

Patient Name	: Mr.VIJAYA KUMAR BORUGULA	Collected	: 28/Sep/2024 08:57AM
Age/Gender	: 38 Y 3 M 19 D/M	Received	: 28/Sep/2024 11:46AM
UHID/MR No	: SCHE.0000088417	Reported	: 28/Sep/2024 01:50PM
Visit ID	: SCHEOPV106359	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E31910		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.4	g/dL	13-17	Spectrophotometer
PCV	41.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.87	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	85	fL	83-101	Calculated
MCH	29.5	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,600	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	70	%	40-80	Electrical Impedence
LYMPHOCYTES	25	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	03	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3920	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1400	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	112	Cells/cu.mm	20-500	Calculated
MONOCYTES	168	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.8		0.78- 3.53	Calculated
PLATELET COUNT	294000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	06	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				

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DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:BED240233172



Apollo Speciality Hospitals Private Limited

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CIN- U85100TG2009PTC099414

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DEPARTMENT OF HAEMATOLOGY

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


DR. APARNA NAIK
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CONSULTANT PATHOLOGIST

SIN No:BED240233172



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Collected : 28/Sep/2024 08:57AM
Received : 29/Sep/2024 02:53PM
Reported : 29/Sep/2024 09:20PM
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. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate technology
Rh TYPE	Negative			Microplate technology

M. Muttavarapu Viswanath

Dr. Muttavarapu Viswanath
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:BED240233173

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



Patient Name : Mr.VIJAYA KUMAR BORUGULA	Collected : 28/Sep/2024 08:57AM
Age/Gender : 38 Y 3 M 19 D/M	Received : 28/Sep/2024 11:36AM
UHID/MR No : SCHE.0000088417	Reported : 28/Sep/2024 01:47PM
Visit ID : SCHEOPV106359	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E31910	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	93	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:

- 1.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.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



DR. APARNA NAIK
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SIN No:PLF02208560



Patient Name : Mr.VIJAYA KUMAR BORUGULA
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 Visit ID : SCHEOPV106359
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E31910

Collected : 28/Sep/2024 12:28PM
 Received : 28/Sep/2024 03:30PM
 Reported : 28/Sep/2024 04:04PM
 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. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	105	mg/dL	70-140	GOD - POD

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.
 Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



DR. APARNA NAIK
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 CONSULTANT PATHOLOGIST

SIN No:PLP1486406



Patient Name	: Mr.VIJAYA KUMAR BORUGULA	Collected	: 28/Sep/2024 08:57AM
Age/Gender	: 38 Y 3 M 19 D/M	Received	: 28/Sep/2024 02:19PM
UHID/MR No	: SCHE.000088417	Reported	: 28/Sep/2024 04:45PM
Visit ID	: SCHEOPV106359	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E31910		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated

Comment:

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

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

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



Dr.Sandip Kumar Banerjee
M.B.B.S.,M.D(PATHOLOGY),D.P.B
Consultant Pathologist



SIN No:EDT240091835

Patient Name	: Mr.VIJAYA KUMAR BORUGULA	Collected	: 28/Sep/2024 08:57AM
Age/Gender	: 38 Y 3 M 19 D/M	Received	: 28/Sep/2024 01:01PM
UHID/MR No	: SCHE.0000088417	Reported	: 28/Sep/2024 08:07PM
Visit ID	: SCHEOPV106359	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E31910		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	186	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	470	mg/dL	<150	
HDL CHOLESTEROL	25	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	161	mg/dL	<130	Calculated
VLDL CHOLESTEROL	94	mg/dL	<30	Calculated
CHOL / HDL RATIO	7.44		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.91		<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.



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:SE04830352



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Collected : 28/Sep/2024 01:11PM
Received : 28/Sep/2024 06:37PM
Reported : 28/Sep/2024 07:23PM
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
LDL CHOLESTEROL - (DIRECT LDL)	109.70	mg/dL	<100	Enzymatic Selective Protection



Dr. Pratibha Kadam
M.B.B.S., M.D (Pathology)
Consultant Pathologist

SIN No:BI21981754



Patient Name : Mr.VIJAYA KUMAR BORUGULA
Age/Gender : 38 Y 3 M 19 D/M
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Collected : 28/Sep/2024 08:57AM
Received : 28/Sep/2024 01:01PM
Reported : 28/Sep/2024 01:59PM
Status : Final Report
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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. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	38	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	31.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	119.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.40	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		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 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.

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DR. APARNA NAIK
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CONSULTANT PATHOLOGIST

SIN No:SE04830352



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DEPARTMENT OF BIOCHEMISTRY

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

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


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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.90	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	19.47	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.80	mg/dL	4.0-7.0	URICASE
CALCIUM	9.70	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.40	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		0.9-2.0	Calculated

Result is rechecked.



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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	36.00	U/L	16-73	Glycylglycine Kinetic method



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.03	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11.93	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.015	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

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Dr.Sandip Kumar Banerjee
M.B.B.S.,M.D(PATHOLOGY),D.P.B
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



Dr.Sandip Kumar Banerjee
 M.B.B.S.,M.D(PATHOLOGY),D.P.B
 Consultant Pathologist

SIN No:SPL24141724



Patient Name	: Mr.VIJAYA KUMAR BORUGULA	Collected	: 28/Sep/2024 08:57AM
Age/Gender	: 38 Y 3 M 19 D/M	Received	: 28/Sep/2024 02:42PM
UHID/MR No	: SCHE.0000088417	Reported	: 28/Sep/2024 04:46PM
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.020		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	Modifed Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	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.

*** End Of Report ***

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DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2414380



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(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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

Address:

Ujagar Compound, Opp. Deonar Bus Depot Main Gate,
Deonar, Chembur, Mumbai, Maharashtra
Ph: 022 4334 4600

Patient Name : Mr.VIJAYA KUMAR BORUGULA
Age/Gender : 38 Y 3 M 19 D/M
UHID/MR No : SCHE.0000088417
Visit ID : SCHEOPV106359
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E31910

Collected : 28/Sep/2024 08:57AM
Received : 28/Sep/2024 02:42PM
Reported : 28/Sep/2024 04:46PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2414380



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TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

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Apollo Speciality Hospitals Private Limited

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Address:

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Deonar, Chembur, Mumbai, Maharashtra
Ph: 022 4334 4600

Patient Name : Mr. Vijaya Kumar Borugula

Age/Gender : 38 Y/M

UHID/MR No. : SCHE.0000088417

OP Visit No : SCHEOPV106359

Sample Collected on :

Reported on : 28-09-2024 14:51

LRN# : RAD2420824

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 22E31910

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : Normal in size, shape and **shows increased echogenicity**. No obvious mass seen. IHBR appear normal.

Gall Bladder : Well-distended, no obvious calculus seen. Wall thickness is within normal limits. CBD not dilated.

Pancreas: Normal in size and echopattern.

Spleen : Normal in size, echopattern

Kidneys : Both the kidneys are normal in size, shape and position.

Corticomedullary differentiation grossly maintained.

No obvious calculus/hydronephrosis seen.

RK : 9.6 x 4.3 cm.

LK : 10.0 x 4.9 cm.

No obvious mass/collection seen at the time of scan.

No fluid seen in the peritoneal cavity.

Urinary bladder: Well distended with clear contents. Wall thickness is within normal limits.

Prostate: appears normal in size and echotexture. (Volume- 16cc).

IMPRESSION: GRADE I FATTY LIVER.



Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology

Patient Name : Mr. Vijaya Kumar Borugula

Age/Gender : 38 Y/M

UHID/MR No. : SCHE.0000088417

OP Visit No : SCHEOPV106359

Sample Collected on :

Reported on : 28-09-2024 12:25

LRN# : RAD2420824

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 22E31910

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. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology