



बैंक ऑफ बड़ोदा
Bank of Baroda

नाम राजू मेडेपल्ली

Name RAJU MEDEPALLI

EC No: 167835

जगकता प्राधिकरण
Issuing Authority

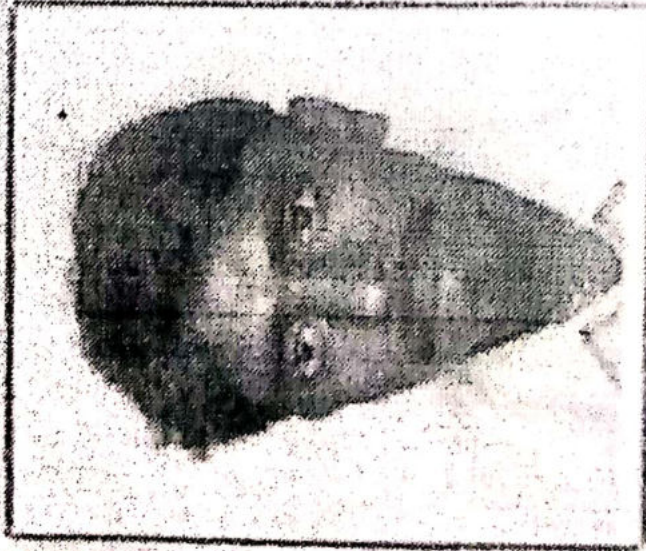


30/12/2024



भारत सरकार

Government of India



Issue Date: 30/09/2011

మేడేపల్లి రాజు

Medepalli Raju

పుట్టిన తేదీ / DOB: 15/01/1983

పురుషుడు / Male

3032 0966 8134

3032 0966 8134

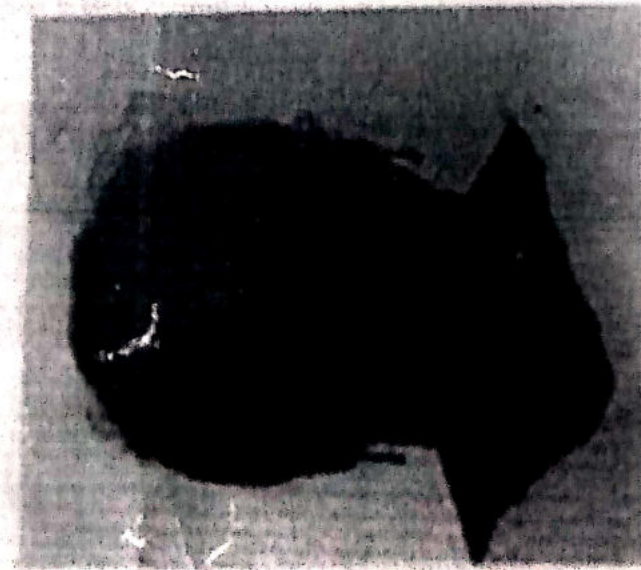
శ్రీ ఆధార, శ్రీ పథకం





భారత ప్రభుత్వం

GOVERNMENT OF INDIA



బడుగు ప్రశాంతి శ్రీ
Badugu Prasanthi Sri



పుట్టిన సంవత్సరం Year of Birth: 1983
స్త్రీ / Female

7292 5002 0950

ఆధార్ - పౌరసాక్షి హాకు

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. MEDEPALLI RAJU
EC NO.	167835
DESIGNATION	BRANCH HEAD
PLACE OF WORK	KANOOR
BIRTHDATE	15-01-1983
PROPOSED DATE OF HEALTH CHECKUP	27-01-2023
BOOKING REFERENCE NO.	22M167835100037762E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **19-01-2023** till **31-03-2023** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.


Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



Patient Name	Mr. M RAJU	Registration Date	25-01-2023 09:09
Age/Sex	40 Y/M	MR No	ANU-N-0073729
Department	BREAST & ENDOCRINE SURGEON	Visit No	ANU-N-OP2234354
Doctor	DR K SATISH CHAITANYA	Report Date	25-01-2023 11:23
Sample Date	25-01-2023 09:30	Specimen	BLOOD(EDTA)
		 ANU - N - 0073729	

HEMATOLOGY

Test Description	Result	Units	Reference Range
CBP (COMPLETE BLOOD PICTURE)			
HEAMOGLOBIN	13.0	gms%	Male : 13.0-18.0 Female: 12.0-15.0
T.W.B.C COUNT	7000	cells/cumm	4000-11000
NEUTROPHILS	61	%	40-70
LYMPHOCYTES	30	%	20-40
EOSINOPHILS	03	%	03-06
MONOCYTES	06	%	03-07
ESR	05	mm/hr	5 - 15
RBC	4.95		4.5 - 6.0
PLATELET COUNT	2.27	lakhs/cumm	1.5 - 4.0
PCV	43.9	%	35 - 45
MCV	88.7	Fl	77 - 95
MCH	26.2	pg	25 - 33
MCHC	29.6	%	31 - 37

BLOOD GROUPING & RH TYPING


BLOOD GROUPING " O "
RH TYPING POSITIVE

*** End of Report ***

Serjy
Lab Technician:HAJAVALI

Shil
Authorized By

B. drevi.
Dr Sreevani Baddiputi
MBBS,MD (Consultant Pathologist)

Patient Name	Mr. M RAJU	Registration Date	25-01-2023 09:09
Age/Sex	40 Y/M	MR No	ANU-N-0073729
Department	BREAST & ENDOCRINE SURGEON	Visit No	ANU-N-OP2234354
Doctor	DR K SATISH CHAITANYA	Report Date	25-01-2023 11:24
Sample Date	25-01-2023 09:30	Specimen	SERUM
		 ANU - N - 0 0 7 3 7 2 9	

BIOCHEMISTRY


<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Reference Range</u>
FBS (FASTING BLOOD SUGAR)	89	mg/dl	60 - 110
PPBS (POST PRANDIAL BLOOD SUGAR)	96	mg/dl	80 - 160
SERUM URIC ACID	8.2	mg/dl	2.6 - 7.2
SERUM CREATININE	0.8	mg/dl	0.5 - 1.5

*** End of Report ***

Satish
Lab Technician:HAJAVALI

[Signature]
Authorized By

B. Sreevani
Dr Sreevani Baddiputi
MBBS,MD (Consultant Pathologist)

Patient Name	Mr. M RAJU	Registration Date	25-01-2023 09:09
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Sample Date	25-01-2023 09:30	Specimen	SERUM
		 ANU - N - 0073729	

BIOCHEMISTRY

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Reference Range</u>
HBA1C GLYCOSYLATED HEMOGLOBIN(HbA1c)	6.0	%	< 5.6 % - Non Diabetes 5.7 - 6.4 - Prediabetes >6.5 % - Diabetes

Estimated Average Glucose

125

mg/dl

What is computerized HBA1C And its advantage over conventional HBA1C. HBA1C is an excellent index of long term Diabetes control-over proceeding 90 days. Unlike the conventional glycosylated Haemoglobin test which measures total HBA1C, The specific HBA1C test is a true index of the average blood glucose control during previous 3 months. The separation of HBA1C is performed rapidly and precisely, without interference from Schiff base, Lipemia, temperature, pH or Normal samples.

*** End of Report ***

Sandhu
Lab Technician:HAJAVALI

Dr. Sreevani
Authorized By

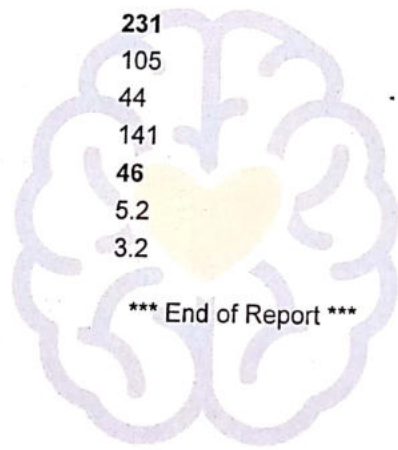
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Patient Name	Mr. M RAJU	Registration Date	25-01-2023 09:09
Age/Sex	40 Y/M	MR No	ANU-N-0073729
Department	BREAST & ENDOCRINE SURGEON	Visit No	ANU-N-OP2234354
Doctor	DR K SATISH CHAITANYA	Report Date	25-01-2023 11:25
Sample Date	25-01-2023 09:30	Specimen	SERUM



BIOCHEMISTRY


<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Reference Range</u>
LIPID PROFILE			
CHOLESTROL	231	mg/dl	10 - 200
TRIGLYCERIDES	105	mg/dl	40 - 160
HDL CHOLESTROL	44	mg/dl	35 - 79
LDL CHOLESTROL	141	mg/dl	10 - 150
VLDL CHOLESTROL	46	mg/dl	15 - 45
CHOL/HDL	5.2		
LDL/HDL	3.2		



Sarathy
Lab Technician:HAJAVALI

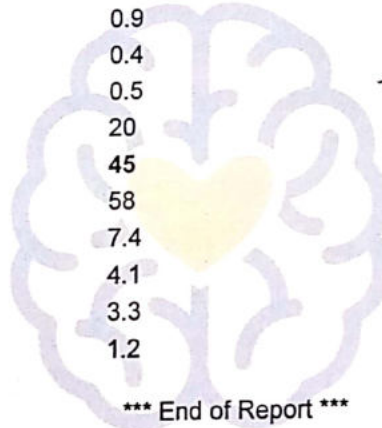
Shif
Authorized By

B. Sreevani
Dr Sreevani Baddiputi
MBBS,MD (Consultant Pathologist)

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Doctor	DR K SATISH CHAITANYA	Report Date	25-01-2023 11:25
Sample Date	25-01-2023 09:30	Specimen	SERUM
		 ANU - N - 0073729	

BIOCHEMISTRY

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Reference Range</u>
LIVER FUNCTION TEST (LFT)			
TOTAL BILIRUBIN	0.9	mg/dl	0.5 - 1.0
DIRECT BILIRUBIN	0.4	mg/dl	0.0 - 0.4
INDIRECT BILIRUBIN	0.5		
SGOT (AST)	20	IU/L	0 - 37
SGPT (ALT)	45	IU/L	0 - 42
Alkaline Phosphatase	58	IU/L	33 - 128
TOTAL PROTEINS	7.4	gm/dl	6.4 - 8.3
SERUM ALBUMIN	4.1	gm/dl	3.5 - 5.2
SERUM GLOBULIN	3.3	gm/dl	2.5 - 3.5
A/G RATIO	1.2		




*** End of Report ***

Sathya
Lab Technician:HAJAVALI

Mil
Authorized By

B. Sreevani
Dr Sreevani Baddiputi
MBBS,MD (Consultant Pathologist)

Patient Name	Mr. M RAJU	Registration Date	25-01-2023 09:09
Age/Sex	40 Y/M	MR No	ANU-N-0073729
Department	BREAST & ENDOCRINE SURGEON	Visit No	ANU-N-OP2234354
Doctor	DR K SATISH CHAITANYA	Report Date	25-01-2023 11:25
Sample Date	25-01-2023 09:30	Specimen	URINE
		 ANU - N - 0073729	

PATHOLOGY

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Reference Range</u>
CUE (COMPLETE URINE EXAMINATION)			
Colour	Colourless		
Appearance	Clear		
Reaction	6.0		
Specific Gravity	1.015		
Urine Albumin	NIL		
Sugar	NIL		
Bile Salts	NEGATIVE		
Bile Pigments	NEGATIVE		
Ketone Bodies	NEGATIVE		
Pus Cells	1 - 2	HPF	
Epithelial Cells	1 - 2	HPF	
RBC	NIL	HPF	
Casts	NIL		
Crystals	NIL		
Others	NIL		

*** End of Report ***

Sadly
Lab Technician:HAJAVALI

Authorized By *Dr. Sreevani*

B. Sreevani
Dr Sreevani Baddiputi
MBBS,MD (Consultant Pathologist)

REPORT

Patient Name	: Mr. M. RAJU (73729)	Reg. No.	: 00702301250035
Age and Sex	: 40 Yrs / Male	PCC Code	: PCL-AP-167
Referring Doctor	: Dr. K. SATISH CHAITANYA GARU	Sample Drawn Date	: 25-Jan-2023 11:50 AM
Referring Customer	: ANU NEURO AND CARDIAC SCIENCES	Registration Date	: 25-Jan-2023 11:52 AM
Vial ID	: M2643978	Report Date	: 25-Jan-2023 12:22 PM
Sample Type	: Serum	Report Status	: Final Report
Client Address	: #29-28/1-13, Behind Karnathi Ramamohanarao Municipal High School, kove		

CLINICAL BIOCHEMISTRY

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
Thyroid Profile I				
Tri-Iodothyronine Total (TT3)	112.28	ng/dL	35-193	CMIA
Thyroxine - Total (TT4)	7.27	µg/dL	4.6-10.5	CMIA
Thyroid Stimulating Hormone (TSH)	4.7614	µIU/mL	0.4-4.2 (Test performed on 4th Generation TSH kit)	CMIA

Pregnancy			
	TSH(µIU/mL)	TT3(ng/dL)	TT4(µg/dL)
1 Trimester	0.10-2.50	89.9-196.6	4.4-11.5
2 Trimester	0.2-3.00	86.1-217.4	4.9-12.2
3 Trimester	0.3-3.00	79.9-186	5.1-13.2

Interpretation:

- Assay results should be interpreted in context to the clinical condition and associated results of other investigations.
- Previous treatment with corticosteroid therapy may result in lower TSH levels while Thyroid hormone levels are normal.
- Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test.
- Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved.
- The production, circulation, and disposal of Thyroid hormone are altered throughout the stages of pregnancy.
- **Hyperthyroidism (overactive thyroid):**
Hyperthyroidism (overactive Thyroid) occurs when your thyroid gland produces too much of the hormone Thyroxine. Hyperthyroidism can accelerate your body's metabolism, causing unintentional weight loss and a rapid or irregular heartbeat.
- **Hypothyroidism (underactive thyroid):**
Hypothyroidism (underactive thyroid) is a condition in which your Thyroid gland doesn't produce enough of certain crucial hormones. Hypothyroidism may not cause noticeable symptoms in the early stages. Over time, untreated Hypothyroidism can cause a number of health problems, such as obesity, joint pain, infertility and heart disease.

Correlate Clinically.

Result rechecked and verified for abnormal cases.

*** End Of Report ***



C. Swathi
DR. SWATHI CHILUKURI
MD - PATHOLOGY

REPORT

Patient Name	: Mr. M. RAJU (73729)	Reg. No.	: 00702301250035
Age and Sex	: 40 Yrs / Male	PCC Code	: PCL-AP-167
Referring Doctor	: Dr. K. SATISH CHAITANYA GARU	Sample Drawn Date	: 25-Jan-2023 11:50 AM
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Sample Type	: Serum	Report Status	: Final Report
Client Address	: #29-28/1-13, Behind Karnathi Ramamohanarao Municipal High School, kove		

CLINICAL BIOCHEMISTRY

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
*Gamma Glutamyl Transferase (GGT)	41	U/L	12-64,	L-G-g-3-carboxy-4-nitroanilide-subst

Comments:

- GGT is an enzyme found mainly in Serum from hepatic origin, though the highest levels are in the Kidneys.
- Elevated levels are found in hepatobiliary and pancreatic disease, chronic alcoholism, Myocardial Infarction with secondary Liver damage and Diabetes.

*** End Of Report ***



C. Swathi
 DR. SWATHI CHILUKURI
 MD -PATHOLOGY

Note: If the test results are alarming or unexpected, Client is advised to contact the laboratory immediately for possible remedial action. This report is subject to the terms and conditions overleaf. Partial Reproduction of this report is not Permitted



2D – ECHO CARDIOGRAM & COLOUR DOPPLER REPORT

Patient's Name – M.RAJU , Age/Sex :-40Y/M Date: 25-01-2023 OP No:73729

M-MODE:

LV: 4.8 X 3.0 cms EF : 60 %
LA: 3.2 cms
AO: 3.0 cms
IVS: 1.4 cms
PW: 1.3 cms

B-MODE:

LV: NO RWMA
LA: NORMAL Mitral Valve : NORMAL
RA: NORMAL Aortic Valve : NORMAL
RV: NORMAL Tricuspid Valve: ; NORMAL
AO: NORMAL Pulmonary Valve: NORMAL
PA: NORMAL
IAS: Intact
IVS: Intact

PERICARDIUM: NO PE

Colour Flow: __ MR : MILD AR: NO TR: TRIVIAL PAH:NO

DOPPLER:

MV Flow: A<E AV Flow: 1.3 M/s, PV Flow: 1.0M/s, RVSP: 20 mmHg

IMPRESSION

MILD CONCENTRIC LVH
NO RWMA
NORMAL LV FUNCTION
MILD MR TRIVIAL TR, NO PAH
NO VEGETATION/CLOT/PE

DR. S. Viswanatha Kartik MD, DM,
Dept. of Cardiology
Consultant Interventional Cardiologist.

Dr. N. Anil Kumar MD., DM,FESC. FSCAI
Dept. of Cardiology
Consultant Interventional Cardiologist.

40 Years

M. RAJU
Male

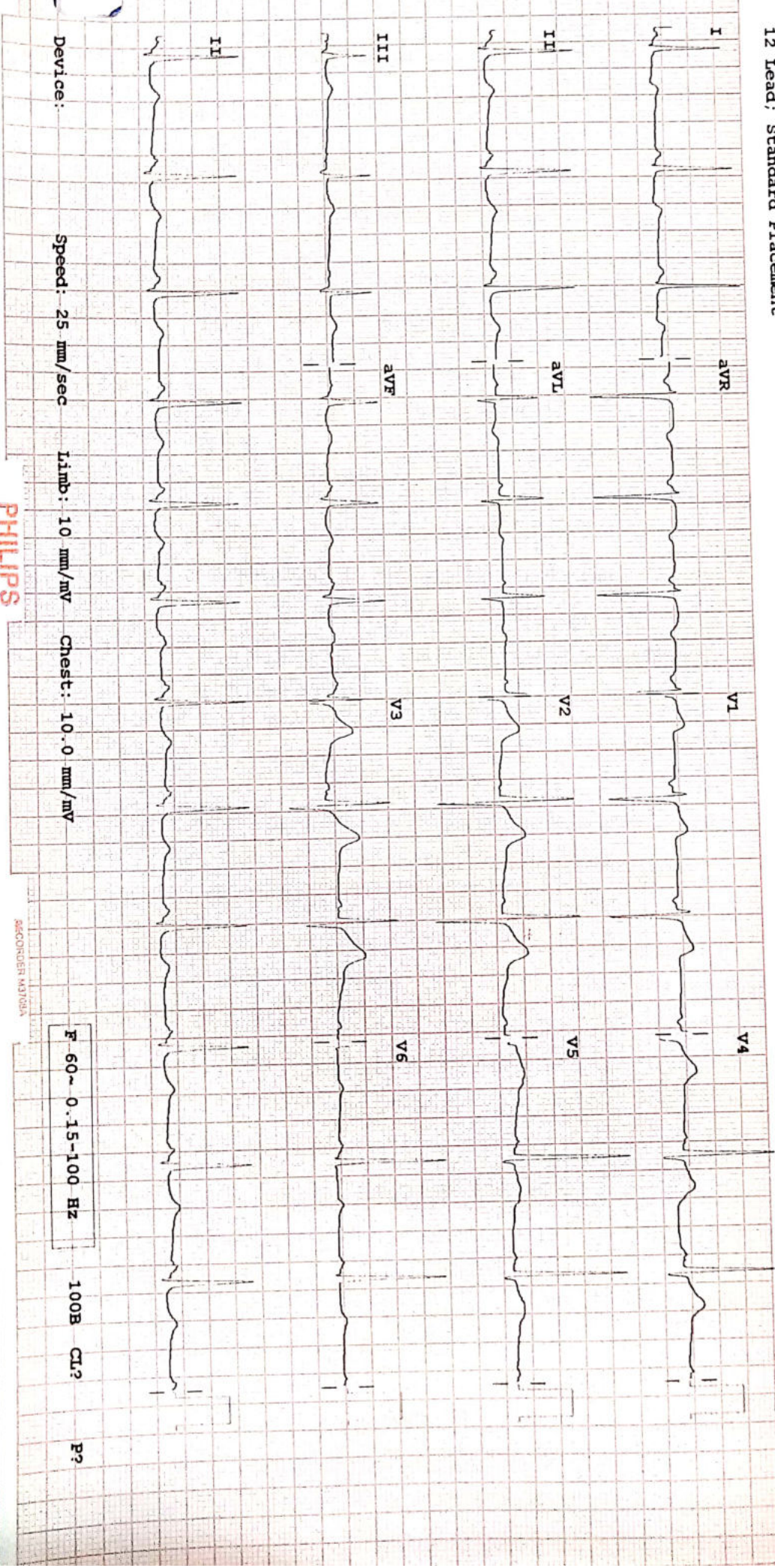
1/25/2023 11:18:25 AM

Rate 74 . Sinus rhythm.....normal P axis, V-rate 50-99
 . Abnormal R-wave progression, early transition.....QRS area>0 in V2
 PR 134 . Abnormal inferior Q waves.....Qs add to 80 ms in II III AVF
 QRS 86 . Minimal ST elevation, anterior leads.....ST >0.10mV, V1-V4
 QT 405
 QTc 450

--AXIS--
 P 44
 QRS 41
 T 75

- BORDERLINE ECG -
 Unconfirmed Diagnosis

12 Lead; Standard Placement



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

PHILIPS

F 60-0.15-100 Hz

100B CL?

P?



NAME: M.Raju

Age/Sex: 40 yrs/M

Ref. By: Dr.K.SATISH CHAITANYA

Date: 25.01.2023

ULTRASONOGRAPHY OF ABDOMEN

LIVER: 14.2 cm Normal in size and **Increased echotexture.**
No focal lesions noted. No intra-hepatic biliary dilatation.

PORTAL VEIN: Normal in calibre.

GALLBLADDER: Distended. Wall thickness is normal.
No calculi / peri cholecystic fluid collection.

CBD: Normal in calibre.

PANCREAS: Normal in size and texture.
No focal lesions / ductal dilatation / calcifications.

SPLEEN: 8.8 cm Normal in size and echotexture. No focal lesions.

RETROPERITONEUM: Aorta & IVC are normal in calibre.
No pre/para aortic lymphadenopathy. No obvious mass lesions at adrenal region.

RIGHT KIDNEY: 9.6 x 3.6 cm Normal in size, position and texture. No focal lesions.
No calculi/ hydronephrosis,

LEFT KIDNEY: 9.4 x 3.6 cm Normal in size, position and texture. No focal lesions.
No calculi/ hydronephrosis.

URINARY BLADDER: Distended. Mural thickness is normal. No Calculi.

PROSTATE : Normal.


*No obvious pelvic pathology noted.

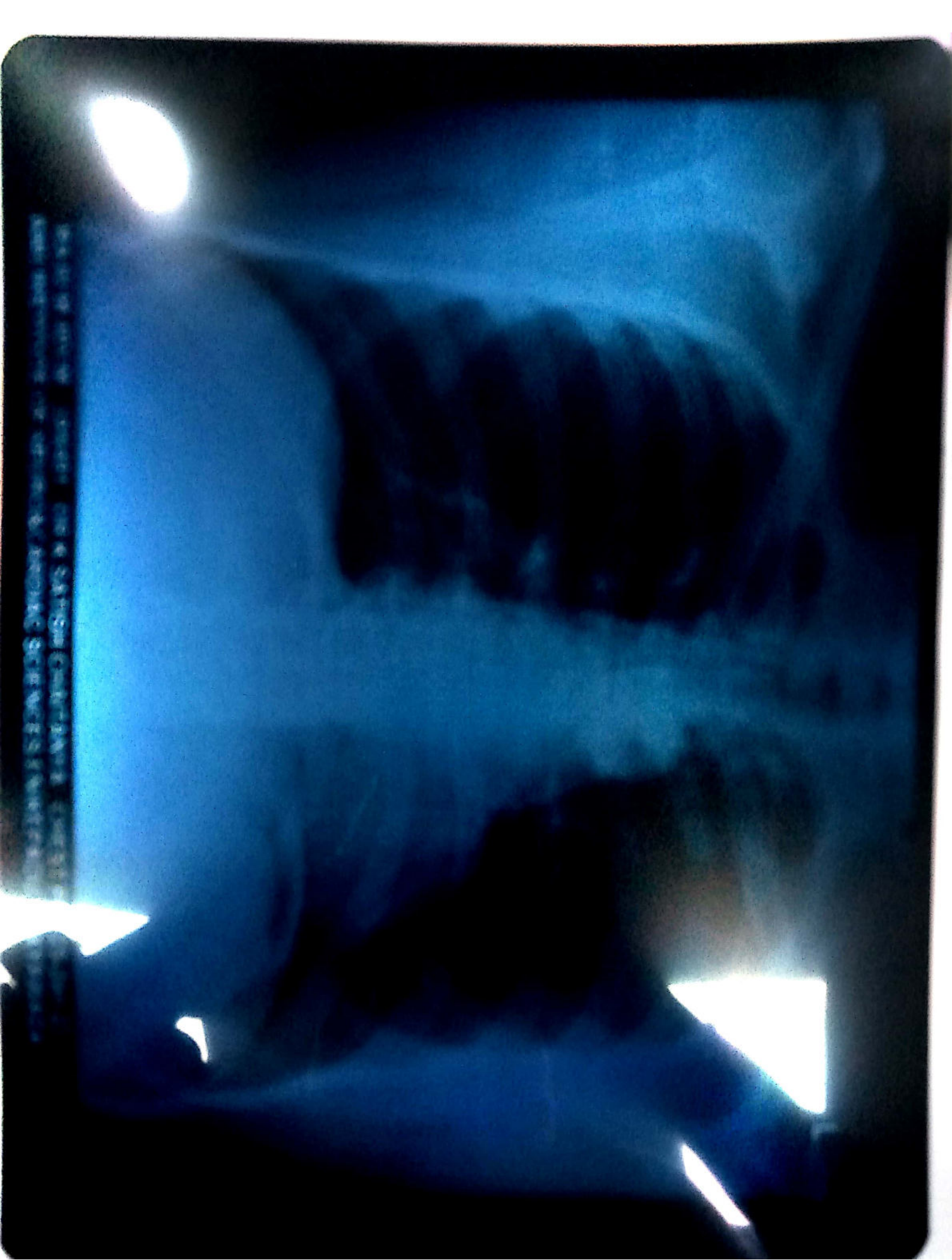
*No free fluid noted in peritoneal cavity.

CONCLUSION:

- **GRADE I FATTY LIVER.**

SUGGEST CLINICAL CORRELATION.


Dr Pavan Kumar Polagani MBBS,DNB
Consultant Radiologist
Dr. PAVAN KUMAR POLAGANI
MBBS, DNB
Regd.No: 70809
CONSULTANT RADIOLOGIST





ANU Institute of
**Neuro & Cardiac
Sciences**

3-20/14, Main Road, Enikepadu, VIJAYAWADA - 521 108
Ph : 0866 - 2843133, 2843733
E-mail : info@anuhospitals.com, www.anuneuroandcardiac.com



25/1/23.

MRNO : ANU-N-0073729
Patient Name : Mr. M RAJU
Consultant : DR K SATISH CHAITANYA
Address : S/O VENKATESWARLU, DABE

Token No :
Date : 25-01-2023
Sex / Age : Male / 40 Y
Department : BREAST & ENDOCRINE SUF
Mobile No : +919550479847

Bp :- 130/90 mmHg
Wt :- 58 kg's

Cb. Headache - 10 days.

H/o. Similar Complaints for past 2-3yr.

H/o. weakness in (L) Arm. / (C) leg.

No H/o. vomiting, loss of consciousness.

Advice

Ref to

○ Neurophysician

○ Cardiologist.