





: Mr.YEVVARI GANGADHARA RAO

Age/Gender

: 33 Y 7 M 8 D/M

UHID/MR No

: CKOR.0000252771

Visit ID

: CKOROPV404648

Ref Doctor Emp/Auth/TPA ID

: bobE17170

: Dr.SELF

: 23/Mar/2024 10:59AM

: 23/Mar/2024 12:46PM

Received Reported

Collected

: 23/Mar/2024 04:26PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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	16.3	g/dL	13-17	Spectrophotometer
PCV	47.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.33	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	89.6	fL	83-101	Calculated
MCH	30.6	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	15.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,270	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	45.6	%	40-80	Electrical Impedance
LYMPHOCYTES	40.9	%	20-40	Electrical Impedance
EOSINOPHILS	4.6	%	1-6	Electrical Impedance
MONOCYTES	8.3	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3315.12	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2973.43	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	334.42	Cells/cu.mm	20-500	Calculated
MONOCYTES	603.41	Cells/cu.mm	200-1000	Calculated
BASOPHILS	43.62	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.11		0.78- 3.53	Calculated
PLATELET COUNT	212000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

Dr. Chinki Anupam M.B.B.S,M.D(Pathology) Consultant Pathologist

M.B.B.S, M.D (Pathology) Consultant Pathologist

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SIN No:BED240080367

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTO	OR , WHOLE BLOOD EDTA			<u>'</u>
BLOOD GROUP TYPE	А			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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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	95	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:

- 1.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
- 2. 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)	111	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), N	/HOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC

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Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist



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

ESTIMATED AVERAGE GLUCOSE (eAG)	120	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.

- 1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- 2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 3. 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.
- 4. 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.
- 5. 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)

Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist M.B.B.S, M.D(Pathology) Consultant Pathologist

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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	148	mg/dL	<200	CHO-POD
TRIGLYCERIDES	115	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	34	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	114	mg/dL	<130	Calculated
LDL CHOLESTEROL	90.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.34		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.17		<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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Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist



SIN No:SE04673503

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DEPARTMENT OF BIOCHEMISTRY

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

- 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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
IVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.89	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.75	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	32	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	86.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.35	g/dL	6.6-8.3	Biuret
ALBUMIN	4.64	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.71	g/dL	2.0-3.5	Calculated
A/G RATIO	1.71		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- AST Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.• Disproportionate increase in AST, ALT compared with ALP. Bilirubin may be elevated.
- AST: ALT (ratio) In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.
- 2. Cholestatic Pattern:
- ALP Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.• ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.
- 3. Synthetic function impairment: Albumin- Liver disease reduces albumin levels. Correlation with PT (Prothrombin Time) helps.

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT) , SER	RUM		
CREATININE	0.71	mg/dL	0.67-1.17	Jaffe's, Method
UREA	13.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.79	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	10.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.76	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	143	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.35	g/dL	6.6-8.3	Biuret
ALBUMIN	4.64	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.71	g/dL	2.0-3.5	Calculated
A/G RATIO	1.71		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	28.00	U/L	<55	IFCC

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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
THYROID PROFILE TOTAL (T3, T4, TSH)	, SERUM	<u>'</u>		
TRI-IODOTHYRONINE (T3, TOTAL)	1.99	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.64	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.765	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		

- **1.** TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- 2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- 3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	Т3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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



SIN No:SPL24054012

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Age/Gender

: 33 Y 7 M 8 D/M

UHID/MR No

: CKOR.0000252771

Visit ID

: CKOROPV404648

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : bobE17170 Collected

: 23/Mar/2024 10:59AM

Received

: 23/Mar/2024 01:12PM : 23/Mar/2024 02:54PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Govinda Raju N L MSc,MPhil,(Phd) Consultant Biochemist Dr Priva Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 12 of 14



SIN No:SPL24054012

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory this test has been performed at Apollo Health and Lifstyle Limited- RRL BANGALORE

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









: Mr.YEVVARI GANGADHARA RAO

Age/Gender

: 33 Y 7 M 8 D/M

UHID/MR No

: CKOR.0000252771

Visit ID

: CKOROPV404648

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : bobE17170

Tact Nama

Collected

: 23/Mar/2024 10:58AM

Received

: 23/Mar/2024 07:56PM

Reported

: 23/Mar/2024 09:41PM

Status

: Final Report

Die Def Dance

Sponsor Name

Hait

: ARCOFEMI HEALTHCARE LIMITED

Mathad

DEPARTMENT OF CLINICAL PATHOLOGY

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

Docult.

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
рН	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	MODIFED EHRLICH REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	OUNT 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

Page 13 of 14

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



SIN No:UR2314680

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

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









: Mr.YEVVARI GANGADHARA RAO

Age/Gender

: 33 Y 7 M 8 D/M

UHID/MR No

: CKOR.0000252771

Visit ID

: CKOROPV404648

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : bobE17170 Collected

: 23/Mar/2024 10:58AM

Received

: 23/Mar/2024 04:42PM

Reported

: 23/Mar/2024 06:40PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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

SIN No:UF011401

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

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



Patient Name : Mr. YEVVARI GANGADHARA RAO Age : 33 Y/M

UHID : CKOR.0000252771 OP Visit No : CKOROPV404648 Conducted By: : Conducted Date : 09-04-2024 11:20

Referred By : SELF



UHID:CKOR.0000252771

Sex: M Address: KML OP Number: CKOROPV404648 : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN Plan Bill No: CKOR-OCR-81730 INDIA OP AGREEMENT Date : 23.03.2024 10:29 Sno Serive Type/ServiceName Department ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 GAMMA GLUTAMYL TRANFERASE (GGT) 2 2 D ECHO 3 LIVER FUNCTION TEST (LFT) 4 GLUCOSE, FASTING 5 HEMOGRAM + PERIPHERAL SMEAR 6 DIET CONSULTATION ZEOMPLETE URINE EXAMINATION SURINE GLUCOSE(POST PRANDIAL) 9 PERIPHERAL SMEAR CLOECG C - (4 LITERAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) DENTAL CONSULTATION ~ 15 13 OLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) URINE GLUCOSE(FASTING) HUANC, GLYCATED HEMOGLOBIN 16 X-RAY CHEST PA 17 ENT CONSULTATION ground floor 18 FITNESS BY GENERAL PHYSICIAN 19 BLOOD GROUP ABO AND RH FACTOR 20 LIPID PROFILE 21 BODY MASS INDEX (BMI) 22 OPTHAL BY GENERAL PHYSICIAN - OPE TO 1

Age: 33 Y

Name Mr. YEVVARI GANGADHARA RAO

23 ULTBASOUND - WHOLE ABDOMEN

THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)

Wt-99.169. Ht-163cm. Wt-92.6/29 Ht-187cm







Apollo Clinic

Consent Form

Patient Name: YEVVALT GANGA DHALA RAO Age: 33
UHID Number: Company Name: Bank of Barala
I Mr/Mrs/Miss:Employee of
(Company) want to inform you that I am not getting the. Optical
Test which is a part of health check package.
Reason If any: Echo; ENT, doctor consultably on Fridery
And I claim the above statement in my full consciousness.
Patient Signature: Jangardhal Date: 33 07 2024
Patient Signature: Date:









: Mr Yevvari Gangadhara Rao

Patient ID: 252771

Age

: 33 Year(s)

Sex

: Male

1Referring Doctor: H/C

Date

:23.03.2024

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size and shows normal echotexture. No biliary dilatation. No focal lesion **CBD** is not dilated. **Portal vein** is normal in size, course and calibre.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid.

Pancreas to the extent visualized, appears normal in size, contour and echogenicity

Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesions.

Right Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

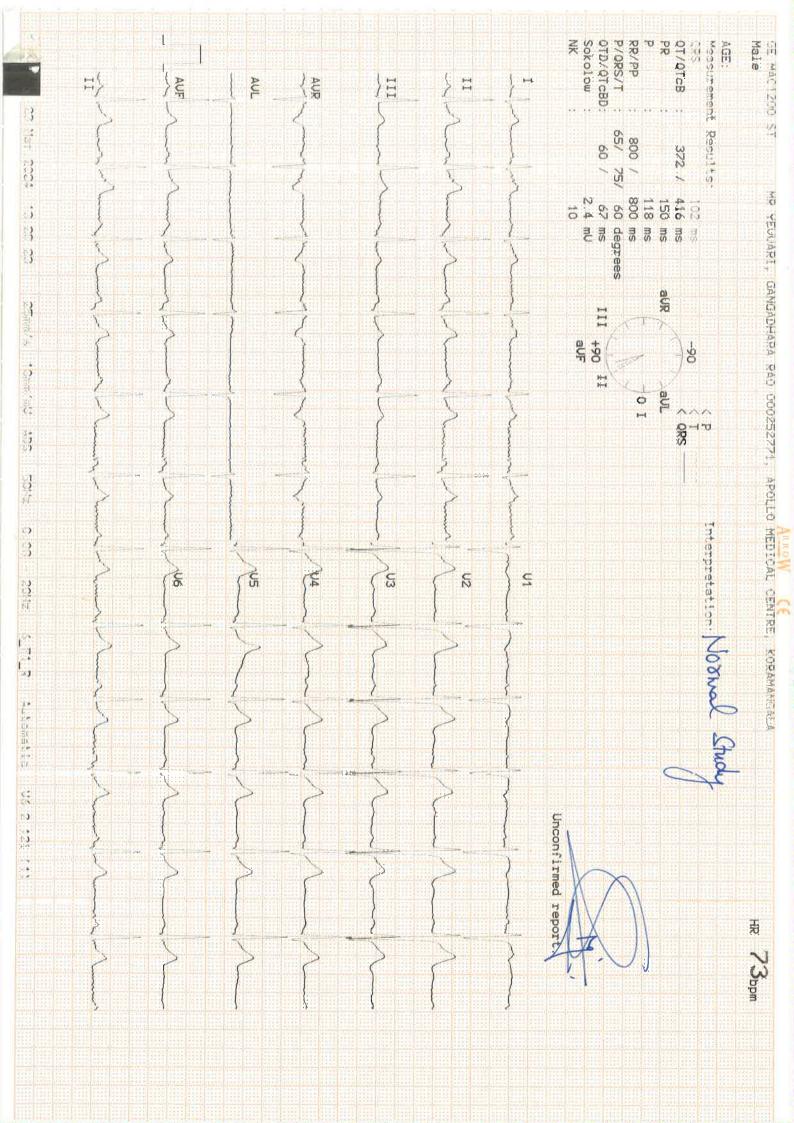
Urinary Bladder is well distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

Prostate: normal in size and exchotexture.

There is no ascites.

IMPRESSION: NO SIGNIFICANT ABNORMALITIES DETECTED.

DR VINOD JOSEPH DNB,DMRD RADIOLOGIST







Apollo Medical Centre Expertise. Closer to you.

Patient Name UHID Reported By:

Referred By

Mr. YEVVARI GANGADHARA RAO

CKOR.0000252771

Dr. SATHWIK RAJ V A

SELE

Age

OP Visit No Conducted Date 33 Y/M

CKOROPV404648

: 24-03-2024 13:25

ECG REPORT

Observation:-

1. Normal Sinus Rhythm.

2. Heart rate is 73 beats per minutes.

3. No pathological Q wave or S-T,T changes seen.

4. Normal P,Q,R,S,T waves and axis.

5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

Dr. SATHWIK RAJ V A CARDIOLOGIST

NOTE:KINDLY TAKE A PHOTOCOPY OF THE GRAPH FOR FUTURE REFERENCE IF NEEDED.

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

Apolio Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: #7-1-617/A, 613 & 616, Imperial Towers, 7th Floor | Ameerpet, Hyderabad, Telangana = 500 038 | Email | D; enquiry@apellehl.com

APOLLO CLINICS NETWORK KARNATAKA

Bengalore (Besevanagudi | Bellandur | Electronics City | HSR Layout | Indira Nagar | JP Nagar | Kundalahalii | Keramangala |
Sarjapur Road) Mysore (Kalidase Road)

Online appointments: www.apolioclinic.com

1860 500 7788







UHID

: Mr. YEVVARI GANGADHARA RAO

#CKOR.0000252771

Reported on

123-03-2024 16:46

Adm/Consult Doctor

Age

133 Y M

OP Visit No

CKOROPV404648

Printed on

23-03-2024 17:29

Ref Doctor

SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appear normal.

Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.

The cardiac mediastinal shadows appear normal.

Bones and soft tissues appear normal.

IMPRESSION: NORMAL STUDY.

Printed on:23-03-2024 16:46

---End of the Report---

MBBS, DNB, DMRD
Radiology



Original OP Credit Bill

Age/Gender Contact No +918977917068 Mr. YEVVARI GANGADHARA RAO

Name

UHID Address

CKOR.0000252771

ARCOFEMI HEALTHCARE LIMITED

ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT

Service Name

MALE - 2D ECHO - PAN INDIA - FY2324

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS

Qty

Discount 0.00

Amount

2,000.00 2,000.00

2,000.00 Rate Corporate Name

Package Charges Department

Center : Koramangala Emp No/Auth Code : bobE17170

Referred by SELF

Bill/Reg Date Bill No

23.03.2024 10:29 CKOR-OCR-81730

Received with thanks: Zero Rupees only Corporate Due: Total Discount:

Net Payment:

2,000.00

0.00 0.00 Bill Amount:

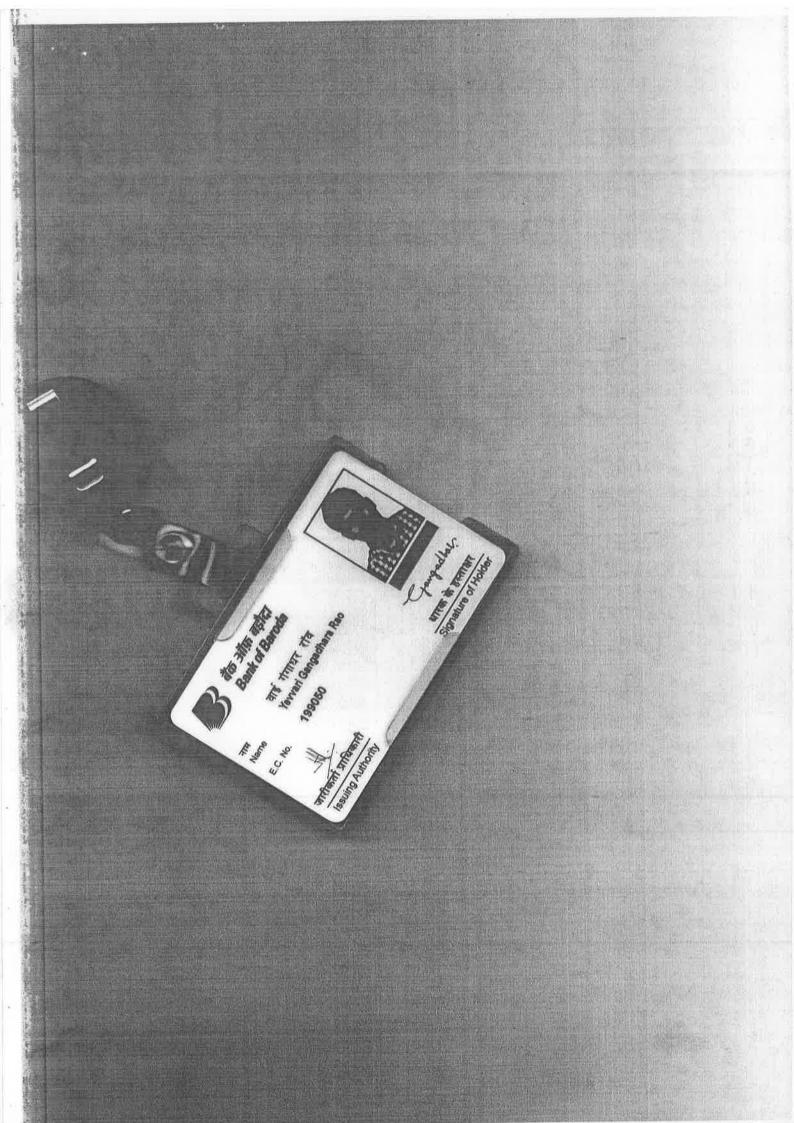
You can download your report from "www.apolloclinic.com" Enter user name as CKOROPV404648 and password as 737467 koramangala

(pollo Haatte and Diestyle Levited

VEDITO CUMICS MELMORY

To the Physics of Modella Territoria Cherinal American Kothen etc.

1860 500 7788



Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info> Thu 21-03-2024 18:48

To: gangadhar259@gmail.com < gangadhar259@gmail.com >

Cc: Koramangala Apolloclinic <koramangala@apolloclinic.com>;Saim Qamar <saim.qamar@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>

Dear MR. YEVVARI GANGADHARA RAO,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at KORAMANGALA clinic on 2024-03-23 at 08:15-08:30.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

- 1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
- 3. Please bring all your medical prescriptions and previous health medical records with you.

Patient Name : Mr. YEVVARI GANGADHARA RAO Age : 33 Y/M

UHID : CKOR.0000252771 OP Visit No : CKOROPV404648 Reported By: : Dr. SATHWIK RAJ V A Conducted Date : 24-03-2024 13:25

Referred By : SELF

ECG REPORT

Observation:-

- 1. Normal Sinus Rhythm.
- 2. Heart rate is 73beats per minutes.
- 3. No pathological Q wave or S-T,T changes seen.
- 4. Normal P,Q,R,S,T waves and axis.
- 5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

Dr. SATHWIK RAJ V A CARDIOLOGIST

NOTE: KINDLY TAKE A PHOTOCOPY OF THE GRAPH FOR FUTURE REFERENCE IF NEEDED.

Patient Name : Mr. YEVVARI GANGADHARA RAO Age : 33 Y/M

UHID : CKOR.0000252771 OP Visit No : CKOROPV404648
Reported By: : Dr. SATHWIK RAJ V A Conducted Date : 24-03-2024 13:25

Referred By : SELF

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



Patient Name	: Mr. YEVVARI GANGADHARA RAO	Age/Gender	: 33 Y/M	
UHID/MR No.	: CKOR.0000252771	OP Visit No	: CKOROPV404648	
Sample Collected on	:	Reported on	: 23-03-2024 17:10	
LRN#	: RAD2279185	Specimen	:	
Ref Doctor	: SELF			
Emp/Auth/TPA ID	: bobE17170			

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver is normal in size and shows normal echotexture. No biliary dilatation. No focal lesion **CBD** is not dilated. **Portal vein** is normal in size, course and calibre.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid.

Pancreas to the extent visualized, appears normal in size, contour and echogenicity

Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesions.

Right Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Urinary Bladder is well distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

Prostate: normal in size and exchotexture.

There is no ascites.

IMPRESSION: NO SIGNIFICANT ABNORMALITIES DETECTED.



Patient Name : Mr. YEVVARI GANGADHARA RAO Age/Gender

er : 33 Y/M

DR VINOD JOSEPH DNB,DMRD RADIOLOGIST

Dr. VINOD P JOSEPH
MBBS, DNB, DMRD
Radiology



Patient Name : Mr. YEVVARI GANGADHARA RAO Age/Gender : 33 Y/M

UHID/MR No. Sample Collected on :

: CKOR.0000252771

LRN#

: RAD2279185

Ref Doctor : SELF Emp/Auth/TPA ID : bobE17170 **OP Visit No** Reported on Specimen

: CKOROPV404648 : 23-03-2024 16:46

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appear normal.

Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.

The cardiac mediastinal shadows appear normal.

Bones and soft tissues appear normal.

IMPRESSION: NORMAL STUDY.

Dr. VINOD P JOSEPH MBBS, DNB, DMRD Radiology

CKOR.0000252771 Mr. YEVVARI GANGADHARA RAO MR No: 33 Y/M Visit ID: CKOROPV404648 Age/Gender: KML Visit Date: 23-03-2024 10:28 Address:

SELF

Location: BANGALORE, KARNATAKA Discharge Date:

Referred By: Doctor:

GENERAL Department: Rate Plan: KORAMANGALA_06042023

ARCOFEMI HEALTHCARE LIMITED Sponsor:

Consulting Doctor: Dr. GAZALA ANJUM

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

**Weight

--->: Stable,

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: Nil,

**Cancer: no,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

DISCLAIMER

Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

Doctor's Signature

CKOR.0000252771 Mr. YEVVARI GANGADHARA RAO MR No: 33 Y/M Visit ID: CKOROPV404648 Age/Gender: KML Visit Date: 23-03-2024 10:28 Address:

Location: BANGALORE, KARNATAKA Discharge Date:

Referred By: **SELF** Doctor:

GENERAL Department: Rate Plan: KORAMANGALA_06042023

ARCOFEMI HEALTHCARE LIMITED

Sponsor: Consulting Doctor: Dr. RINITHA RAJAN

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

**Weight

--->: Stable,

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: Nil,

**Cancer: no,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

DISCLAIMER

Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

Doctor's Signature

Name: Mr. YEVVARI GANGADHARA RAO

Age/Gender: 33 Y/M Address: KML

Location: BANGALORE, KARNATAKA

Doctor:

Department: GENERAL

Rate Plan: KORAMANGALA_06042023

Sponsor: ARCOFEMI HEALTHCARE LIMITED

Consulting Doctor: Dr. MAHABALESWAR

Doctor's Signature

MR No: CKOR.0000252771 Visit ID: CKOROPV404648 Visit Date: 23-03-2024 10:28

Discharge Date:

Referred By: SELF

Name: Mr. YEVVARI GANGADHARA RAO

Age/Gender: 33 Y/M Address: KML

Location: BANGALORE, KARNATAKA

Doctor:

Department: GENERAL

Rate Plan: KORAMANGALA_06042023

Sponsor: ARCOFEMI HEALTHCARE LIMITED

Consulting Doctor: Dr. VIJAYA LAKSHMI M

Doctor's Signature

MR No: CKOR.0000252771 Visit ID: CKOROPV404648 Visit Date: 23-03-2024 10:28

Discharge Date:

Referred By: SELF