

Patient Name : Mr.RAM KUMAR NICHERLA	Collected : 06/Dec/2023 09:14AM
Age/Gender : 34 Y 5 M 27 D/M	Received : 06/Dec/2023 01:16PM
UHID/MR No : CINR.0000075805	Reported : 06/Dec/2023 02:16PM
Visit ID : CUPPOPV125732	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175880	

DEPARTMENT OF HAEMATOLOGY

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

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

HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	16	g/dL	13-17	Spectrophotometer
PCV	45.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.33	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	86.1	fL	83-101	Calculated
MCH	29.9	pg	27-32	Calculated
MCHC	34.8	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,640	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	62	%	40-80	Electrical Impedence
LYMPHOCYTES	22	%	20-40	Electrical Impedence
EOSINOPHILS	5.9	%	1-6	Electrical Impedence
MONOCYTES	9.1	%	2-10	Electrical Impedence
BASOPHILS	1	%	0-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4116.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1460.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	391.76	Cells/cu.mm	20-500	Calculated
MONOCYTES	604.24	Cells/cu.mm	200-1000	Calculated
BASOPHILS	66.4	Cells/cu.mm	0-100	Calculated

PLATELET COUNT

PLATELET COUNT	244000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



Patient Name : Mr.RAM KUMAR NICHERLA	Collected : 06/Dec/2023 09:14AM
Age/Gender : 34 Y 5 M 27 D/M	Received : 06/Dec/2023 01:16PM
UHID/MR No : CINR.0000075805	Reported : 06/Dec/2023 05:07PM
Visit ID : CUPPOPV125732	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175880	

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 FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	A			Microplate technology
Rh TYPE	Positive			Microplate technology



SIN No:BED230300630

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

Patient Name : Mr.RAM KUMAR NICHERLA	Collected : 06/Dec/2023 09:14AM
Age/Gender : 34 Y 5 M 27 D/M	Received : 06/Dec/2023 01:21PM
UHID/MR No : CINR.0000075805	Reported : 06/Dec/2023 04:28PM
Visit ID : CUPPOPV125732	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175880	

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	92	mg/dL	70-100	GOD - POD
-------------------------------	----	-------	--------	-----------

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)	78	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.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	105	mg/dL		Calculated

Comment:

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

REFERENCE GROUP	HBA1C %
-----------------	---------

Patient Name : Mr.RAM KUMAR NICHERLA	Collected : 06/Dec/2023 09:14AM
Age/Gender : 34 Y 5 M 27 D/M	Received : 06/Dec/2023 01:21PM
UHID/MR No : CINR.0000075805	Reported : 06/Dec/2023 04:28PM
Visit ID : CUPPOPV125732	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175880	

DEPARTMENT OF BIOCHEMISTRY

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

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

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

Note: Dietary preparation or fasting is not required.

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

Patient Name : Mr.RAM KUMAR NICHERLA	Collected : 06/Dec/2023 09:14AM
Age/Gender : 34 Y 5 M 27 D/M	Received : 06/Dec/2023 01:21PM
UHID/MR No : CINR.0000075805	Reported : 06/Dec/2023 04:28PM
Visit ID : CUPPOPV125732	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175880	

DEPARTMENT OF BIOCHEMISTRY

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

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

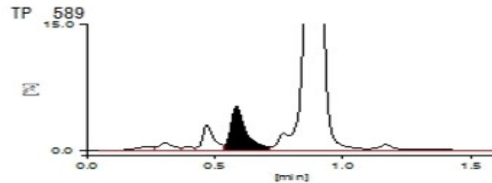
Chromatogram Report

HLC72368 V5.28 1 2023-12-06 13:37:06
 ID EDT230110433
 Sample No. 12060070 SL 0001 - 06
 Patient ID
 Name
 Comment

CALIB			
Name	%	Time	Area
A1A	0.4	0.24	5.26
A1B	0.7	0.30	8.50
F	0.2	0.40	2.90
LA1C+	1.7	0.47	21.10
SA1C	5.3	0.58	49.93
AO	93.1	0.89	1151.25
H-V0			
H-V1			
H-V2			

Total Area 1238.94

HbA1c 5.3 % IFCC 35 mmol/mol
HbA1 6.4 % HbF 0.2 %



SIN No:PLF02066027,PLP1394040,EDT230110433

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

Patient Name : Mr.RAM KUMAR NICHERLA	Collected : 06/Dec/2023 09:14AM
Age/Gender : 34 Y 5 M 27 D/M	Received : 06/Dec/2023 01:20PM
UHID/MR No : CINR.0000075805	Reported : 06/Dec/2023 05:33PM
Visit ID : CUPPOPV125732	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175880	

DEPARTMENT OF BIOCHEMISTRY

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	200	mg/dL	<200	CHO-POD
TRIGLYCERIDES	82	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	149	mg/dL	<130	Calculated
LDL CHOLESTEROL	132.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.92		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 on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



SIN No:SE04560981

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

Patient Name : Mr.RAM KUMAR NICHERLA	Collected : 06/Dec/2023 09:14AM
Age/Gender : 34 Y 5 M 27 D/M	Received : 06/Dec/2023 01:20PM
UHID/MR No : CINR.0000075805	Reported : 06/Dec/2023 05:33PM
Visit ID : CUPPOPV125732	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175880	

DEPARTMENT OF BIOCHEMISTRY

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

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

LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	1.05	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.90	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	87.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.80	g/dL	6.6-8.3	Biuret
ALBUMIN	4.90	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		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 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.

Patient Name	: Mr.RAM KUMAR NICHERLA	Collected	: 06/Dec/2023 09:14AM
Age/Gender	: 34 Y 5 M 27 D/M	Received	: 06/Dec/2023 01:20PM
UHID/MR No	: CINR.0000075805	Reported	: 06/Dec/2023 05:33PM
Visit ID	: CUPPOPV125732	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 175880		

DEPARTMENT OF BIOCHEMISTRY

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

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



SIN No:SE04560981

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

APOLLO CLINICS NETWORK

Patient Name	: Mr.RAM KUMAR NICHERLA	Collected	: 06/Dec/2023 09:14AM
Age/Gender	: 34 Y 5 M 27 D/M	Received	: 06/Dec/2023 01:20PM
UHID/MR No	: CINR.0000075805	Reported	: 06/Dec/2023 04:55PM
Visit ID	: CUPPOPV125732	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 175880		

DEPARTMENT OF BIOCHEMISTRY

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

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

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.87	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	19.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.31	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.71	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.26	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)



SIN No:SE04560981

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

APOLLO CLINICS NETWORK

Patient Name : Mr.RAM KUMAR NICHERLA	Collected : 06/Dec/2023 09:14AM
Age/Gender : 34 Y 5 M 27 D/M	Received : 06/Dec/2023 01:20PM
UHID/MR No : CINR.0000075805	Reported : 06/Dec/2023 04:04PM
Visit ID : CUPPOPV125732	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175880	

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	13.00	U/L	<55	IFCC



SIN No:SE04560981

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

Patient Name : Mr.RAM KUMAR NICHERLA	Collected : 06/Dec/2023 09:14AM
Age/Gender : 34 Y 5 M 27 D/M	Received : 06/Dec/2023 01:20PM
UHID/MR No : CINR.0000075805	Reported : 06/Dec/2023 02:04PM
Visit ID : CUPPOPV125732	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175880	

DEPARTMENT OF IMMUNOLOGY

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

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

THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-iodothyronine (T3, TOTAL)	0.88	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.38	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.927	µIU/mL	0.38-5.33	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



SIN No:SPL23175958

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

Patient Name	: Mr.RAM KUMAR NICHERLA	Collected	: 06/Dec/2023 09:14AM
Age/Gender	: 34 Y 5 M 27 D/M	Received	: 06/Dec/2023 01:33PM
UHID/MR No	: CINR.0000075805	Reported	: 06/Dec/2023 02:14PM
Visit ID	: CUPPOPV125732	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 175880		

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 (CUE) , URINE

PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2235051

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

Patient Name : Mr.RAM KUMAR NICHERLA	Collected : 06/Dec/2023 09:14AM
Age/Gender : 34 Y 5 M 27 D/M	Received : 06/Dec/2023 01:33PM
UHID/MR No : CINR.0000075805	Reported : 06/Dec/2023 02:13PM
Visit ID : CUPPOPV125732	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175880	

DEPARTMENT OF CLINICAL PATHOLOGY

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

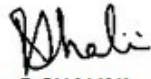
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



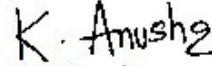
Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



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



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



Dr. K. Anusha
M.B.B.S, M.D(Biochemistry)
Consultant Biochemist



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





The Apollo Clinic

PHYSICAL EXAMINATION FORM

Apollo Clinic
Excellence. Closer to you.

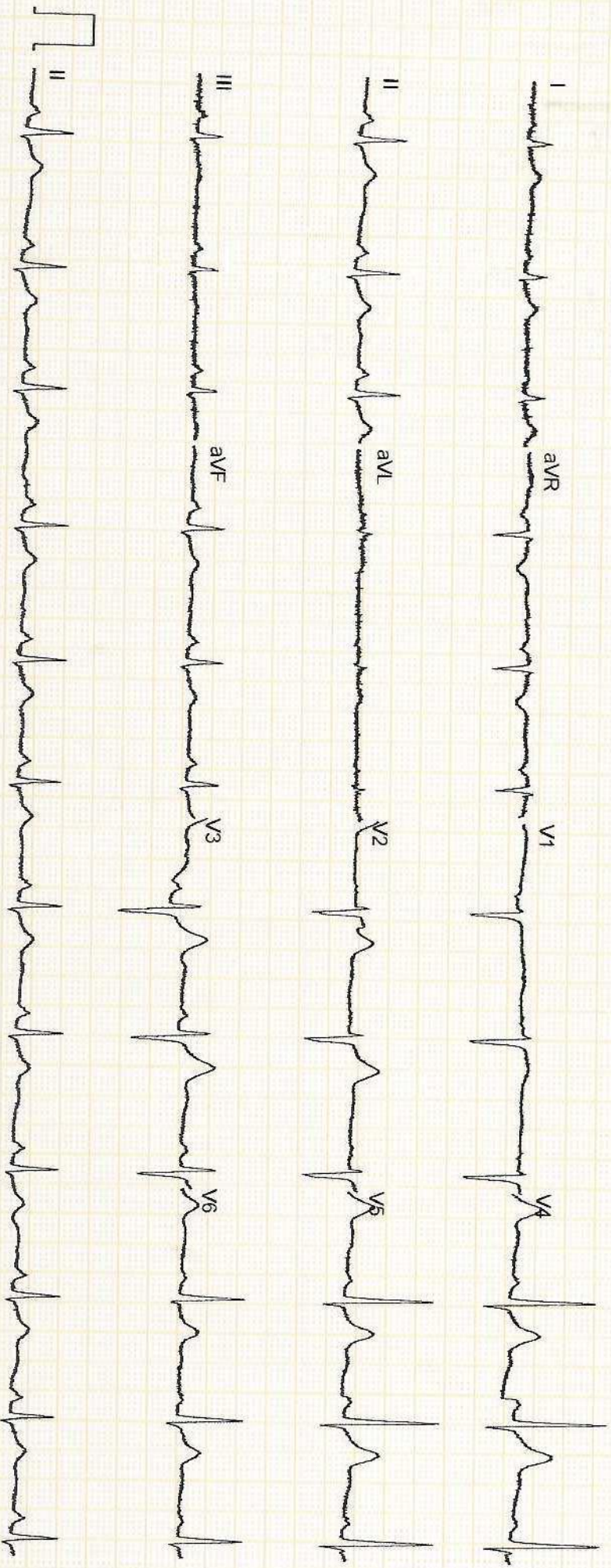
Date: 6/2/23
Age: 34y/m
Name: Mr. Ram Kumar N
UHID: CINR-75805
Height: 188 Cms
BMI: 28.4
Weight: 65 Kgs
BP: 110/70

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

QRS : 82 ms
QT / QTcBaz : 358 / 386 ms
PR : 152 ms
P : 92 ms
RR / PP : 860 / 857 ms
P / QRS / T : 69 / 57 / 51 degrees

Normal sinus rhythm
Normal ECG

Normal



POWER PRESCRIPTION

NAME: *Rama Kumar. N*

GENDER: *M/F*

DATE: *06/12/23*

AGE: *34*

UHID: *75805*

RIGHT EYE

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>-</i> <i>1.00</i>	<i>-</i> <i>1.75</i>	<i>180°</i>	<i>6/6</i>
NEAR	<i>—————</i>			<i>20/20</i>

	SPH	CYL	AXIS	VISION
DISTANCE	<i>-</i> <i>1.25</i>	<i>-</i> <i>1.75</i>	<i>180°</i>	<i>6/6</i>
NEAR	<i>—————</i>			<i>20/20</i>

COLOUR VISION : *Normal*

DIAGNOSIS :
OTHER FINDINGS :
INSTRUCTIONS :

} Nil


[Signature]
SIGNATURE

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of Mr. Ram Kumar N on 7/12/23.

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

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

DR. KOPPUDA TRIVENI

Dr. Koppuda Triveni
 Reg No :05078
 Consultant physician
 Apollo Clinic
 Uppal

Patient Name	: Mr. RAM KUMAR NICHERLA	Age/Gender	: 34 Y/M
UHID/MR No.	: CINR.0000075805	OP Visit No	: CUPPOPV125732
Sample Collected on	:	Reported on	: 06-12-2023 16:42
LRN#	: RAD2170135	Specimen	:
Ref Doctor	: DR SRAVYA SREE		
Emp/Auth/TPA ID	: 175880		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver enlarged in size **158 mm** and normal 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 in size 104 mm. 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 : 108 x 41 mm.

Left kidney : 103 x 49 mm.

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.

Well defined subcutaneous lipoma in the posterior abdominal wall in right lumbar region measuring 20 x 12 x 8 mm.

Prostate is normal in size 31 x 28 x 26 mm and echo texture. Volume measure 12 cc. No evidence of necrosis/calcification seen.

IMPRESSION:-

* **MILD HEPATOMEGALY.**

* **SUBCUTANEOUS LIPOMA IN RIGHT POSTERIOR ABDOMINAL WALL IN RIGHT LUMBAR REGION.**

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.

Patient Name : Mr. RAM KUMAR NICHERLA

Age/Gender : 34 Y/M



Dr. K BHAGHEERATHI
MBBS, DNB Radiodiagnosis
Consultant Radiologist

Patient Name : Mr. RAM KUMAR NICHERLA

Age/Gender : 34 Y/M

UHID/MR No. : CINR.0000075805

OP Visit No : CUPPOPV125732

Sample Collected on :

Reported on : 06-12-2023 16:09

LRN# : RAD2170135

Specimen :

Ref Doctor : DR SRAVYA SREE

Emp/Auth/TPA ID : 175880

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

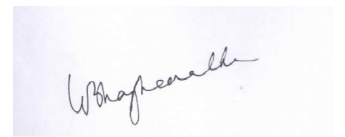
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. K BHAGHEERATHI
MBBS,DNB Radiodiagnosis
Consultant Radiologist

Name: Mr. RAM KUMAR NICHERLA
Age/Gender: 34 Y/M
Address: BANGALORE
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. AYYAPPA SWAMY AMARA

MR No: CINR.0000075805
Visit ID: CUPPOPV125732
Visit Date: 06-12-2023 09:13
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. RAM KUMAR NICHERLA
Age/Gender: 34 Y/M
Address: BANGALORE
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. KOPPULA TRIVENI

MR No: CINR.0000075805
Visit ID: CUPPOPV125732
Visit Date: 06-12-2023 09:13
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mr. RAM KUMAR NICHERLA
Age/Gender: 34 Y/M
Address: BANGALORE
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. KOPPULA TRIVENI

MR No: CINR.0000075805
Visit ID: CUPPOPV125732
Visit Date: 06-12-2023 09:13
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mr. RAM KUMAR NICHERLA
Age/Gender: 34 Y/M
Address: BANGALORE
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. KOPPULA TRIVENI

MR No: CINR.0000075805
Visit ID: CUPPOPV125732
Visit Date: 06-12-2023 09:13
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
06-12-2023 19:38	22 Beats/min	110/70 mmHg	22 Rate/min	98.6 F	188 cms	65 Kgs	%	%	Years	18.39	cms	cms	cms		AHLL06629

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
06-12-2023 19:38	22 Beats/min	110/70 mmHg	22 Rate/min	98.6 F	188 cms	65 Kgs	%	%	Years	18.39	cms	cms	cms		AHLL06629

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
06-12-2023 19:38	22 Beats/min	110/70 mmHg	22 Rate/min	98.6 F	188 cms	65 Kgs	%	%	Years	18.39	cms	cms	cms		AHLL06629

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
06-12-2023 19:38	22 Beats/min	110/70 mmHg	22 Rate/min	98.6 F	188 cms	65 Kgs	%	%	Years	18.39	cms	cms	cms		AHLL06629

Apollo Clinic Uppal

From: noreply@apolloclinics.info
Sent: Tuesday, December 5, 2023 7:12 PM
To: customercare@mediwheel.in
Cc: Apollo Clinic Uppal; shireen.christopher; Syamsunder M
Subject: Your appointment is confirmed



Dear MR. NICHERLA A RAM KUMAR,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **UPPAL** clinic on **2023-12-06** at **08:45-09:00**.

Payment Mode	Credit
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]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor." Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

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 be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: APOLLO HEALTH AND LIFESTYLE LIMITED HNO- 6-48/3,PEERZADIGUDA PANCHAYAT, BODUPPAL,R R DISTRICT,HYDERABAD-500039.

Contact No: (040) 49503373 -74/.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic

Apollo Clinic Uppal

From: noreply@apolloclinics.info
Sent: Tuesday, December 5, 2023 7:12 PM
To: customercare@mediwheel.in
Cc: Apollo Clinic Uppal; shireen.christopher; Syamsunder M
Subject: Your appointment is confirmed



Dear MR. NICHERLA A RAM KUMAR,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **UPPAL clinic** on **2023-12-06** at **08:45-09:00**.

Payment Mode	Credit
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]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor." Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

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 be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: APOLLO HEALTH AND LIFESTYLE LIMITED HNO- 6-48/3,PEERZADIGUDA PANCHAYAT, BODUPPAL,R R DISTRICT,HYDERABAD-500039.

Contact No: (040) 49503373 -74/.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic

Patient Name : Mr. RAM KUMAR NICHERLA Age : 34 Y/M
UHID : CINR.0000075805 OP Visit No : CUPPOPV125732
Conducted By: : Dr. CH VENKATESHAM Conducted Date : 06-12-2023 16:25
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	3.2 CM
LA (es)	3.2 CM
LVID (ed)	3.9 CM
LVID (es)	2.8 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	0.9 CM
EF	67.00%
%FD	34.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL

Patient Name	: Mr. RAM KUMAR NICHERLA	Age	: 34 Y/M
UHID	: CINR.0000075805	OP Visit No	: CUPPOPV125732
Conducted By:	: Dr. CH VENKATESHAM	Conducted Date	: 06-12-2023 16:25
Referred By	: SELF		

COLOUR AND DOPPLER STUDIES

AJV = 1.3

PJV = 0.9

E = 0.9

A = 0.6

IMPRESSION:

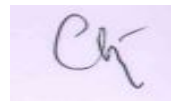
NORMAL SIZED CARDIAC CHAMBERS & VALVES

NORMAL BLOOD FLOWS

NO RWMA / LVH

GOOD LV / RV FUNCTIONS

NO CLOT / P-E.



Patient Name	: Mr. RAM KUMAR NICHERLA	Age	: 34 Y/M
UHID	: CINR.0000075805	OP Visit No	: CUPPOPV125732
Reported By:	: Dr. CH VENKATESHAM	Conducted Date	: 06-12-2023 16:14
Referred By	: SELF		

ECG REPORT

Observation :-

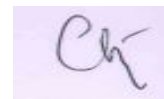
1. Normal Sinus Rhythm.
2. Heart rate is 70 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

Impression:

NORMAL ECG

CORRELATE CLINICALLY.

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



Dr. CH VENKATESHAM



MC-2438



Patient Name	: Mr.RAM KUMAR NICHERLA	Collected	: 06/Dec/2023 09:14AM
Age/Gender	: 34 Y 5 M 27 D/M	Received	: 06/Dec/2023 01:16PM
UHID/MR No	: CINR.0000075805	Reported	: 06/Dec/2023 02:16PM
Visit ID	: CUPPOPV125732	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 175880		

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

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

HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	16	g/dL	13-17	Spectrophotometer
PCV	45.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.33	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	86.1	fL	83-101	Calculated
MCH	29.9	pg	27-32	Calculated
MCHC	34.8	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,640	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

NEUTROPHILS	62	%	40-80	Electrical Impedence
LYMPHOCYTES	22	%	20-40	Electrical Impedence
EOSINOPHILS	5.9	%	1-6	Electrical Impedence
MONOCYTES	9.1	%	2-10	Electrical Impedence
BASOPHILS	1	%	0-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4116.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1460.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	391.76	Cells/cu.mm	20-500	Calculated
MONOCYTES	604.24	Cells/cu.mm	200-1000	Calculated
BASOPHILS	66.4	Cells/cu.mm	0-100	Calculated

PLATELET COUNT

PLATELET COUNT	244000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE





MC-2438



Patient Name	: Mr.RAM KUMAR NICHERLA	Collected	: 06/Dec/2023 09:14AM
Age/Gender	: 34 Y 5 M 27 D/M	Received	: 06/Dec/2023 01:16PM
UHID/MR No	: CINR.0000075805	Reported	: 06/Dec/2023 05:07PM
Visit ID	: CUPPOPV125732	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 175880		

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 FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	A			Microplate technology
Rh TYPE	Positive			Microplate technology





MC-2438



Patient Name : Mr.RAM KUMAR NICHERLA	Collected : 06/Dec/2023 09:14AM
Age/Gender : 34 Y 5 M 27 D/M	Received : 06/Dec/2023 01:21PM
UHID/MR No : CINR.0000075805	Reported : 06/Dec/2023 04:28PM
Visit ID : CUPPOPV125732	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175880	

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	92	mg/dL	70-100	GOD - POD
--------------------------------------	----	-------	--------	-----------

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)	78	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.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	105	mg/dL		Calculated

Comment:

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

REFERENCE GROUP	HBA1C %
------------------------	----------------



Patient Name : Mr.RAM KUMAR NICHERLA	Collected : 06/Dec/2023 09:14AM
Age/Gender : 34 Y 5 M 27 D/M	Received : 06/Dec/2023 01:21PM
UHID/MR No : CINR.0000075805	Reported : 06/Dec/2023 04:28PM
Visit ID : CUPPOPV125732	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175880	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
NON DIABETIC	<5.7			
PREDIABETES	5.7 – 6.4			
DIABETES	≥ 6.5			
DIABETICS				
EXCELLENT CONTROL	6 – 7			
FAIR TO GOOD CONTROL	7 – 8			
UNSATISFACTORY CONTROL	8 – 10			
POOR CONTROL	>10			

Note: Dietary preparation or fasting is not required.

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



MC-2438



Patient Name : Mr.RAM KUMAR NICHERLA	Collected : 06/Dec/2023 09:14AM
Age/Gender : 34 Y 5 M 27 D/M	Received : 06/Dec/2023 01:21PM
UHID/MR No : CINR.0000075805	Reported : 06/Dec/2023 04:28PM
Visit ID : CUPPOPV125732	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175880	

DEPARTMENT OF BIOCHEMISTRY

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

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

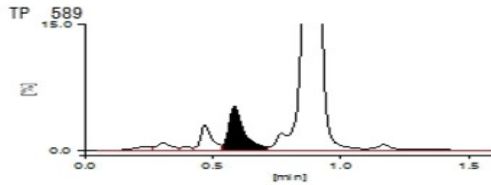
Chromatogram Report

HLC72368 V5.28 1 2023-12-06 13:37:06
 ID EDT230110433
 Sample No. 12060070 SL 0001 - 06
 Patient ID
 Name
 Comment

CALIB			
Name	%	Time	Area
A1A	0.4	0.24	5.26
A1B	0.7	0.30	8.50
F	0.2	0.40	2.90
LA1C+	1.7	0.47	21.10
SA1C	5.3	0.58	49.93
AO	93.1	0.89	1151.25
H-V0			
H-V1			
H-V2			

Total Area 1238.94

HbA1c 5.3 % IFCC 35 mmol/mol
HbA1 6.4 % HbF 0.2 %





MC-2438



Patient Name : Mr.RAM KUMAR NICHERLA	Collected : 06/Dec/2023 09:14AM
Age/Gender : 34 Y 5 M 27 D/M	Received : 06/Dec/2023 01:20PM
UHID/MR No : CINR.0000075805	Reported : 06/Dec/2023 05:33PM
Visit ID : CUPPOPV125732	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175880	

DEPARTMENT OF BIOCHEMISTRY**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	200	mg/dL	<200	CHO-POD
TRIGLYCERIDES	82	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	149	mg/dL	<130	Calculated
LDL CHOLESTEROL	132.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.92		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.





MC-2438



Patient Name : Mr.RAM KUMAR NICHERLA
 Age/Gender : 34 Y 5 M 27 D/M
 UHID/MR No : CINR.0000075805
 Visit ID : CUPPOPV125732
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 175880

Collected : 06/Dec/2023 09:14AM
 Received : 06/Dec/2023 01:20PM
 Reported : 06/Dec/2023 05:33PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

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

LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	1.05	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.90	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	87.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.80	g/dL	6.6-8.3	Biuret
ALBUMIN	4.90	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		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 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.



MC-2438



Patient Name	: Mr.RAM KUMAR NICHERLA	Collected	: 06/Dec/2023 09:14AM
Age/Gender	: 34 Y 5 M 27 D/M	Received	: 06/Dec/2023 01:20PM
UHID/MR No	: CINR.0000075805	Reported	: 06/Dec/2023 05:33PM
Visit ID	: CUPPOPV125732	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 175880		

DEPARTMENT OF BIOCHEMISTRY

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

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



Patient Name	: Mr.RAM KUMAR NICHERLA	Collected	: 06/Dec/2023 09:14AM
Age/Gender	: 34 Y 5 M 27 D/M	Received	: 06/Dec/2023 01:20PM
UHID/MR No	: CINR.0000075805	Reported	: 06/Dec/2023 04:55PM
Visit ID	: CUPPOPV125732	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 175880		

DEPARTMENT OF BIOCHEMISTRY

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

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

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.87	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	19.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.31	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.71	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.26	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)





MC-2438



Patient Name	: Mr.RAM KUMAR NICHERLA	Collected	: 06/Dec/2023 09:14AM
Age/Gender	: 34 Y 5 M 27 D/M	Received	: 06/Dec/2023 01:20PM
UHID/MR No	: CINR.0000075805	Reported	: 06/Dec/2023 04:04PM
Visit ID	: CUPPOPV125732	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 175880		

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	13.00	U/L	<55	IFCC





MC-2438



Patient Name : Mr.RAM KUMAR NICHERLA	Collected : 06/Dec/2023 09:14AM
Age/Gender : 34 Y 5 M 27 D/M	Received : 06/Dec/2023 01:20PM
UHID/MR No : CINR.0000075805	Reported : 06/Dec/2023 02:04PM
Visit ID : CUPPOPV125732	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 175880	

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

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

THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-iodothyronine (T3, TOTAL)	0.88	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.38	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.927	µIU/mL	0.38-5.33	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





MC-2438



Patient Name	: Mr.RAM KUMAR NICHERLA	Collected	: 06/Dec/2023 09:14AM
Age/Gender	: 34 Y 5 M 27 D/M	Received	: 06/Dec/2023 01:33PM
UHID/MR No	: CINR.0000075805	Reported	: 06/Dec/2023 02:14PM
Visit ID	: CUPPOPV125732	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 175880		

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 (CUE) , URINE

PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY





MC-2438



Patient Name : Mr.RAM KUMAR NICHERLA
 Age/Gender : 34 Y 5 M 27 D/M
 UHID/MR No : CINR.0000075805
 Visit ID : CUPPOPV125732
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 175880

Collected : 06/Dec/2023 09:14AM
 Received : 06/Dec/2023 01:33PM
 Reported : 06/Dec/2023 02:13PM
 Status : Final Report
 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
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
 PERIPHERAL SMEAR

Dr.RAJESH BATTINA
 PhD.(Biochemistry)
 Consultant Biochemist

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

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

Dr.K.Anusha
 M.B.B.S,M.D(Biochemistry)
 Consultant Biochemist

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

