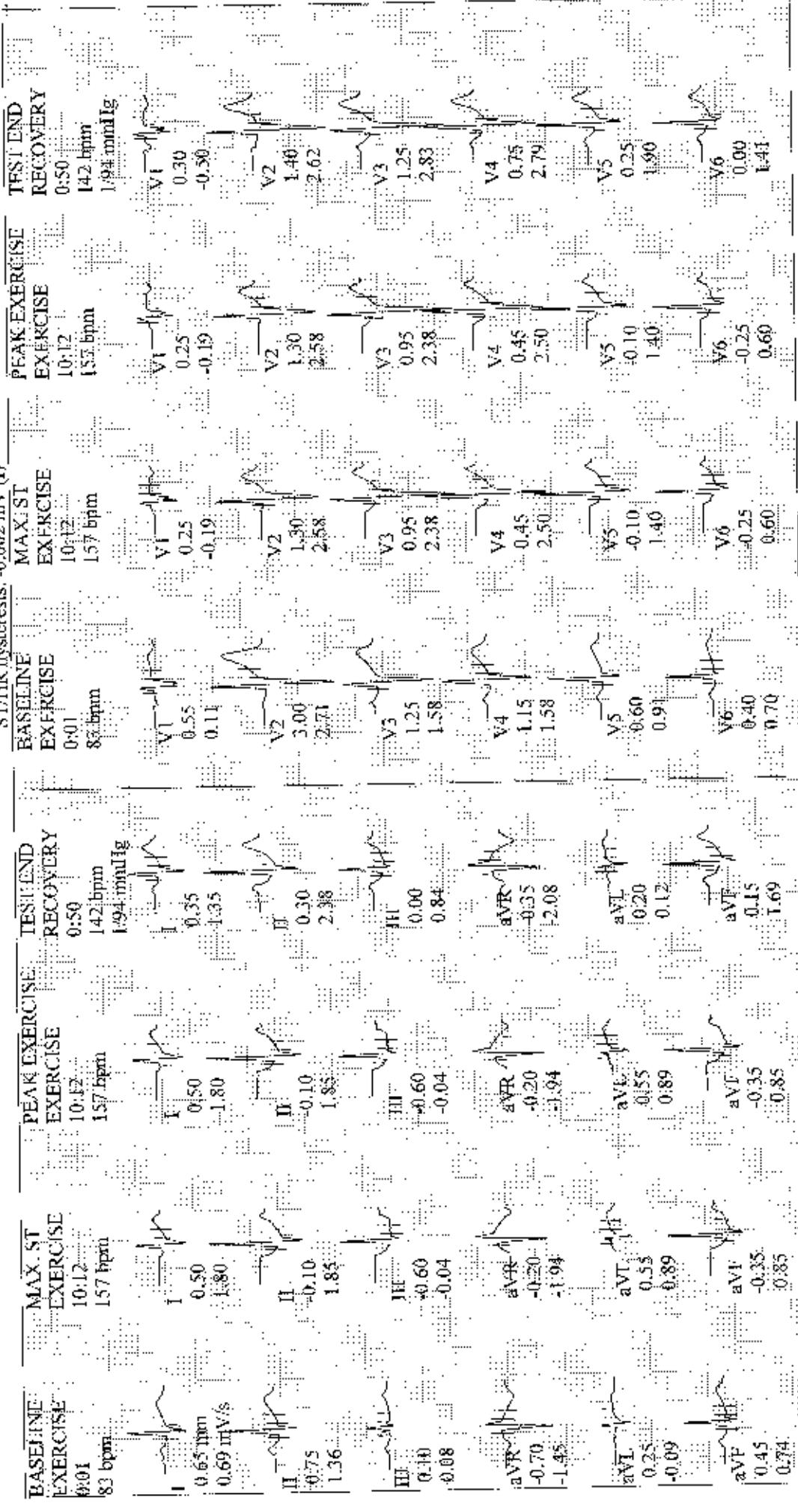
STRESS TEST NEGATIVE FOR INDUCIBLE ISCHEMIA

**Mr Revuri Suresh,**  
 Patient ID: 195166  
 Male 171 cm 77.2 kg  
 35 yrs Indian  
 Meds:

BRUCE: Exercise Time 10:11  
 Max HR: 157 bpm 84 % of max predicted 185 bpm HR at rest: 83  
 Max BP: 138/92 mmHg Max RPP: 21666 mmHg\*<sup>2</sup>bpm  
 Maximum Workload: 13.30 METS  
 Max. ST: -0.60 mm, -0.04 mV/s in III; EXERCISE STAGE 4 10:12

ST/HR index: 0.81  $\mu$ V/bpm  
 ST/HR slope: 1.34  $\mu$ V/bpm (III)  
 HR reserve used: 72 %  
 HR recovery: 22 bpm  
 VE recovery: 0 VE/min  
 ST/HR hysteresis: -0.002 mV (I)

Test Reason:  
 Medical History: No Medical History  
 Ref. MD: Dr. Murali Mohan Ordering MD: Dr. Ravi Kesari  
 Technician: Test Type:  
 Comment:



Unconfirmed

**Mr Revuri Suresh,**

Patient ID: 195166

Male 171 cm 77.2 kg

35 yrs Indian

Medcs:

**Test Reason:**

Medical History: No Medical History

Ref. MD: Dr. Murali Mohan Ordering MD: Dr. Ravi Kesari

Technician: Test Type:

Comment:

BRUCE: Exercise Time 10:11  
 Max HR: 157 bpm 84 % of max predicted 185 bpm IIR at rest: 83  
 Max BP: 138/92 mmHg Max RPP: 21686 mmHg\*bpm  
 Maximum Workload: 13.30 METS  
 Max. ST: -0.60 mm, -0.04 mV/s in III; EXERCISE STAGE 4 10:12

ST/HR index: 0.81  $\mu$ V/bpmST/IIR slope: 1.34  $\mu$ V/bpm (III)

IIR reserve used: 72 %

HR recovery: 22 bpm

VE recovery: 0 VE/min

ST/HR hysteresis: -0.002 mV (I)

QRS duration: BASELINE: 90 ms, PEAK EX: 88 ms, REC: 88 ms

**Reasons for Termination:** Target heart rate achieved**Summary:**

**Resting ECG:** normal. **Functional Capacity:** normal. **IIR Response to Exercise:** appropriate. **BP Response to Exercise:** normal resting BP - appropriate response.

**Chest Pain:** none. **Arrhythmias:** none. **ST Changes:** none. **Overall Impression:** Normal stress test.

**Conclusion:** STRESS TEST NEGATIVE FOR INDUCIBLE ISCHEMIA

Room:

Location: \* 0 \*

Mr Keivuri Suresh,  
Patient ID: 195166  
17.02.2024 Male 171 cm 77.2 kg  
9:56:43am 35 yrs Indian

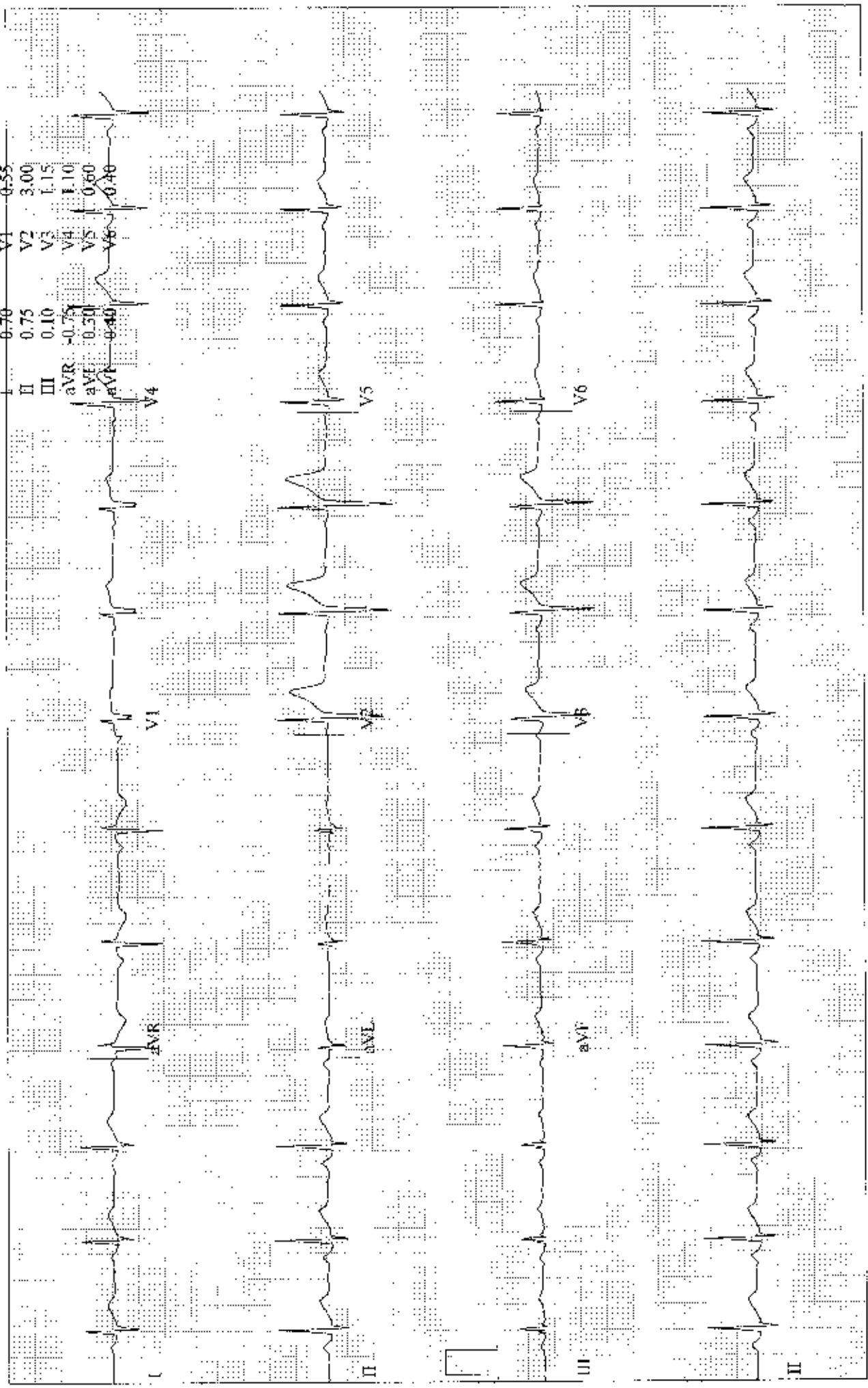
BRUCE  
0.0 km/h  
0.0 %

PRETEST  
STANDING  
00:06

82 bpm

Measured at 60 ms Post J (10mm/mV)  
Auto Points

Lead	SI(mm)	Lead	ST(mm)
I	0.70	V1	0.55
II	0.75	V2	3.00
III	0.10	V3	1.15
aVR	-0.75	V4	1.10
aVL	0.50	V5	0.60
aVF	0.40	V6	0.40



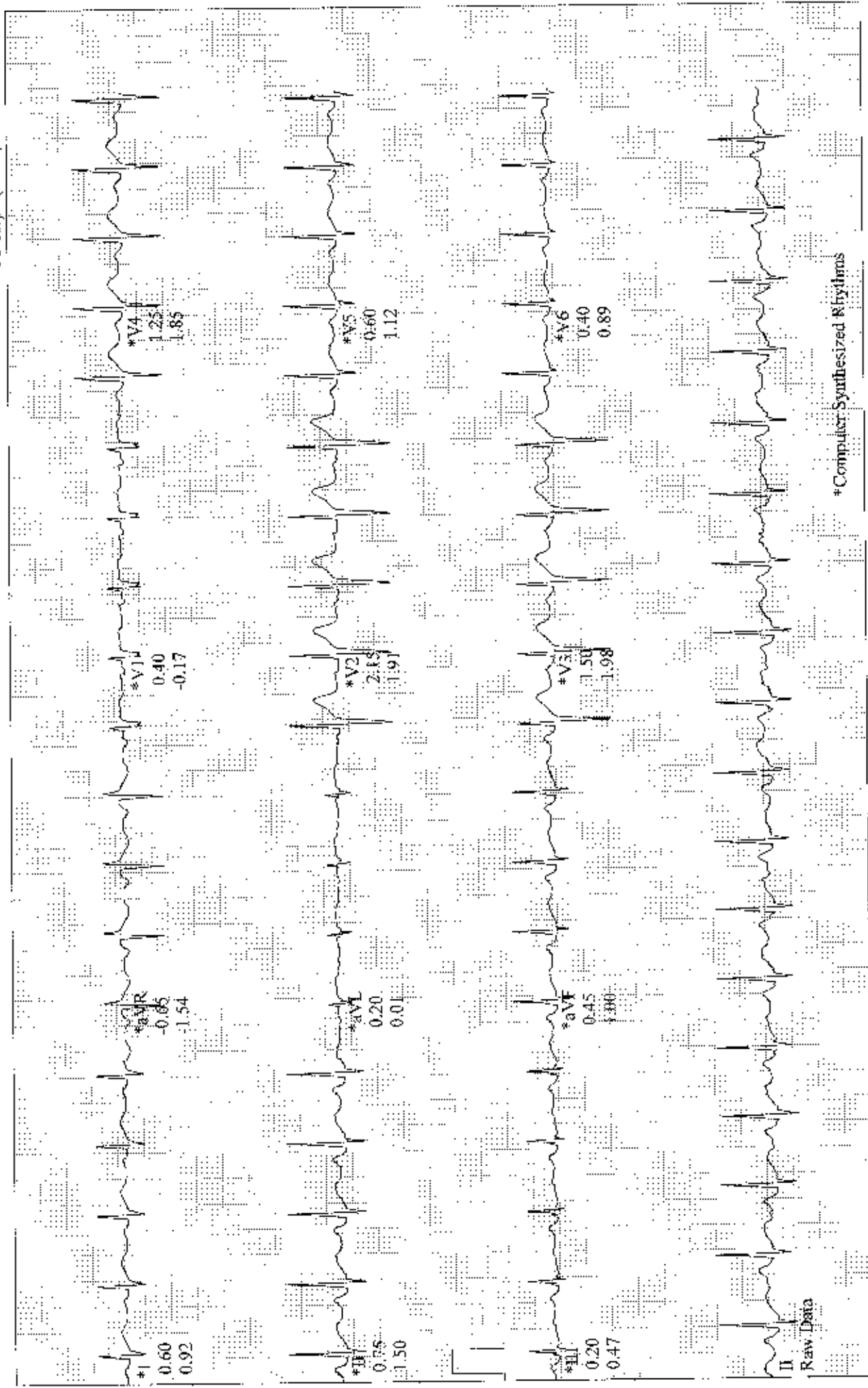
BRUCE  
2.7 km/h  
10.0 %

EXERCISE  
STAGE 1  
02:50

112 bpm  
130-85 mmHg

Mr Revuri Suresh,  
Patient ID: 195166  
17.02.2024 Male 171 cm 77.2 kg  
9:59:58am 55 yrs Indian

I-lead  
ST Level (mm)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms

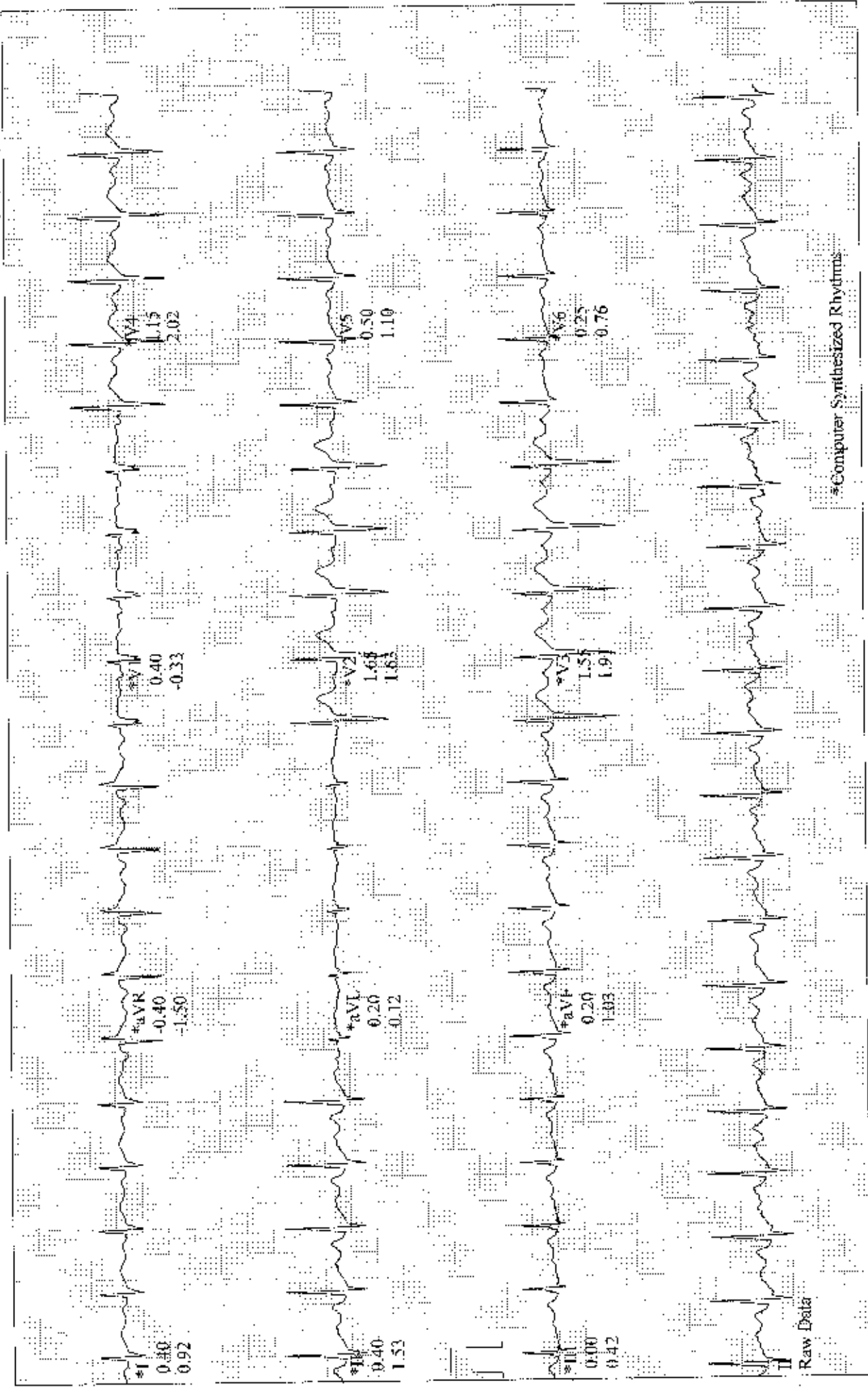
BRUCE  
4.0 km/h  
12.0 %

EXERCISE  
STAGE 2  
05:50

122 bpm  
136/90 mmHg

Mr Revuri Suresh,  
Patient ID: 195166  
17.02.2024 Male 171 cm 77.2 kg  
10:02:58am 35 yrs Indian

Lead  
ST Level (mm)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms

Mr Revuri Suresh,  
Patient ID: 195166  
17.02.2024  
10:05:58am

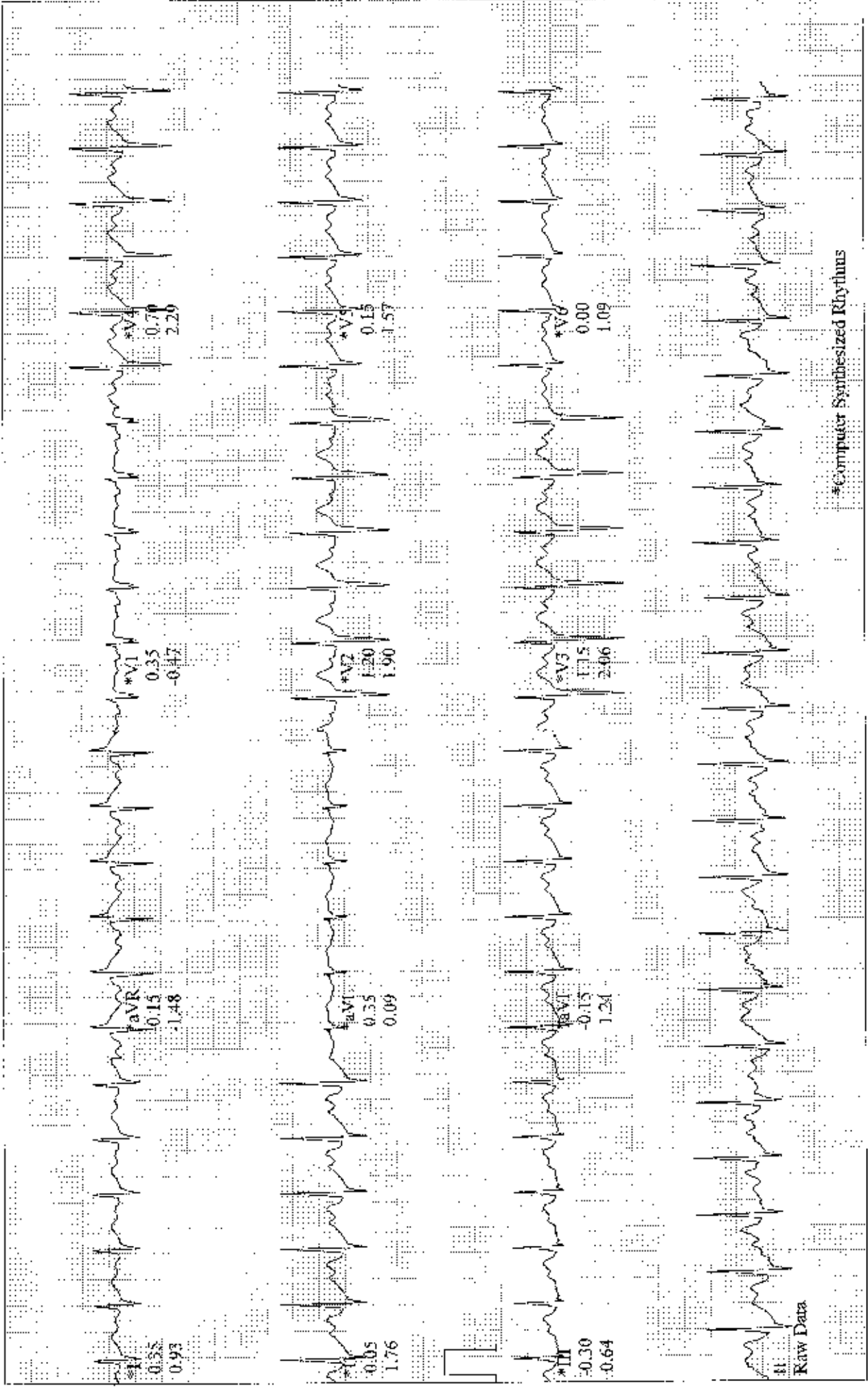
Male 171 cm 77.2 kg  
35 yrs Indian

BR/CL  
5.4 km/h  
14.0 %

EXERCISE  
STAGE 3  
08:50

141 bpm  
138/92 mmHg

T<sub>esid</sub>  
ST Level (mm)  
ST Slope (mV/s)





Exercise Test / Linked Medians ( PEAK EXERCISE )

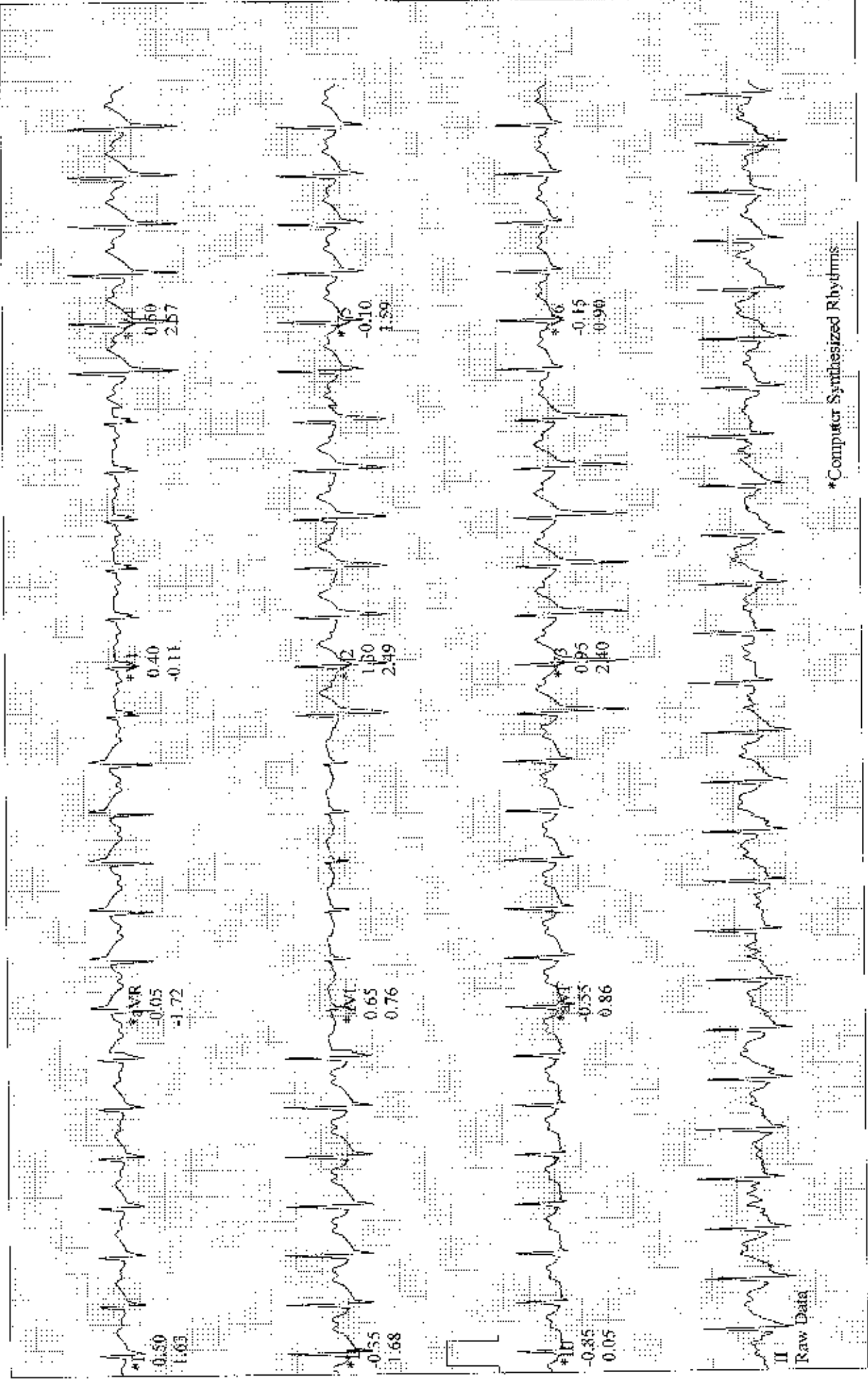
BRUCE  
6.7 km/h  
16.0 %

EXERCISE  
STAGE 4  
10:12

157 bpm

Mr Revuri Suresh,  
Patient ID: 195166  
17.02.2024 Male 171 cm 77.2 kg  
10:07:20am 35 yrs Indian

Lead  
ST Level (mm)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms

Mr Revuri Suresh,  
Patient ID: 195166  
17.02.2024  
10:08:19am

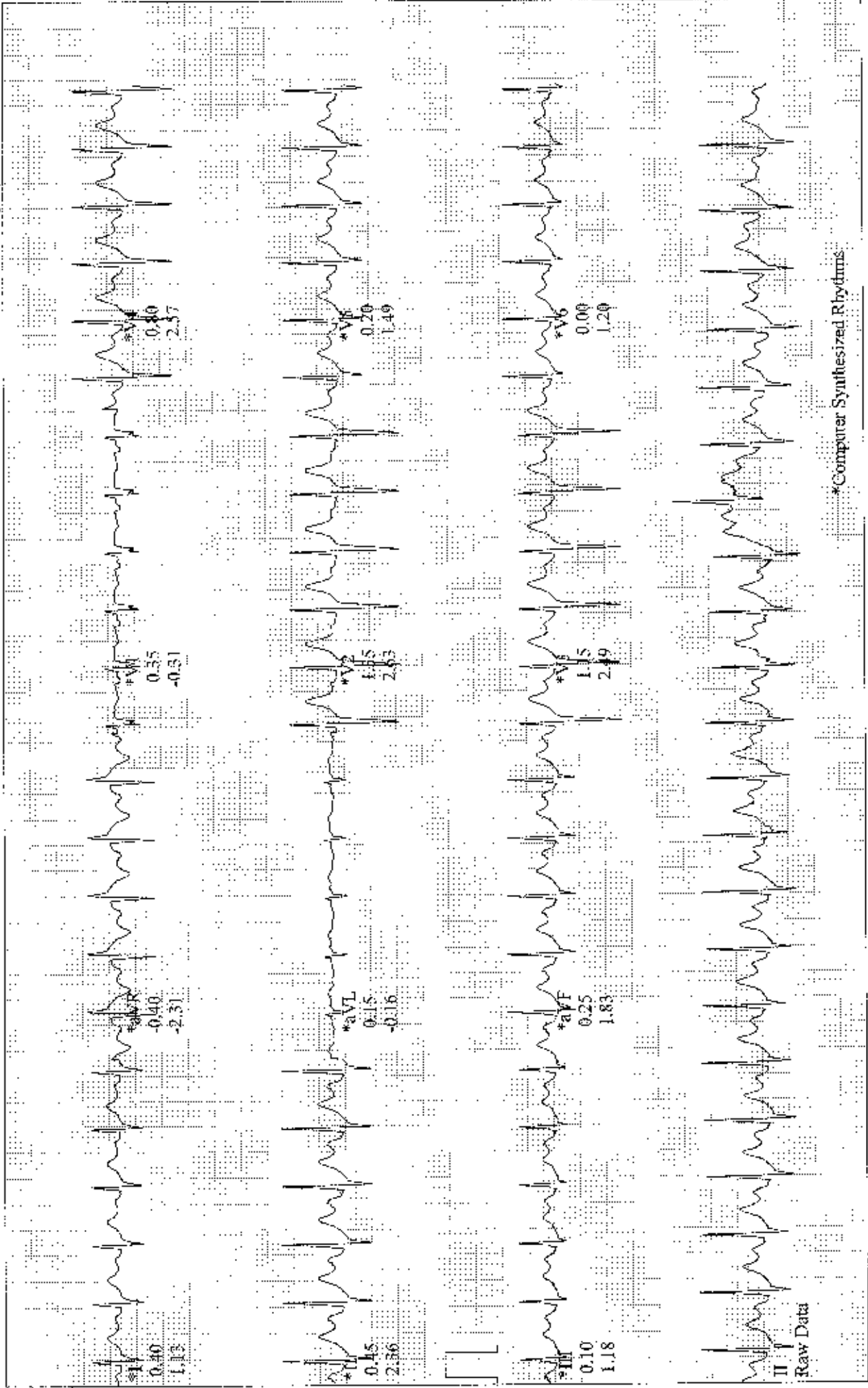
Male 171 cm 77.2 kg  
35 yrs Indian

BRUCE  
0.0 km/h  
0.0 %

RECOVERY  
#1  
01:00

137 bpm  
194 mmHg

Lead  
ST Level (mm)  
ST Slope (mV/s)



Patient Name : Mr.REVURI SURESH  
Age/Gender : 33 Y 2 M 7 D/M  
UHID/MR No : SKOR.0000195166  
Visit ID : SKOROPV281073  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : PKG10000377

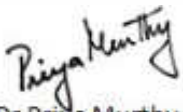
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Received : 17/Feb/2024 10:38AM  
Reported : 17/Feb/2024 11:52AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs are normocytic normochromic.  
WBCs are normal in number with normal distribution and morphology.  
Platelets are adequate.  
No hemoparasites or abnormal cells seen.

**IMPRESSION:NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**



Dr Priya Murthy  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240041382



Patient Name : Mr.REVURI SURESH  
Age/Gender : 33 Y 2 M 7 D/M  
UHID/MR No : SKOR.0000195166  
Visit ID : SKOROPV281073  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : PKG10000377

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**DEPARTMENT OF HAEMATOLOGY**

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

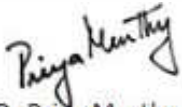
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13.2	g/dL	13-17	Spectrophotometer
PCV	<b>38.80</b>	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.84	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	<b>80</b>	fL	83-101	Calculated
MCH	27.3	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,600	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	67	%	40-80	Electrical Impedence
LYMPHOCYTES	27	%	20-40	Electrical Impedence
EOSINOPHILS	01	%	1-6	Electrical Impedence
MONOCYTES	05	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5092	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2052	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	76	Cells/cu.mm	20-500	Calculated
MONOCYTES	380	Cells/cu.mm	200-1000	Calculated
Neutrophil Lymphocyte ratio (NLR)	2.48		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	217000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	14	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs are normocytic normochromic.

WBCs are normal in number with normal distribution and morphology.

Platelets are adequate.

Page 2 of 13



Dr Priya Murthy  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist



SIN No:BED240041382

**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62, 5th Floor, Ashoka Raghupathi Chambers, Begumpet, Hyderabad, Telangana - 500016

Address:

143, 1st Cross, 5th Block, Near Nagarjuna Hotel, Koramangala, Bengaluru

Patient Name : Mr.REVURI SURESH  
Age/Gender : 33 Y 2 M 7 D/M  
UHID/MR No : SKOR.0000195166  
Visit ID : SKOROPV281073  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : PKG10000377

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**DEPARTMENT OF HAEMATOLOGY**

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

No hemoparasites or abnormal cells seen.

**IMPRESSION:NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**

*Priya Murthy*

Dr Priya Murthy  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240041382



Patient Name : Mr.REVURI SURESH  
Age/Gender : 33 Y 2 M 7 D/M  
UHID/MR No : SKOR.0000195166  
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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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

*Priya Murthy*

Dr Priya Murthy  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



SIN No:BED240041382

Patient Name : Mr.REVURI SURESH  
Age/Gender : 33 Y 2 M 7 D/M  
UHID/MR No : SKOR.0000195166  
Visit ID : SKOROPV281073  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : PKG10000377

Collected : 17/Feb/2024 01:39PM  
Received : 17/Feb/2024 01:59PM  
Reported : 17/Feb/2024 02:29PM  
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	106	mg/dL	70-100	GOD - POD

Result Rechecked

**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:**

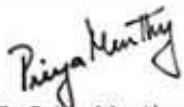
- The diagnosis of Diabetes requires a fasting plasma glucose of  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	126	mg/dL	70-140	GOD - POD

**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.

  
Dr Priya Murthy  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist



SIN No:PLP1420783



Patient Name : Mr.REVURI SURESH	Collected : 17/Feb/2024 10:14AM
Age/Gender : 33 Y 2 M 7 D/M	Received : 17/Feb/2024 02:23PM
UHID/MR No : SKOR.0000195166	Reported : 17/Feb/2024 06:02PM
Visit ID : SKOROPV281073	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : PKG10000377	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>6.7</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	146	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)

**DR.SHIVARAJA SHETTY**  
M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

SIN No:EDT240018290





Patient Name : Mr.REVURI SURESH  
Age/Gender : 33 Y 2 M 7 D/M  
UHID/MR No : SKOR.0000195166  
Visit ID : SKOROPV281073  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : PKG10000377

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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	164	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	88	mg/dL	<150	
HDL CHOLESTEROL	<b>35</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	129	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>111.4</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.69		0-4.97	Calculated

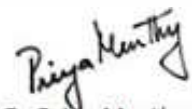
Result Rechecked

**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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

  
Dr Priya Murthy  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



SIN No:SE04632873

Patient Name : Mr.REVURI SURESH  
Age/Gender : 33 Y 2 M 7 D/M  
UHID/MR No : SKOR.0000195166  
Visit ID : SKOROPV281073  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : PKG10000377

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Reported : 17/Feb/2024 11:27AM  
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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.60	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	74.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.60	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.81		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:

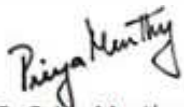
**1. Hepatocellular Injury:**

- 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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons’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.

  
Dr Priya Murthy  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist



Patient Name : Mr.REVURI SURESH  
Age/Gender : 33 Y 2 M 7 D/M  
UHID/MR No : SKOR.0000195166  
Visit ID : SKOROPV281073  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : PKG10000377

Collected : 17/Feb/2024 10:14AM  
Received : 17/Feb/2024 10:38AM  
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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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.82	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	20.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.50	mg/dL	4.0-7.0	URICASE
CALCIUM	8.60	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE

*Priya Murthy*

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Consultant Pathologist



SIN No:SE04632873

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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
<b>GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM</b>	28.00	U/L	16-73	Glycylglycine Kinetic method

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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.86	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.77	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.014	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

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

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



**DR.SHIVARAJA SHETTY**  
M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

SIN No:SPL24027155



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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1 - 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
OTHERS	ABSENT			MICROSCOPY

  
Dr Priya Murthy  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



SIN No:UR2285414

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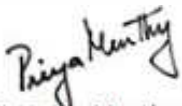
**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE (TRACE)		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

\*\*\* End Of Report \*\*\*



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 Consultant Pathologist



SIN No:UF010608