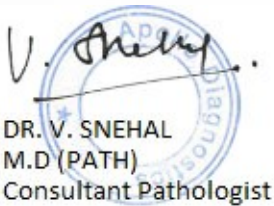


Patient Name : Mr.TANUKU JOGA RAO	Collected : 08/Mar/2024 08:38AM
Age/Gender : 42 Y 0 M 12 D/M	Received : 08/Mar/2024 12:52PM
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9177742872	

**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:BED240061046

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

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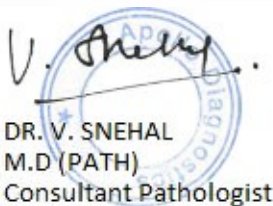
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.1	g/dL	13-17	Spectrophotometer
PCV	44.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.35	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	28.2	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,200	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	54.6	%	40-80	Electrical Impedance
LYMPHOCYTES	34.6	%	20-40	Electrical Impedance
EOSINOPHILS	3.4	%	1-6	Electrical Impedance
MONOCYTES	7.4	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2839.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1799.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	176.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	384.8	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.58		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	155000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	10	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

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



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DEPARTMENT OF HAEMATOLOGY

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



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M.D (PATH)  
Consultant Pathologist



SIN No:BED240061046

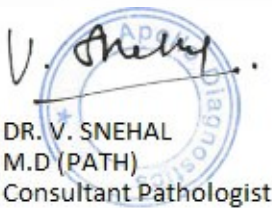
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			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 ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	85	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.

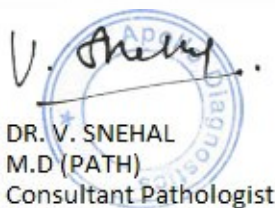
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	95	mg/dL	70-140	GOD - POD

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	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated



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SIN No:EDT240027522

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**DEPARTMENT OF BIOCHEMISTRY**

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

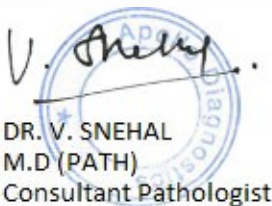
**Comment:**

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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DEPARTMENT OF BIOCHEMISTRY

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

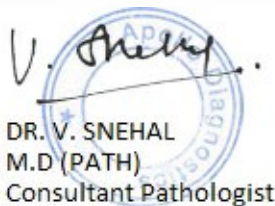
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	233	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	179	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	39	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	194	mg/dL	<130	Calculated
LDL CHOLESTEROL	158.22	mg/dL	<100	Calculated
VLDL CHOLESTEROL	35.88	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.98		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:SE04653549

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.66	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.49	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.3	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	112.10	U/L	53-128	IFCC
PROTEIN, TOTAL	8.18	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.83	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.35	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		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:

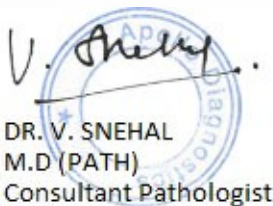
**1. Hepatocellular Injury:**

- 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.



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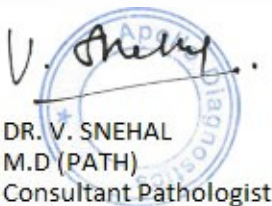


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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	1.03	mg/dL	0.7-1.2	Jaffe
UREA	19.00	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.48	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	9.73	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.85	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.18	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.83	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.35	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		0.9-2.0	Calculated



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	33.50	U/L	0-55	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

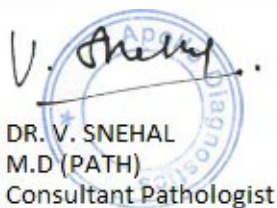
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.39	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	8.27	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	4.110	µIU/mL	0.3-4.5	CLIA

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:SPL24040321

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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.500	ng/mL	0-4	CLIA

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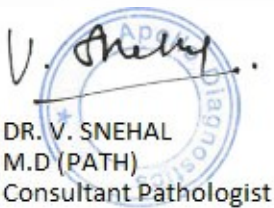


Patient Name : Mr.TANUKU JOGA RAO	Collected : 08/Mar/2024 08:39AM
Age/Gender : 42 Y 0 M 12 D/M	Received : 08/Mar/2024 03:54PM
UHID/MR No : CVIS.0000064015	Reported : 08/Mar/2024 05:07PM
Visit ID : CVISOPV122174	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9177742872	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	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
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	0	/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:UR2299634

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

Patient Name : Mr.TANUKU JOGA RAO	Collected : 08/Mar/2024 08:39AM
Age/Gender : 42 Y 0 M 12 D/M	Received : 08/Mar/2024 03:54PM
UHID/MR No : CVIS.0000064015	Reported : 08/Mar/2024 05:07PM
Visit ID : CVISOPV122174	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9177742872	

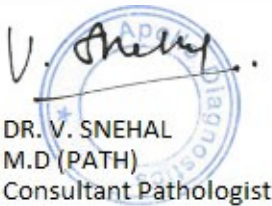
**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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:UF010936

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

## Physical Medical Examination Format

NAME:- <u>T. SOGA RAO</u>	DATE:- <u>8-3-24</u>
DESIGNATION:-	AGE:- <u>42</u>
EMP CODE:-	UNIT/DEPARTMENT:-
BLOOD GROUP:-	MARTIAL STATUS:- MARRIED/UNMARRIED

### MEDICAL EXAMINATION

Complaints (if any)	<u>No</u>
Personal /family history	<u>No</u>
Past Medical /Surgical	<u>Kernic Surgery</u>
Sensitivity/Allergy (if any)	<u>No</u>
Habits	<u>No</u>
Occupational History	<u>No</u>

Height:- <u>173</u>	Weight:- <u>72</u>	BMI <u>24.1</u>	Pulse <u>88</u>
Temp:- <u>98.6</u>	SPO2 <u>99</u>	Resp:- <u>18</u>	B.P <u>110/80</u>

Remarks

Treatment Recommended (if any):

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

I Certify That Employee Is Medically fit

Fit  
  
 Signature Of Employee

Unfit

Dr.G. INDIRA PRIYADARSHINI  
 MBBS  
 Ed.No. 63148  
  
 Signature & Seal Of Medical Examiner With  
 Apollo Clinic, Seethamma Pet, Vizag  
 Registration No:-

I Joga rao  
Male 42 Years  
Req. No. :

08-03-2024 11:33:57

HR : 88 bpm  
P : 126 ms  
PR : 160 ms  
QRS : 94 ms  
QT/QTcBz : 338/409 ms  
P:QRS/T : 45/48/46 °  
RV5/SV1 : 0.993/0.000 mV

Diagnosis Information:

Sinus rhythm  
Lead(s) unsuitable for analysis: V1  
Normal ECG based on available leads

Report Confirmed by:





BANK OF BARODA

NAME : MR. T. JOGARAO

GENDER : M

AGE : 42

DATE : 8/3/24

P4P  
Am 7.1.2

## OPHTHALMOLOGY SCREENING REPORT

VISION :

(OD) 6/6

(OS) 6/6

ef

DISTANCE :

N6

N6

NEAR VISION :

COLOUR VISION :

WNL

ANT.SEGMENT :

CONJUNCTIVA :

— Quiet —

CORNEA :

— clear —

PUPIL :

— R/R —

FUNDUS :

WNL

IMPRESSION :



*H. Har*

SIGNATURE

Patient Name	: Mr. TANUKU JOGA RAO	Age	: 42 Y/M
UHID	: CVIS.0000064015	OP Visit No	: CVISOPV122174
Reported By	: Dr. APPALA NAIDU L S	Conducted Date	: 08-03-2024 14:12
Referred By	: SELF		

### ECG REPORT

#### Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 88 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



#### Apollo Health and Lifestyle Limited

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

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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**

Dr. N. MUKUNDA RAO

MBBS.,MS

ENT CONSULTANT

Reg. No. AMC17481

Patient Name: T. JAGA RAO Age/Sex: M 42 Date: 8/2/24

For routine checkup

O/E BOP E-7,  
Nose } NAD  
Throat }

Hearing well clinically  
CTF

Nil ENT

*[Signature]*

Name: Mr. TANUKU JOGA RAO  
 Age/Gender: 42 Y/M  
 Address: VIZAG  
 Location: VISAKHAPATNAM, ANDHRA PRADESH  
 Doctor:  
 Department: LABORATORY  
 Rate Plan: VISHAKAPATNAM\_06042023  
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000064015  
 Visit ID: CVISOPV122174  
 Visit Date: 08-03-2024 08:21  
 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
08-03-2024 14:38	88 Beats/min	110/80 mmHg	18 Rate/min	98.6 F	173 cms	72 Kgs	%	%	Years	24.06	cms	cms	cms		AHLL09094



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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mr. TANUKU JOGA RAO	Age	: 42 Y M
UHID	: CVIS.0000064015	OP Visit No	: CVISOPV122174
Reported on	: 08-03-2024 13:33	Printed on	: 08-03-2024 13:33
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:08-03-2024 13:33

---End of the Report---

**Dr. KARROTU SUDHA**  
**MD RADIOLOGY**  
Radiology

Patient Name	: Mr. TANUKU JOGA RAO	Age	: 42 Y/M
UHID	: CVIS.0000064015	OP Visit No	: CVISOPV122174
Conducted By:	: Dr. SHASHANKA CHUNDURI	Conducted Date	: 08-03-2024 14:40
Referred By	: SELF		

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (cd)	2.9 CM
LA (es)	2.8 CM
LVID (cd)	4.6 CM
LVID (es)	2.5 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	75.00%
%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:0.9m/sec.  
MF:E>A  
AE:1.1m/sec



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Vizag (Seethamma Peta)

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

IMPRESSION :  
NORMAL CARDIAC SIZE.  
NO RWMA.  
GOOD LV/ RV FUNCTION.  
TRIVIALMR/NO AR/NO TR/NO PAIL. NO CLOT.  
NO PERICARDIAL EFFUSION.  
LVEF:75%.

Dr. SHASHANKA  
CHUNDURI



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**Vizag** (Seethamma Peta)

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mr. TANUKU JOGA RAO	Age	: 42 Y M
UHID	: CVIS.0000064015	OP Visit No	: CVISOPV122174
Reported on	: 08-03-2024 15:38	Printed on	: 08-03-2024 15:42
Adm/Consult Doctor	:	Ref Doctor	: SELF

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** : 13.2cm. 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.

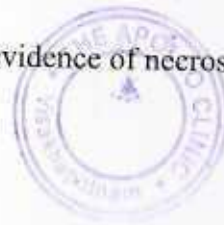
**Both the kidneys** appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus/ hydronephrosis seen on either side.

Right kidney : 9.4 x 3.9 cm

Left kidney : 9.2 x 4.5 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** :increased in size and normal in echo texture.No evidence of necrosis/calcification seen. its volume 28 cc



There is no evidence of ascites/ pleural effusion seen.

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TO BOOK AN APPOINTMENT Page 1 of 2

 **1860 500 7788**



Patient Name	: Mr. TANUKU JOGA RAO	Age	: 42 Y M
UHID	: CVIS.0000064015	OP Visit No	: CVISOPV122174
Reported on	: 08-03-2024 15:38	Printed on	: 08-03-2024 15:42
Adm/Consult Doctor	:	Ref Doctor	: SELF

**IMPRESSION:-**

- \*GRADE - I FATTY INFILTRATION OF LIVER.
- \*MILD PROSTATOMEGALY.

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

**This is only a screening test.**

Printed on:08-03-2024 15:38

---End of the Report---



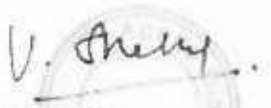
**Dr. KARROTU SUDHA**  
**MD RADIOLOGY**  
Radiology

Patient Name	: Mr.TANUKU JOGA RAO	Collected	: 08/Mar/2024 08:38AM
Age/Gender	: 42 Y 0 M 12 D/M	Received	: 08/Mar/2024 12:52PM
UHID/MR No	: CVIS.0000064015	Reported	: 08/Mar/2024 03:50PM
Visit ID	: CVISOPV122174	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9177742872		

### 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:BED240061046

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, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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TO BOOK AN APPOINTMENT

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Patient Name : Mr.TANUKU JOGA RAO	Collected : 08/Mar/2024 08:38AM
Age/Gender : 42 Y 0 M 12 D/M	Received : 08/Mar/2024 12:52PM
UHID/MR No : CVIS.0000064015	Reported : 08/Mar/2024 03:50PM
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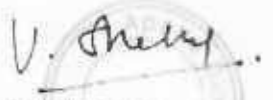
**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.1	g/dL	13-17	Spectrophotometer
PCV	44.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.35	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	83	fL	83-101	Calculated
MCH	28.2	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,200	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	54.6	%	40-80	Electrical Impedence
LYMPHOCYTES	34.6	%	20-40	Electrical Impedence
EOSINOPHILS	3.4	%	1-6	Electrical Impedence
MONOCYTES	7.4	%	2-10	Electrical Impedence
BASOPHILS	0	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2839.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1799.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	176.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	384.8	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.58		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	155000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	10	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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:BED240061046

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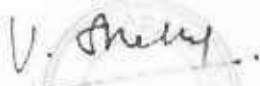
TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mr.TANUKU JOGA RAO	Collected	: 08/Mar/2024 08:38AM
Age/Gender	: 42 Y 0 M 12 D/M	Received	: 08/Mar/2024 12:52PM
UHID/MR No	: CVIS.0000064015	Reported	: 08/Mar/2024 03:50PM
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**DEPARTMENT OF HAEMATOLOGY**

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



DR. V. SNEHAL  
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TO BOOK AN APPOINTMENT

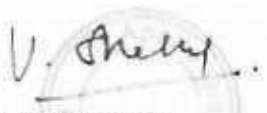
 **1860 500 7788**

Patient Name : Mr.TANUKU JOGA RAO	Collected : 08/Mar/2024 08:38AM
Age/Gender : 42 Y 0 M 12 D/M	Received : 08/Mar/2024 12:52PM
UHID/MR No : CVIS.0000064016	Reported : 08/Mar/2024 03:50PM
Visit ID : CVISOPV122174	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9177742872	

**DEPARTMENT OF HAEMATOLOGY**

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

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

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



SIN No:BED240061046

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr.TANUKU JOGA RAO	Collected : 08/Mar/2024 08:39AM
Age/Gender : 42 Y 0 M 12 D/M	Received : 08/Mar/2024 12:52PM
UHID/MR No : CVIS.0000064015	Reported : 08/Mar/2024 01:56PM
Visit ID : CVISOPV122174	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9177742872	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	85	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)	95	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	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated

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



SIN No:EDT240027522

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, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohlt.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**

Patient Name	: Mr.TANUKU JOGA RAO	Collected	: 08/Mar/2024 08:39AM
Age/Gender	: 42 Y 0 M 12 D/M	Received	: 08/Mar/2024 12:52PM
UHID/MR No	: CVIS.0000064015	Reported	: 08/Mar/2024 01:56PM
Visit ID	: CVISOPV122174	Status	: Final Report
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Emp/Auth/TPA ID	: 9177742872		

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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)

*V. Snehal*

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



SIN No:EDT240027522

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr.TANUKU JOGA RAO	Collected : 08/Mar/2024 08:39AM
Age/Gender : 42 Y 0 M 12 D/M	Received : 08/Mar/2024 12:19PM
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Visit ID : CVISOPV122174	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	233	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	179	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	39	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	194	mg/dL	<130	Calculated
LDL CHOLESTEROL	158.22	mg/dL	<100	Calculated
VLDL CHOLESTEROL	35.88	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.98		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:SE04653549

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

**Apollo Health and Lifestyle Limited**

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TO BOOK AN APPOINTMENT

**1860 500 7788**



Patient Name : Mr.TANUKU JOGA RAO  
Age/Gender : 42 Y 0 M 12 D/M  
UHID/MR No : CVIS.0000064015  
Visit ID : CVISOPV122174  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 9177742872

MC-2373

Collected : 08/Mar/2024 08:39AM  
Received : 08/Mar/2024 12:19PM  
Reported : 08/Mar/2024 01:38PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.66	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.49	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.3	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	112.10	U/L	53-128	IFCC
PROTEIN, TOTAL	8.18	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.83	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.35	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		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.



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

SIN No:SE04653549

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TO BOOK AN APPOINTMENT

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Visit ID	: CVISOPV122174	Status	: Final Report
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Emp/Auth/TPA ID	: 9177742872		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	1.03	mg/dL	0.7-1.2	Jaffe
UREA	19.00	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.48	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	9.73	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.85	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.18	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.83	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.35	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		0.9-2.0	Calculated



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

SIN No:SE04653549

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

**Apollo Health and Lifestyle Limited**

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr.TANUKU JOGA RAO  
Age/Gender : 42 Y 0 M 12 D/M  
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Visit ID : CVISOPV122174  
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	33.50	U/L	0-55	IFCC

*V. Snehal*

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

SIN No:SE04653549

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



Patient Name : Mr.TANUKU JOGA RAO  
 Age/Gender : 42 Y 0 M 12 D/M  
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 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 9177742872

Collected : 08/Mar/2024 08:39AM  
 Received : 08/Mar/2024 12:19PM  
 Reported : 08/Mar/2024 03:54PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

### DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.39	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	8.27	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	4.11	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: SPL24040321

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

**Apollo Health and Lifestyle Limited**

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TO BOOK AN APPOINTMENT

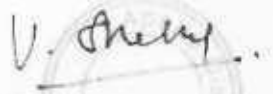
**1860 500 7788**

Patient Name	: Mr.TANUKU JOGA RAO	Collected	: 08/Mar/2024 08:39AM
Age/Gender	: 42 Y 0 M 12 D/M	Received	: 08/Mar/2024 03:54PM
UHID/MR No	: CVIS.0000064015	Reported	: 08/Mar/2024 05:07PM
Visit ID	: CVISOPV122174	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9177742872		

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	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
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/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:UR2299634

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.TANUKU JOGA RAO  
 Age/Gender : 42 Y 0 M 12 D/M  
 UHID/MR No : CVIS.0000064015  
 Visit ID : CVISOPV122174  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 9177742872

Collected : 08/Mar/2024 08:39AM  
 Received : 08/Mar/2024 03:54PM  
 Reported : 08/Mar/2024 05:07PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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



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

SIN No:UF010936

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**

Fwd: Health Check up Booking Confirmed Request(bobE13183),Package Code-  
PKG10000367, Beneficiary Code-290859

joga rao <jogarao81@gmail.com>

Thu 07-03-2024 18:39

To: MADVIS <MADVIS@bankofbaroda.com>

YOU KNOW THE SENDER.

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

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

Date: Wed, 6 Mar, 2024, 17:02

Subject: Health Check up Booking Confirmed Request(bobE13183),Package Code-PKG10000367,  
Beneficiary Code-290859

To: <jogarao81@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

Dear **MR. RAO TANUKU JOGA**,

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

**Hospital Package Name** : Mediwheel Full Body Annual Plus Above 50 Male  
**Patient Package Name** : Mediwheel Full Body Health Checkup Male Above 40  
**Name of Diagnostic/Hospital** : Apollo Clinic - Visakhapatnam  
**Address of Diagnostic/Hospital** : Apollo Clinic, 50, Plot 5, Sheethammapeta, Beside BVK college,  
Dwaraka Nagar, Vishakapatnam-530016  
**City** : Visakhapatnam  
**State** :  
**Pincode** : 530016  
**Appointment Date** : 09-03-2024  
**Confirmation Status** : Booking Confirmed  
**Preferred Time** : 8:00am  
**Booking Status** : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. RAO TANUKU JOGA	41 year	Male

**Bank of Baroda**

नाम TANUKU JOGA RAO  
Name

खाता संख्या 118263  
E.C. No.



*Tanuku Joga Rao*  
Signature of Holder

आयुक्त अधिकारी  
Issuing Authority



भारत प्रभुत्व  
GOVERNMENT OF INDIA

तनुकु उमादेवी  
Tanuku Umadevi



प्राय: संवत्सरो Year of Birth: 1990  
स्त्री / Female



4149 8776 1651

आधार - साమాसुयनि हाकु



<b>Patient Name</b>	: Mr. TANUKU JOGA RAO	<b>Age/Gender</b>	: 42 Y/M
<b>UHID/MR No.</b>	: CVIS.0000064015	<b>OP Visit No</b>	: CVISOPV122174
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 08-03-2024 15:42
<b>LRN#</b>	: RAD2259666	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 9177742872		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver** : 13.2cm. 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 : 9.4 x 3.9 cm

Left kidney : 9.2 x 4.5 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** :increased in size and normal in echo texture.No evidence of necrosis/calcification seen. its volume 28 cc

There is no evidence of ascites/ pleural effusion seen.

**IMPRESSION:-**

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

**\*MILD PROSTATOMEGALY.**

**Patient Name** : Mr. TANUKU JOGA RAO

**Age/Gender** : 42 Y/M

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

**This is only a screening test.**

**Dr. KARROTU SUDHA**  
**MD RADIOLOGY**  
Radiology

**Patient Name** : Mr. TANUKU JOGA RAO

**Age/Gender** : 42 Y/M

**UHID/MR No.** : CVIS.0000064015

**OP Visit No** : CVISOPV122174

**Sample Collected on** :

**Reported on** : 08-03-2024 13:33

**LRN#** : RAD2259666

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 9177742872

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**DEPARTMENT OF RADIOLOGY**

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**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

Name: Mr. TANUKU JOGA RAO  
Age/Gender: 42 Y/M  
Address: VIZAG  
Location: VISAKHAPATNAM, ANDHRA PRADESH  
Doctor:  
Department: LABORATORY  
Rate Plan: VISHAKAPATNAM\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ABHIJEET SINGH SACHAN

MR No: CVIS.000064015  
Visit ID: CVISOPV122174  
Visit Date: 08-03-2024 08:21  
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. TANUKU JOGA RAO  
Age/Gender: 42 Y/M  
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**Doctor's Signature**

Established Patient: No

**Vitals**

<b>Date</b>	<b>Pulse (Beats/min)</b>	<b>B.P (mmHg)</b>	<b>Resp (Rate/min)</b>	<b>Temp (F)</b>	<b>Height (cms)</b>	<b>Weight (Kgs)</b>	<b>Body Fat Percentage (%)</b>	<b>Visceral Fat Level (%)</b>	<b>Body Age (Years)</b>	<b>BMI</b>	<b>Waist Circum (cms)</b>	<b>Hip (cms)</b>	<b>Waist (cms)</b>	<b>Waist &amp; Hip Ratio</b>	<b>User</b>
08-03-2024 14:38	88 Beats/min	110/80 mmHg	18 Rate/min	98.6 F	173 cms	72 Kgs	%	%	Years	24.06	cms	cms	cms		AHLL09094



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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