

Physical Medical Examination Format

NAME:- P. Ravi	DATE:- 24/2/24
DESIGNATION:-	AGE:- 52/m
EMP CODE:-	UNIT/DEPARTMENT:-
BLOOD GROUP:-	MARTIAL STATUS:- MARRIED/UNMARRIED

MEDICAL EXAMINATION

Complaints (if any)	Nil
Personal /family history	F/HTN, M/Dmt
Past Medical /Surgical	Nil
Sensitivity/Allergy (if any)	Nil
Habits	Nil
Occupational History	-

Height: 175	Weight: 77	BMI:	Pulse:
Temp: 98.6	Spo2: 99%	Resp: 18	B.P: 110/70

Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms. P. Ravifor pre-employment /periodical medical examination, I have found / not found any disease, illness, contagious illness

I Certify That Employee Is Medically..... fit

Fit
 Unfit
 Signature Of Employee

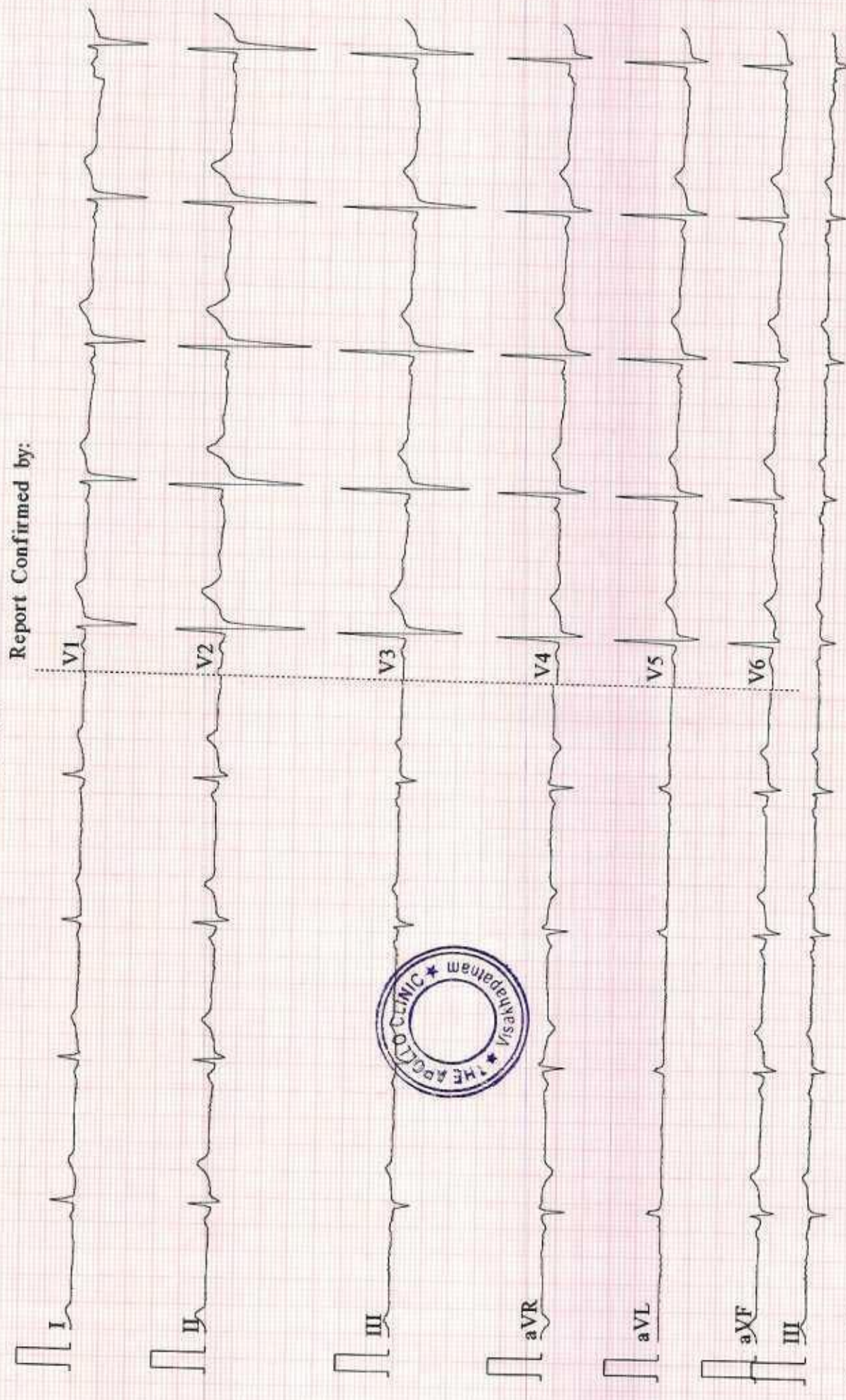
Dr.G. INDIRA PRIYADARSHINI
 MBBS

Regd No. 63148
 Apollo Family Physician
 Signature & Seal Of Medical Examiner With
 Apollo Clinic, Seethamma Peta
 Registration No:-.....

P ravi
Male 52 Years
Req. No. :

HR : 54 bpm
P : 126 ms
PR : 144 ms
QRS : 104 ms
QT/QTcBz : 436/414 ms
PQRS/T : 56/0/57 °
RV5/SV1 : 1.173/0.916 mV

Diagnosis Information:
Sinus bradycardia
Normal ECG except for rate



Dr G INDIRA PRIYADARSHINI

(M.B.B.S), C.C.E.B.D.M, F.G.O

Apollo Family Physician

Reg No: -63148

Patient Name:-

Mr. P. Law

Age/Sex:-

52/M

Date:-

24/2/24

BP:-

GRBS:-

H:-

W:-

SPO2:-

P.

(1) Tab VSL # 3. x 7 days
- o -
after lunch

U.

24/2/24

S. Bil. - 1.38 mg/dl
Ox. - 0.24

Enduct 1.1.

Alkaline Phosp - 130.0 U/L.

USG - whole abd

2 small polyps
9 mm & 2 mm.

Gastroenterologist



Dr ABHISHEK RAVURI (B.D.S)

Partner Consultant

Apollo Dental

Reg No: -A24146

Patient Name: - P Ravi

Age/Sex: - 52/M

Date: - 24/2/24

Pl. came for general check up

offer @ missing

76/

Plan advised cap bridge

765/



Dr. Abhishek Ravuri
Apollo Dental
9846507071

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TO BOOK AN APPOINTMENT

1860 500 7788

Dr. N. MUKUNDA RAO

MBBS.,MS

ENT CONSULTANT

Reg. No. AMC17481

Patient Name:

MV P. Baxi

Age/Sex:

M 52yr

Date:

24/2/24

For Neck checkup

DIE Both Ears
Nose } NAD
Throat }

Hearing was clinically
E T F

Nil ENT.

NMN



UNION BANK

NAME : MV-P. RAVI
AGE : 52

GENDER : M
DATE : 24/2/24

OPHTHALMOLOGY SCREENING REPORT

VISION : (OD) 6/6 OS 6/6 *egh*

DISTANCE : NB 26

NEAR VISION : - WNL -

COLOUR VISION : - WNL -

ANT.SEGMENT : - *Quilt* -

CONJUNCTIVA : - *clear* -

CORNEA : - *R/R/R* -

PUPIL : -

FUNDUS : -

IMPRESSION : WNL



A. Khan
SIGNATURE

Patient Name	: Mr. P RAVI	Age	: 52 Y M
UHID	: CVIS.0000124053	OP Visit No	: CVISOPV121815
Reported on	: 24-02-2024 13:58	Printed on	: 24-02-2024 13:58
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Printed on:24-02-2024 13:58

---End of the Report---



Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Patient Name	: Mr. P RAVI	Age	: 52 Y/M
UHID	: CVIS.0000124053	OP Visit No	: CVISOPV121815
Reported By:	: Dr. SHASHANKA CHUNDURI	Conducted Date	: 24-02-2024 14:44
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 54beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

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

Dr. SHASHANKA CHUNDURI



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Vizag (Seethamma Peta)

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Name: Mr. P RAVI
 Age/Gender: 52 Y/M
 Address: VSKP
 Location: VISAKHAPATNAM, ANDHRA PRADESH
 Doctor:
 Department: LABORATORY
 Rate Plan: VISHAKAPATNAM_06042023
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000124053
 Visit ID: CVISOPV121815
 Visit Date: 24-02-2024 07:42
 Discharge Date:
 Referred By: SELF

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
24-02-2024 14:46	54 Beats/min	110/70 mmHg	18 Rate/min	98.6 F	175 cms	77 Kgs	%	%	Years	25.14	cms	cms	cms		AHLL09094



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 **1860 500 7788**

Patient Name:	: Mr. P RAVI	Age	: 52 Y/M
UHID	: CVIS.0000124053	OP Visit No	: CVISOPV121815
Conducted By:	: Dr. APPALA NAIDU L S	Conducted Date	: 24-02-2024 15:34
Referred By	: SELF		

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.5 CM
LA (es)	2.7 CM
LVID (ed)	4.8 CM
LVID (es)	2.6 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.3 CM
EF	77.00%
%FD	33.00%

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

LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES:

PF: 1.0 m/sec.

MF: E > A.

AF: 1.1 m/sec

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IMPRESSION:

NORMAL CARDIAC SIZE.
NO RWMA.
NORMAL LV SYSTOLIC FUNCTION.
LVEF: 77%

Dr. APPALA
NAIDU L.S.

Apollo Health and Lifestyle Limited

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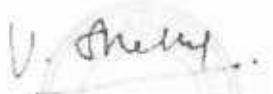
Patient Name	: Mr.P RAVI	Collected	: 24/Feb/2024 08:13AM
Age/Gender	: 52 Y 2 M 0 D/M	Received	: 24/Feb/2024 12:28PM
UHID/MR No	: CVIS.0000124053	Reported	: 24/Feb/2024 02:52PM
Visit ID	: CVISOPV121815	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 367567		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN




DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No:BED240047573

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.4	g/dL	13-17	Spectrophotometer
PCV	45.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.37	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	84	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	53.5	%	40-80	Electrical Impedance
LYMPHOCYTES	32.2	%	20-40	Electrical Impedance
EOSINOPHILS	5.4	%	1-6	Electrical Impedance
MONOCYTES	8.9	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2568	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1545.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	259.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	427.2	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.66		0.78- 3.53	Calculated
PLATELET COUNT	192000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				



V. Sneh

DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist

SIN No: BED240047573

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1860 500 7788

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Visit ID	: CVISOPV121815	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 367567		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



V. Snehal

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No:BED240047573

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mr.PRAVI	Collected	: 24/Feb/2024 08:13AM
Age/Gender	: 52 Y 2 M 0 D/M	Received	: 24/Feb/2024 12:28PM
UHID/MR No	: CVIS.0000124053	Reported	: 24/Feb/2024 02:41PM
Visit ID	: CVISOPV121815	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 367587		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	106	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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
 - Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	128	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.

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



V. Snehal

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No: EDT240021203

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DEPARTMENT OF BIOCHEMISTRY

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

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)



V. Snehal

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M.D (PATH)
Consultant Pathologist

SIN No:EDT240021203

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TO BOOK AN APPOINTMENT

1860 500 7788

MC-2373

Patient Name	: Mr.P RAVI	Collected	: 24/Feb/2024 08:13AM
Age/Gender	: 52 Y 2 M 0 D/M	Received	: 24/Feb/2024 11:41AM
UHID/MR No	: CVIS.0000124053	Reported	: 24/Feb/2024 01:19PM
Visit ID	: CVISOPV121815	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 367567		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	260	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	144	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	43	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	217	mg/dL	<130	Calculated
LDL CHOLESTEROL	188.57	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28.73	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.05		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

V. Snehal
DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No:SE04639405

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1860 500 7788

Patient Name	: Mr.P RAVI	Collected	: 24/Feb/2024 08:13AM
Age/Gender	: 52 Y 2 M 0 D/M	Received	: 24/Feb/2024 11:41AM
UHID/MR No	: CVIS.0000124053	Reported	: 24/Feb/2024 01:19PM
Visit ID	: CVISOPV121815	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 367567		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.39	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.28	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	1.11	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	33.21	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.4	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	130.30	U/L	56-119	IFCC
PROTEIN, TOTAL	7.78	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.85	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	2.93	g/dL	2.0-3.5	Calculated
A/G RATIO	1.66		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.

Page 7 of 15



V. Snehal

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No:SE04639405

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.93	mg/dL	0.7-1.2	Jaffe
UREA	25.60	mg/dL	18-55	Urease with GLDH
BLOOD UREA NITROGEN	12.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.25	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	9.70	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	4.11	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE



V. Snehal

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No:SE04639405

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	130.30	U/L	56-119	IFCC

V. Snehal
 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No:SE04639405

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Apollo Health and Lifestyle Limited

(CIN - UB5110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apoliohl.com


APOLLO CLINICS NETWORK TELANGANA & AP

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Vizag (Seethamma Peta)

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	23.10	U/L	0-55	IFCC



V. Sneh
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 M.D (PATH)
 Consultant Pathologist

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Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

MC-2373

Patient Name : Mr.P RAVI
 Age/Gender : 52 Y 2 M 0 D/M
 UHID/MR No : CVIS.0000124053
 Visit ID : CVISOPV121815
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 367567

Collected : 24/Feb/2024 08:13AM
 Received : 24/Feb/2024 11:41AM
 Reported : 24/Feb/2024 02:52PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOETHYRONINE (T3, TOTAL)	2.03	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	64.70	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	1.230	µIU/mL	0.3-4.5	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

- 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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

V. Snehal
 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No: SPL24031235

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017
Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apolloht.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (A5 Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)
 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

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Emp/Auth/TPA ID : 367567	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	27.9	ng/mL	30-100	CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

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

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

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

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

Decreased Levels:

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	316	pg/ml	200-1100	CLIA

Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception.

Page 12 of 15

V. Snehal
 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No: SPL24031235

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Apollo Health and Lifestyle Limited

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mr.P RAVI
Age/Gender : 52 Y 2 M 0 D/M
UHID/MR No : CVIS.0000124053
Visit ID : CVISOPV121815
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 367567

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Received : 24/Feb/2024 11:41AM
Reported : 24/Feb/2024 02:52PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

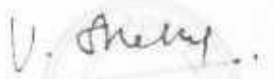
DEPARTMENT OF IMMUNOLOGY

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

poor coordination, and affective behavioral changes.

- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12.
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

Page 13 of 15



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No: SPL 24031235

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Apollo Health and Lifestyle Limited

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APOLLO CLINICS NETWORK TELANGANA & AP

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Vizag (Seethamma Peta)

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

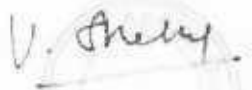
Patient Name : Mr.P RAVI
 Age/Gender : 52 Y 2 M 0 D/M
 UHID/MR No : CVIS.0000124053
 Visit ID : CVISOPV121815
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 367567

Collected : 24/Feb/2024 08:13AM
 Received : 24/Feb/2024 12:44PM
 Reported : 24/Feb/2024 02:15PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
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	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No:UR2289725

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017.

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr.P RAVI
 Age/Gender : 52 Y 2 M 0 D/M
 UHID/MR No : CVIS.0000124053
 Visit ID : CVISOPV121815
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 367567

Collected : 24/Feb/2024 08:13AM
 Received : 24/Feb/2024 12:44PM
 Reported : 24/Feb/2024 02:14PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

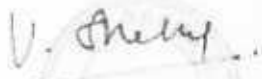
DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

Result/s to Follow:
 PROSTATIC SPECIFIC ANTIGEN - TOTAL (PSA), GLUCOSE (POST PRANDIAL) - URINE



DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No:UF010686

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017
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 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr. P RAVI
UHID : CVIS.0000124053
Reported on : 24-02-2024 16:15
Adm/Consult Doctor :

Age : 52 Y M
OP Visit No : CVISOPV121815
Printed on : 24-02-2024 16:24
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : 13.5cm. appears normal in size and increased in echotexture. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals.

Gall bladder :Hyperechoic focus of size approximately 5mm in lumen. Small mucosal polyps 2mm in gall bladder.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

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

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 : 10.6 x 4.6 cm

Left kidney : 11.6 x 5.7 cm

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 :Normal in size and echo texture.No evidence of necrosis/calcification seen.
its volume 16 cc

There is no evidence of ascites/ pleural effusion seen.

Patient Name : Mr. P RAVI
UHID : CVIS.0000124053
Reported on : 24-02-2024 16:15
Adm/Consult Doctor :

Age : 52 Y M
OP Visit No : CVISOPV121815
Printed on : 24-02-2024 16:24
Ref Doctor : SELF

IMPRESSION:-

***GRADE - I FATTY INFILTRATION OF LIVER.**

***SOLITARY CALCULUS WITH MUCOSAL POLYPS IN THE LUMEN OF GALL BLADDER.**

For clinico-lab correlation / follow - up / further work up.

This is only a screening test.

Printed on:24-02-2024 16:15

---End of the Report---

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology



भारत सरकार
GOVERNMENT OF INDIA



Pannuru Ravi
Pannuru Ravi
పాన్ నురు రావి / DOB: 24/12/1971
పాన్ నురు రావి / MALE



3071 0215 1170

ఆధార్-సామాన్యమాసమీడి హాక్యు

Bh - Sagarnagar [Union Bank Of India]

From: POTNURU RAVI <potnuru.938@gmail.com>
Sent: 22 February 2024 16:36
To: Bh - Sagarnagar [Union Bank Of India]
Subject: Fwd: Health Check up Booking Confirmed Request(UBOIE3748),Package Code-
PKG10000369, Beneficiary Code-308355

कृपया सावधानी बरतें एवं ध्यान दें: यह ई-मेल बाहर से प्राप्त हुई है. कृपया प्रेषक के ई-मेल पते को पूर्ण रूप से जाँचें (केवल प्रेषक का नाम ही नहीं). प्रेषक को पहचान किए बिना लिंक पर क्लिक न करें एवं संलग्न को न खोलें और पहचाने की दी गई सामग्री सुरक्षित है अथवा नहीं. संदिग्ध मेल के संबंध में, कृपया [antiphishing\[Dot\]ciso\[At the rate\]unionbankofindia\[Dot\]bank](mailto:antiphishing[Dot]ciso[At the rate]unionbankofindia[Dot]bank) पर रिपोर्ट करें

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----- Forwarded message -----

From: Mediwheel <wellness@mediwheel.in>
Date: Thu, Feb 22, 2024, 16:12
Subject: Health Check up Booking Confirmed Request(UBOIE3748),Package Code-PKG10000369, Beneficiary Code-308355
To: <potnuru.938@gmail.com>
Cc: <customercare@mediwheel.in>



011-41195959

Dear **P RAVI,**

We are pleased to confirm your health checkup booking request with the following details.

Booking Date : 21-02-2024
Hospital Package Name : Mediwheel Full Body Plus Annual Check Advanced Male
Patient Package Name : MediWheel Full Body Health Checkup Male 50 To 60
Name of Diagnostic/Hospital : Apollo Clinic
Address of Diagnostic/Hospital- : Apollo Clinic, 50, Plot 5, Sheethammappeta, Beside BVK college, Dwaraka Nagar, Vishakapatnam-530016
City : Visakhapatnam
State :
Pincode : 530016
Appointment Date : 24-02-2024

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
24-02-2024 14:46	54 Beats/min	110/70 mmHg	18 Rate/min	98.6 F	175 cms	77 Kgs	%	%	Years	25.14	cms	cms	cms		AHLL09094

Name: Mr. P RAVI
Age/Gender: 52 Y/M
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. N MUKUNDA RAO

MR No: CVIS.0000124053
Visit ID: CVISOPV121815
Visit Date: 24-02-2024 07:42
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. P RAVI
Age/Gender: 52 Y/M
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. NISHA THAKKAR

MR No: CVIS.0000124053
Visit ID: CVISOPV121815
Visit Date: 24-02-2024 07:42
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. P RAVI
Age/Gender: 52 Y/M
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. GOLI INDIRA PRIYADARSHINI

MR No: CVIS.0000124053
Visit ID: CVISOPV121815
Visit Date: 24-02-2024 07:42
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RECOMMENDATION

Doctor's Signature

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Age/Gender: 52 Y/M
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. R ABHISHEK

MR No: CVIS.0000124053
Visit ID: CVISOPV121815
Visit Date: 24-02-2024 07:42
Discharge Date:
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Established Patient: No

Vitals

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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
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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
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Patient Name : Mr. P RAVI

Age/Gender : 52 Y/M

UHID/MR No. : CVIS.0000124053

OP Visit No : CVISOPV121815

Sample Collected on :

Reported on : 24-02-2024 13:58

LRN# : RAD2246063

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 367567

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. KARROTU SUDHA
MD RADIOLOGY
Radiology

Patient Name	: Mr. P RAVI	Age/Gender	: 52 Y/M
UHID/MR No.	: CVIS.0000124053	OP Visit No	: CVISOPV121815
Sample Collected on	:	Reported on	: 24-02-2024 16:24
LRN#	: RAD2246063	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 367567		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : 13.5cm. appears normal in size and increased in echotexture. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals.

Gall bladder :Hyperechoic focus of size approximately 5mm in lumen. Small mucosal polyps 2mm in gall bladder.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

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

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 : 10.6 x 4.6 cm

Left kidney : 11.6 x 5.7 cm

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 :Normal in size and echo texture.No evidence of necrosis/calcification seen.
its volume 16 cc

There is no evidence of ascites/ pleural effusion seen.

IMPRESSION:-

*GRADE - I FATTY INFILTRATION OF LIVER.

*SOLITARY CALCULUS WITH MUCOSAL POLYPS IN THE LUMEN OF GALL BLADDER.

For clinico-lab correlation / follow - up / further work up.

Patient Name : Mr. P RAVI

Age/Gender : 52 Y/M

This is only a screening test.

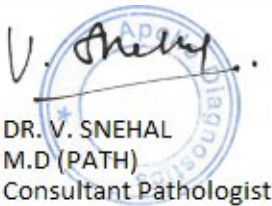
Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Patient Name : Mr.P RAVI	Collected : 24/Feb/2024 08:13AM
Age/Gender : 52 Y 2 M 0 D/M	Received : 24/Feb/2024 12:28PM
UHID/MR No : CVIS.0000124053	Reported : 24/Feb/2024 02:52PM
Visit ID : CVISOPV121815	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 367567	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:BED240047573

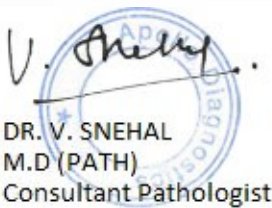
This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

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Age/Gender : 52 Y 2 M 0 D/M	Received : 24/Feb/2024 12:28PM
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.4	g/dL	13-17	Spectrophotometer
PCV	45.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.37	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	84	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	53.5	%	40-80	Electrical Impedance
LYMPHOCYTES	32.2	%	20-40	Electrical Impedance
EOSINOPHILS	5.4	%	1-6	Electrical Impedance
MONOCYTES	8.9	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2568	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1545.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	259.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	427.2	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.66		0.78- 3.53	Calculated
PLATELET COUNT	192000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:BED240047573

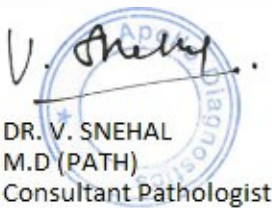
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:BED240047573

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mr.P RAVI	Collected : 24/Feb/2024 08:13AM
Age/Gender : 52 Y 2 M 0 D/M	Received : 24/Feb/2024 12:28PM
UHID/MR No : CVIS.0000124053	Reported : 24/Feb/2024 02:41PM
Visit ID : CVISOPV121815	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 367567	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	106	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.

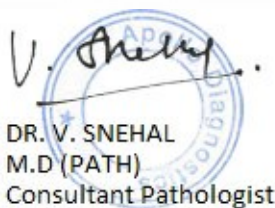
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	128	mg/dL	70-140	GOD - POD

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.

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



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:EDT240021203

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mr.P RAVI	Collected : 24/Feb/2024 08:13AM
Age/Gender : 52 Y 2 M 0 D/M	Received : 24/Feb/2024 12:28PM
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Emp/Auth/TPA ID : 367567	

DEPARTMENT OF BIOCHEMISTRY

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


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. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:EDT240021203

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DEPARTMENT OF BIOCHEMISTRY

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

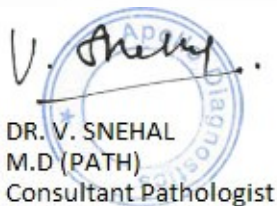
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	260	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	144	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	43	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	217	mg/dL	<130	Calculated
LDL CHOLESTEROL	188.57	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28.73	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.05		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SE04639405

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Visit ID : CVISOPV121815	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 367567	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.39	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.28	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	1.11	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	33.21	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.4	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	130.30	U/L	56-119	IFCC
PROTEIN, TOTAL	7.78	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.85	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	2.93	g/dL	2.0-3.5	Calculated
A/G RATIO	1.66		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:

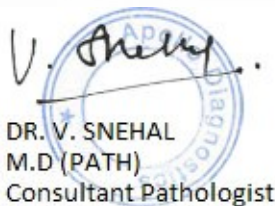
1. Hepatocellular Injury:

- 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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons’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.



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SE04639405


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UHID/MR No : CVIS.0000124053	Reported : 24/Feb/2024 01:19PM
Visit ID : CVISOPV121815	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 367567	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.93	mg/dL	0.7-1.2	Jaffe
UREA	25.60	mg/dL	18-55	Urease with GLDH
BLOOD UREA NITROGEN	12.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.25	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	9.70	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	4.11	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SE04639405


This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mr.P RAVI	Collected : 24/Feb/2024 08:13AM
Age/Gender : 52 Y 2 M 0 D/M	Received : 24/Feb/2024 11:41AM
UHID/MR No : CVIS.0000124053	Reported : 24/Feb/2024 01:19PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	130.30	U/L	56-119	IFCC



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	23.10	U/L	0-55	IFCC



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Age/Gender : 52 Y 2 M 0 D/M	Received : 24/Feb/2024 11:41AM
UHID/MR No : CVIS.0000124053	Reported : 24/Feb/2024 02:52PM
Visit ID : CVISOPV121815	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 367567	

DEPARTMENT OF IMMUNOLOGY

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

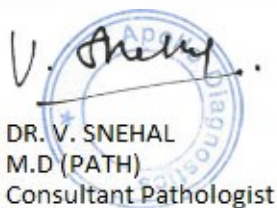
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	2.03	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	64.70	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	1.230	µIU/mL	0.3-4.5	CLIA

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



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SPL24031235

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

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Age/Gender : 52 Y 2 M 0 D/M	Received : 24/Feb/2024 11:41AM
UHID/MR No : CVIS.0000124053	Reported : 24/Feb/2024 02:52PM
Visit ID : CVISOPV121815	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 367567	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	27.9	ng/mL	30-100	CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

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

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

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

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

Decreased Levels:

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.


Increased levels:

- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	316	pg/ml	200-1100	CLIA

Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception,



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DEPARTMENT OF IMMUNOLOGY

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

poor coordination, and affective behavioral changes.

- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 .
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.



DR. V. SNEHAL
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Patient Name : Mr.P RAVI	Collected : 24/Feb/2024 08:13AM
Age/Gender : 52 Y 2 M 0 D/M	Received : 25/Feb/2024 11:45AM
UHID/MR No : CVIS.0000124053	Reported : 25/Feb/2024 12:41PM
Visit ID : CVISOPV121815	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.350	ng/mL	0-4	CLIA

K. Anusha

Dr.K.Anusha
M.B.B.S.,M.D(Biochemistry)
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SIN No:IM07028594

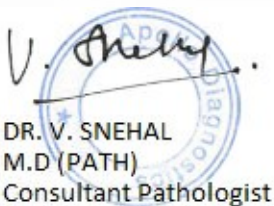
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Patient Name : Mr.P RAVI	Collected : 24/Feb/2024 08:13AM
Age/Gender : 52 Y 2 M 0 D/M	Received : 24/Feb/2024 12:44PM
UHID/MR No : CVIS.0000124053	Reported : 24/Feb/2024 02:15PM
Visit ID : CVISOPV121815	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
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	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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SIN No:UR2289725

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

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Age/Gender : 52 Y 2 M 0 D/M	Received : 24/Feb/2024 12:44PM
UHID/MR No : CVIS.0000124053	Reported : 24/Feb/2024 02:14PM
Visit ID : CVISOPV121815	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 367567	

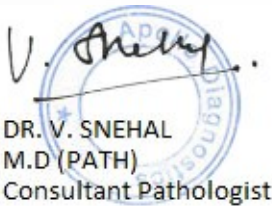
DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***



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SIN No:UF010686

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017