

Patient Name	: Mr.SANTHOSH INDARAPU	Collected	: 08/Mar/2024 10:04AM
Age/Gender	: 33 Y 10 M 20 D/M	Received	: 08/Mar/2024 10:29AM
UHID/MR No	: CKON.0000406813	Reported	: 08/Mar/2024 12:33PM
Visit ID	: CKONOPV643353	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 384845		

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>				
<b>HAEMOGLOBIN</b>	13.7	g/dL	13-17	Spectrophotometer
PCV	40.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.5	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90	fL	83-101	Calculated
MCH	30.4	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	12.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,500	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	55	%	40-80	Electrical Impedance
LYMPHOCYTES	35	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3025	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1925	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	110	Cells/cu.mm	20-500	Calculated
MONOCYTES	440	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.57		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	186000	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>				

RBC :Normocytic Normochromic.

WBC : TLC and DLC Within normal limits.

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Dr.Sukumar Sannidhi  
MD(Path)  
Consultant Pathologist



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PLATELETS :Adequate on the smear.



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UHID/MR No	: CKON.0000406813	Reported	: 08/Mar/2024 12:25PM
Visit ID	: CKONOPV643353	Status	: Final Report
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**DEPARTMENT OF HAEMATOLOGY**

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

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




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UHID/MR No	: CKON.0000406813	Reported	: 08/Mar/2024 10:54AM
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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	90	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.



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Patient Name	: Mr.SANTHOSH INDARAPU	Collected	: 08/Mar/2024 01:05PM
Age/Gender	: 33 Y 10 M 20 D/M	Received	: 08/Mar/2024 03:46PM
UHID/MR No	: CKON.0000406813	Reported	: 08/Mar/2024 04:14PM
Visit ID	: CKONOPV643353	Status	: Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	96	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.



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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	4.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	88	mg/dL		Calculated

Variant hemoglobin suspected. Advised HB electrophoresis to rule out hemoglobinopathies. Glucose or fructosamine based diagnostic criteria is recommended where hba1c value is unreliable.

**Comment:**

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

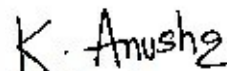
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



**Dr. RAJESH BATTINA**  
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**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:EDT240027768

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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**1860 500 7788**  
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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

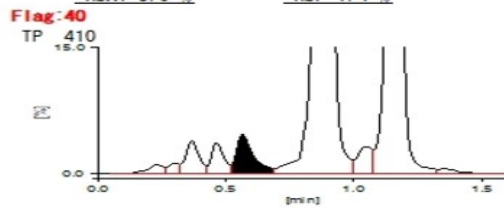
Chromatogram Report

HLC72368 V5.28.1 2024-03-08 15:20:55  
 ID EDT240027768  
 Sample No. 03080132 SL 0002 - 09  
 Patient ID  
 Name  
 Comment

CALIB Name	%	Time	Area
A1A	0.7	0.23	5.42
A1B	0.5	0.30	3.99
F	1.4	0.37	16.96
LA1C+	2.0	0.46	14.57
SA1C	4.7	0.57	26.16
A0	90.8	0.88	671.81
H-V0			
H-V1	37.4	1.16	452.10
H-V2			

Total Area 1209.11

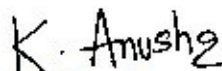
**HbA1c 4.7 %** **IFCC 28 mmol/mol**  
 HbA1 5.9 % HbF 1.4 %



[Unknown Peak] Name	%	Time	Area
P00	1.9	1.05	14.36
P01	0.5	1.36	3.74



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Dr.K.Anusha  
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Consultant Biochemist



SIN No:EDT240027768

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

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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>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	167	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	183	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	36	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	131	mg/dL	<130	Calculated
LDL CHOLESTEROL	94.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	36.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.64		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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DEPARTMENT OF BIOCHEMISTRY

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	1.60	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	1.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	39	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	73.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.20	g/dL	6.3-8.2	Biuret
ALBUMIN	4.70	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.88		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	1.10	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	<b>18.60</b>	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	8.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.60	mg/dL	3.5-8.5	Uricase
CALCIUM	9.30	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.5-4.5	PMA Phenol
SODIUM	<b>133</b>	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.20	g/dL	6.3-8.2	Biuret
ALBUMIN	4.70	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.88		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	71.00	U/L	15-73	Glycylglycine Nitoranalide




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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.14	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.92	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	5.002	µIU/mL	0.34-5.60	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.Sukumar Sannidhi  
MD(Path)  
Consultant Pathologist



Patient Name	: Mr.SANTHOSH INDARAPU	Collected	: 08/Mar/2024 10:04AM
Age/Gender	: 33 Y 10 M 20 D/M	Received	: 08/Mar/2024 10:43AM
UHID/MR No	: CKON.0000406813	Reported	: 08/Mar/2024 11:51AM
Visit ID	: CKONOPV643353	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 384845		

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	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<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.Sukumar Sannidhi  
MD(Path)  
Consultant Pathologist



Patient Name : Mr.SANTHOSH INDARAPU	Collected : 08/Mar/2024 10:04AM
Age/Gender : 33 Y 10 M 20 D/M	Received : 08/Mar/2024 10:43AM
UHID/MR No : CKON.0000406813	Reported : 08/Mar/2024 12:39PM
Visit ID : CKONOPV643353	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384845	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

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

Result/s to Follow:  
PERIPHERAL SMEAR



**Dr.Sukumar Sannidhi**  
MD(Path)  
Consultant Pathologist



Customer Pending Tests  
PATIENT YET TO VISIT THE CENTER FOR FITNESS EVALUATION.

# APOLLO CLINIC

## CONSENT FORM

PATIENT NAME Mr. Sambosh Indarapa AGE: 33yrs.

UHID NUMBER 406813 COMPANY NAME Ascofeni Mediwheel.

I MR/MRS/MS. Sambosh Indarapa EMPLOYEE OF Bank of Baroda.

COMPANY WANT TO INFORM YOU THAT I AM ~~NOT~~ INTERESTED IN

GETTING Optical in next week

due to ophthalmologist not available

TEST DONE WHICH IS A PART OF MY ROUTINE HEALTH CHECK PACKAGE.

AND I CLAIM THE ABOVE STATEMENT IN MY FULL CONSCIOUSNESS.

PATIENT SIGNATURE 

DATE: 8/3/24



**Patient Name** : Mr. SANTHOSH INDARAPU

**Age/Gender** : 33 Y/M

**UHID/MR No.** : CKON.0000406813

**OP Visit No** : CKONOPV643353

**Sample Collected on** :

**Reported on** : 08-03-2024 16:27

**LRN#** : RAD2259993

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 384845

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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 .

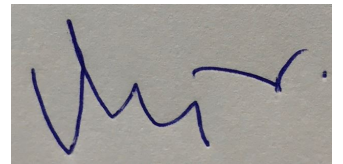
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen.



**Dr. VIJAYA KUMAR M**  
**MBBS, DMRD**  
Consultant Radiologist

<b>Patient Name</b>	: Mr. SANTHOSH INDARAPU	<b>Age/Gender</b>	: 33 Y/M
<b>UHID/MR No.</b>	: CKON.0000406813	<b>OP Visit No</b>	: CKONOPV643353
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 08-03-2024 12:01
<b>LRN#</b>	: RAD2259993	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 384845		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

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

**Gall bladder** is distended normal. 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 measures 88 x 35 mm.

Left kidney measures 91 x 40 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 measures 30 x 31 x 32mm, Volume--17cc.

**Patient Name** : Mr. SANTHOSH INDARAPU

**Age/Gender** : 33 Y/M

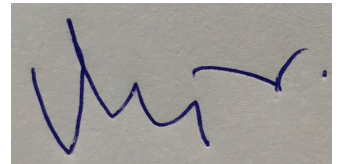
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**IMPRESSION:-**

**\*\*MILD FATTY CHANGES IN LIVER.**

**Suggest – clinical correlation.**

(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.



**Dr. VIJAYA KUMAR M**  
**MBBS, DMRD**  
Consultant Radiologist



# APOLLO MEDICAL CENTER

## PHYSICAL EXAMINATION FORM

DATE: 8/3/24.

NAME: Mr. Santhosh. J

HEIGHT

169

WEIGHT

68.9

CHEST MEASUREMENT

100

ABDOMEN

80

PULSE

80

BP

110/70

UHID: 406813

AGE: 33/M

BMI

24.1

OUT

91

WAIST

89

HIP

93

THE APOLLO MEDICAL CENTER # 2-20/6/A, KOTHAGUDA X ROADS, NEAR HARSHA TOYOTA SHOWROOM, KONDAPUR, HITECH CITY, HYDERABAD-500032, PH.NO-040-30166600/77, EMAIL : hitechcity@apolloclinics.com

Patient Name	: Mr. SANTHOSH INDARAPU	Age	: 33 Y/M
UHID	: CKON.0000406813	OP Visit No	: CKONOPV643353
Reported By:	: Dr. VENKATA RAYUDU NEKKANTI	Conducted Date	: 08-03-2024 12:45
Referred By	: SELF		

### EKG REPORT

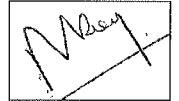
#### Observation :-

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 seen.

#### Impression:

WITH IN NORMAL LIMITS.

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



Dr. VENKATA RAYUDU NEKKANTI

#### Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana.

#### APOLLO CLINICS NETWORK

**Andhra Pradesh: Tirupati** (Sankarabadi Circle) **Vizag** (Seethamma Peta)

**Telangana: Hyderabad** (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Nallakunta | Nizampet | SR Nagar | Vanasthalipuram)

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Mr. Santosh I  
ID: 406813

08.03.2024 10:40:42  
APOLLO MEDICAL CENTRE

Arrow

33 Years

Male

HYDERABAD

Location:  
Order Number:  
Visit:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Room:

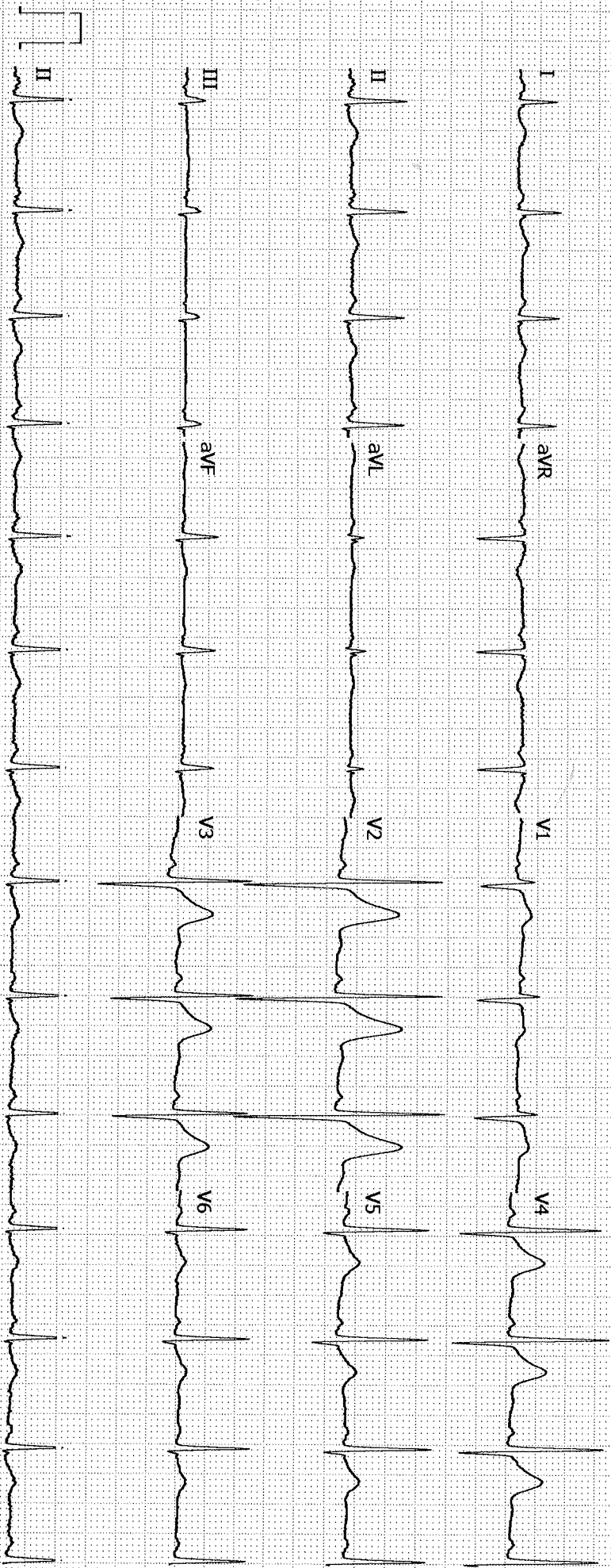
80 bpm  
-- / -- mmHg

Technician:  
Ordering Pr:  
Referring Pr:  
Attending Pr:

QRS : 74 ms  
QT / QTcBaz : 356 / 410 ms  
PR : 122 ms  
P : 98 ms  
RR / pp : 750 / 750 ms  
P / QRS / T : 36 / 42 / 32 degrees

Normal sinus rhythm  
Normal ECG

*Handwritten signature*



GE MAC2000 1.1 12SL<sub>im</sub> v241 25 mm/s 10 mm/mV ADS 0.56-40 Hz 50 Hz

Unconfirmed

4x2.5x3\_25\_R1 1/1

Mr. santhosh  
ID: 406813

08.03.2024 10:40:59  
APOLLO MEDICAL CENTRE

33 Years Male

HYDERABAD

Location:  
Order Number:  
Visit:

Room:

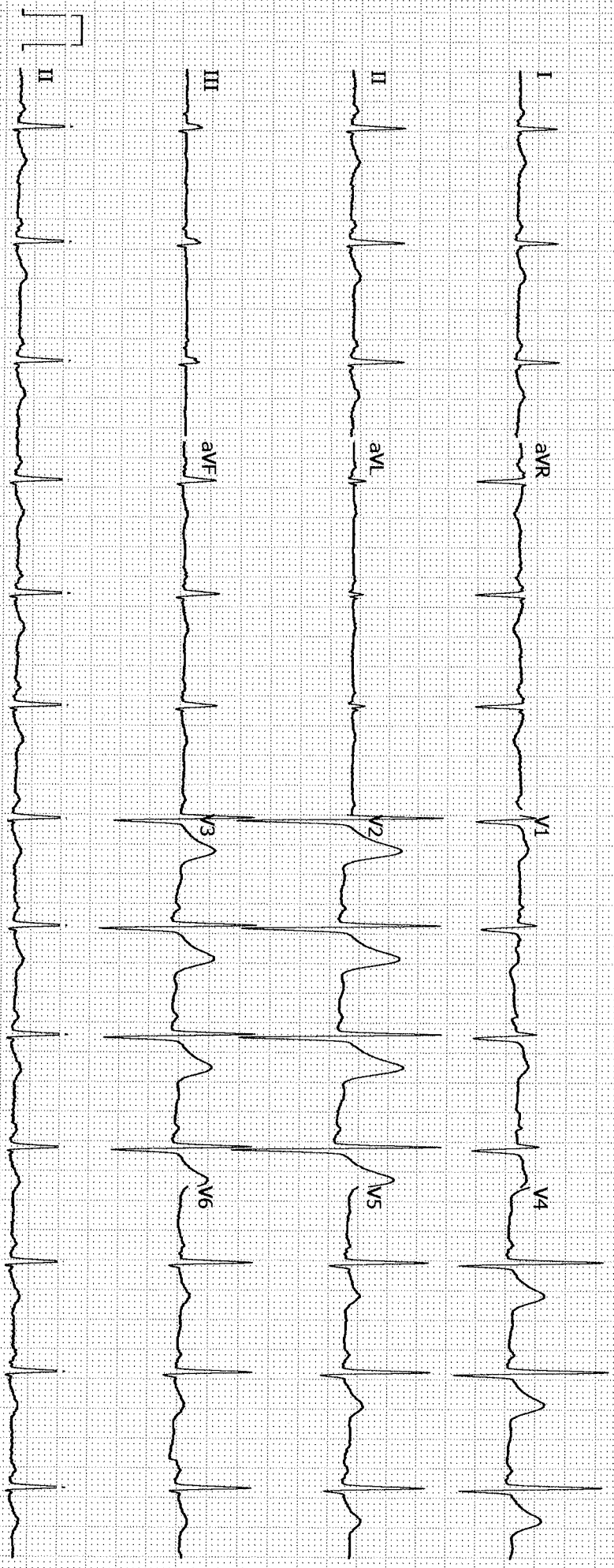
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

79 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 74 ms  
QT / QTcBaz : 362 / 415 ms  
PR : 124 ms  
P : 102 ms  
RR / pp : 760 / 759 ms  
P / QRS / T : 41 / 39 / 27 degrees

Normal sinus rhythm  
Normal ECG



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-40 Hz 50 Hz

Unconfirmed  
4x2.5x3\_25\_R1 1/1

Patient Name	: Mr. SANTHOSH INDARAPU	Age	: 33 Y/M
UHID	: CKON.0000406813	OP Visit No	: CKONOPV643353
Conducted By:	: Dr. RAMU ANKAM	Conducted Date	: 08-03-2024 14:40
Referred By	: SELF		

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed)	3.5 CM
LA (es)	3.8 CM
LVID (ed)	4.3 CM
LVID (es)	2.7 CM
IVS (Ed)	1.1 CM
LVPW (Ed)	1.1 CM
EF	65.00%
%FD	35.00%

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

COLOUR AND DOPPLER STUDIES

PJV: 0.8

AJV: 0.9

E: 0.9 m/s

**Apollo Health and Lifestyle Limited**

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**APOLLO CLINICS NETWORK**

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TO BOOK AN APPOINTMENT

 **1860 500 7788**



IMPRESSION:-  
NORMAL CHAMBERS  
NO RWMA  
GOOD LV /RV FUNCTION  
NO MR/ AR/ TR/ PAH  
NO CLOT/ PE



Dr. RAMU  
ANKAM

---

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Name <u>Mr. Santhosh E</u>	Date <u>8/8/2024</u>
Age <u>33y</u>	UHID No. <u>406813</u>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Ref. Physician
Ref. Diagnosis	<u>Dr. Sameer A</u>

## Echocardiogram Report

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

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
Ao (ed) <u>3.5</u> cm	(1.5cm / m2)	IVS (Ed) <u>1.1</u> cm	(0.6 - 1.2 cm)
LA (es) <u>3.8</u> cm	(1.5cm / m2)	LVPW (Ed) <u>1.1</u> cm	(0.6 - 1.1 cm)
RVID (ed) <u>3.2</u> cm	(0.9 cm / m2)	EF <u>65</u>	(0.62 - 0.85)
LVID (ed) <u>4.3</u> cm	(2.6 - 3.4 cm / m2)	% FD <u>35</u>	(2.8% - 42%)
LVID (es) <u>2.7</u>			

### MORPHOLOGICAL DATA

Mitral Valve	AML <u>2</u>	Interatrial septum	<u>En tan</u>
	PML <u>2</u>	Interventricular septum	<u>En tan</u>
Aortic Valve	<u>2</u>	Pulmonary artery	<u>2</u>
Tricuspid valve	<u>2</u>	Aorta	<u>2</u>
Pulmonary valve	<u>2</u>	Right atrium	<u>2</u>
Right ventricle	<u>2</u>	Left atrium	<u>2</u>



**Bill Of Supply**

Name : Mr. SANTHOSH INDARAPU  
 Age/Gender : 33 Y M  
 Contact No : +919700448369  
 Address : HYD  
 UHID : CKON.0000406813  
 Corporate Name : ARCOFEMI HEALTHCARE LIMITED  
 Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT

Bill No : CKON-OCR-122570  
 Bill/Reg Date : 08.03.2024 09:34  
 Referred by : SELF  
 Center : Kondapur  
 Emp No/Auth Code : 384845

#	Department	Description Of Service	SAC/HSN Code	Qty	Rate	Gross Value	Discount	CGST Rate	CGST Amt	SGST/UTGST Rate	SGST/UTGST Amt	Net Value
1	Package Charges	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	999312	1	2,000.00	2,000.00	0.00	0.00	0.00	0.00	0.00	2,000.00

Bill Amount: 2,000.00  
 Total Discount: 0.00

You can download your report from "www.apolloclinic.com" Enter user name as CKONOPV643353 and password as 417500

Please log on to AskApollo.com for booking Appointments

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)  
 Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor ; Ameerpet, Hyderabad 500038, Telangana. |  
 www.apollohl.com | Email ID: enquiry@apollohl.com , Ph No: 040-4904 7777, Fax No: 4904 7744

**APOLLO CLINICS NETWORK**

Telangana: Hyderabad (AS Rao Nagar) | Chanda Nagar | Kondapur | Nalfakunta | Nizampet | Manikonda | Uppal | Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi) | Bellandur | Electronics City | HSR Layout | Indra Nagar | JP Nagar | Kundalahalli | Koramangala | Serjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai ( Annanagar | Kotturpuram | T Nagar | Valasaravakkam | Velachery ) Maharashtra: Pune (Aundh) | Nigdi Pradhikaran | Viman Nagar | Wanowrie | Kharadi) Uttar Pradesh: Ghaziabad (Indrapuram)

GSTIN: 365AADCA0733E1Z8

Address:  
 #7-1-617/A, 615 & 616, Imperial Towers,  
 7th Floor ; Ameerpet, Hyderabad, Telangana.

 **1860 500 7788**

**Fwd: Health Check up Booking Confirmed Request(bobE13655),Package Code-PKG10000366, Beneficiary Code-294523**

Santhosh Indarapu &lt;isant542@gmail.com&gt;

Fri 3/8/2024 9:31 AM

To:Hitechcity Apolloclinic &lt;hitechcity@apolloclinic.com&gt;

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

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

Date: Thu, Mar 7, 2024, 3:38 PM

Subject: Health Check up Booking Confirmed Request(bobE13655),Package Code-PKG10000366, Beneficiary Code-294523

To: &lt;isant542@gmail.com&gt;

Cc: &lt;customercare@mediwheel.in&gt;

**011-41195959**

Dear Indarapu Santhosh,

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

**Hospital Package Name** : Mediwheel Full Body Annual Plus

**Patient Package Name** : Mediwheel Full Body Health Checkup Male Above 40

**Name of Diagnostic/Hospital** : Apollo Medical Centre - Kondapur

**Address of Diagnostic/Hospital** : Apollo Medical centre, Kothaguda X Roads, Beside Swagth De-Royal Restaurants , Kondapur - 500084

**City** : Hyderabad

**State** :

**Pincode** : 500084

**Appointment Date** : 08-03-2024

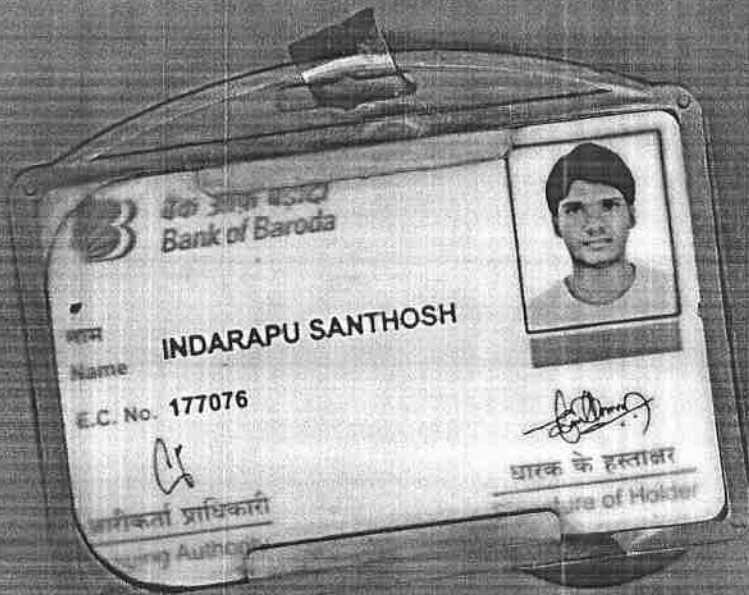
**Confirmation Status** : Booking Confirmed

**Preferred Time** : 09:00 am - 09:30 am

**Booking Status** : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. SANTHOSH INDARAPU	33 year	Male

**Note - Please note to not pay any amount at the center.****Instructions to undergo Health Check:**



Bank of Baroda  
Bank of Baroda



नाम  
Name **INDARAPU SANTHOSH**

E.C. No. 177076

धारक के हस्ताक्षर  
Signature of Holder

अधिकृत प्राधिकारी  
Authorized Authority