

Patient Name : Mr.JATTI THIRUPATHI	Collected : 09/Mar/2024 08:14AM
Age/Gender : 37 Y 5 M 14 D/M	Received : 09/Mar/2024 11:46AM
UHID/MR No : CUPP.0000078425	Reported : 09/Mar/2024 02:51PM
Visit ID : CUPPOPV130698	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 115660/384876	

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	14.8	g/dL	13-17	Spectrophotometer
PCV	43.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.93	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.8	fL	83-101	Calculated
MCH	30	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,690	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	54.8	%	40-80	Electrical Impedance
LYMPHOCYTES	31.7	%	20-40	Electrical Impedance
EOSINOPHILS	4	%	1-6	Electrical Impedance
MONOCYTES	8.5	%	2-10	Electrical Impedance
BASOPHILS	1	%	0-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3666.12	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2120.73	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	267.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	568.65	Cells/cu.mm	200-1000	Calculated
BASOPHILS	66.9	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.73		0.78- 3.53	Calculated
PLATELET COUNT	239000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC NORMOCYTIC NORMOCHROMIC  
WBC WITHIN NORMAL LIMITS  
PLATELETS ARE ADEQUATE ON SMEAR



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

SIN No:BED240062188

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




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NO HEMOPARASITES SEEN  
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



Dr.R.SHALINI  
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Emp/Auth/TPA ID : 115660/384876

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Reported : 09/Mar/2024 09:09PM  
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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	B			Microplate technology
Rh TYPE	Negative			Microplate technology

  
Dr.SRINIVAS N.S.NORI  
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CONSULTANT PATHOLOGY

SIN No:BED240062188

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Age/Gender : 37 Y 5 M 14 D/M	Received : 09/Mar/2024 12:01PM
UHID/MR No : CUPP.0000078425	Reported : 09/Mar/2024 12:53PM
Visit ID : CUPPOPV130698	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	87	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 > 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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SIN No:PLF02120430

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Patient Name : Mr.JATTI THIRUPATHI	Collected : 09/Mar/2024 10:59AM
Age/Gender : 37 Y 5 M 14 D/M	Received : 09/Mar/2024 04:39PM
UHID/MR No : CUPP.0000078425	Reported : 10/Mar/2024 06:01AM
Visit ID : CUPPOPV130698	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	93	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.

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SIN No:PLP1428685

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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>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:EDT240028143

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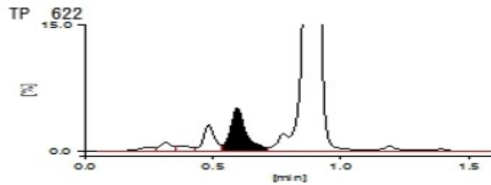
Chromatogram Report

I V5.28 1 2024-03-09 14:12:28  
 ID EDT240028143  
 Sample No. 03090094 SL 0002 - 05  
 Patient ID  
 Name  
 Comment

CALIB Name	%	Time	Area
A1A	0.4	0.23	7.60
A1B	0.6	0.32	11.08
F	0.5	0.37	8.87
LA1C+	1.7	0.48	31.05
SA1C	5.2	0.60	71.05
AO	93.2	0.89	1663.14
H-V0			
H-V1			
H-V2			

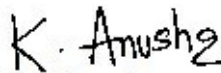
Total Area 1792.79

**HbA1c 5.2 %** **IFCC 33 mmol/mol**  
 HbA1 6.3 % HbF 0.5 %




Dr.E.Maruthi Prasad  
 PhD (Biochemistry)  
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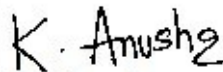
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	181	mg/dL	<200	CHO-POD
TRIGLYCERIDES	82	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	130	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>113.6</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.55		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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.07	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.87	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	60.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.29	g/dL	6.6-8.3	Biuret
ALBUMIN	4.14	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.15	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		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:**

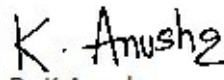
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.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

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



SIN No:SE04654733

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

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 R R District., Uppal, Hyderabad, Telangana, India - 500039

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Patient Name : Mr.JATTI THIRUPATHI	Collected : 09/Mar/2024 08:14AM
Age/Gender : 37 Y 5 M 14 D/M	Received : 09/Mar/2024 12:05PM
UHID/MR No : CUPP.0000078425	Reported : 09/Mar/2024 02:02PM
Visit ID : CUPPOPV130698	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 115660/384876	

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	19.20	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.32	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.52	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.03	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	5.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.29	g/dL	6.6-8.3	Biuret
ALBUMIN	4.14	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.15	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		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:SE04654733

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DEPARTMENT OF BIOCHEMISTRY

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

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

*Maruthi...*

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

SIN No:SE04654733

*K. Anusha*

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



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Patient Name : Mr.JATTI THIRUPATHI	Collected : 09/Mar/2024 08:14AM
Age/Gender : 37 Y 5 M 14 D/M	Received : 09/Mar/2024 12:05PM
UHID/MR No : CUPP.0000078425	Reported : 09/Mar/2024 01:52PM
Visit ID : CUPPOPV130698	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 115660/384876	

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)	0.79	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	7.51	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.353	µIU/mL	0.38-5.33	CLIA

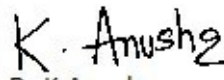
Comment:

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:SPL24041150

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Patient Name : Mr.JATTI THIRUPATHI  
Age/Gender : 37 Y 5 M 14 D/M  
UHID/MR No : CUPP.0000078425  
Visit ID : CUPPOPV130698  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 115660/384876

Collected : 09/Mar/2024 08:14AM  
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

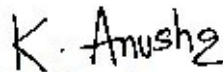
DEPARTMENT OF IMMUNOLOGY

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



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

SIN No:SPL24041150



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

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Patient Name : Mr.JATTI THIRUPATHI	Collected : 09/Mar/2024 08:14AM
Age/Gender : 37 Y 5 M 14 D/M	Received : 09/Mar/2024 01:47PM
UHID/MR No : CUPP.0000078425	Reported : 09/Mar/2024 02:53PM
Visit ID : CUPPOPV130698	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 115660/384876	

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	HAZY		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
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	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	TRACE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	4-5	/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. B Pavani  
 M.B.B.S, M.D(pathalogy)  
 Consultant Pathologist

SIN No:UR2300483

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Patient Name : Mr.JATTI THIRUPATHI	Collected : 09/Mar/2024 10:59AM
Age/Gender : 37 Y 5 M 14 D/M	Received : 09/Mar/2024 04:36PM
UHID/MR No : CUPP.0000078425	Reported : 09/Mar/2024 07:00PM
Visit ID : CUPPOPV130698	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 115660/384876	

**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

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

SIN No:UPP016963

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Patient Name : Mr.JATTI THIRUPATHI	Collected : 09/Mar/2024 08:14AM
Age/Gender : 37 Y 5 M 14 D/M	Received : 09/Mar/2024 01:30PM
UHID/MR No : CUPP.0000078425	Reported : 09/Mar/2024 02:53PM
Visit ID : CUPPOPV130698	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 115660/384876	


**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. B Pavani  
M.B.B.S, M.D(pathology)  
Consultant Pathologist

SIN No:UF010993

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**The Apollo Clinic**  
**PHYSICAL EXAMINATION FORM**

**Apollo Clinic**  
Established in 1983

Date 9/3/24

Age 37/17

Name Mr. Satti Thirupate

UHID: 78425

Height  Cms

BMI

Weight  Kgs

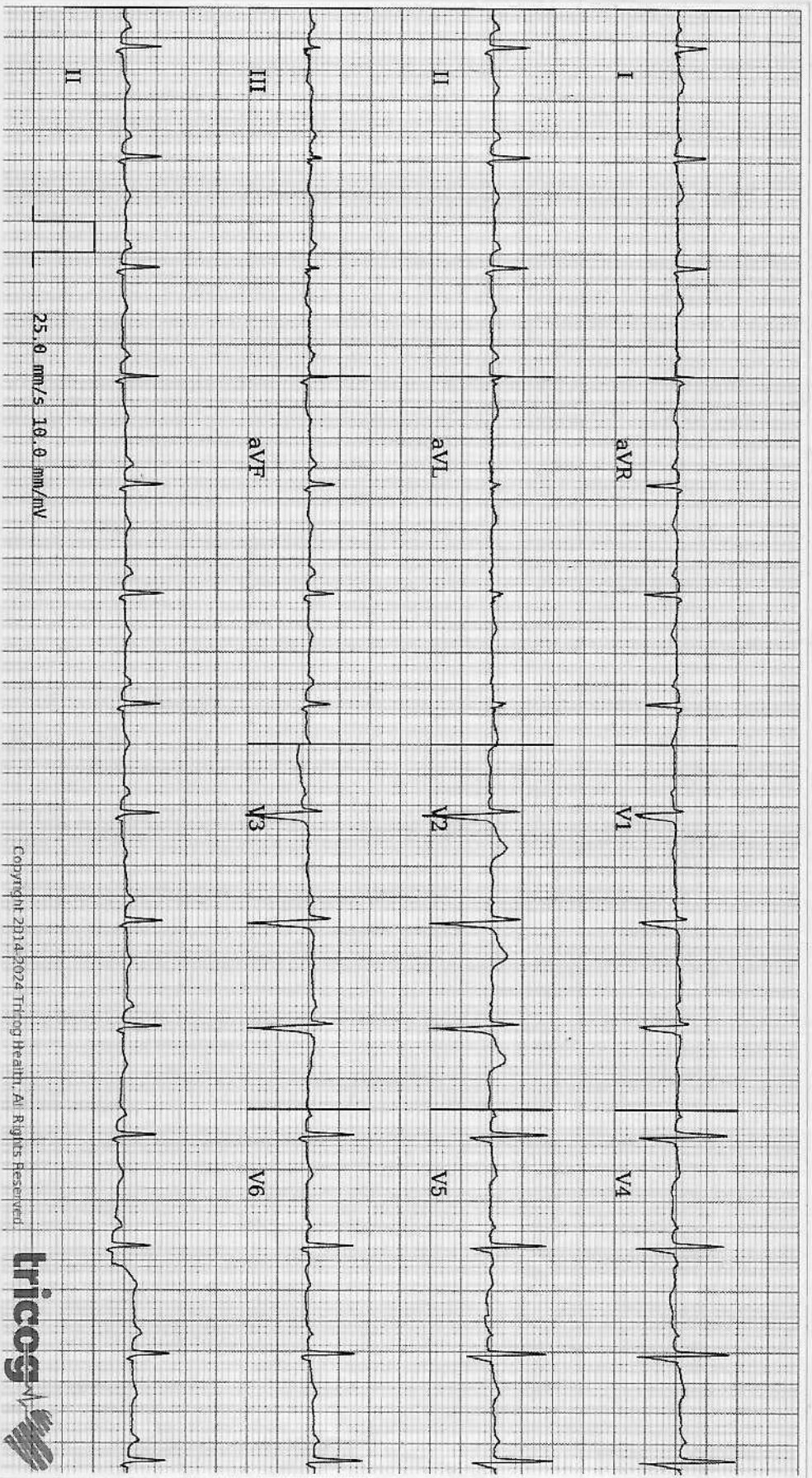
BP

Apollo Clinic, H NO.6-48/3, PEERZADIGUDA, BESIDE RAMRAJ  
COTTONS, BODUPPAL, R RDISTRCT, HYD PH. NO.04049503373/74



Age / Gender: 37/Male  
Patient ID: 0000078425  
Patient Name: Mr J Thirupati

Date and Time: 9th Mar 24 9:59 AM



AR: 84bpm

VR: 84bpm

QRSD: 90ms

QT: 350ms

QTcB: 413ms

PRI: 148ms

P-R-T: 70° 41° 25°

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Sinus Rhythm, non specific T changes, correlate clinically. Please correlate clinically.


Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

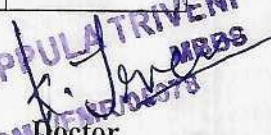


## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of  
Mr. S. Thirupathi on 11/3/24.

After reviewing the medical history and on clinical examination it has been found that  
 he/ she is\*

<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	Tick 
<ul style="list-style-type: none"> <li>• Fit with Restrictions/ Recommendations</li> </ul> <p>Though following restrictions have been revealed in my opinion, these are not impediments to the job.</p> <p>1. ....</p> <p>2. ....</p> <p>3. ....</p> <p>However the candidate should follow the advice medication that has been communicated to him/her.</p> <p>Review after .....</p>	
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after.....recommended.</p>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

  
**DR. KOPPULA TRIVENI**  
 M.B.B.S  
 TSM/19/04/2018  
 Doctor

**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)

Online appointments: [www.apolloclinic.com](http://www.apolloclinic.com)

TO BOOK AN APPOINTMENT

 **1860 500 7788**

# POWER PRESCRIPTION

NAME: J. Thirupathi

GENDER: M/F

DATE: 9/3/24

AGE: 37

UHID: 78195

## RIGHT EYE

## LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	1			
	1.25	—	—	6/6
NEAR				20/20

	SPH	CYL	AXIS	VISION
DISTANCE	1			
	1.50	—	—	6/6
NEAR				20/20

COLOUR VISION : Normal

DIAGNOSIS : *myopia*

OTHER FINDINGS :

INSTRUCTIONS :

*[Signature]*  
SIGNATURE

Name: Mr. JATTI THIRUPATHI  
Age/Gender: 37 Y/M  
Address: hyd  
Location: HYDERABAD, TELANGANA  
Doctor:  
Department: GENERAL  
Rate Plan: UPPAL\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. KOPPULA TRIVENI

MR No: CUPP.0000078425  
Visit ID: CUPPOPV130698  
Visit Date: 09-03-2024 08:09  
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**

Established Patient: Yes

**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
10-03-2024 08:49	96 Beats/min	120/70 mmHg	22 Rate/min	98.6 F	157 cms	61.6 Kgs	%	%	Years	24.99	cms	cms	cms		AHLL06629

Established Patient: Yes

**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
10-03-2024 08:48	88 Beats/min	110/70 mmHg	22 Rate/min	98.6 F	170 cms	59 Kgs	%	%	Years	20.42	cms	cms	cms		AHLL06629



Patient Name	: Mr. JATTI THIRUPATHI	Age	: 37 Y/M
UHID	: CUPP.0000078425	OP Visit No	: CUPPOPV130698
Reported By:	: Dr. VINAY KUMAR GUPTA	Conducted Date	: 11-03-2024 10:58
Referred By	: SELF		

---

### **ECG REPORT**

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 84 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 ECG.

CORRELATE CLINICALLY.

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

Dr. VINAY KUMAR GUPTA