


Patient Name : Mr.TANGIRALA SAI PRABHU VENKATA N  
 Age/Gender : 54 Y 6 M 9 D/M  
 UHID/MR No : CCHA.0000181515  
 Visit ID : CCHAOPV340839  
 Ref Doctor : Self  
 Emp/Auth/TPA ID : 22E29997

Collected : 10/Aug/2024 08:18AM  
 Received : 10/Aug/2024 11:53AM  
 Reported : 10/Aug/2024 02:29PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	14.3	g/dL	13-17	Spectrophotometer
PCV	40.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.72	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	85.2	fL	83-101	Calculated
MCH	30.2	pg	27-32	Calculated
MCHC	35.5	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,710	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	45	%	40-80	Flow cytometry
LYMPHOCYTES	40	%	20-40	Flow cytometry
EOSINOPHILS	7	%	1-6	Flow cytometry
MONOCYTES	8	%	2-10	Flow cytometry
BASOPHILS	0	%	0-2	Flow cytometry
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2119.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1884	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	329.7	Cells/cu.mm	20-500	Calculated
MONOCYTES	376.8	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.13		0.78- 3.53	Calculated
PLATELET COUNT	296000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC NORMOCYTIC NORMOCHROMIC WBC - MILD EOSINOPHILIA PLATELETS ARE ADEQUATE ON SMEAR NO HEMOPARASITES SEEN IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD EOSINOPHILIA				

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



SIN No:CCR240801571

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

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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC113819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	133	mg/dL	70-100	Hexokinase

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.



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



Patient Name : Mr.TANGIRALA SAI PRABHU VENKATA N	Collected : 10/Aug/2024 08:18AM
Age/Gender : 54 Y 6 M 9 D/M	Received : 10/Aug/2024 11:56AM
UHID/MR No : CCHA.0000181515	Reported : 10/Aug/2024 02:12PM
Visit ID : CCHAOPV340839	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	8.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	189	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.

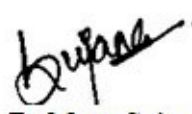
5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

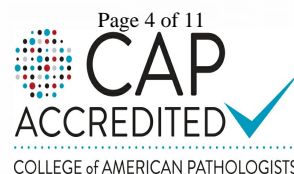
A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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

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





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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

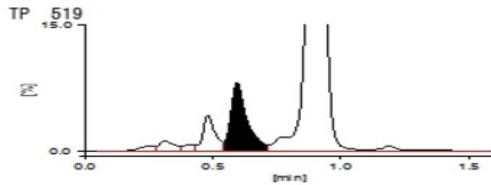
Chromatogram Report

V5.28.1 2024-08-10 12:49:19  
 ID GCR240801572  
 Sample No. 08100063 SL 0006 - 10  
 Patient ID  
 Name  
 Comment

CALIB Name	%	Time	Area
A1A	0.5	0.23	9.21
A1B	0.9	0.31	16.06
F	0.4	0.41	7.53
LA1C+	2.5	0.48	43.94
SA1C	8.2	0.59	113.84
A0	89.6	0.89	1575.30
H-V0			
H-V1			
H-V2			

Total Area 1765.88

HbA1c 8.2 % IFCC 67 mmol/mol  
 HbA1 9.7 % HbF 0.4 %




Dr.E.Maruthi Prasad  
PhD (Biochemistry)



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**Apollo Consultant biochemist** 0TG2000PLC115819)

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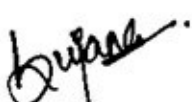
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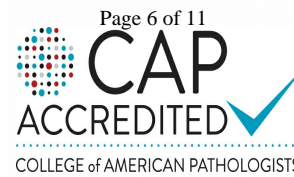
**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	40.00	U/L	<55	IFCC



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



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.96	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	12.43	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.646	µIU/mL	0.38-5.33	CLIA

Comment:

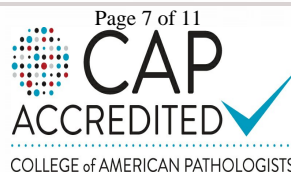
<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- 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.
- 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.
- 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.
- 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

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

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



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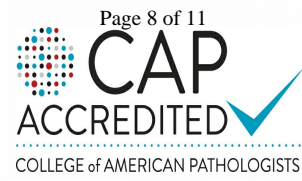
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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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*Maruthi...*  
**Dr.E.Maruthi Prasad**  
 PhD (Biochemistry)

*Sujana...*  
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.520	ng/mL	0-4	CLIA



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



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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.028		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE+++		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	ABSENT	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT	/hpf	Occasional-Few	Microscopy

**Comment:**

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

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

**B. Pawani**  
Dr B Pawani  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

SIN No:CCR240801568

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

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**CAP**  
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COLLEGE of AMERICAN PATHOLOGISTS



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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Result/s to Follow:

LIPID PROFILE, LIVER FUNCTION TEST (LFT), BLOOD GROUP ABO AND RH FACTOR, RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL), GLUCOSE (POST PRANDIAL) - URINE

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

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SIN No:CCR240801569

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UHID	: CCHA.0000181515	OP Visit No.	: CCHAOPV340839
Printed On	: 10-08-2024 06:10 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E29997		

## DEPARTMENT OF RADIOLOGY

**Liver** appears normal in size and echotexture . No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals. **Liver measures : 13 cm.**

**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** is normal. No focal lesion seen. Splenic vein is normal. **Spleen measures : 8 cm.**

**Pancreas** appears normal in echo pattern. 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 echo pattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

**Right kidney measures : 97 x 40 mm . , Left kidney measures : 103 x 38 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.

**Prostate : Appears Enlarge in size** and normal echo texture. No evidence of necrosis/calcification seen. **Prostate volume = 26 cc .**

### IMPRESSION:-

**1. GRADE - I PROSTATOMEGALY .**



(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.

---End Of The Report---

*G. Hemalatha*

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Patient Name	: Mr. TANGIRALA SAI PRABHU VENKATA N	Age	: 54Yrs 6Mths 10Days
UHID	: CCHA.0000181515	OP Visit No.	: CCHAOPV340839
Printed On	: 10-08-2024 07:13 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E29997		

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**DEPARTMENT OF CARDIOLOGY**

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**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed)	2.9 CM
LA (es)	3.0 CM
LVID (ed)	4.0 CM
LVID (es)	2.5 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	64.00%
%FD	32.00%
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	NO EFFUSION

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**LEFT VENTRICLE:**

NO REGION WALL MOTION ABNORMALITY

**COLOUR AND DOPPLER STUDIES**

PJV: 1.0

AJV: 1.1

E: 0.7 m/s

A: 0.5 m/s

**IMPRESSION:-**

**NORMAL CHAMBERS,**

**NO RWMA,**

**GOOD LVFUNCTION,**

**NO MR/ TR/ AR/ PR.**

**NO PE/CLOT/VEGS.**

---End Of The Report---



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Patient Name	: Mr. TANGIRALA SAI PRABHU VENKATA N	Age	: 54Yrs 6Mths 10Days
UHID	: CCHA.0000181515	OP Visit No.	: CCHAOPV340839
Printed On	: 10-08-2024 05:18 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E29997		

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA VIEW**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

**No obvious abnormality seen**

For clinical correlation.

---End Of The Report---

*G. Hemalatha*

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52014  
Radiology

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Patient Name	: Mr. TANGIRALA SAI PRABHU VENKATA N	Age	: 54Yrs 6Mths 10Days
UHID	: CCHA.0000181515	OP Visit No.	: CCHAOPV340839
Printed On	: 10-08-2024 07:46 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E29997		

## DEPARTMENT OF CARDIOLOGY

Observation :-

1. Sinus Rhythm.
2. Heart rate is 66 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

**Impression:**

NORMAL RESTING ECG.

---End Of The Report---



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