





Age/Gender

: 32 Y 6 M 0 D/M

UHID/MR No Visit ID

: CVIS.0000116435

Ref Doctor

: CVISOPV110554

: Dr.SELF Emp/Auth/TPA ID : 17709

Collected : 27/May/2023 09:54AM

Received : 27/May/2023 11:15AM

Reported : 27/May/2023 03:11PM Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

## **DEPARTMENT OF HAEMATOLOGY**

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

## PERIPHERAL SMEAR, WHOLE BLOOD-EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC, DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN

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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

HAEMOGLOBIN	15.7	g/dL	13-17	Spectrophotometer
PCV	46.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.14	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	91	fL	83-101	Calculated
MCH	30.6	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	12.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,700	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	51.3	%	40-80	Electrical Impedance
LYMPHOCYTES	37.3	%	20-40	Electrical Impedance
EOSINOPHILS	2	%	1-6	Electrical Impedance
MONOCYTES	9.3	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4976.1	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	3618.1	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	194	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	902.1	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	9.7	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	408000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergrer

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APOLLO CLINICS NETWORK







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			W/V-1/V	
DEPARTMENT OF HAEMATOLOGY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio, Ref, Range	Method

BLOOD GROUP ABO AND RH FAC	<b>TOR</b> , WHOLE BLOOD-EDTA	
BLOOD GROUP TYPE	0	Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE	Forward & Reverse Grouping with Slide/Tube Agglutination

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Received : 27/May/2023 11:15AM : 27/May/2023 01:02PM Reported

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

			MITTER OF	
DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

GLUCOSE, FASTING, NAF PLASMA 98 mg/dL 70-100 GOD - POD
--

## **Comment:**

## As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes

GLUCOSE, POST PRANDIAL (PP), 2	124	mg/dL	70-140	GOD - POD
HOURS , NAF PLASMA		¥1		

#### **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







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**ARCOFEMI - MEDIWHEEL** 

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: 27/May/2023 01:02PM

DEPARTMENT OF BIOCHEMISTRY	
- FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	

Test Name	Result	Unit	Bio. Ref. Range	Method
		•		

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.5	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	111	mg/dL	Calculated

#### **Comment:**

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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.

- 1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- 2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 3. 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. Fructosamine may be used as an alternate measurement of glycemic control

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ARCOFEMI - MEDIWHEEL - F	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name Result Unit Bio. Ref. Range Method					

LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	243	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	192	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	39	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	204	mg/dL	<130	Calculated
LDL CHOLESTEROL	165.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	38.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.23		0-4.97	Calculated

#### **Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324			- FY2324	
Test Name Result Unit Bio. Ref. Range Method				

LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	1.30	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	1.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	47	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	39.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	130.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.80	g/dL	6.3-8.2	Biuret
ALBUMIN	4.10	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.11		0.9-2.0	Calculated

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DEPARTMENT OF BIOCHEMISTRY			
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324			- FY2324
Test Name Result Unit Bio. Ref. Range Method			

CREATININE	1.20	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	22.10	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	10.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.60	mg/dL	3.5-8.5	Uricase
CALCIUM	9.70	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	5.00	mg/dL	2.5-4.5	PMA Phenol
SODIUM	138	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE







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DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324				- FY2324
Test Name Result Unit Bio. Ref. Range Method				

GAMMA GLUTAMYL TRANSPEPTIDASE	84.00	U/L	15-73	Glyclyclycine
OAMMA GEGTAMTE TRAITOLET TIDAGE	04.00	0/2	13-73	, , ,
(GGT) , SERUM				Nitoranalide

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DEPARTMENT OF IMMUNOLOGY				
ARCOFEMI - MEDIWHEEL - F	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324			- FY2324
Test Name Result Unit Bio. Ref. Range Method				

THYROID PROFILE TOTAL (T3, T4, TSH),	SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	1.48	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	74.90	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	5.570	μIU/mL	0.3-4.5	CLIA

## **Comment:**

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m.In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

#### 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

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APOLLO CLINICS NETWORK







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: 27/May/2023 09:54AM

Received

: 27/May/2023 01:42PM : 27/May/2023 02:53PM

Reported Status

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CLINICAL PATHOLOGY** ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 **Test Name** Result Unit Bio. Ref. Range Method

COMPLETE URINE EXAMINATION (C	<b>UE)</b> , <i>URINE</i>			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
рН	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL	*(1	NORMAL	EHRLICH
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MO	OUNT AND MICROSCOPY			
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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DEPARTMENT OF CLINICAL PATHOLOGY	,
----------------------------------	---

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

**URINE GLUCOSE(POST PRANDIAL) NEGATIVE NEGATIVE** Dipstick

URINE GLUCOSE(FASTING) **NEGATIVE NEGATIVE** Dipstick

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

DR. V. SNEHAL M.D (PATH)

Consultant Pathologist



Patient Name : Mr. SRISHTU MANOJ KUMAR . Age/Gender : 32 Y/M

UHID/MR No. :
Sample Collected on :

: CVIS.0000116435

LRN#

: RAD2008288

**Ref Doctor** : SELF **Emp/Auth/TPA ID** : 17709

OP Visit No

: CVISOPV110554

Reported on

: 27-05-2023 13:39

Specimen :

## DEPARTMENT OF RADIOLOGY

## X-RAY CHEST PA

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

# **CONCLUSION:**

No obvious abnormality seen.

Dr. ARUNA PEBBILI
DMRD Radiology

Seura febbili

Radiology



Patient Name : Mr. SRISHTU MANOJ KUMAR . Age/Gender : 32 Y/M

UHID/MR No. :

: CVIS.0000116435

Sample Collected on :

LRN#

: RAD2008288

**Ref Doctor** : SELF **Emp/Auth/TPA ID** : 17709

OP Visit No : CVISOPV110554

**Reported on** : 27-05-2023 13:35 **Specimen** :

#### DEPARTMENT OF RADIOLOGY

#### **ULTRASOUND - WHOLE ABDOMEN**

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

**Gall bladder** is well distended. No evidence of calculus. Wall thickness appears normal.

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

**Spleen** appears normal. 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 hydronephrosis seen on either side.

Right kidney: 9.6 x 4.4 cm 3 mm calculus in lower pole.

Left kidney : 11 x 4.3 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**: Normal in size and echo texture. No evidence of necrosis/calcification seen.

its volume 15 cc

There is no evidence of ascites/ pleural effusion seen.

## **IMPRESSION:-**

\*FATTY INFILTRATION OF LIVER.

\*RIGHT RENAL CALCULUS.



: Mr. SRISHTU MANOJ KUMAR .

Age/Gender

: 32 Y/M

For clinico-lab correlation / follow - up / further work up.

This is only a screening test.

**Dr. ARUNA PEBBILI**DMRD Radiology

Seura Jebbili

Radiology

Name: Mr. SRISHTU MANOJ KUMAR.

Age/Gender: 32 Y/M Address: VIZAG

Location: VISAKHAPATNAM, ANDHRA PRADESH

Doctor:

Department: LABORATORY

Rate Plan: VISHAKAPATNAM\_06042023 Sponsor: ARCOFEMI HEALTHCARE LIMITED

Consulting Doctor: Dr. SRINIVAS RAO

## **Doctor's Signature**

MR No: CVIS.0000116435 Visit ID: CVISOPV110554 Visit Date: 27-05-2023 09:42

Discharge Date:

Referred By: SELF

Mr. SRISHTU MANOJ KUMAR .

Age/Gender: 32 Y/M
Address: VIZAG
Location: VISAKHAPATNAM, ANDHRA PRADESH

Doctor:

Department: LABORATORY
Rate Plan: VISHAKAPATN
Sponsor: ARCOFEMI HE VISHAKAPATNAM\_06042023 ARCOFEMI HEALTHCARE LIMITED Sponsor: Consulting Doctor: Dr. GOLI INDIRA PRIYADARSHINI

## HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

**HT-HISTORY** 

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

**IMPRESSION** 

RECOMMENDATION

**Doctor's Signature** 

MR No: CVIS.0000116435 CVISOPV110554 Visit ID: Visit Date: 27-05-2023 09:42

Discharge Date:

Referred By: SELF Mr. SRISHTU MANOJ KUMAR .

Age/Gender: 32 Y/M
Address: VIZAG
Location: VISAKHAPATNAM, ANDHRA PRADESH

Doctor:

Department: LABORATORY
Rate Plan: VISHAKAPATN
Sponsor: ARCOFEMI HEA VISHAKAPATNAM\_06042023 ARCOFEMI HEALTHCARE LIMITED Sponsor:

Consulting Doctor: Dr. R ABHISHEK

## HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

**HT-HISTORY** 

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

**IMPRESSION** 

RECOMMENDATION

**Doctor's Signature** 

MR No: CVIS.0000116435 CVISOPV110554 Visit ID: Visit Date: 27-05-2023 09:42

SELF

Discharge Date:

Referred By:

Name: Mr. SRISHTU MANOJ KUMAR.

Age/Gender: 32 Y/M Address: VIZAG

Location: VISAKHAPATNAM, ANDHRA PRADESH

Doctor:

Department: LABORATORY

Rate Plan: VISHAKAPATNAM\_06042023 Sponsor: ARCOFEMI HEALTHCARE LIMITED

Consulting Doctor: Dr. N MUKUNDA RAO

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Discharge Date:

Referred By: SELF

Dat	Α.	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	Weight	Percentage	Fat Level	Body Age (Years)	BMI	( 'irciim	Hip (cms)	Waist	Waist & Hip Ratio	Hear
27- 14::	05-2023 52			18 Rate/min	_	175 cms	92 Kgs	%	%	Years	30.04	cms	cms	cms		AHLL06520

Dat	Α.	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	Weight	Percentage	Fat Level	Body Age (Years)	BMI	( 'irciim	Hip (cms)	Waist	Waist & Hip Ratio	Hear
27- 14::	05-2023 52			18 Rate/min	_	175 cms	92 Kgs	%	%	Years	30.04	cms	cms	cms		AHLL06520

Dat	Α.	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	Weight	Percentage	Fat Level	Body Age (Years)	BMI	( 'irciim	Hip (cms)	Waist	Waist & Hip Ratio	Hear
27- 14::	05-2023 52			18 Rate/min	_	175 cms	92 Kgs	%	%	Years	30.04	cms	cms	cms		AHLL06520

Dat	Α.	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	Weight	Percentage	Fat Level	Body Age (Years)	BMI	( 'irciim	Hip (cms)	Waist	Waist & Hip Ratio	Hear
27- 14::	05-2023 52			18 Rate/min	_	175 cms	92 Kgs	%	%	Years	30.04	cms	cms	cms		AHLL06520





# **Physical Medical Examination Format**

IAME:- South Boards Kuman	DATE:-	27 5 22	
DESIGNATION:-	AGE:-	32 + M	
MP CODE:-	UNIT/DEPA		
BLOOD GROUP:-	MARTIAL ST	TATUS:-MARRIED/	JNMARRIED
			9
		ON	
- MEDICAL EX	AMINATI	ON .	8 F
Complaints (if any)		ハル	
Personal /family history		النام.	r
Past Medical /Occupational History		, J.J.	
Sensitivity/Allergy (if any)		NY	4:
Heart		1 Donal	
Any other Conditions		NÀ	
Ally other contains			
			·
175	вмі	30.04	Pulse 88
Height:- 175 Weight:- 92			BP 131 76
Temp:- 98.6 Pulse 88	Resp:-	18	B.P 130146
			Ado
Remarks	245		PC
	8.1		
Treatment Recommended (if any):	the ma	not Kumar for	pre-employment
I Hereby Certify that I have examined Mr/Ms	7.40	U	E
/periodical medical examination, I have found / not foun	nd any diseas	e, iliness, contagio	us illinoss
		V 157	*
I Certify That Employee Is Medically			
Certify that Employee is Medically.	3 0		<u>\$</u> )
	1	*	
	8 G		263
crt Unfit		Tempora	arily Unfit
Fit Comments	E STATE		DIRA PRYADARSHINI
		Dr.G. IN	Medical Examiner WithS

Apollo Health and Lifestyle Limited

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CVIS.0000116435

CVISOPV110554

27-05-2023 09:42

SELF

Name:

Mr. SRISHTU MANOJ KUMAR.

Age/Gender:

32 Y/M

Address: Location: VIZAG

VISAKHAPATNAM, ANDHRA PRADESH

Doctor:

Department:

LABORATORY

Rate Plan:

VISHAKAPATNAM\_06042023

Sponsor:

ARCOFEMI HEALTHCARE LIMITED

## Vitals:

late	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	(Kos)	Body Fat Percentage (%)	Fat Level	Body Age (Years)	CHARLES INC.	Waist Circum (cms)	Hip (cms)	(cms)	Waist & Hip Ratio	User
27-05-2023 14:52	127 100 10	130/76 mmHg	18 Rate/min	98.6 F	175 cms	92 Kgs	%	%	Years	30.04	cms	cms	cms		AHLL06520

MR No:

Visit ID:

Visit Date:

Discharge Date:

Referred By:

**Apollo Health and Lifestyle Limited** 

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U 35Hz AC50 25n	avr		\[ \]	ID: 116435 s manoj kumar Male 32Years Req. No. :
B5Hz AC50 25mm/s 10mm/mV 2*5.0s+1r CARDIART 9108 D V1.46 G				27-05-2023 11:12:21 HR : 88 bp P : 98 ms PR : 154 ms QRS : 94 ms QT/QTcBz : 348/421 P/QRS/T : 65/74/31 RV5/SV1 : 1.544/0.5
DIART 9108 D V1.46 Glasgow V28.6.7				1:12:21  88 bpm Diagnosis Information:  98 ms Sinus rhythm  154 ms Normal ECG  94 ms  348:421 ms  65:74:31 °  1.544:0.509 mV Report Confirmed by:
28.6.7 APOLLO CLINIC VIZAG				Sp. Out of the state of the sta





Referred By

: Mr. SRISHTU MANOJ KUMAR .

UHID Reported By: : CVIS.0000116435

: Dr. SHASHANKA CHUNDURI : SELF Age

OP Visit No Conducted Date : 32 Y/M

: CVISOPV110554

: 27-05-2023 14:51

## **ECG REPORT**

## Observation:-

- 1. Normal Sinus Rhythm.
- 2. Heart rate is 88 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:

NORMAL RESTING ECG.

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

Dr. SHASHANKA CHUNDURI

**Apollo Health and Lifestyle Limited** 

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: Mr. SRISHTU MANOJ KUMAR.

UHID

: CVIS.0000116435

Reported on

: 27-05-2023 13:39

Adm/Consult Doctor

Age

: 32 Y M

OP Visit No

: CVISOPV110554

Printed on

: 27-05-2023 13:39

Ref Doctor

: SELF

## DEPARTMENT OF RADIOLOGY

## X-RAY CHEST PA

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

# **CONCLUSION:**

No obvious abnormality seen.

Printed on:27-05-2023 13:39

---End of the Report---

Dr. ARUNA PEBBILI
DMRD Radiology
Radiology

**Apollo Health and Lifestyle Limited** 

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IV. S. MANOJ KUMAR

Gender: M Test Done Date: 27/5/L3

32

Years:

# OPHTALMOLOGY SCREENING REPORT

VISION

DISTANCE

NEAR VISION.

COLOUR VISION

ANT. SEGMENT:

Conjunctiva

Cornea

Pupil

**FUNDUS** IMPRESSION:

Signature

Apollo Health and Lifestyle Limited

ICIN: U85110TN2000PLC(046089) Regd. Office: 19 Bishop Gardens, R.A. Puram, Chennai 600 028, Tamilnadu, India / Email Id: info@apollohi.com





: Mr. SRISHTU MANOJ KUMAR .

Age

: 32 Y M

UHID

: CVIS.0000116435

OP Visit No

: CVISOPV110554

Reported on

: 27-05-2023 13:35

Printed on

: 27-05-2023 13:35

Adm/Consult Doctor

Ref Doctor

: SELF

## DEPARTMENT OF RADIOLOGY

## **ULTRASOUND - WHOLE ABDOMEN**

<u>Liver</u>: appears normal in size and increased in echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

<u>Pancreas</u> 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 hydronephrosis seen on either side.

Right kidney: 9.6 x 4.4 cm 3 mm calculus in lower pole.

Left kidney : 11 x 4.3 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**: Normal in size and echo texture. No evidence of necrosis/calcification seen. its volume 15 cc

There is no evidence of ascites/ pleural effusion seen

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1860 500 7788





: Mr. SRISHTU MANOJ KUMAR .

Age

: 32 Y M

**UHID** 

: CVIS.0000116435

OP Visit No

: CVISOPV110554

Reported on

: 27-05-2023 13:35

Printed on

: 27-05-2023 13:35

Adm/Consult Doctor

Ref Doctor

: SELF

# IMPRESSION:-

\*FATTY INFILTRATION OF LIVER.

\*RIGHT RENAL CALCULUS.

For clinico-lab correlation / follow - up / further work up.

This is only a screening test.

Printed on:27-05-2023 13:35

---End of the Report---

James ibbili

Dr. ARUNA PEBBILI DMRD Radiology

Radiology





: Mr. SRISHTU MANOJ KUMAR .

UHID

: CVIS.0000116435

Conducted By: Referred By : Dr. SHASHANKA CHUNDURI

: SELF

Age

: 32 Y/M

OP Visit No Conducted Date : CVISOPV110554

: 27-05-2023 15:43

#### 2D-ECHO WITH COLOUR DOPPLER

2.7 CM

3.2 CM

3.8 CM

2.4 CM

0.9 CM

0.8 CM

62.00%

33.00%

NORMAL

NORMAL

NORMAL

NORMAL

NORMAL

NORMAL

INTACT

INTACT

NORMAL

NORMAL

NORMAL

NORMAL

NORMAL

Dimensions:

Ao (ed)
LA (es)
LVID (ed)
LVID (es)
IVS (Ed)
LVPW (Ed)
EF

%FD

MITRAL VALVE:

AML PML .

AORTIC VALVE

TRICUSPID VALVE

RIGHT VENTRICLE

INTER ATRIAL SEPTUM

INTER VENTRICULAR SEPTUM

AORTA

RIGHT ATRIUM

LEFT ATRIUM

Pulmonary Valve

PERICARDIUM

LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES:

PF:0.9m/sec. MF:E>A

Apollo Health and Lifestyle Limited

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APOLLO CLINICS NETWORK TELANGANA & AP

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

Online appointments: www.apolloclinic.com







IMPRESSION:
NORMAL CARDIAC SIZE.
NO RWMA.
GOOD LV/ RV FUNCTION.
TRIVIALMR/NO AR/NO TR/NO PAH. NO CLOT.
NO PERICARDIAL EFFUSION.
LVEF:62%.

Dr. SHASHANKA CHUNDURI

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

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

Online appointments: www.apolloclinic.com









: Mr.SRISHTU MANOJ KUMAR .

Age/Gender

: 32 Y 6 M 0 D/M

UHID/MR No

: CVIS.0000116435

Visit ID Ref Doctor : CVISOPV110554

Emp/Auth/TPA ID

: Dr.SELF : 17709

Collected

: 27/May/2023 09:54AM

Received

: 27/May/2023 11:15AM

Reported

: 27/May/2023 03:11PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

## **DEPARTMENT OF HAEMATOLOGY**

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

## PERIPHERAL SMEAR, WHOLE BLOOD-EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC, DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN

Page 1 of 12









: Mr.SRISHTU MANOJ KUMAR .

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: ARCOFEMI HEALTHCARE LIMITED

# DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
SECRETARY SECTION ASSESSMENT				

HAEMOGLOBIN	15.7	g/dL	13-17	Spectrophotometer
PCV	46.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.14	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	91	fL	83-101	Calculated
MCH	30.6	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	12.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,700	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (D	LC)	17		
NEUTROPHILS	51.3	%	40-80	Electrical Impedance
LYMPHOCYTES	37.3	%	20-40	Electrical Impedance
EOSINOPHILS	2	%	1-6	Electrical Impedance
MONOCYTES	9.3	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				N.
NEUTROPHILS	4976.1	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	3618.1	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	194	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	902.1	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	9.7	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	408000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergrer







: Mr.SRISHTU MANOJ KUMAR .

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

	DEPARTMENT OF	HAEMATOLO	GY	
ARCOFEMI - MEDIWHEE	L - FULL BODY ANNUA	L PLUS MALE	- 2D ECHO - PAN INDIA -	FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

BLOOD GROUP TYPE	0	Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE	Forward & Reverse Grouping with Slide/Tube Agglutination

Page 3 of 12









: Mr.SRISHTU MANOJ KUMAR .

Age/Gender UHID/MR No : 32 Y 6 M 0 D/M

Visit ID

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: 27/May/2023 01:02PM

Status

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

	DEPARTMENT OF	BIOCHEMIST	RY	
ARCOFEMI - MEDIWHEE	L - FULL BODY ANNUA	L PLUS MALE	- 2D ECHO - PAN INDIA -	FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

GLUCOSE, FASTING, NAF PLASMA	98	mg/dL	70-100	GOD - POD	
------------------------------	----	-------	--------	-----------	--

# Comment:

# As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation	
<100 mg/dL	Normal	
100-125 mg/dL	Prediabetes	
≥126 mg/dL	Diabetes	

OLUGOOF POOT PRANDIAL (PR) 0	124	mg/dL	70-140	GOD - POD
GLUCOSE, POST PRANDIAL (PP), 2	124	mg/ac	70-140	GOD - 1 OD
HOURS . NAF PLASMA				

# 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

Page 4 of 12







: Mr.SRISHTU MANOJ KUMAR .

Age/Gender

: 32 Y 6 M 0 D/M

UHID/MR No

: CVIS.0000116435

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

# DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEE	L - FULL BODY ANNUA	L PLUS MALE	- 2D ECHO - PAN INDIA -	FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.5	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	111	mg/dL	Calculated

## Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS > 18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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.

- 1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- 2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 3. 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. Fructosamine may be used as an alternate measurement of glycemic control

Page 5 of 12









: Mr.SRISHTU MANOJ KUMAR .

Age/Gender UHID/MR No : 32 Y 6 M 0 D/M

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: 27/May/2023 12:15PM

Reported

: 27/May/2023 03:14PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF	BIOCHEMISTRY
---------------	--------------

ARCOFEMI - MEDIWHE	EL - FULL BODY ANNUA	L PLUS MALE	- 2D ECHO - PAN INDIA -	FY2324
Test Name	Result	Unit	Bio, Ref. Range	Method

TOTAL CHOLESTEROL	243	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	192	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	39	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	204	mg/dL	<130	Calculated
LDL CHOLESTEROL	165.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	38.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.23		0-4.97	Calculated

# **Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.









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Sponsor Name

	DEPARTMENT OF	BIOCHEMIST	RY	
ARCOFEMI - MEDIWHEE	L - FULL BODY ANNUA	L PLUS MALE	- 2D ECHO - PAN INDIA -	FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

BILIRUBIN, TOTAL	1.30	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	1.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	47	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	39.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	130.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.80	g/dL	6.3-8.2	Biuret
ALBUMIN	4.10	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.11		0.9-2.0	Calculated







: Mr.SRISHTU MANOJ KUMAR .

Age/Gender

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	DEPARTMENT OF	BIOCHEMIST	RY	
ARCOFEMI - MEDIWHEE	L - FULL BODY ANNUA	L PLUS MALE	- 2D ECHO - PAN INDIA -	FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

CREATININE	1.20	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	22.10	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	10.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.60	mg/dL	3.5-8.5	Uricase
CALCIUM	9.70	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	5.00	mg/dL	2.5-4.5	PMA Phenol
SODIUM	138	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE





: Mr.SRISHTU MANOJ KUMAR .

Age/Gender

: 32 Y 6 M 0 D/M

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: CVIS.0000116435

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: 27/May/2023 12:15PM

Reported

: 27/May/2023 03:14PM

Status

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Sponsor Name

	DEPARTMENT OF	BIOCHEMIST	RY	
ARCOFEMI - MEDIWHEE	L - FULL BODY ANNUA	L PLUS MALE	- 2D ECHO - PAN INDIA -	FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

GAMMA GLUTAMYL TRANSPEPTIDASE	84.00	U/L	15-73	Glyclyclycine
(GGT), SERUM				Nitoranalide







: Mr.SRISHTU MANOJ KUMAR .

Age/Gender

: 32 Y 6 M 0 D/M

UHID/MR No

: CVIS.0000116435

Visit ID Ref Doctor : CVISOPV110554

Emp/Auth/TPA ID

: Dr.SELF : 17709 Collected

: 27/May/2023 09:54AM

Received

: 27/May/2023 12:15PM

Reported

: 27/May/2023 04:23PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

# DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324					
Test Name	Result	Unit	Bio. Ref. Range	Method	

HYROID PROFILE TOTAL (T3, T4, TSH) ,	SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	1.48	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	74.90	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	5.570	µIU/mL	0.3-4.5	CLIA

# Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m.In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

## 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		

Page 10 of 12









: Mr.SRISHTU MANOJ KUMAR .

Age/Gender

: 32 Y 6 M 0 D/M

UHID/MR No

: CVIS.0000116435

Visit ID

: CVISOPV110554

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 17709

Collected

: 27/May/2023 09:54AM

Received

: 27/May/2023 01:42PM

Reported

: 27/May/2023 02:53PM

Status

: Final Report

Sponsor Name

	DEPARTMENT OF CL	INICAL PATHO	LOGY	
ARCOFEMI - MEDIWHEE	L - FULL BODY ANNUA	L PLUS MALE	- 2D ECHO - PAN INDIA -	FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION			y.*!!c	
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRLICH
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MO	OUNT AND MICROSCOPY	a	4	
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY







: Mr.SRISHTU MANOJ KUMAR .

Age/Gender

: 32 Y 6 M 0 D/M

UHID/MR No

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Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CL	INICAL PATHOLOGY
------------------	------------------

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

**Test Name** Result Unit

Bio. Ref. Range

Method

URINE GLUCOSE(FASTING)

**NEGATIVE** 

**NEGATIVE** 

Dipstick

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

Result/s to Follow:

GLUCOSE (POST PRANDIAL) - URINE

DR. V. SNEHAL M.D (PATH)

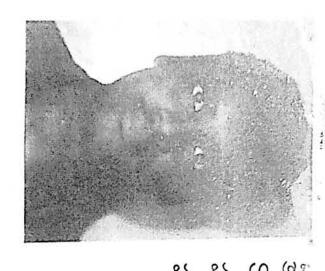
Consultant Pathologist

Namasille sir/madem

Dall did not give fit because

of Advise physician Consultation.

thanking you.



ఆస్తు మనికి కుమాంక్ర కిష్టు మనికి కుమాంర్ Srishtu Manoj Kumar పుట్టిన తెదీ / DOB : 24/07/1990 పురుషుడు / Male

# 5207 8250 5135



Your Apollo order has been confirmed

# Dear MR. SRISHTU MANOJ KUMAR ..

17709

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at VIZAG clinic on 2023-05-27 at 08:10-08:15.

Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324]

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

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

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

# Instructions to undergo Health Check:

- 1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning