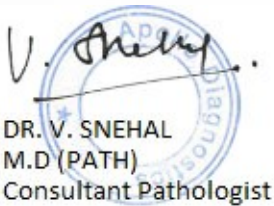


Patient Name : Mr.MAMIDELLI PRASANTH	Collected : 09/Mar/2024 07:06AM
Age/Gender : 38 Y 8 M 4 D/M	Received : 09/Mar/2024 12:13PM
UHID/MR No : CVIS.0000124312	Reported : 09/Mar/2024 02:42PM
Visit ID : CVISOPV122212	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 373142	

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



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Consultant Pathologist



SIN No:BED240061958

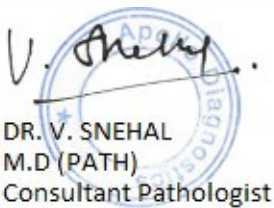
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	17	g/dL	13-17	Spectrophotometer
PCV	48.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	6.07	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89	fL	83-101	Calculated
MCH	30.7	pg	27-32	Calculated
MCHC	34.6	g/dL	31.5-34.5	Calculated
R.D.W	12	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.1	%	40-80	Electrical Impedance
LYMPHOCYTES	36.5	%	20-40	Electrical Impedance
EOSINOPHILS	2.8	%	1-6	Electrical Impedance
MONOCYTES	4.5	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4207.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2737.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	210	Cells/cu.mm	20-500	Calculated
MONOCYTES	337.5	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7.5	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.54		0.78- 3.53	Calculated
PLATELET COUNT	200000	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				

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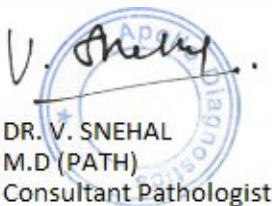
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	AB			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	110	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.

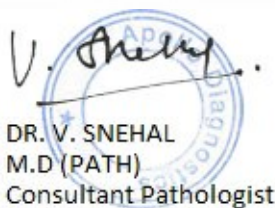
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	144	mg/dL	70-140	GOD - POD

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	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	mg/dL		Calculated



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SIN No:EDT240028006

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DEPARTMENT OF BIOCHEMISTRY

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

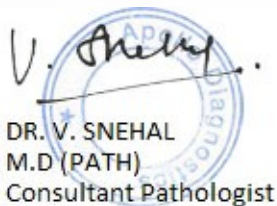
Comment:

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)



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SIN No:EDT240028006

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Age/Gender : 38 Y 8 M 4 D/M	Received : 09/Mar/2024 11:42AM
UHID/MR No : CVIS.0000124312	Reported : 09/Mar/2024 02:41PM
Visit ID : CVISOPV122212	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

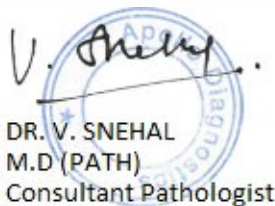
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	225	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	183	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	42	mg/dL	30-70	Direct
NON-HDL CHOLESTEROL	182	mg/dL	<130	Calculated
LDL CHOLESTEROL	145.68	mg/dL	<100	Calculated
VLDL CHOLESTEROL	36.61	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.31		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.



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SIN No:SE04654483

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UHID/MR No : CVIS.0000124312	Reported : 09/Mar/2024 01:25PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.61	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.19	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.42	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	40.11	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.8	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	96.30	U/L	53-128	IFCC
PROTEIN, TOTAL	8.01	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.61	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.36		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:

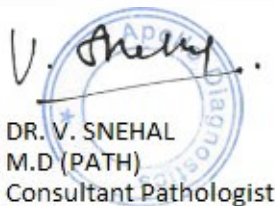
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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.



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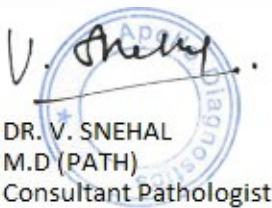
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.02	mg/dL	0.7-1.2	Jaffe
UREA	25.61	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	12.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.50	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	10.35	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.98	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	3.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.01	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.61	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.36		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	60.40	U/L	0-55	IFCC



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DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.49	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	8.28	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	1.630	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



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SIN No:SPL24040976

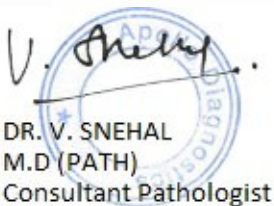
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Visit ID : CVISOPV122212	Status : Final Report
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Emp/Auth/TPA ID : 373142	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		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	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	0	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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SIN No:UR2300293

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Age/Gender : 38 Y 8 M 4 D/M	Received : 09/Mar/2024 12:55PM
UHID/MR No : CVIS.0000124312	Reported : 09/Mar/2024 02:57PM
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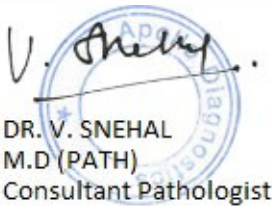
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. 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 ***



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



SIN No:UF010974

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

Physical Medical Examination Format

NAME:- <u>M. Prasad</u>	DATE:- <u>9/3/24</u>
DESIGNATION:-	AGE:- <u>38</u>
EMP CODE:-	UNIT/DEPARTMENT:-
BLOOD GROUP:-	MARTIAL STATUS:- MARRIED/UNMARRIED

MEDICAL EXAMINATION

Complaints (if any)	<u>Nil</u>
Personal /family history	<u>Nil</u>
Past Medical /Surgical	<u>Nil</u>
Sensitivity/Allergy (if any)	<u>Nil</u>
Habits	<u>Nil</u>
Occupational History	<u>Nil</u>

Height:- <u>166</u>	Weight:- <u>83</u>	BMI <u>30.1</u>	Pulse <u>86</u>
Temp:- <u>98.6</u>	SPO2 <u>99</u>	Resp:- <u>18</u>	B.P <u>130/80</u>

Remarks

Treatment Recommended (if any):

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

I Certify That Employee Is Medically fit

Fit

Unfit

Prasad
Signature Of Employee

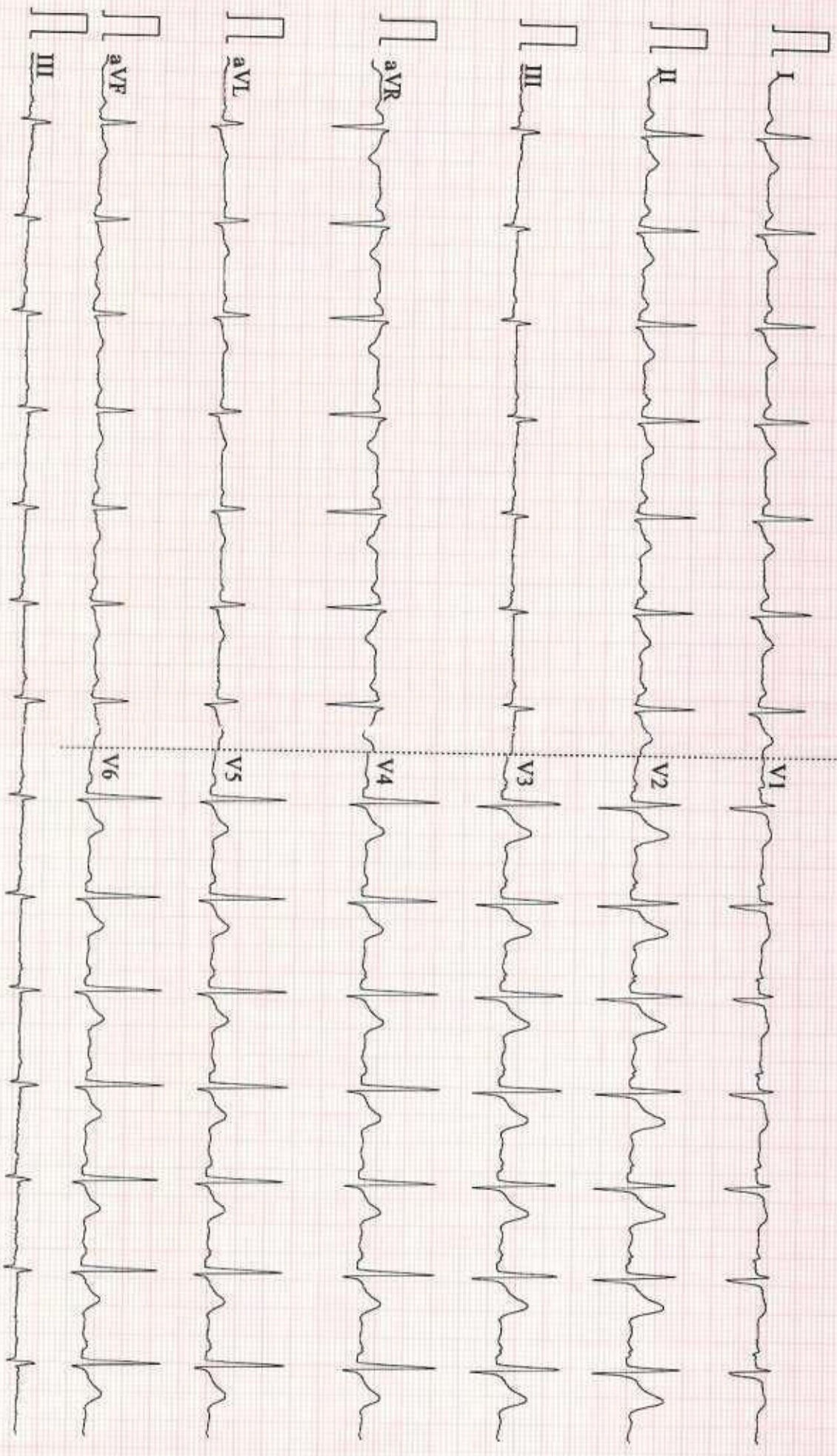
Dr. G. INDIRA PRIYA DARSHINI
MBBS
Signature & Seal Of Medical Examiner With
Regd. No. 65148
Registration No. Family Physician
Apollo Clinic, Seethammampet, Vizag

ID: 124312
m prasanth
Male 38 Years
Req. No. :

09-03-2024 09:25:09
HR : 86 bpm
P : 114 ms
PR : 156 ms
QRS : 82 ms
QT/QTcBz : 350/419 ms
P/QRS/T : 45/41/38 °
RV5/SV1 : 1.362/0.524 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



Patient Name	: Mr. MAMIDELLI PRASANTH	Age	: 38 Y/M
UHID	: CVIS.0000124312	OP Visit No	: CVISOPV122212
Reported By:	: Dr. APPALA NAIDU L S	Conducted Date	: 09-03-2024 15:48
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 86 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

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

Dr. APPALA NAIDU L S

BANK OF BARODA

NAME : *MR. M. PRASANTH* GENDER : *M*
AGE : *38* DATE : *9/3/24*

OPHTHALMOLOGY SCREENING REPORT

VISION : *(OD) 6/6* *(OS) 6/6*
DISTANCE : *26*
NEAR VISION : *26*
COLOUR VISION : *WNL*
ANT.SEGMENT : *clear*
CONJUNCTIVA : *clear*
CORNEA : *RHA*
PUPIL :
FUNDUS : *WNL*
IMPRESSION :

M. Pranth
SIGNATURE

Name: Mr. MAMIDELLI PRASANTH
 Age/Gender: 38 Y/M
 Address: vskp
 Location: VISAKHAPATNAM, ANDHRA PRADESH
 Doctor:
 Department: LABORATORY
 Rate Plan: VISHAKAPATNAM_06042023
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000124312
 Visit ID: CVISOPV122212
 Visit Date: 09-03-2024 06:57
 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
09-03-2024 14:09	86 Beats/min	130/80 mmHg	18 Rate/min	98.6 F	166 cms	83 Kgs	%	%	Years	30.12	cms	cms	cms		AHLL06520

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

 **1860 500 7788**

Patient Name	: Mr. MAMIDELLI PRASANTH	Age	: 38 Y/M
UHID	: CVIS 0000124312	OP Visit No	: CVISOPV122212
Conducted By	: Dr. SHASHANKA CHUNDURI	Conducted Date	: 09-03-2024 14:52
Referred By	: SELF		

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.9 CM
LA (es)	2.9 CM
LVID (ed)	4.5 CM
LVID (es)	2.8 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	0.9 CM
EF	60.00%
%FD	33.00%

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM NORMAL

INTER VENTRICULAR SEPTUM NORMAL

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:0.9 m/sec.
MF:E > A
AF:0.9 m/sec.

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

IMPRESSION:

NORMAL CARDIAC SIZE,
NO RWMA,
GOOD LV SYSTOLIC FUNCTION,
NO PERICARDIAL EFFUSION,
LVEF: 60%

Dr. SHASHANKA
CHUNDURI

Apollo Health and Lifestyle Limited

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mr. MAMIDELLI PRASANTH	Age	: 38 Y M
UHID	: CVIS.0000124312	OP Visit No	: CVISOPV122212
Reported on	: 09-03-2024 15:20	Printed on	: 09-03-2024 15:22
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver :13.3cm. 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 is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. 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 : 9.9 x 5.2 cm

Left kidney : 9.6 x 5.4 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 11 cc

There is no evidence of ascites/ pleural effusion seen.

Patient Name	: Mr. MAMIDELLI PRASANTH	Age	: 38 Y M
UHID	: CVIS.0000124312	OP Visit No	: CVISOPV122212
Reported on	: 09-03-2024 15:20	Printed on	: 09-03-2024 15:22
Adm/Consult Doctor	:	Ref Doctor	: SELF

IMPRESSION:-

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

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

This is only a screening test.

Printed on:09-03-2024 15:20

---End of the Report---

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Patient Name	: Mr. MAMIDELLI PRASANTH	Age	: 38 Y M
UHID	: CVIS.0000124312	OP Visit No	: CVISOPV122212
Reported on	: 09-03-2024 16:31	Printed on	: 09-03-2024 16:31
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:09-03-2024 16:31

---End of the Report---

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

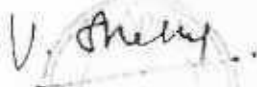
Patient Name : Mr.MAMIDELLI PRASANTH
Age/Gender : 38 Y 8 M 4 D/M
UHID/MR No : CVIS.0000124312
Visit ID : CVISOPV122212
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 373142

Collected : 09/Mar/2024 07:06AM
Received : 09/Mar/2024 12:13PM
Reported : 09/Mar/2024 02:42PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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:BED240061958

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

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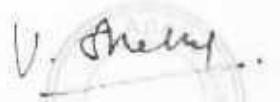
 **1860 500 7788**

Patient Name : Mr.MAMIDELLI PRASANTH	Collected : 09/Mar/2024 07:06AM
Age/Gender : 38 Y 8 M 4 D/M	Received : 09/Mar/2024 12:13PM
UHID/MR No. : CVIS.0000124312	Reported : 09/Mar/2024 02:42PM
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Emp/Auth/TPA ID : 373142	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	17	g/dL	13-17	Spectrophotometer
PCV	48.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	6.07	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89	fL	83-101	Calculated
MCH	30.7	pg	27-32	Calculated
MCHC	34.6	g/dL	31.5-34.5	Calculated
R.D.W	12	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.1	%	40-80	Electrical Impedance
LYMPHOCYTES	36.5	%	20-40	Electrical Impedance
EOSINOPHILS	2.8	%	1-6	Electrical Impedance
MONOCYTES	4.5	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4207.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2737.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	210	Cells/cu.mm	20-500	Calculated
MONOCYTES	337.5	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7.5	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.54		0.78- 3.53	Calculated
PLATELET COUNT	200000	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:BED240061958

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TO BOOK AN APPOINTMENT
 **1860 500 7788**

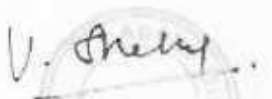
MC-2373

Patient Name : Mr.MAMIDELLI PRASANTH	Collected : 09/Mar/2024 07:06AM
Age/Gender : 38 Y 8 M 4 D/M	Received : 09/Mar/2024 12:13PM
UHID/MR No : CVIS.0000124312	Reported : 09/Mar/2024 02:42PM
Visit ID : CVISOPV122212	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 373142	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	AB			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:BED240061958

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.MAMIDELLI PRASANTH
 Age/Gender : 38 Y 8 M 4 D/M
 UHID/MR No : CVIS.0000124312
 Visit ID : CVISOPV122212
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 373142

Collected : 09/Mar/2024 07:06AM
 Received : 09/Mar/2024 12:13PM
 Reported : 09/Mar/2024 02:42PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	110	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)	144	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	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	mg/dL		Calculated

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



SIN No:EDT240028006

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

Apollo Health and Lifestyle Limited

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 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

MC-2373

Patient Name : Mr.MAMIDELLI PRASANTH
 Age/Gender : 38 Y 8 M 4 D/M
 UHID/MR No : CVIS.0000124312
 Visit ID : CVISOPV122212
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 373142

Collected : 09/Mar/2024 07:06AM
 Received : 09/Mar/2024 12:13PM
 Reported : 09/Mar/2024 02:42PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Comment:

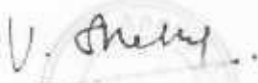
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Page 5 of 12



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



SIN No: EDT240028006

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 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr.MAMIDELLI PRASANATH	Collected : 09/Mar/2024 07:06AM
Age/Gender : 38 Y 8 M 4 D/M	Received : 09/Mar/2024 11:42AM
UHID/MR No : CVIS.0000124312	Reported : 09/Mar/2024 02:41PM
Visit ID : CVISOPV122212	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 373142	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	225	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	183	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	42	mg/dL	30-70	Direct
NON-HDL CHOLESTEROL	182	mg/dL	<130	Calculated
LDL CHOLESTEROL	145.68	mg/dL	<100	Calculated
VLDL CHOLESTEROL	36.61	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.31		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:SE04654483

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

1860 500 7788

Patient Name : Mr.MAMIDELLI PRASANTH	Collected : 09/Mar/2024 07:06AM
Age/Gender : 38 Y 8 M 4 D/M	Received : 09/Mar/2024 11:42AM
UHID/MR No : CVIS.0000124312	Reported : 09/Mar/2024 01:25PM
Visit ID : CVISOPV122212	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 373142	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.61	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.19	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.42	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	40.11	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.8	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	96.30	U/L	53-128	IFCC
PROTEIN, TOTAL	8.01	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.61	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.36		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:

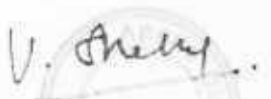
1. Hepatocellular Injury:

- 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.



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



SIN No:SE04654483

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

MC-2373

Patient Name : Mr.MAMIDELLI PRASANTH
 Age/Gender : 38 Y 8 M 4 D/M
 UHID/MR No : CVIS.0000124312
 Visit ID : CVISOPV122212
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 373142

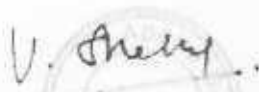
Collected : 09/Mar/2024 07:06AM
 Received : 09/Mar/2024 11:42AM
 Reported : 09/Mar/2024 02:41PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.02	mg/dL	0.7-1.2	Jaffe
UREA	25.61	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	12.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.50	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	10.35	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.98	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	3.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.01	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.61	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.36		0.9-2.0	Calculated

Page 8 of 12.



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



SIN No:SE04654483

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

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 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr.MAMIDELLI PRASANTH
Age/Gender : 38 Y 8 M 4 D/M
UHID/MR No : CVIS.0000124312
Visit ID : CVISOPV122212
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 373142

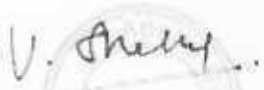
Collected : 09/Mar/2024 07:06AM
Received : 09/Mar/2024 11:42AM
Reported : 09/Mar/2024 02:41PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	60.40	U/L	0-55	IFCC

Page 9 of 12



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



SIN No:SE04654483

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Apollo Health and Lifestyle Limited

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Vizag (Seerhamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr.MAMIDELLI PRASANTH
 Age/Gender : 38 Y 8 M 4 D/M
 UHID/MR No : CVIS.0000124312
 Visit ID : CVISOPV122212
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 373142

Collected : 09/Mar/2024 07:06AM
 Received : 09/Mar/2024 11:42AM
 Reported : 09/Mar/2024 02:42PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.49	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	8.28	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	1.63	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

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



SIN No: SPL24040976

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

Apollo Health and Lifestyle Limited

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

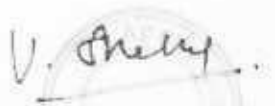
1860 500 7788

Patient Name : Mr.MAMIDELLI PRASANTH	Collected : 09/Mar/2024 07:06AM
Age/Gender : 38 Y 8 M 4 D/M	Received : 09/Mar/2024 12:55PM
UHID/MR No : CVIS.0000124312	Reported : 09/Mar/2024 03:00PM
Visit ID : CVISOPV122212	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 373142	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		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	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/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:UR2300293

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

Apollo Health and Lifestyle Limited

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APOLLO CLINICS NETWORK TELANGANA & AP

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 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

MC-2373

Patient Name : Mr.MAMIDELLI PRASANTH	Collected : 09/Mar/2024 07:06AM
Age/Gender : 38 Y 8 M 4 D/M	Received : 09/Mar/2024 12:55PM
UHID/MR No : CVIS.0000124312	Reported : 09/Mar/2024 02:57PM
Visit ID : CVISOPV122212	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 373142	

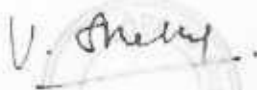
DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***



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



SIN No:UF010974

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

Apollo Health and Lifestyle Limited

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Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)
Vizag (Seethamma2 Pete)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Dr. N. MUKUNDA RAO

MBBS.,MS

ENT CONSULTANT

Reg. No. AMC17481

Patient Name:

Mr. N. Prabhakar

Age/Sex:

35yr M

Date:

11/3/24

For Routine checkup

O/E

Both E-ns

Normal

found

Throat

Throat was clinically
with TF

Nil ENT

NMS



Bank of Baroda

Branch: PO/SANTH MANNDELLI

Address: PO/SANTH MANNDELLI

Signature



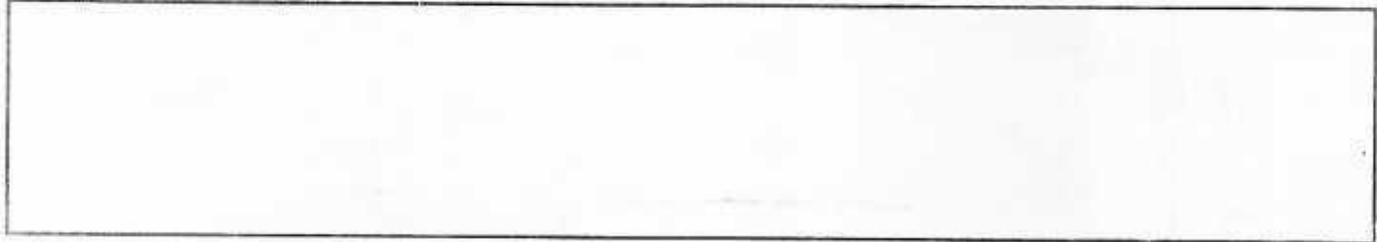
Signature

Fwd: Health Check up Booking Confirmed Request(bobS11475),Package Code-
PKG10000377, Beneficiary Code-293080

prasanth mamidelli <prasanthmca32@gmail.com>

Thu 3/7/2024 1:59 PM

To:Specialised Mortgage Store Vishakhapatnam <rlf.vis@bankofbaroda.com>



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

From: **Mediwheel** <wellness@mediwheel.in>

Date: Tue, Mar 5, 2024, 17:55

Subject: Health Check up Booking Confirmed Request(bobS11475),Package Code-PKG10000377,
Beneficiary Code-293080

To: <prasanthmca32@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

Dear **Prasanth Mamidelli**,

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

Hospital Package Name	: Mediwheel Full Body Health Annual Plus Check
Patient Package Name	: Mediwheel Full Body Health Checkup Female Below 40
Name of Diagnostic/Hospital	: Apollo Clinic - Visakhapatnam
Address of Diagnostic/Hospital-	: Apollo Clinic, 50, Plot 5, Sheethammapeta, Beside BVK college, Dwaraka Nagar, Vishakhapatnam-530016
City	: Visakhapatnam
State	:
Pincode	: 530016
Appointment Date	: 09-03-2024
Confirmation Status	: Booking Confirmed
Preferred Time	: 8:30am
Booking Status	: Booking Confirmed

Patient Name	: Mr. MAMIDELLI PRASANTH	Age/Gender	: 38 Y/M
UHID/MR No.	: CVIS.0000124312	OP Visit No	: CVISOPV122212
Sample Collected on	:	Reported on	: 09-03-2024 16:31
LRN#	: RAD2260594	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 373142		

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. MAMIDELLI PRASANTH	Age/Gender	: 38 Y/M
UHID/MR No.	: CVIS.0000124312	OP Visit No	: CVISOPV122212
Sample Collected on	:	Reported on	: 09-03-2024 15:22
LRN#	: RAD2260594	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 373142		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver :13.3cm. 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 is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. 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 : 9.9 x 5.2 cm

Left kidney : 9.6 x 5.4 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 11 cc

There is no evidence of ascites/ pleural effusion seen.

IMPRESSION:-

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

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



Patient Name : Mr. MAMIDELLI PRASANTH

Age/Gender : 38 Y/M

This is only a screening test.

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology