

Patient Name	: Mr. MANOJ KUMAR VEMULA	Age	: 36 Y/M
UHID	: CKON.0000418585	OP Visit No	: CKONOPV610967
Conducted By:	: Dr. RAMU ANKAM	Conducted Date	: 14-10-2023 15:53
Referred By	: SELF		

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (cd)	3.1 CM
LA (cs)	3.5 CM
LV1D (cd)	4.2 CM
LV1D (cs)	2.7 CM
IVS (Ed)	1.1 CM
LVPW (Ed)	1.1 CM
EF	65.00%
%E0	35.00%

MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INFER ATRIAL SEPTUM	INTACT
INFER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL
LEFT VENTRICLE:	

NO REGIONAL WALL MOTION ABNORMALITY

COLOUR AND DOPPLER STUDIES

INFERIOR

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana.

APOLLO CLINICS NETWORK

Andhra Pradesh: Tirupati (Sankarambadi Circle) **Vizag** (Seethamma Peta)

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Nallakunta | Nizampet | SR Nagar | Vanasthalipuram)

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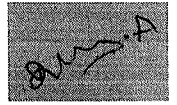
TO BOOK AN APPOINTMENT



1860 500 7788

A: 0.5

IMPRESSION:-
NORMAL CHAMBERS
NO RWMA
GOOD L V/ RV SYSTOLIC FUNCTION
NO MR/ TR/ PAH
NO CLOT/ NO PE



Dr. RAMU
ANKAM

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TO BOOK AN APPOINTMENT



1860 500 7788

Name <u>Mr. manoj kumar v</u>	Date <u>14-10-23</u>
Age <u>36 y</u>	UHID No. <u>418585</u>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Ref. Physician
Ref. Diagnosis	

Echocardiogram Report

Echogenicity Poor Adequate Good Ht. _____ Wt. _____ BSA _____

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
Ao (ed) <u>3.1</u> cm	(1.5cm / m2)	IVS (Ed) <u>1.1</u> cm	(0.6 - 1.2 cm)
LA (es) <u>3.5</u> cm	(1.5cm / m2)	LVPW (Ed) <u>1.1</u> cm	(0.6 - 1.1 cm)
RVID (ed) <u>3.2</u> cm	(0.9 cm / m2)	EF <u>65</u>	(0.62 - 0.85)
LVID (ed) <u>4.2</u> cm	(2.6 - 3.4 cm / m2)	% FD <u>35%</u>	(2.8% - 42%)
LVID (es) <u>2.7</u>			

MORPHOLOGICAL DATA

Mitral Valve	AML <u>2</u>	Interatrial septum <u>2</u>
	PML <u>2</u>	Interventricular septum <u>2</u>
Aortic Valve	<u>2</u>	Pulmonary artery <u>2</u>
Tricuspid valve	<u>2</u>	Aorta <u>2</u>
Pulmonary valve	<u>2</u>	Right atrium <u>2</u>
Right ventricle	<u>2</u>	Left atrium <u>2</u>

Patient Name : Mr. MANOJ KUMAR VEMULA Age : 36 Y/M
UHID : CKON.0000418585 OP Visit No : CKONOPV610967
Reported By : Dr. VENKATA RAYUDU NEKKANTI Conducted Date : 14-10-2023 15:59
Referred By : SELF

ECG REPORT


Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 73beats 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:

WITH IN NORMAL LIMITS.

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



Dr. VENKATA RAYUDU NEKKANTI

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TO BOOK AN APPOINTMENT



1860 500 7788

Name: Mr. MANOJ KUMAR VEMULA
 Age/Gender: 36 Y/M
 Address: HYD
 Location: HYDERABAD, TELANGANA
 Doctor: GENERAL
 Department: KONDAPUR_06042023
 Rate Plan: ARCOFEMI HEALTHCARE LIMITED
 Sponsor:

MR No:
 Visit ID:
 Visit Date:
 Discharge Date:
 Referred By:

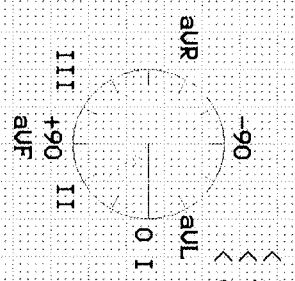
Vitals:

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms) & Hip Ratio	Waist (cms) & Hip Ratio
14-10-2023 16:43	73 Beats/min	110/70 mmHg	Rate/min	F	181 cms	101 Kgs	%	%	Years	30.83	105 cms	121 cms	113 cms	AHLL09485

GE MAC1200 ST MR MANOJ KUMAR U, 0000418585,
Male

HR 73 bpm

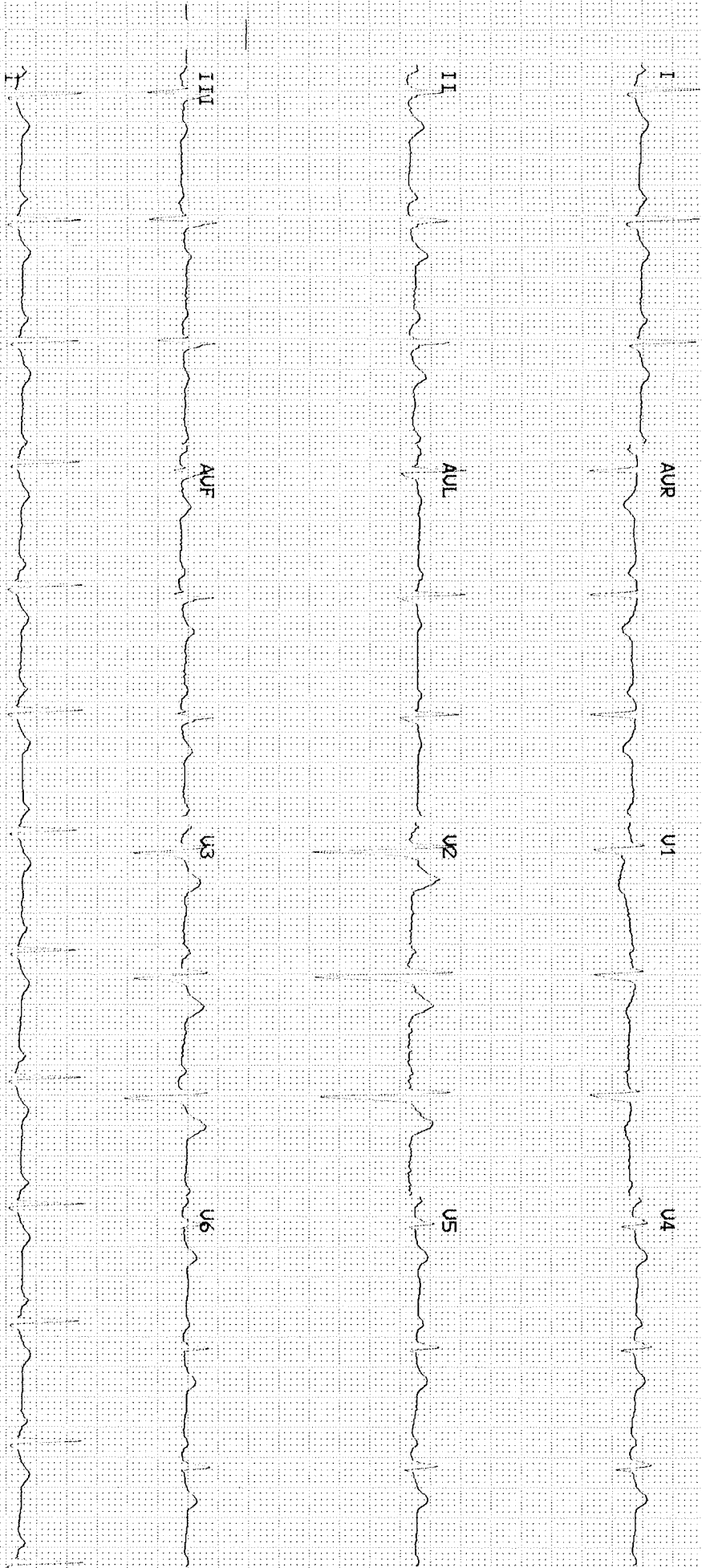
AGE 36
Measurement Results:
QRS : 110 ms
QT/QTcB : 370 / 411 ms
PR : 164 ms
P : 120 ms
RR/PP : 810 / 810 ms
P/QRS/T : 35 / 0 / 50 degrees
QTd/QTcBd : 52 / 58 ms
Sokolow : 1.0 mV
NK : 11



Interpretation:
normal ECG

Handwritten signature

Unconfirmed report.



Patient Name : Mr.MANOJ KUMAR VEMULA	Collected : 14/Oct/2023 10:21AM
Age/Gender : 36 Y 6 M 4 D/M	Received : 14/Oct/2023 12:34PM
UHID/MR No : CKON.0000418585	Reported : 14/Oct/2023 03:03PM
Visit ID : CKONOPV610967	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 115686	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	14.6	g/dL	13-17	Spectrophotometer
PCV	44.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.23	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	85	fL	83-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,600	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	55	%	40-80	Electrical Impedence
LYMPHOCYTES	35	%	20-40	Electrical Impedence
EOSINOPHILS	04	%	1-6	Electrical Impedence
MONOCYTES	06	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3080	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1960	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	224	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	336	Cells/cu.mm	200-1000	Electrical Impedence
PLATELET COUNT	221000	cells/cu.mm	150000-410000	Electrical impedence

ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
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PERIPHERAL SMEAR

RBC :Normocytic Normochromic.

WBC : TLC and DLC Within normal limits.

PLATELETS :Adequate on the smear.

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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Patient Name : Mr.MANOJ KUMAR VEMULA	Collected : 14/Oct/2023 10:21AM
Age/Gender : 36 Y 6 M 4 D/M	Received : 14/Oct/2023 12:34PM
UHID/MR No : CKON.0000418585	Reported : 14/Oct/2023 02:24PM
Visit ID : CKONOPV610967	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

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



Patient Name : Mr.MANOJ KUMAR VEMULA	Collected : 14/Oct/2023 12:36PM
Age/Gender : 36 Y 6 M 4 D/M	Received : 14/Oct/2023 02:56PM
UHID/MR No : CKON.0000418585	Reported : 14/Oct/2023 02:57PM
Visit ID : CKONOPV610967	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 115686	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	81	mg/dL	70-100	GOD - POD
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Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	84	mg/dL	70-140	GOD - POD
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Comment:

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

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.





MC-2438



Patient Name : Mr.MANOJ KUMAR VEMULA	Collected : 14/Oct/2023 10:21AM
Age/Gender : 36 Y 6 M 4 D/M	Received : 14/Oct/2023 02:00PM
UHID/MR No : CKON.0000418585	Reported : 14/Oct/2023 04:18PM
Visit ID : CKONOPV610967	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 115686	

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	114	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)



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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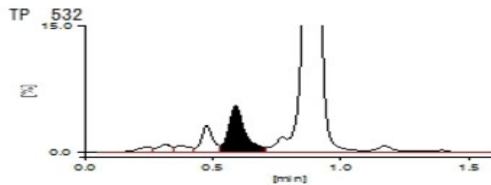
Chromatogram Report

HLC72368 V5.28 1 2023-10-14 15:29:49
 ID EDT230094859
 Sample No. 10140174 SL 0018 - 02
 Patient ID
 Name
 Comment

CALIB			
Name	%	Time	Area
A1A	0.5	0.24	7.82
A1B	0.6	0.31	11.05
F	0.6	0.37	9.86
LA1C+	1.8	0.48	30.72
SA1C	5.6	0.59	75.50
A0	92.7	0.89	1583.26
H-V0			
H-V1			
H-V2			

Total Area 1718.21

HbA1c 5.6 % **IFCC 38 mmol/mol**
 HbA1 6.7 % HbF 0.6 %



Patient Name : Mr.MANOJ KUMAR VEMULA	Collected : 14/Oct/2023 10:21AM
Age/Gender : 36 Y 6 M 4 D/M	Received : 14/Oct/2023 05:39PM
UHID/MR No : CKON.0000418585	Reported : 14/Oct/2023 06:10PM
Visit ID : CKONOPV610967	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 115686	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	190	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	99	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	51	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	139	mg/dL	<130	Calculated
LDL CHOLESTEROL	119.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.73		0-4.97	Calculated

Comment:

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

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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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Age/Gender	: 36 Y 6 M 4 D/M	Received	: 14/Oct/2023 05:39PM
UHID/MR No	: CKON.0000418585	Reported	: 14/Oct/2023 05:57PM
Visit ID	: CKONOPV610967	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	33	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	55.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.90	g/dL	6.3-8.2	Biuret
ALBUMIN	4.30	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.19		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 > 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.
- 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.



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	1.10	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	24.10	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	11.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.00	mg/dL	3.5-8.5	Uricase
CALCIUM	9.20	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.5-4.5	PMA Phenol
SODIUM	136	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	24.00	U/L	15-73	Glycylglycine Nitoranalide



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Visit ID : CKONOPV610967	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 115686	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.18	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.92	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.741	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

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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



Patient Name	: Mr.MANOJ KUMAR VEMULA	Collected	: 14/Oct/2023 10:21AM
Age/Gender	: 36 Y 6 M 4 D/M	Received	: 14/Oct/2023 12:34PM
UHID/MR No	: CKON.0000418585	Reported	: 14/Oct/2023 01:35PM
Visit ID	: CKONOPV610967	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 115686		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	5-6	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	NIL			MICROSCOPY



Patient Name : Mr.MANOJ KUMAR VEMULA	Collected : 14/Oct/2023 10:21AM
Age/Gender : 36 Y 6 M 4 D/M	Received : 14/Oct/2023 12:34PM
UHID/MR No : CKON.0000418585	Reported : 14/Oct/2023 04:18PM
Visit ID : CKONOPV610967	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 115686	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

Result/s to Follow:
PERIPHERAL SMEAR



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



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



Patient Name	: Mr. MANOJ KUMAR VEMULA	Age	: 36 Y M
UHID	: CKON.0000418585	OP Visit No	: CKONOPV610967
Reported on	: 14-10-2023 16:44	Printed on	: 16-10-2023 18:56
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size measures 13.58 cm 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 measures 11.42 cm. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

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

Right kidney measures 91 x 45 mm. Left kidney measures 91 x 51mm.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate is normal in size measures 29 x 30 x 31 mm,Volume--15.15 cc .No evidence of necrosis/calcification seen.

Patient Name	: Mr. MANOJ KUMAR VEMULA	Age	: 36 Y M
UHID	: CKON.0000418585	OP Visit No	: CKONOPV610967
Reported on	: 14-10-2023 16:44	Printed on	: 16-10-2023 18:56
Adm/Consult Doctor	:	Ref Doctor	: SELF

IMPRESSION:-

****MILD FATTY CHANGES IN LIVER.**

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

DR.RAHEEMUDDIN.
Consultant Radiologist.

Printed on:14-10-2023 16:44

---End of the Report---

Patient Name : Mr. MANOJ KUMAR VEMULA Age : 36 Y M
UHID : CKON.0000418585 OP Visit No : CKONOPV610967
Reported on : 14-10-2023 18:14 Printed on : 16-10-2023 18:56
Adm/Consult Doctor : 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 .

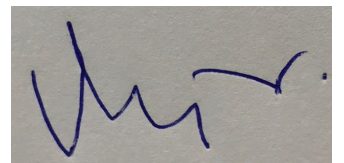
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Printed on:14-10-2023 18:14

---End of the Report---



Dr. VIJAYA KUMAR M
MBBS, DMRD
Consultant Radiologist