

Patient Name : Mr.KARRI RAMA KRISHNA	Collected : 17/Mar/2024 09:15AM
Age/Gender : 31 Y 7 M 9 D/M	Received : 17/Mar/2024 01:42PM
UHID/MR No : CINR.0000164490	Reported : 17/Mar/2024 03:42PM
Visit ID : CINROPV222400	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7396835153	

DEPARTMENT OF HAEMATOLOGY

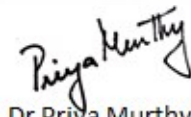
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.3	g/dL	13-17	Spectrophotometer
PCV	44.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.48	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	81.7	fL	83-101	Calculated
MCH	28	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	14.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,950	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	46.4	%	40-80	Electrical Impedance
LYMPHOCYTES	39.9	%	20-40	Electrical Impedance
EOSINOPHILS	6.2	%	1-6	Electrical Impedance
MONOCYTES	6.6	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3688.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3172.05	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	492.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	524.7	Cells/cu.mm	200-1000	Calculated
BASOPHILS	71.55	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.16		0.78- 3.53	Calculated
PLATELET COUNT	350000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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SIN No:BED240072174

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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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 HAEMATOLOGY

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

WBCs: are normal in total number with normal distribution and morphology.

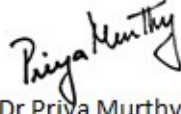
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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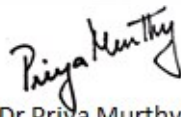
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Visit ID : CINROPV222400	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	97	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	133	mg/dL	70-140	HEXOKINASE


Comment:

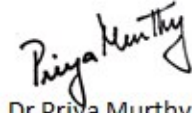
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.4	%		HPLC

Page 4 of 14


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SIN No:EDT240033060

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ESTIMATED AVERAGE GLUCOSE (eAG)	137	mg/dL	Calculated
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Comment:

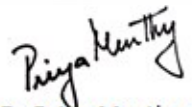
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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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UHID/MR No : CINR.0000164490	Reported : 17/Mar/2024 05:36PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	185	mg/dL	<200	CHO-POD
TRIGLYCERIDES	91	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	137	mg/dL	<130	Calculated
LDL CHOLESTEROL	118.9	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.86		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated


Comment:

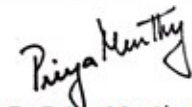
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

1) Measurements in the same patient on different days can show physiological and analytical variations.


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SIN No:SE04665184

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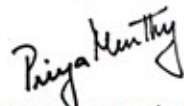
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) 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.
- 5) 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.
- 6) 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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.75	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	38	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	63.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.38	g/dL	6.6-8.3	Biuret
ALBUMIN	4.85	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.53	g/dL	2.0-3.5	Calculated
A/G RATIO	1.92		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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



DR.SHIVARAJA SHETTY
M.B.B.S.,M.D(Biochemistry)
CONSULTANT BIOCHEMIST



Dr Priya Murthy
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



SIN No:SE04665184

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Patient Name : Mr.KARRI RAMA KRISHNA	Collected : 17/Mar/2024 09:15AM
Age/Gender : 31 Y 7 M 9 D/M	Received : 17/Mar/2024 02:48PM
UHID/MR No : CINR.0000164490	Reported : 17/Mar/2024 05:36PM
Visit ID : CINROPV222400	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7396835153	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.84	mg/dL	0.67-1.17	Jaffe's, Method
UREA	26.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.10	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.59	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.38	g/dL	6.6-8.3	Biuret
ALBUMIN	4.85	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.53	g/dL	2.0-3.5	Calculated
A/G RATIO	1.92		0.9-2.0	Calculated



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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

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)

Address:
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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

 1860 500 7788
www.apolloclinic.com

Patient Name : Mr.KARRI RAMA KRISHNA	Collected : 17/Mar/2024 09:15AM
Age/Gender : 31 Y 7 M 9 D/M	Received : 17/Mar/2024 02:48PM
UHID/MR No : CINR.0000164490	Reported : 17/Mar/2024 03:54PM
Visit ID : CINROPV222400	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7396835153	

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	54.00	U/L	<55	IFCC



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M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04665184

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THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE



Patient Name : Mr.KARRI RAMA KRISHNA	Collected : 17/Mar/2024 09:15AM
Age/Gender : 31 Y 7 M 9 D/M	Received : 17/Mar/2024 02:49PM
UHID/MR No : CINR.0000164490	Reported : 17/Mar/2024 03:51PM
Visit ID : CINROPV222400	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7396835153	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.3	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.7	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.861	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.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24048410

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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Karnataka- 560034

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Patient Name	: Mr.KARRI RAMA KRISHNA	Collected	: 17/Mar/2024 09:15AM
Age/Gender	: 31 Y 7 M 9 D/M	Received	: 17/Mar/2024 02:49PM
UHID/MR No	: CINR.0000164490	Reported	: 17/Mar/2024 03:51PM
Visit ID	: CINROPV222400	Status	: Final Report
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Emp/Auth/TPA ID	: 7396835153		

DEPARTMENT OF IMMUNOLOGY

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



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24048410

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Patient Name : Mr.KARRI RAMA KRISHNA	Collected : 17/Mar/2024 09:14AM
Age/Gender : 31 Y 7 M 9 D/M	Received : 17/Mar/2024 05:08PM
UHID/MR No : CINR.0000164490	Reported : 17/Mar/2024 06:20PM
Visit ID : CINROPV222400	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7396835153	

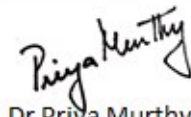
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
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
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
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.PRIYADARSHINI M R
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UR2308099

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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Patient Name : Mr.KARRI RAMA KRISHNA	Collected : 17/Mar/2024 09:14AM
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

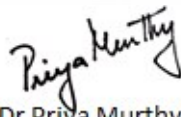
*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

Page 14 of 14



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



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UF011204

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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

 **1860 500 7788**
www.apolloclinic.com

Name : Mr. Karri Rama Krishna Address : BANGALORE Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 31 Y Sex : M	UHID :CINR.0000164490  OP Number :CINROPV222400 Bill No :CINR-OCR-95208 Date : 17.03.2024 09:10
--	---	---

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT) :	
2	D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	DIET CONSULTATION	
7	COMPLETE URINE EXAMINATION	
8	URINE GLUCOSE(POST PRANDIAL)	
9	PERIPHERAL SMEAR	
10	ECG	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
12	DENTAL CONSULTATION	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
14	URINE GLUCOSE(FASTING)	
15	HbA1c, GLYCATED HEMOGLOBIN	
16	X-RAY CHEST PA	
17	ENT CONSULTATION	
18	FITNESS BY GENERAL PHYSICIAN	
19	BLOOD GROUP ABO AND RH FACTOR	
20	LIPID PROFILE	
21	BODY MASS INDEX (BMI)	
22	OPHTHAL BY GENERAL PHYSICIAN	
23	ULTRASOUND - WHOLE ABDOMEN	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Date : 17-03-2024
MR NO : CINR.0000164490
Name : Mr. Karri Rama Krishna
Age/ Gender : 31 Y / Male

Department : GENERAL
Doctor :
Registration No :
Qualification :

Consultation Timing: 09:10

Height : 170cm	Weight : 82.6kg	BMI : 28.4	Waist Circum : 100cm
Temp : 98.8	Pulse : 76bpm	Resp : 18cpm	B.P : 120/80mmHg

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Ophthalm

6/6 without c/c

2/c " 2/c

Ev $\frac{1A}{1A}$ $\frac{1A}{1A}$

Adv: Protection glass

Dry Eyes

Lubrex Eye Drop (1)

1-1-1 (1) M

Follow up date:


Doctor Signature

Dr. Karri Rama Krishna

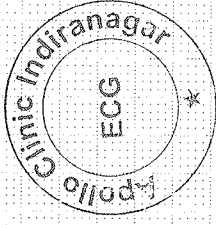
17-03-2024 12:07:37

APOLLO CLINIC
INDIRANAGAR
BANGALORE

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

77 bpm
--/-- mmHg

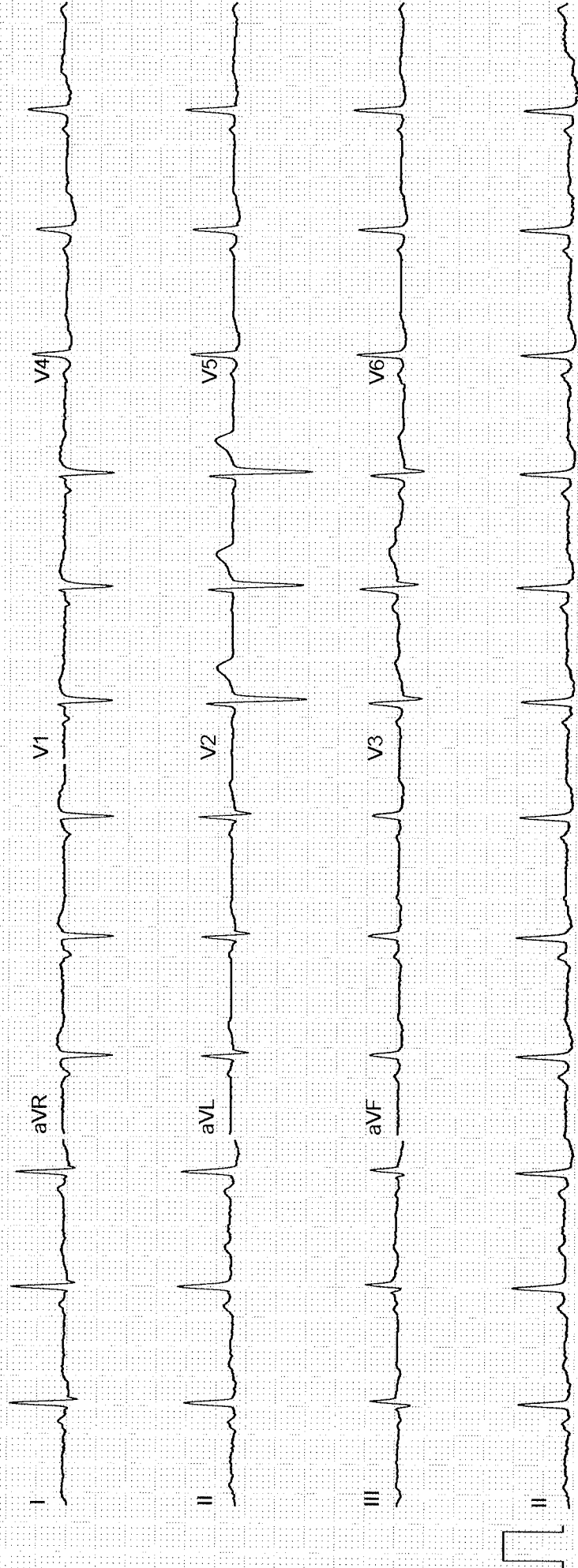
08.08.1992
31 Years
Male



QRS 84 ms
QT/QTcBaz 360 / 407 ms
PR 138 ms
P 100 ms
RR/PP 782 / 779 ms
P/QRS/T 30 / 47 / -47 degrees

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Handwritten signature



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

4x2 5x3 25_R1

Unconfirmed 1/1

NAME: MR K Rama Krishna	AGE/SEX: 31/M	OP NUMBER: 164490
Ref By : SLEF	DATE: 17-03-2024	

M mode and doppler measurements:

CM	CM	M/sec	
AO: 2.7	IVS(D): 1.1	MV: E Vel: 1.0	A Vel : 0.6
LA: 3.4	LVIDD(D): 4.1	AV Peak: 1.0	
	LVPW(D): 1.1	PV pea: 1.0	
	IVS(S): 1.6		
	LVID(S): 2.6		
	LVPW(S): 1.6		
	LVEF: 60 %		
	TAPSE: 2.0		

Descriptive findings:

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal
Aortic Valve:	Normal
Tricuspid Valve:	Normal
IAS:	Normal
IVS:	Normal

Pericardium:	Normal
IVC:	Normal
Others	---

IMPRESSION :

No Regional wall motion abnormality

No MR/AR/TR

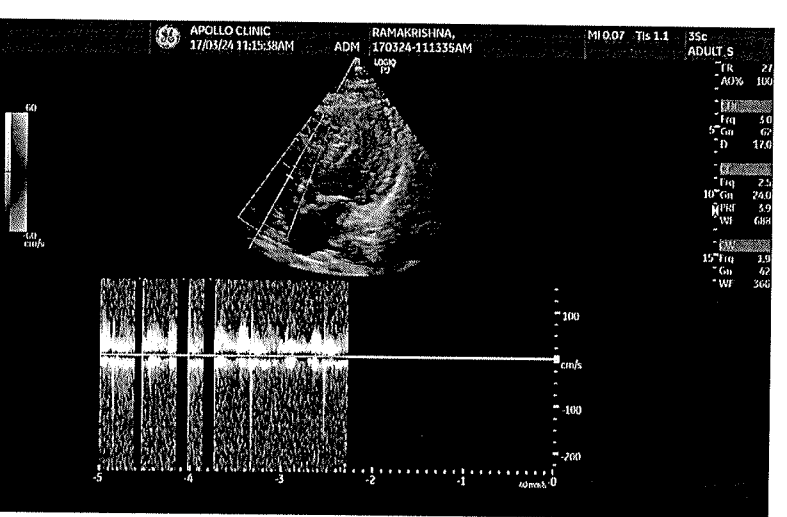
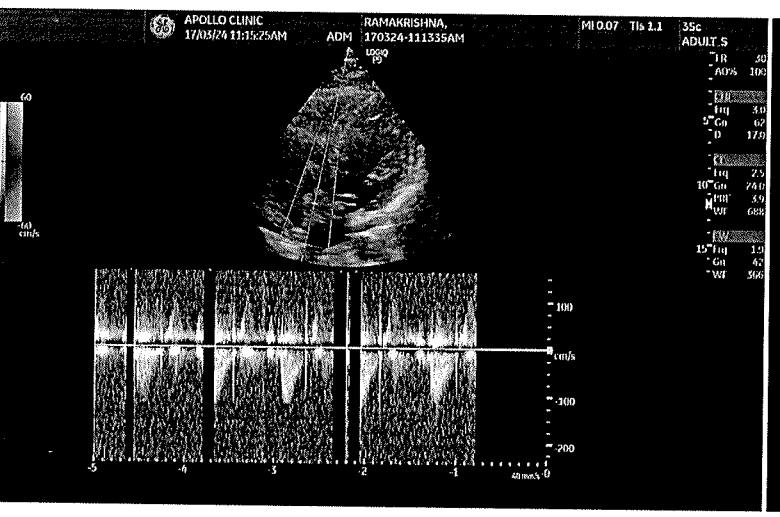
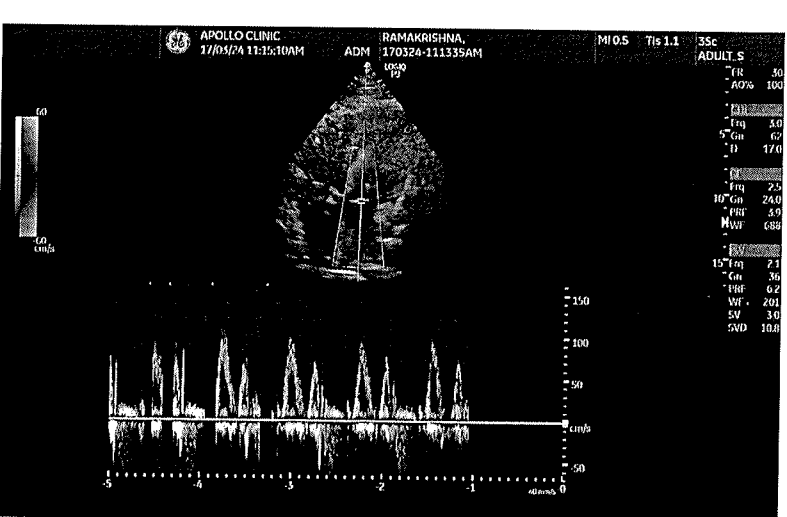
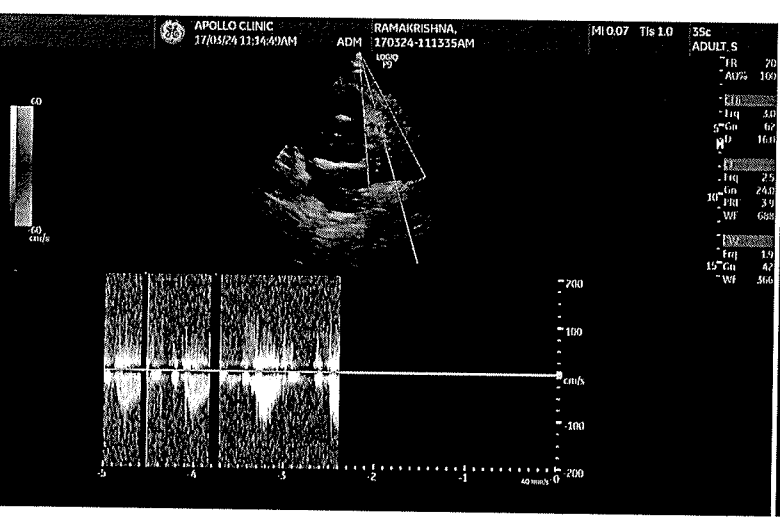
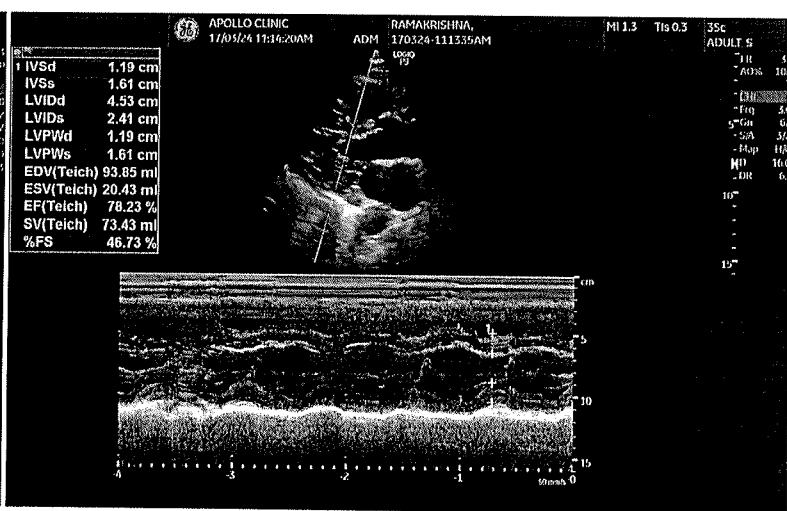
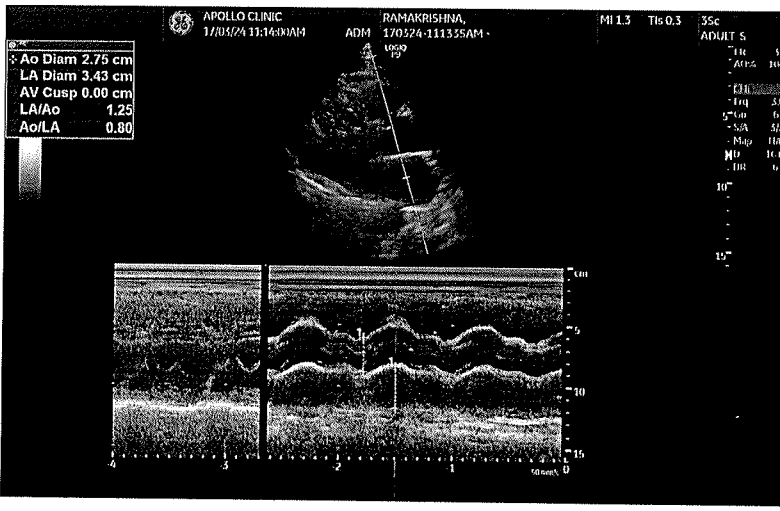
No clot/vegetation/pericardial effusion

Normal LV systolic function - LVEF= 60%



DR JAGADEESH H V MD,DM

CONSULTANT CARDIOLOGIST



From: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

Sent: 06 March 2024 11:19

To: Corporate Apollo Clinic <corporate@apolloclinic.com>

Cc: Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>; deepak c <deepak.c@apollohl.com>; Network : Mediwheel : New Delhi <network@mediwheel.in>

Subject: Health checkup booking No. 63

Dear Team

Please find the attached health checkup booking and confirm the same.

Thanks & Regards

Lav Gupta

Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030
M. 8800465156 Email : wellness@mediwheel.in; | Web: www.mediwheel.in



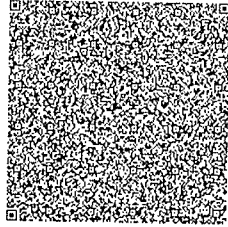
ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರಂ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ Enrolment No.: 0657/31744/00046

To
ಕರಿ ರಾಮಕೃಷ್ಣ
Karri Ramakrishna
S/O Tirupathi Rao
0000
Ramalayam Veedhi
Gavarapalem
K Kotapadu
Visakhapatnam Andhra Pradesh - 531022
7396835153

Signature Not Verified
Digitally signed by S/O
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA on
Date: 2023.07.11 15:06:47
UTC



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7750 8219 9159

VID : 9133 1922 0957 4277

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಕರಿ ರಾಮಕೃಷ್ಣ
Karri Ramakrishna
ಜನ್ಮ ದಿನಾಂಕ/DOB: 08/08/1992
ಪುರುಷ/ MALE

7750 8219 9159

VID : 9133 1922 0957 4277

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Government of India



ಮಾಹಿತಿ / INFORMATION

- ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯೇ ಹೊರತು ಪೌರತ್ವವಲ್ಲ.
- ಆಧಾರ್ ವಿಶಿಷ್ಟವಾಗಿದೆ ಮತ್ತು ಸುರಕ್ಷಿತವಾಗಿದೆ.
- ಸುರಕ್ಷಿತ QR ಕೋಡ್/ ಆಫ್ಲೈನ್ XML/ಆನ್ಲೈನ್ ದೃಢೀಕರಣವನ್ನು ಬಳಸಿಕೊಂಡು ಗುರುತನ್ನು ಪರಿಶೀಲಿಸಿ.
- ಆಧಾರ್ ಪತ್ರ, PVC ಕಾರ್ಡ್‌ಗಳು, ಇ ಆಧಾರ್ ಮತ್ತು ಎಂ ಆಧಾರ್‌ನಂತಹ ಎಲ್ಲಾ ರೀತಿಯ ಆಧಾರ್‌ಗಳು ಸಮಾನವಾಗಿ ಮಾನ್ಯವಾಗಿರುತ್ತವೆ. 12 ಅಂಕಗಳ ಆಧಾರ್ ಸಂಖ್ಯೆಯ ಬದಲಿಗೆ ವರ್ಚುವಲ್ ಆಧಾರ್ ಐಡೆಂಟಿಟಿ (VID) ಅನ್ನು ಸಹ ಬಳಸಬಹುದು.
- ಕನಿಷ್ಠ 10 ವರ್ಷಗಳಿಗೊಮ್ಮೆ ಆಧಾರ್ ಅನ್ನು ನವೀಕರಿಸಿ.
- ವಿವಿಧ ಸರ್ಕಾರಿ ಮತ್ತು ಸರ್ಕಾರೇತರ ಪ್ರಯೋಜನಗಳು / ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು ಆಧಾರ್ ನಿಮಗೆ ಸಹಾಯ ಮಾಡುತ್ತದೆ.
- ನಿಮ್ಮ ಮೊಬೈಲ್ ಸಂಖ್ಯೆ ಮತ್ತು ಇಮೇಲ್ ಐಡಿಯನ್ನು ಆಧಾರ್‌ನಲ್ಲಿ ನವೀಕರಿಸಿ.
- ಆಧಾರ್ ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು ಸ್ಯಾಟಿಯೋನ್ ಮೂವಿಂಗ್ mAadhaar ಅಪ್ಲಿಕೇಶನ್ ಅನ್ನು ಡೌನ್‌ಲೋಡ್ ಮಾಡಿ.
- ಭದ್ರತೆಯನ್ನು ಖಚಿತಪಡಿಸಿಕೊಳ್ಳಲು ಲಾಕ್/ ಅನ್‌ಲಾಕ್ ಆಧಾರ್/ ಬಯೋಮೆಟ್ರಿಕ್ಸ್ ವೈಶಿಷ್ಟ್ಯವನ್ನು ಬಳಸಿ.
- ಆಧಾರ್ ಕೋರುವ ಘಟಕಗಳು ಸಮ್ಮತಿಯನ್ನು ಪಡೆಯಲು ಬದ್ಧವಾಗಿರುತ್ತವೆ.
- Aadhaar is a proof of identity, not of citizenship.
- Aadhaar is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of Aadhaar like Aadhaar letter, PVC Cards, eAadhaar and mAadhaar are equally valid. Virtual Aadhaar Identity (VID) can also be used in place of 12 digit Aadhaar number.
- Update Aadhaar at least once in 10 years.
- Aadhaar helps you avail various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app on smart phones to avail Aadhaar Services.
- Use the feature of lock/unlock Aadhaar/biometrics to ensure security.
- Entities seeking Aadhaar are obligated to seek due consent.

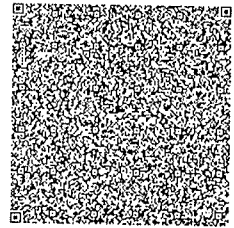


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Unique Identification Authority of India



ವಿಳಾಸ:
S/O ತಿರುಪತಿ ರಾಠ್, 0000, ರಾಮಾಲಯಂ ವೀಧಿ,
ಗವರಪಾಲಂ, ಕೆ ಕೊತಪಾಡು, ವಿಷಾಖಪಟ್ಟಣಂ,
ಆಂಧ್ರ ಪ್ರದೇಶ್ - 531022

Address:
S/O Tirupathi Rao, 0000, Ramalayam Veedhi,
Gavarapalem, K Kotapadu, Visakhapatnam,
Andhra Pradesh - 531022



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