


Patient Name : Mr.VAMSI KRISHNA RAYAPUREDDI	Collected : 07/Mar/2024 09:21AM
Age/Gender : 30 Y 8 M 11 D/M	Received : 07/Mar/2024 11:01AM
UHID/MR No : CCHA.0000177280	Reported : 07/Mar/2024 05:40PM
Visit ID : CCHAOPV325597	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 179635	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	16.3	g/dL	13-17	Spectrophotometer
PCV	46.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.02	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	93.4	fL	83-101	Calculated
MCH	32.4	pg	27-32	Calculated
MCHC	34.7	g/dL	31.5-34.5	Calculated
R.D.W	15.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,120	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	51.2	%	40-80	Electrical Impedance
LYMPHOCYTES	37.6	%	20-40	Electrical Impedance
EOSINOPHILS	2.4	%	1-6	Electrical Impedance
MONOCYTES	8.6	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	0-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4157.44	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3053.12	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	194.88	Cells/cu.mm	20-500	Calculated
MONOCYTES	698.32	Cells/cu.mm	200-1000	Calculated
BASOPHILS	16.24	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.36		0.78- 3.53	Calculated
PLATELET COUNT	298000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				

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



SIN No:BED240060053

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

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**DEPARTMENT OF HAEMATOLOGY**

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

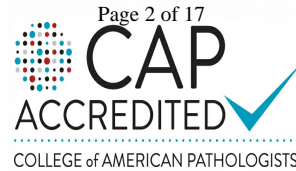
PLATELETS ARE ADEQUATE ON SMEAR  
NO HEMOPARASITES SEEN  
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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

SIN No:BED240060053

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Age/Gender : 30 Y 8 M 11 D/M	Received : 07/Mar/2024 11:01AM
UHID/MR No : CCHA.0000177280	Reported : 07/Mar/2024 08:28PM
Visit ID : CCHAOPV325597	Status : Final Report
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Emp/Auth/TPA ID : 179635	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	O			Microplate technology
Rh TYPE	Positive			Microplate technology

*Dr. S. N. S. Nori*  
**Dr. SRINIVAS N.S.NORI**  
**M.B.B.S, M.D(Pathology)**  
**CONSULTANT PATHOLOGY**

SIN No:BED240060053

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Patient Name : Mr.VAMSI KRISHNA RAYAPUREDDI	Collected : 07/Mar/2024 12:28PM
Age/Gender : 30 Y 8 M 11 D/M	Received : 07/Mar/2024 04:17PM
UHID/MR No : CCHA.0000177280	Reported : 07/Mar/2024 05:01PM
Visit ID : CCHAOPV325597	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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	79	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of  $> \text{ or } = 126 \text{ mg/dL}$  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)	81	mg/dL	70-140	HEXOKINASE

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.

*K. Anusha*  
 Dr.K.Anusha  
 M.B.B.S,M.D(Biochemistry)  
 Consultant Biochemist



SIN No:PLP1428004

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Patient Name : Mr.VAMSI KRISHNA RAYAPUREDDI	Collected : 07/Mar/2024 09:21AM
Age/Gender : 30 Y 8 M 11 D/M	Received : 07/Mar/2024 11:45AM
UHID/MR No : CCHA.0000177280	Reported : 07/Mar/2024 02:06PM
Visit ID : CCHAOPV325597	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	mg/dL		Calculated

**Comment:**

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

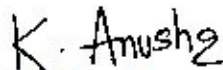
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- 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:EDT240027076

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Patient Name : Mr.VAMSI KRISHNA RAYAPUREDDI  
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

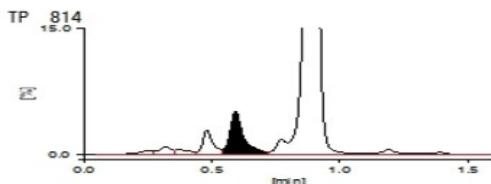
Chromatogram Report

1 V5.28 1 2024-03-07 13:39:28  
 ID EDT240027076  
 Sample No. 03070074 SL 0006 - 08  
 Patient ID  
 Name  
 Comment

Y = 1.1688X + 0.6532			
GALIB Name	%	Time	Area
A1A	0.4	0.25	6.85
A1B	0.7	0.32	11.42
F	0.5	0.38	8.82
LA1C+	1.7	0.48	28.51
SA1C	5.2	0.59	68.20
AO	93.2	0.89	1585.89
H-V0			
H-V1			
H-V2			

Total Area 1709.69

**HbA1c 5.2 %** **IFCC 34 mmol/mol**  
 HbA1 6.3 % HbF 0.5 %



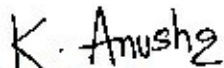
07-03-2024 13:39:29 APOLLO

APOLLO DIAGNOSTICS GLOBAL  
BALNAGAR

1 / 1



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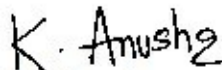
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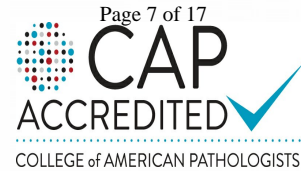
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324



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


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>207</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	98	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	53	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	<b>154</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>134.4</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.91		0-4.97	Calculated

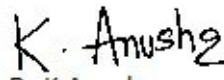
**Comment:**

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. E. Maruthi Prasad**  
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 Consultant biochemist

  
**Dr. K. Anusha**  
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 Consultant Biochemist

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SIN No: SE04652583

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

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**APOLLO CLINICS NETWORK**

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



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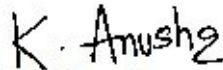
DEPARTMENT OF BIOCHEMISTRY

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



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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.75	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.62	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	33	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	65.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.38	g/dL	6.6-8.3	Biuret
ALBUMIN	4.11	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.27	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		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's diseases, Cirrhosis, but the increase is usually not >2.

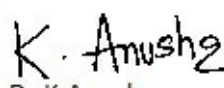
**2. Cholestatic Pattern:**

- 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.E.Maruthi Prasad**  
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 Consultant biochemist

  
**Dr.K.Anusha**  
 M.B.B.S.,M.D(Biochemistry)  
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Patient Name : Mr.VAMSI KRISHNA RAYAPUREDDI	Collected : 07/Mar/2024 09:21AM
Age/Gender : 30 Y 8 M 11 D/M	Received : 07/Mar/2024 11:23AM
UHID/MR No : CCHA.0000177280	Reported : 07/Mar/2024 01:07PM
Visit ID : CCHAOPV325597	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 179635	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	1.02	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	20.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.02	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.45	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.38	g/dL	6.6-8.3	Biuret
ALBUMIN	4.11	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.27	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		0.9-2.0	Calculated

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

*K. Anusha*  
**Dr.K.Anusha**  
 M.B.B.S,M.D(Biochemistry)  
 Consultant Biochemist



SIN No:SE04652583

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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Address:  
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 Chanda Nagar, Hyderabad, Telangana, India - 500050

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Patient Name	: Mr.VAMSI KRISHNA RAYAPUREDDI	Collected	: 07/Mar/2024 09:21AM
Age/Gender	: 30 Y 8 M 11 D/M	Received	: 07/Mar/2024 11:23AM
UHID/MR No	: CCHA.0000177280	Reported	: 07/Mar/2024 12:44PM
Visit ID	: CCHAOPV325597	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 179635		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	20.00	U/L	<55	IFCC

*K. Anusha*  
Dr.K.Anusha  
M.B.B.S,M.D(Biochemistry)  
Consultant Biochemist

SIN No:SE04652583

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



Patient Name : Mr.VAMSI KRISHNA RAYAPUREDDI	Collected : 07/Mar/2024 09:21AM
Age/Gender : 30 Y 8 M 11 D/M	Received : 07/Mar/2024 11:24AM
UHID/MR No : CCHA.0000177280	Reported : 07/Mar/2024 01:23PM
Visit ID : CCHAOPV325597	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 179635	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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)	1.77	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	<b>16.74</b>	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.691	µIU/mL	0.38-5.33	CLIA

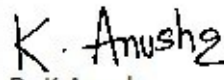
Comment:

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.E.Maruthi Prasad**  
 PhD (Biochemistry)  
 Consultant biochemist

  
**Dr.K.Anusha**  
 M.B.B.S.,M.D(Biochemistry)  
 Consultant Biochemist

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SIN No:SPL24039701

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Patient Name : Mr.VAMSI KRISHNA RAYAPUREDDI  
Age/Gender : 30 Y 8 M 11 D/M  
UHID/MR No : CCHA.0000177280  
Visit ID : CCHAOPV325597  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 179635

Collected : 07/Mar/2024 09:21AM  
Received : 07/Mar/2024 11:24AM  
Reported : 07/Mar/2024 01:23PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

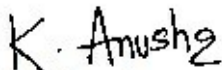
## DEPARTMENT OF IMMUNOLOGY

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



Dr.E.Maruthi Prasad  
PhD (Biochemistry)  
Consultant biochemist

SIN No:SPL24039701



Dr.K.Anusha  
M.B.B.S.,M.D(Biochemistry)  
Consultant Biochemist

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Patient Name : Mr.VAMSI KRISHNA RAYAPUREDDI	Collected : 07/Mar/2024 09:21AM
Age/Gender : 30 Y 8 M 11 D/M	Received : 07/Mar/2024 01:40PM
UHID/MR No : CCHA.0000177280	Reported : 07/Mar/2024 05:36PM
Visit ID : CCHAOPV325597	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 179635	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	1.015		1.002-1.030	Bromothymol Blue
<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	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No: UR2298910

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

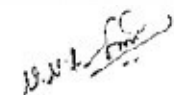


Patient Name	: Mr.VAMSI KRISHNA RAYAPUREDDI	Collected	: 07/Mar/2024 12:28PM
Age/Gender	: 30 Y 8 M 11 D/M	Received	: 07/Mar/2024 04:17PM
UHID/MR No	: CCHA.0000177280	Reported	: 07/Mar/2024 07:52PM
Visit ID	: CCHAOPV325597	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 179635		

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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



**Dr.SRINIVAS N.S.NORI**  
**M.B.B.S,M.D(Pathology)**  
**CONSULTANT PATHOLOGY**

SIN No:UPP016882

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





Patient Name	: Mr.VAMSI KRISHNA RAYAPUREDDI	Collected	: 07/Mar/2024 09:21AM
Age/Gender	: 30 Y 8 M 11 D/M	Received	: 07/Mar/2024 01:40PM
UHID/MR No	: CCHA.0000177280	Reported	: 07/Mar/2024 05:36PM
Visit ID	: CCHAOPV325597	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 179635		


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(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:  
PERIPHERAL SMEAR



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

SIN No:UF010916

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Page 17 of 17  
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**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination of

Mr. VAMSI KRISHNA RAYAPUREDDI on 07/03/24 After reviewing the medical history on clinical examination it has been found that he/she is

Medically Fit	Yes	No
---------------	-----	----

**Fit with restrictions/recommendations**

Though following restrictions have been revealed, in my opinion, these are not impediments to the job.

- 1.....
- 2.....
- 3.....

However the employee should follow the advice/medication that has been communicated to him/her.

Review after

Currently Unfit.

Review after.....

Recommended Unfit

Dr.



Medical Officer

The Apollo Clinic, Chandanagar

**Dr. BOLLINI MAANASA JAYARAM**  
Reg No: TSMC/FMR/00039  
Qualification: M.B.B.S, M.Sc (Perfusion)



This certificate is not meant for medico-legal purposes

**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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Vizag (Seethamma Peta)

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

# PRESCRIPTION

Besaid Bata Show Room, Madinaguda opp SBI Bank Hyderabad .040-23046745

RAYAPUREDDY VAMSI KRISHNA Date: \_\_\_\_\_

07-03-2024

Age: \_\_\_\_\_ 30 \_\_\_\_\_

UHID: \_\_\_\_\_ PH NO \_\_\_\_\_

	SPHE	CYL	AXIS	ADD	CVA
RIGHT	PL				20/20
LEFT	PL				20/20

Single Vision Glass      Biofocal      Progressive Normal Progressive  
 CR-39      D- Biofocal      Internal Progressive  
 Polycarbonate      (Glass/CR)  
 ARC      High Index      Photochromic

**Contact Lenses:**

Daily Disposables  
 Monthly Disposables  
 Quartererly Disposables

Yearly  
 Tori- ca  
 Cosmetics

Colour Vision Test:

RE: NORMAL LE: NORMAL

NEXT EXAMINATIONS : 1 YEAR Month / Year

Signature

**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

 **1860 500 7788**

phases

**THE APOLLO CLINIC**  
**PHYSICAL EXAMINATION FORM**

BILL DATE : 7/03/24 UHID: 177277 BILL NO: 85/08

PATIENT NAME : Mr. Ramesh Krishna AGE: 42y

Weight : 71.9 Kgs

Height : 172 Cms

Chest Measurement : (in) (out)

Abdomen :

Pulse : 69 /bpm

B.P : 110/70 /mm Hg

Waist - 92

Hip - 103

SpO2 - 99%

MR VAMSI KRISHNA

Male 42Years

Req. No. :

Diagnosis Information:

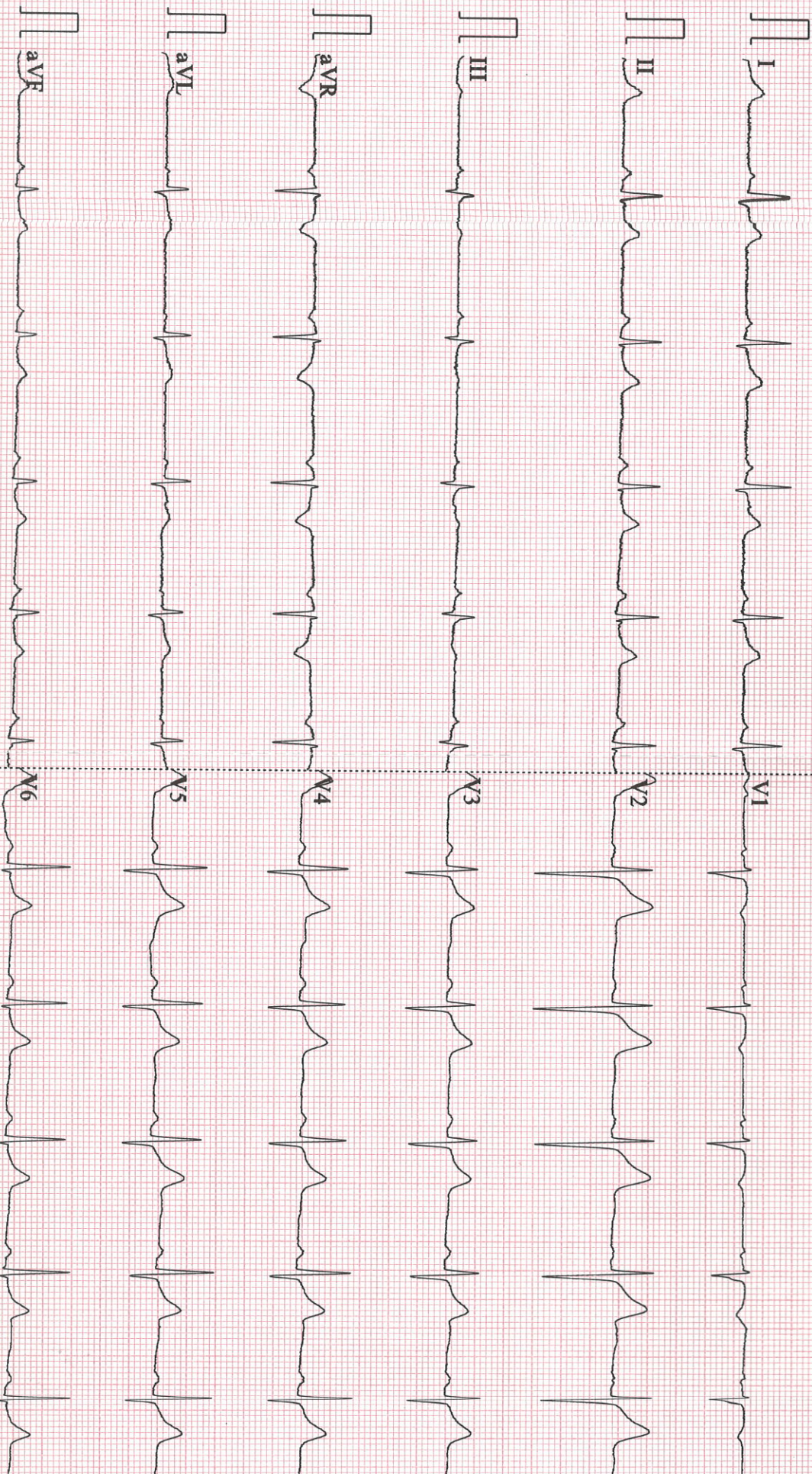
Sinus rhythm

Normal ECG

HR	: 63	bpm
P	: 110	ms
PR	: 164	ms
QRS	: 82	ms
QT/QTcBz	: 398/408	ms
P/QRS/T	: 60/37/34	°
RV5/SV1	: 0.93/0.616	mV

NS1

Report Confirmed by:



Name <u>Mr. Vamshi krishna k</u>	Date <u>7/3/24</u>
Age <u>42</u>	UHID No. <u>177277</u>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Ref. Physician _____
Ref. Diagnosis <u>phasorz</u>	

## Echocardiogram Report

Echogenicity  Poor  Adequate  Good      Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ BSA \_\_\_\_\_

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
Ao (ed) <u>2.6</u> cm	(1.5cm / m <sup>2</sup> )	IVS (Ed) <u>1.0</u> cm	(0.6 - 1.2 cm)
LA (es) <u>3.0</u> cm	(1.5cm / m <sup>2</sup> )	LVPW (Ed) <u>1.0</u> cm	(0.6 - 1.1 cm)
RVID (ed) _____ cm	(0.9 cm / m <sup>2</sup> )	EF <u>63</u>	(0.62 - 0.85)
LVID (ed) <u>4.4</u> cm	(2.6 - 3.4 cm / m <sup>2</sup> )	% FD <u>31</u>	(28% - 42%)
LVID (es) <u>2.9</u>			

### MORPHOLOGICAL DATA

Mitral Valve	AML _____	Interatrial septum _____
	PML _____	Interventricular septum _____
Aortic Valve	(N)	Pulmonary artery _____
Tricuspid valve		Aorta _____
Pulmonary valve		Right atrium _____
Right ventricle		Left atrium _____

<b>Patient Name</b>	: Mr. Vamsi Krishna Rayapureddi	<b>Age/Gender</b>	: 30 Y/M
<b>UHID/MR No.</b>	: CCHA.0000177280	<b>OP Visit No</b>	: CCHAOPV325597
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 07-03-2024 11:39
<b>LRN#</b>	: RAD2258709	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 179635		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size .**Increased Echogenicity**. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals. **Liver measures : 13.5 cm .**

**Gall bladder** is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

**Spleen** appears normal. No focal lesion seen. Splenic vein appears normal. **Spleen measures : 9 cm .**

**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 measures : 97 x 40 mm . , Left kidney measures : 105 x 45 mm .**

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

**Prostate** is normal in size and echo texture.No evidence of necrosis/calcification seen. **Prostate volume - 19 cc .**

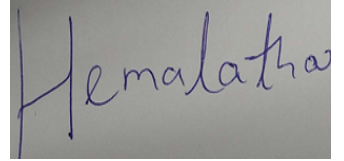
### **IMPRESSION:-**

**1 . GRADE - I FATTY LIVER .**

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

**Patient Name** : Mr. Vamsi Krishna Rayapureddi

**Age/Gender** : 30 Y/M



**Dr. G HEMALATHA**  
MBBS, DNB  
Radiology



<b>Patient Name</b>	: Mr. Vamsi Krishna Rayapureddi	<b>Age/Gender</b>	: 30 Y/M
<b>UHID/MR No.</b>	: CCHA.0000177280	<b>OP Visit No</b>	: CCHAOPV325597
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 07-03-2024 11:03
<b>LRN#</b>	: RAD2258709	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 179635		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

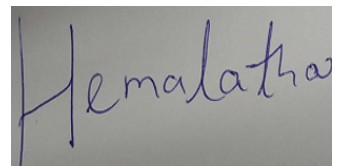
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

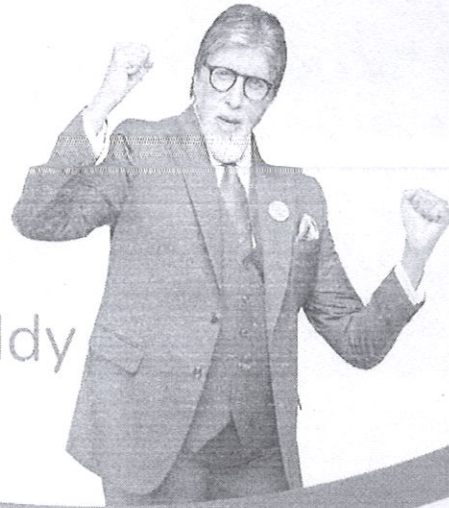
No obvious abnormality seen



**Dr. G HEMALATHA**  
**MBBS,DNB**  
Radiology



Here's  
your order  
confirmation  
with MediBuddy



Dear Vamshi Krishna Koduri

Thank you for booking your appointment with MediBuddy. Your appointment has been confirmed. Please find the details below:

**Order Details:**

**Customer Name:** Vamshi Krishna Koduri

**Order ID:** 41832043

**Lab Name:** The Apollo Clinic

**Lab Address:** 9 #1-58/91/Ss Suresh Square Madeenaguda Seri Lingampally Mandal Chanda Nagar, Ranga Reddy District, Hyderabad

**Lab Center Location:** <https://s.medibuddy.in/cubVVe>

**Lab Center SPOC:** Receptionist

**Lab Center Contact Details:** 040-23046744/8

Request ID	Test/Package Name	Appointment Status	Appointment Date	Appointment Time
56231284	MB Pack 1	Confirmed	07/03/2024	08:00 AM-09:00 AM

This confirmation letter is valid only for the above-mentioned appointment dates. Should you like to reschedule, you will receive a revised confirmation letter for the next preferred dates.

If you want to reschedule/cancel the appointment, please click the link <https://s.medibuddy.in/dSNmkt>

**In case your order contains Radiology test, please reach out to the Lab Center to check the availability of the Doctor/ Lab Technician. In case of unavailability, please reschedule your order.**

**Your order contains tests which require Fasting. Hence, you are requested to fast (except water) for 10-12 hours prior to sample collection. If you are taking any medicine, take it post sample collection.**

**Points to note:**

- Please have a copy of your photo ID along with this confirmation letter.
- Please report at the center on scheduled time.
- Do not make any payment at the center (except registration fee, if required).
- You may collect the radiology reports from the Lab center once the appointment is attended.
- Details of your Health Check package are attached in the PDF with this mail.
- Registration is mandatory at the medical centre; this may take 15-20 minutes.
- Full body health checks at your medical centre may take 4-5 hours on weekdays and 5 - 6 hours on Saturdays. Please do the planning accordingly.



INDIAN UNION DRIVING LICENCE  
TELANGANA STATE



VAMSHI KRISHNA KODURI  
RANGA RAO  
14-81/99/3  
RAGAVENDRA COLONY  
AMMENPUR  
PATANCHERU  
MEDAK - 502032



Issued On: 06/08/2016

UNIT OFFICE PATANCHERU

Patient Name	: Mr. Vamsi Krishna Rayapureddi	Age	: 30 Y/M
UHID	: CCHA.0000177280	OP Visit No	: CCHAOPV325597
Reported By:	: Dr. A RAVINDRA	Conducted Date	: 07-03-2024 13:10
Referred By	: SELF		

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### **ECG REPORT**

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 80 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 see

#### **Impression:**

NORMAL RESTING ECG.

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



Dr. A RAVINDRA

Patient Name : Mr. Vamsi Krishna Rayapureddi Age : 30 Y/M  
UHID : CCHA.0000177280 OP Visit No : CCHAOPV325597  
Conducted By: : Dr. A RAVINDRA Conducted Date : 07-03-2024 13:19  
Referred By : SELF

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**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed)	2.7 CM
LA (es)	3.0 CM
LVID (ed)	4.2 CM
LVID (es)	2.8 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	66.00%
%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	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NO EFFUSION
LEFT VENTRICLE: NO RWMA	

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COLOUR AND DOPPLER STUDIES:- NO MR/ TR/ AR/ PR

PWD: A>E AT MITRAL INFLOW

E/A-E: 0.7m/sec A: 0.5m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO  
0.9m/sec

VELOCITY ACROSS THE AV UPTO 1.1m/sec

IMPRESSION:-

**NORMAL CARDIAC CHAMBERS,**

**NO RWMA,**

**GOOD LV FUNCTION,**

**NO MR/ TR/ AR/ PR,**

**NO PE / CLOT / VEGS.**



Dr. A  
RAVINDRA