

Patient Name	: Mr.NAGARAJ TUNK	Collected	: 10/Aug/2024 08:50AM
Age/Gender	: 42 Y 9 M 0 D/M	Received	: 10/Aug/2024 02:36PM
UHID/MR No	: CASR.0000189437	Reported	: 10/Aug/2024 03:56PM
Visit ID	: CASROPV230413	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9920144559		

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.9	g/dL	13-17	Spectrophotometer
PCV	46.80	%	40-50	Electronic pulse & Calculation
<b>RBC COUNT</b>	<b>5.51</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	85.1	fL	83-101	Calculated
MCH	28.8	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	<b>16</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,600	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	65	%	40-80	Flow cytometry
LYMPHOCYTES	23	%	20-40	Flow cytometry
EOSINOPHILS	4	%	1-6	Flow cytometry
MONOCYTES	8	%	2-10	Flow cytometry
BASOPHILS	0	%	0-2	Flow cytometry
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4290	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1518	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	264	Cells/cu.mm	20-500	Calculated
MONOCYTES	528	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.83		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	251000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	7	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				
NO HEMOPARASITES SEEN				
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE				



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

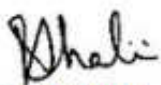
SIN No:ASR240801117

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

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

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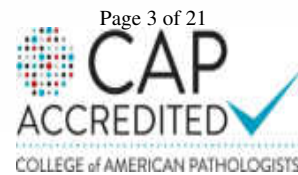
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Microplate technology
Rh TYPE	Positive			Microplate technology

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



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**APOLLO CLINICS NETWORK**  
**Telangana:** Hyderabad (AS Rao Nagar | Charada Nagar | Kondapur | Nallakunta | Nizampet | Marikonda | Uppal) **Andhra Pradesh:** Vizag (Seethamma Peta) **Karnataka:** Bangalore (Basavaneguda) | Bellandur | Electronics City | Frazer Town | HSR Layout | Indira Nagar | JF Nagar | Kundalahalli | Kizambagala | Sarjapur Road | **Mysore:** (VV Mohalla) **Tamil Nadu:** Chennai | Annanagar | Roturpuram | Mogappair | T. Nagar | Valasaravakkam | Velachery **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Warowade) **Uttar Pradesh:** Ghaziabad (Indrapuram) **Gujarat:** Ahmedabad (Sabdartha) **Punjab:** Amritsar (Court Road) **Haryana:** Faridabad (Railway Station Road)



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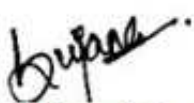
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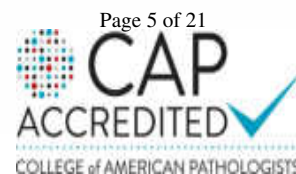
Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	<b>206</b>	mg/dL	70-140	HEXOKINASE

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each 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. Matta Sujana Reddy**  
M.B.B.S, M.D (Biochemistry)  
Consultant Biochemist



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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>7.1</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	157	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.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. 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.

4. 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.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

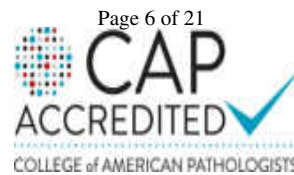
A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

*Musth...*  
**Dr.E.Maruthi Prasad**  
PhD (Biochemistry)

*Sujana...*  
**Dr.Matta Sujana Reddy**  
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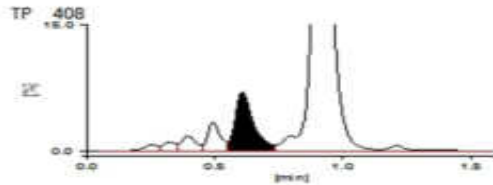
Chromatogram Report

HLC72368 V5.28 1 2024-08-10 15:59:37  
 ID ASR240801120  
 Sample No. 08100182 SL 0002 - 05  
 Patient ID  
 Name  
 Comment

CALIB Y = 1.1639X + 0.5319			
Name	%	Time	Area
ATA	0.5	0.25	10.24
A1B	0.6	0.32	12.87
F	1.2	0.40	24.43
LA1C+	2.0	0.49	39.95
SA1C	7.1	0.61	117.38
A0	91.2	0.91	1861.68
H-V0			
H-V1			
H-V2			

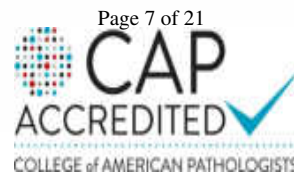
Total Area 2066.55

HbA1c 7.1 % IFCC 54 mmol/mol  
 HbA1 8.3 % HbF 1.2 %



*Maruthi Prasad*  
 Dr.E.Maruthi Prasad  
 PhD (Biochemistry)

*Sujana Reddy*  
 Dr.Matta Sujana Reddy  
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 Consultant Biochemist



**Consultant biochemist**

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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	102	mg/dL	<200	CHO-POD
TRIGLYCERIDES	93	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>29</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	73	mg/dL	<130	Calculated
LDL CHOLESTEROL	54.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.52		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.15</b>		<0.11	Calculated


**Comment:**

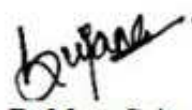
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

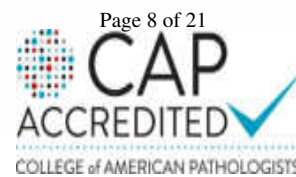
	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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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 PhD (Biochemistry)

  
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.93	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.42	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.51	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	47.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.75	g/dL	6.6-8.3	Biuret
ALBUMIN	4.68	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.07	g/dL	2.0-3.5	Calculated
A/G RATIO	1.52		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. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. \*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



*Musth...*  
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*Sujana*  
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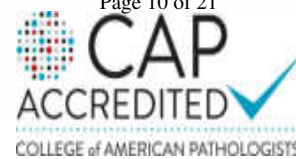
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<b>LIVER FUNCTION TEST (LFT) WITH GGT , SERUM</b>				
BILIRUBIN, TOTAL	1.93	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.42	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.51	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	<35	IFCC
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ALKALINE PHOSPHATASE	47.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.75	g/dL	6.6-8.3	Biuret
ALBUMIN	4.68	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.07	g/dL	2.0-3.5	Calculated
A/G RATIO	1.52		0.9-2.0	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	43.00	U/L	<55	IFCC

**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:

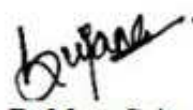
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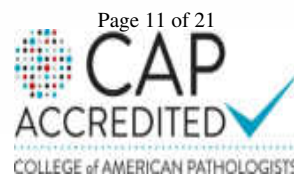
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\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. \*Bilirubin elevated- predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

  
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Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.  
4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



*Maruthi*

**Dr.E.Maruthi Prasad**  
PhD (Biochemistry)

**Consultant biochemist**

*Sujana*

**Dr.Matta Sujana Reddy**  
M.B.B.S.,M.D(Biochemistry)  
Consultant Biochemist




Patient Name : Mr.NAGARAJ TUNK	Collected : 10/Aug/2024 08:50AM
Age/Gender : 42 Y 9 M 0 D/M	Received : 10/Aug/2024 02:45PM
UHID/MR No : CASR.0000189437	Reported : 10/Aug/2024 04:18PM
Visit ID : CASROPV230413	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALKALINE PHOSPHATASE , SERUM	47.00	U/L	30-120	IFCC

Test Name	Result	Unit	Bio. Ref. Interval	Method
CALCIUM , SERUM	9.66	mg/dL	8.8-10.6	Arsenazo III



Dr. Matta Sujana Reddy  
M.B.B.S, M.D (Biochemistry)  
Consultant Biochemist



Patient Name : Mr.NAGARAJ TUNK	Collected : 10/Aug/2024 08:50AM
Age/Gender : 42 Y 9 M 0 D/M	Received : 10/Aug/2024 02:44PM
UHID/MR No : CASR.0000189437	Reported : 10/Aug/2024 04:34PM
Visit ID : CASROPV230413	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.02	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	13.34	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.197	µIU/mL	0.38-5.33	CLIA

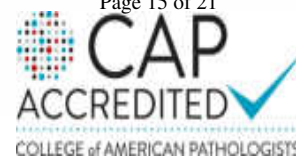
Comment:

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

Page 15 of 21



*Musth...*  
**Dr.E.Maruthi Prasad**  
 PhD (Biochemistry)  
 Consultant biochemist

*Sujana*  
**Dr.Matta Sujana Reddy**  
 M.B.B.S.,M.D(Biochemistry)  
 Consultant Biochemist

Patient Name : Mr.NAGARAJ TUNK	Collected : 10/Aug/2024 08:50AM
Age/Gender : 42 Y 9 M 0 D/M	Received : 10/Aug/2024 02:44PM
UHID/MR No : CASR.0000189437	Reported : 10/Aug/2024 04:34PM
Visit ID : CASROPV230413	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--



*Maruthi*  
**Dr.E.Maruthi Prasad**  
PhD (Biochemistry)

*Sujana*  
**Dr.Matta Sujana Reddy**  
M.B.B.S.,M.D(Biochemistry)  
Consultant Biochemist



Patient Name : Mr.NAGARAJ TUNK	Collected : 10/Aug/2024 08:50AM
Age/Gender : 42 Y 9 M 0 D/M	Received : 10/Aug/2024 02:44PM
UHID/MR No : CASR.0000189437	Reported : 10/Aug/2024 06:11PM
Visit ID : CASROPV230413	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	13	ng/mL	30 -100	CLIA

**Comment:**

**BIOLOGICAL REFERENCE RANGES**

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

**Decreased Levels:**

Inadequate exposure to sunlight.

Dietary deficiency.

Vitamin D malabsorption.

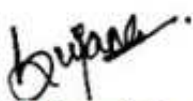
Severe Hepatocellular disease.

Drugs like Anticonvulsants.

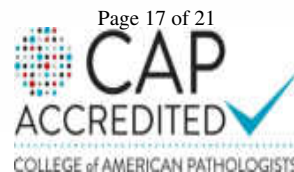
Nephrotic syndrome.

**Increased levels:**

Vitamin D intoxication.



Dr. Matta Sujana Reddy  
M.B.B.S, M.D (Biochemistry)  
Consultant Biochemist



Patient Name : Mr.NAGARAJ TUNK	Collected : 10/Aug/2024 08:50AM
Age/Gender : 42 Y 9 M 0 D/M	Received : 10/Aug/2024 02:44PM
UHID/MR No : CASR.0000189437	Reported : 10/Aug/2024 06:00PM
Visit ID : CASROPV230413	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF IMMUNOLOGY

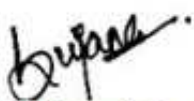
ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	180	pg/mL	190-900	CLIA

**Comment:**

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

Dr. Matta Sujana Reddy  
M.B.B.S, M.D (Biochemistry)  
Consultant Biochemist

Patient Name : Mr.NAGARAJ TUNK	Collected : 10/Aug/2024 08:50AM
Age/Gender : 42 Y 9 M 0 D/M	Received : 10/Aug/2024 02:44PM
UHID/MR No : CASR.0000189437	Reported : 10/Aug/2024 08:27PM
Visit ID : CASROPV230413	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.740	ng/mL	0-4	CLIA



Dr. Matta Sujana Reddy  
M.B.B.S, M.D (Biochemistry)  
Consultant Biochemist



Patient Name	: Mr.NAGARAJ TUNK	Collected	: 10/Aug/2024 08:50AM
Age/Gender	: 42 Y 9 M 0 D/M	Received	: 10/Aug/2024 04:39PM
UHID/MR No	: CASR.0000189437	Reported	: 10/Aug/2024 05:42PM
Visit ID	: CASROPV230413	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9920144559		

**DEPARTMENT OF CLINICAL PATHOLOGY**


**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.013		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	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	0	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	ABSENT	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT	/hpf	Occasional-Few	Microscopy

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

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



SIN No:ASR240801122

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

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohli.com | Email ID: enquiry@apollohli.com, Ph No: 040-4904 7777, Fax No: 4904 7744

A-12, # 1-B-71A/12B, Rishab Heights, Rameswaram Housing Colony,  
A 5 Rao Nagar, Hyderabad, Telangana, India - 500062

  
1860 500 7788  
www.apolloclinic.com

**APOLLO CLINICS NETWORK**

Telangana: Hyderabad (AS Rao Nagar | Charada Nagar | Kondapur | Nallakunta | Nizampet | Marikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagud) | Bellandur | Electronics City | Frazer Town | HSR Layout | Indira Nagar | JF Nagar | Kuntalahalli | Kizambagala | Sarjapur Road | Mysore (VV Mohalla) | Tamil Nadu: Chennai | Annanagar | Romurpuram | Mogappair | T Nagar | Velasavakkam | Velachery | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanawadi) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Sabdar) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Patient Name : Mr.NAGARAJ TUNK	Collected : 10/Aug/2024 08:50AM
Age/Gender : 42 Y 9 M 0 D/M	Received : 10/Aug/2024 04:38PM
UHID/MR No : CASR.0000189437	Reported : 10/Aug/2024 06:29PM
Visit ID : CASROPV230413	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

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

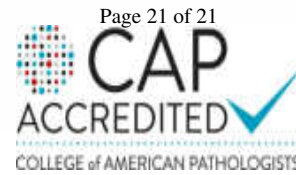
**\*\*\* End Of Report \*\*\***

Result/s to Follow:

GLUCOSE (POST PRANDIAL) - URINE, PERIPHERAL SMEAR



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



SIN No:ASR240801118

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

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohltl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

A-12, # 1-B-71A/12B, Roshni Heights, Rameswaram Housing Colony,  
A S Rao Nagar, Hyderabad, Telangana, India - 500062



**APOLLO CLINICS NETWORK**

**Telangana:** Hyderabad (AS Rao Nagar | Charada Nagar | Kondapur | Nallakunta | Nizampet | Marikonda | Uppal) **Andhra Pradesh:** Vizag (Seethamma Peta) **Karnataka:** Bangalore (Basavanegudi) | Bellandur | Electronics City | Frazer Town | HSR Layout | Indira Nagar | JF Nagar | Kundalahalli | Kizambagala | Sarjapur Road | **Mysore:** (VV Mohalla) **Tamil Nadu:** Chennai | Annanagar | Romapuram | Mogappair | T Nagar | Valasaravakkam | Velachery **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Warananagar) **Uttar Pradesh:** Ghaziabad (Indrapuram) **Gujarat:** Ahmedabad (Sabarji) **Punjab:** Amritsar (Court Road) **Haryana:** Faridabad (Railway Station Road)

Patient Name	: Mr. Nagaraj Tunk	Age	: 42Yrs 9Mths
UHID	: CASR.0000189437	OP Visit No.	: CASROPV230413
Printed On	: 10-08-2024 10:08 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 9920144559		

---

## DEPARTMENT OF RADIOLOGY

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### ULTRASOUND -WHOLE ABDOMEN

**Clinical history** :- Health checkup

**Liver** appears normal in size with increased 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.

**Right kidney** : 99x42mm

**Left kidney** : 100x42m

Both Kidneys are appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality.

**Prostate** : is normal in size and echo texture.No evidence of necrosis/calcification seen.

**IMPRESSION:- Grade 1 Fatty Liver.**

**Suggested clinical correlation and further evaluation if necessary .**

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---

---End Of The Report---



Dr.K PRAVEEN BABU  
DNB Radiodiagnosis  
47491  
Radiology

Patient Name	: Mr. Nagaraj Tunk	Age	: 42Yrs 9Mths 1Days
UHID	: CASR.0000189437	OP Visit No.	: CASROPV230413
Printed On	: 11-08-2024 07:44 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 9920144559		

---

**DEPARTMENT OF CARDIOLOGY**

---

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed)	2.4 CM
LA (es)	3.6 CM
LVID (ed)	4.9 CM
LVID (es)	3.3 CM
IVS (Ed)	1.2 CM
LVPW (Ed)	1.2 CM
EF	60 %
%FD	32 %
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

---



**COLOUR AND DOPPLER STUDIES**

E: 0.8 m/sec A: 0.6 m/sec

PJV: 1.0 m/sec

AJV: 0.8 m/sec

**IMPRESSION:-**

NORMAL CHAMBER DIMENSION.

BORDERLINE LVH.

NO RWMA.

LV EF ;60 %

NO CLOTS/ VEGETATION

NO PERICARDIAL EFFUSION.

---End Of The Report---

DR. SHILPI MOHAN  
MBBS, MD (MEDICINE), DNB (CARDIOLOGY)  
20417  
Cardiology

Patient Name	: Mr. Nagaraj Tunk	Age	: 42Yrs 9Mths 2Days
UHID	: CASR.0000189437	OP Visit No.	: CASROPV230413
Printed On	: 12-08-2024 02:35 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 9920144559		

### DEPARTMENT OF CARDIOLOGY

Observation :-

1. Sinus Rhythm.
2. Heart rate is 80 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

**Impression:**

NORMAL RESTING ECG.

---End Of The Report---



DR. MRINAL .

MBBS, DIPCARD member of American college of Cardiology  
58051  
Cardiology

Patient Name	: Mr. Nagaraj Tunk	Age	: 42Yrs 9Mths 1Days
UHID	: CASR.0000189437	OP Visit No.	: CASROPV230413
Printed On	: 11-08-2024 02:47 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 9920144559		

---

**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA VIEW**

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**

**For clinical correlation and further evaluation if necessary.**

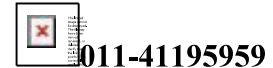
---End Of The Report---



Dr.K PRAVEEN BABU  
DNB Radiodiagnosis  
47491  
Radiology

## Nagaraj Tunk

**From:** Mediwheel <wellness@mediwheel.in>  
**Sent:** 05 August 2024 12:32  
**To:** Nagaraj Tunk  
**Cc:** customercare@mediwheel.in  
**Subject:** Health Check up Booking Request(36E1723), Package Code(ARCOFEMI MEDIWHEEL FULL BODY PLUS ANNUAL CHECK ADVANCED WITH VITAMIN MALE WITH 2 D ECHO)



Dear Nagaraj Tunk,

We have received your booking request for the following health checkup,

**User Package Name** : Annual Health Checkup Male 35-44

**Package Code** : ARCOFEMI MEDIWHEEL FULL BODY PLUS ANNUAL CHECK ADVANCED WITH VITAMIN MALE WITH 2 D ECHO

**Name of Diagnostic/Hospital** : Apollo Clinic - AS Rao Nagar

**Address of Diagnostic/Hospital** : A-12, # 1-9-71/A/12/B, Rishabh heights, above vodafone store, beside KFC, A S Rao Nagar, Hyderabad -500062

**Appointment Date** : 10-08-2024

**Preferred Time** :

Member Information		
Booked Member Name	Age	Gender
Nagaraj Tunk	42 year	Male

### Tests included in this Package

- Urine Analysis
- Blood Group
- Calcium
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver Profile
- Blood Glucose (Post Prandial)

- Prostate Specific Antigen (PSA Male)
- Phosphatase
- Thyroid Profile
- Vitamin B12
- Vitamin D
- Urine Sugar Fasting
- Urine Sugar PP
- ESR
- Blood Glucose (Fasting)
- TMT OR 2D ECHO (Any 1) Chosen By Candidate
- Chest X-ray
- ECG
- USG Whole Abdomen
- Pulmonary Function Test (PFT)
- Dietician Consultation
- Eye Check-up consultation
- [Ent Consultation](#)
- Dental Consultation
- General Physician Consultation
- [Bmi-Check](#)

Thanks,  
Mediwheel Team

Please Download Mediwheel App



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**JM FINANCIAL**



**Nagaraj Tunk**

Employee Code : 23024

Blood Group : A+

Authorised Signatory

6-3-1090/1/1, Uma Hyderabad House,  
2nd Floor, Somajiguda,  
Hyderabad - 500 082. Telangana

Tel No.: 91-40-4010 5875

Emergency No.: 9848220726

189437  
42 Years

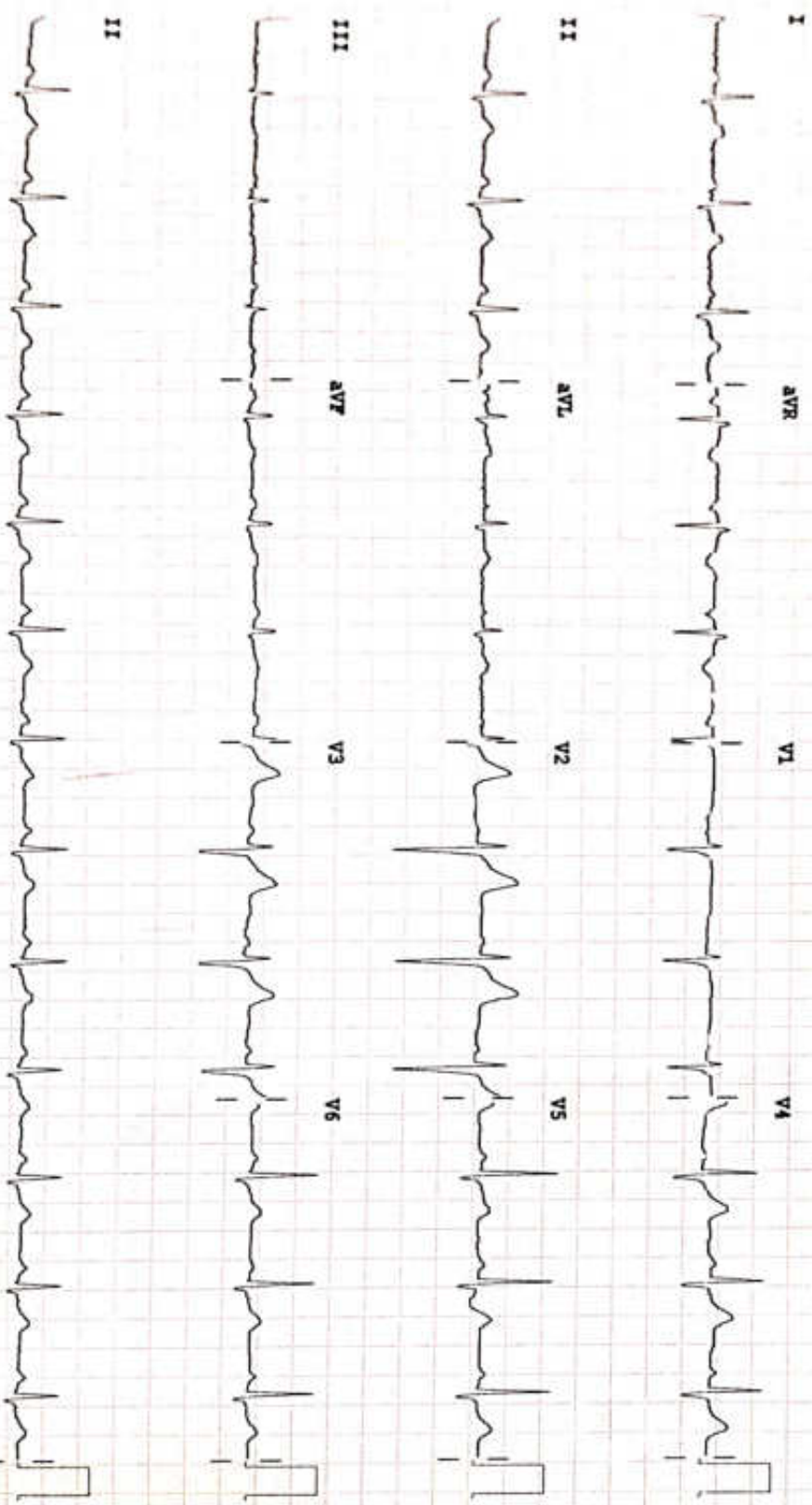
MR. NAGARAJU TUNK  
Male

09/08/2024 14:40:46

Apollo Clinic A S Rao Nagar

Rate 80 . Sinus rhythm  
RR 750 . Baseline wander in lead(s) V4  
PR 144  
QRS 95  
QT 372  
QTcB 430  
QTcF 409  
---AXIS---  
P 52  
QRS 43  
T 29  
12 lead: Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limbs: 10 mm/mV

Chest: 10.0 mm/mV

F 50-0.15-40 Hz

PH100B CL

P?

PHILIPS

REF: CPT 93.00-93.99

7/8



**Apollo Clinic**

PHYSICAL EXAMINATION FORM

**Apollo Clinic**  
*Trustees: Govind Rao, S. S.*

Date 10/8/24

UHID 189434

Name *Mr. Nagaraj T*

Age 42/m

Height  Cms

Weight  Kgs

Chest Measurement  (in)cm  (out)cm

Waist  cm HIP

Pulse  Bt/Min BMI  kgs/cm<sup>2</sup>

BP  mm/Hg SPO<sub>2</sub>  %



# POWER PRESCRIPTION

NAME: *Nagaraju*  
AGE: *42*

GENDER: *M/F* ✓  
UHID:

DATE: *10/05/24*

## RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE		<i>plane</i>		<i>6/6</i>
NEAR	<i>+ 1.50</i>			<i>6/6</i>

## LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE		<i>plane</i>		<i>6/6</i>
NEAR	<i>+ 1.50</i>			<i>6/6</i>

COLOUR VISION : *normal*

DIAGNOSIS : *-*

OTHER FINDINGS : *-*

INSTRUCTIONS : *-*

*Anil*  
SIGNATURE

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Nagaraj Tunk on 12/8/24.

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 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. <u>Sugar high. Adv: followup</u></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 checked="" 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. VIVEK BELDE**  
M.B.B.S., D.F.M.(UK)  
Dr. \_\_\_\_\_  
Medical Officer  
CONSULTANT PHYSICIAN



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