


Patient Name	: Mr.ASHOK KUMAR REDDY	Collected	: 07/Mar/2024 09:33AM
Age/Gender	: 33 Y 6 M 30 D/M	Received	: 07/Mar/2024 11:02AM
UHID/MR No	: CKON.0000325105	Reported	: 07/Mar/2024 12:09PM
Visit ID	: CCHAOPV325599	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: BEEPJ900G		

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	15	g/dL	13-17	Spectrophotometer
PCV	43.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.93	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89	fL	83-101	Calculated
MCH	30.4	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	14.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,480	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	55	%	40-80	Electrical Impedance
LYMPHOCYTES	33.3	%	20-40	Electrical Impedance
EOSINOPHILS	5.4	%	1-6	Electrical Impedance
MONOCYTES	5.9	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	0-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4664	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2823.84	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	457.92	Cells/cu.mm	20-500	Calculated
MONOCYTES	500.32	Cells/cu.mm	200-1000	Calculated
BASOPHILS	33.92	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.65		0.78- 3.53	Calculated
PLATELET COUNT	257000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	11	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				

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



SIN No:BED240060097

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

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



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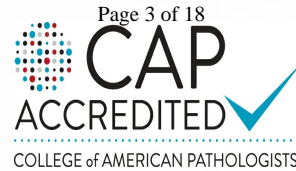
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate technology
Rh TYPE	Positive			Microplate technology



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UHID/MR No : CKON.0000325105	Reported : 07/Mar/2024 12:01PM
Visit ID : CCHAOPV325599	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	91	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis & is considered critical.

K. Anusha

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SIN No:PLF02119271

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Patient Name : Mr.ASHOK KUMAR REDDY	Collected : 07/Mar/2024 09:33AM
Age/Gender : 33 Y 6 M 30 D/M	Received : 07/Mar/2024 11:45AM
UHID/MR No : CKON.0000325105	Reported : 07/Mar/2024 02:06PM
Visit ID : CCHAOPV325599	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	95	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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	6.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	134	mg/dL		Calculated

**Comment:**

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

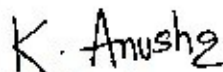
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**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.



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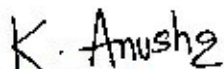
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2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised 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)



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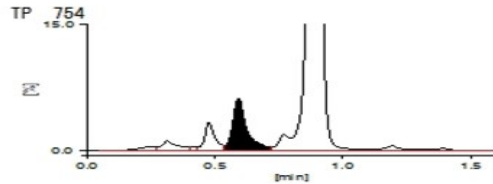
Chromatogram Report

1 V5.28 1 2024-03-07 13:42:41  
 ID EDT240027105  
 Sample No. 03070076 SL 0006 - 10  
 Patient ID  
 Name  
 Comment

GALIB Name	%	Time	Area
A1A	0.4	0.25	8.30
A1B	1.1	0.32	20.86
F	0.2	0.41	3.32
LA1C+	1.9	0.48	35.94
SA1C	6.3	0.59	93.57
AO	91.7	0.89	1754.95
H-V0			
H-V1			
H-V2			

Total Area 1916.94

**HbA1c 6.3 %** **IFCC 45 mmol/mol**  
**HbA1 7.8 %** **HbF 0.2 %**



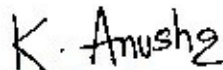
07-03-2024 13:42:42 APOLLO

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APOLLO DIAGNOSTICS GLOBAL  
BALNAGAR



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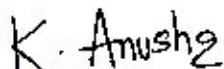
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	131	mg/dL	<200	CHO-POD
TRIGLYCERIDES	48	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	88	mg/dL	<130	Calculated
LDL CHOLESTEROL	78.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	9.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.05		0-4.97	Calculated

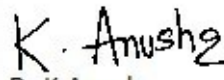
**Comment:**

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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SIN No:SE04652630

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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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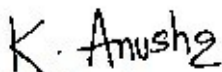
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.55	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.41	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	39	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	52.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.6-8.3	Biuret
ALBUMIN	4.65	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.55	g/dL	2.0-3.5	Calculated
A/G RATIO	1.82		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.

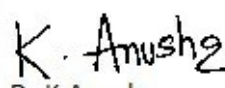
**2. Cholestatic Pattern:**

- 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.

  
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 Consultant Biochemist



SIN No:SE04652630

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.apolloh.com | Email ID: enquiry@apolloh.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:  
 9, #1-58/91/SS, Suresh Square, Madeenaguda, Seri Lingampally Mandal,  
 Chanda Nagar, Hyderabad, Telangana, India - 500050

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

**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)

Patient Name : Mr.ASHOK KUMAR REDDY	Collected : 07/Mar/2024 09:33AM
Age/Gender : 33 Y 6 M 30 D/M	Received : 07/Mar/2024 11:25AM
UHID/MR No : CKON.0000325105	Reported : 07/Mar/2024 01:08PM
Visit ID : CCHAOPV325599	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BEEPJ900G	

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	0.93	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	<b>15.40</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.2</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>7.78</b>	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.19	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.45	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.20	g/dL	6.6-8.3	Biuret
ALBUMIN	4.65	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.55	g/dL	2.0-3.5	Calculated
A/G RATIO	1.82		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

Page 12 of 18  
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SIN No:SE04652630

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Patient Name : Mr.ASHOK KUMAR REDDY	Collected : 07/Mar/2024 09:33AM
Age/Gender : 33 Y 6 M 30 D/M	Received : 07/Mar/2024 11:25AM
UHID/MR No : CKON.0000325105	Reported : 07/Mar/2024 01:08PM
Visit ID : CCHAOPV325599	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BEEPJ900G	

DEPARTMENT OF BIOCHEMISTRY

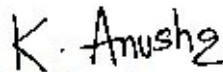
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	54.00	U/L	<55	IFCC



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

SIN No:SE04652630



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

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Patient Name : Mr.ASHOK KUMAR REDDY	Collected : 07/Mar/2024 09:33AM
Age/Gender : 33 Y 6 M 30 D/M	Received : 07/Mar/2024 11:24AM
UHID/MR No : CKON.0000325105	Reported : 07/Mar/2024 01:21PM
Visit ID : CCHAOPV325599	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BEEPJ900G	

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)	1.36	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11.25	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.500	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

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



SIN No:SPL24039736

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

Patient Name	: Mr.ASHOK KUMAR REDDY	Collected	: 07/Mar/2024 09:33AM
Age/Gender	: 33 Y 6 M 30 D/M	Received	: 07/Mar/2024 11:24AM
UHID/MR No	: CKON.0000325105	Reported	: 07/Mar/2024 01:21PM
Visit ID	: CCHAOPV325599	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: BEEPJ900G		

DEPARTMENT OF IMMUNOLOGY

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

*K. Anusha*

Dr.K.Anusha

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

Consultant Biochemist

SIN No:SPL24039736

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

Page 15 of 18  
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Patient Name : Mr.ASHOK KUMAR REDDY	Collected : 07/Mar/2024 09:33AM
Age/Gender : 33 Y 6 M 30 D/M	Received : 07/Mar/2024 01:40PM
UHID/MR No : CKON.0000325105	Reported : 07/Mar/2024 05:36PM
Visit ID : CCHAOPV325599	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BEEPJ900G	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		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	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No: UR2298949

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

Page 16 of 18  
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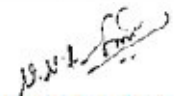


Patient Name	: Mr.ASHOK KUMAR REDDY	Collected	: 07/Mar/2024 12:04PM
Age/Gender	: 33 Y 6 M 30 D/M	Received	: 07/Mar/2024 01:35PM
UHID/MR No	: CKON.0000325105	Reported	: 07/Mar/2024 07:51PM
Visit ID	: CCHAOPV325599	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: BEEPJ900G		

**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**  
**M.B.B.S,M.D(Pathology)**  
**CONSULTANT PATHOLOGY**

SIN No:UPP016881

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



Patient Name : Mr.ASHOK KUMAR REDDY	Collected : 07/Mar/2024 09:33AM
Age/Gender : 33 Y 6 M 30 D/M	Received : 07/Mar/2024 01:39PM
UHID/MR No : CKON.0000325105	Reported : 07/Mar/2024 03:06PM
Visit ID : CCHAOPV325599	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : BEEPJ900G	


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:UF010918

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



**CERTIFICATE OF MEDICAL FITNESS**

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

Mr. Ashok Kurra Reddy on 07/03/20 After reviewing the medical history on clinical examination it has been found that he/she is

Medically Fit	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---------------	---	-----------------------------

**Fit with restrictions/recommendations**

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

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


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

Review after

Currently Unfit.

Review after.....

Recommended Unfit

Dr. 

Medical Officer  
The Apollo Clinic, Chandanagar

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



**This certificate is not meant for medico-legal purposes**

# PRESCRIPTION

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

ASHOK KUMAR REDDY

Date:

07-03-2024

Age:

33

UHD:

PH NO

	SPHE	CYL	AXIS	ADD	CVA
RIGHT	-1.25	-0.25	20		20/20
LEFT	-1.5				20/20

Single Vision  
Glass

Biofocal

Progressive  
Normal Progressive

CR-39

D- Biofocal

Internal Progressive

Polycarbonate

(Glass/CR)

Photochromic

ARC

High Index

**Contact Lenses:**

Daily Disposables  
Monthly Disposables  
Quarterly Disposables

Yearly  
Tori- ca  
Cosmetics

Colour Vision Test:

RE: NORMAL

LE: NORMAL

NEXT EXAMINATIONS :

1 YEAR

Month / Year

Signature

THE APOLLO CLINIC  
PHYSICAL EXAMINATION FORM

Paricopant

BILL DATE : 7/3/24 UHM: 325105

PATIENT NAME : Mr. Ashok Kumar AGE: 33 BILL NO: 85116

Weight : 93.8 Kgs

Height : 180 Cms

Sheddy

Chest Measurement : (in) (out)

Abdomen :

Pulse : 73 / bpm B.M.E - 28

B.P. : 120/80 / mm Hg Waist - 113 cm

8929 - 99 y. Hip 111 cm

ID: 325105  
MR ASHOK KUMAR  
Male 33Years  
Req. No. :

8PL

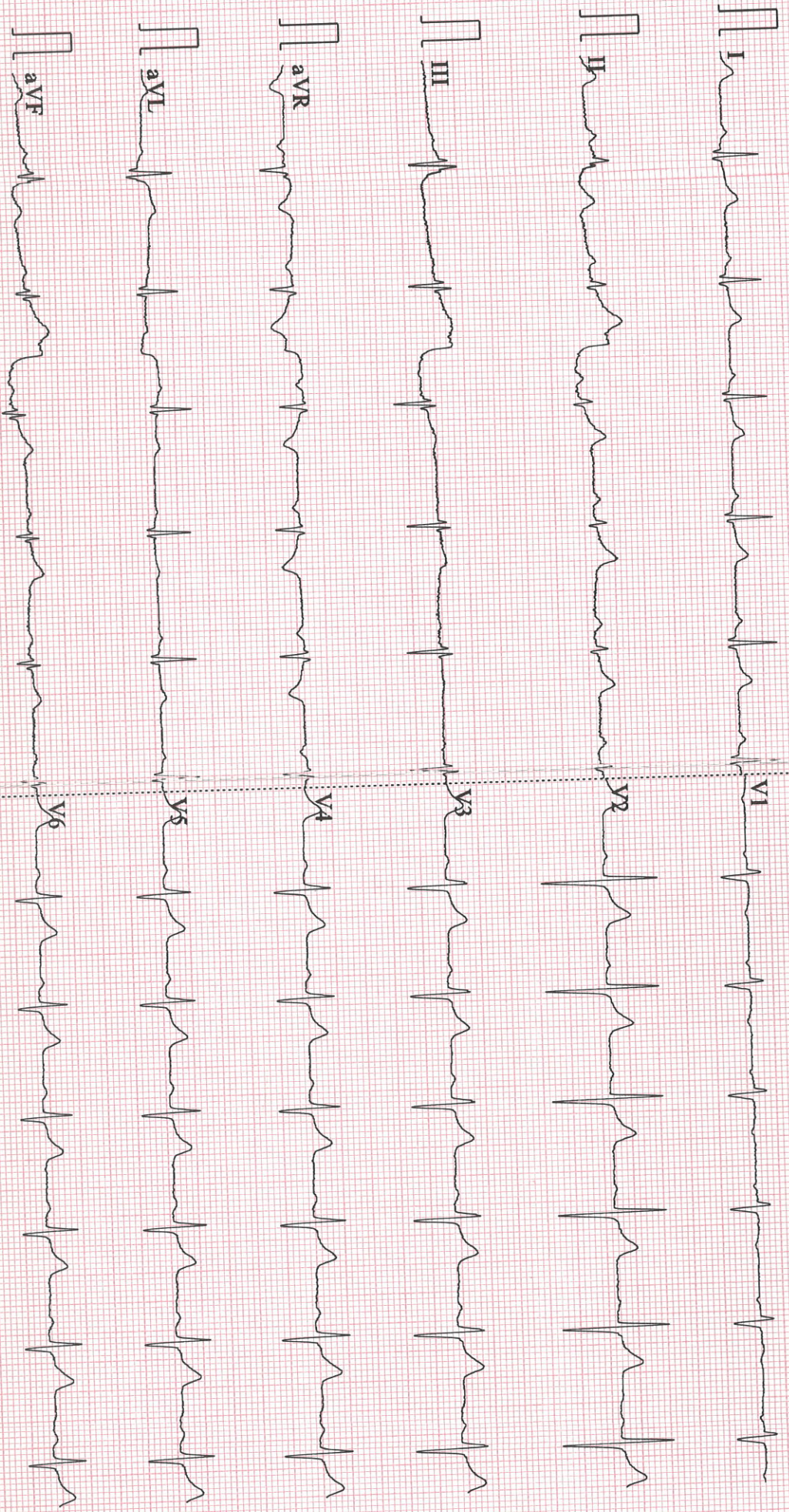
07-03-2024 10:19:19

HR : 73 bpm  
P : 110 ms  
PR : 170 ms  
QRS : 90 ms  
QT/QTcBz : 384/424 ms  
P/QRS/T : 19/1/39 °  
RV5/SV1 : 0.52/10.461 mV

Diagnosis Information:  
Sinus rhythm  
Normal ECG

NS 1

Report Confirmed by:



<b>Patient Name</b>	: Mr. Ashok Kumar Reddy	<b>Age/Gender</b>	: 33 Y/M
<b>UHID/MR No.</b>	: CKON.0000325105	<b>OP Visit No</b>	: CCHAOPV325599
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 07-03-2024 11:40
<b>LRN#</b>	: RAD2258723	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: BEEPJ900G		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size .**Increased Echogenicity**. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals. **Liver measures : 14.5 cm .**

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

**Spleen** appears normal. No focal lesion seen. Splenic vein appears normal. **Spleen measures : 8 cm .**

**Pancreas** appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

**Both the kidneys** appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side. **Right kidney measures : 97 x 40 mm . , Left kidney measures : 99 x 45 mm .**

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

**Prostate** is normal in size and echo texture.No evidence of necrosis/calcification seen. **Prostate volume - 18 cc .**

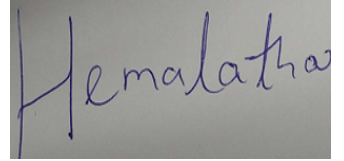
### **IMPRESSION:-**

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

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

**Patient Name** : Mr. Ashok Kumar Reddy

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



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



**Patient Name** : Mr. Ashok Kumar Reddy

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

**UHID/MR No.** : CKON.0000325105

**OP Visit No** : CCHAOPV325599

**Sample Collected on** :

**Reported on** : 07-03-2024 11:02

**LRN#** : RAD2258723

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : BEEPJ900G

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

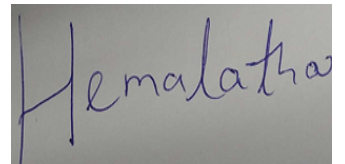
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



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

**Fwd: Health Check up Booking Confirmed Request(bobS13052),Package Code- PKG10000366, Beneficiary Code-290633**

1 message

Ashok Reddy <ashoknitwg@gmail.com>  
To: Srikanth Lingamneni <srikanth1987@gmail.com>

Wed, Mar 6, 2024 at 2:29 PM

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

From: **Mediwheel** <wellness@mediwheel.in>  
Date: Tue, 5 Mar, 2024, 17:00  
Subject: Health Check up Booking Confirmed Request(bobS13052),Package Code-PKG10000366, Beneficiary Code-290633  
To: <ashoknitwg@gmail.com>  
Cc: <customercare@mediwheel.in>



**Mediwheel**  
...Your wellness partner

011-41195959

Dear **LAKSHMI J**,

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 Below 40

**Name of Diagnostic/Hospital** : Apollo Clinic - Chandanagar

**Address of Diagnostic/Hospital-** : Apollo Clinic, Suresh Square, Opposite SBI Bank, Madeenaguda, Serilingampally Mandal, Chanda Nagar - 500050

**City** : Hyderabad

**State** :

**Pincode** : 500050

**Appointment Date** : 07-03-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 8:30am

**Booking Status** : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Ashok kumar reddy	33 year	Male

Note - Please note to not pay any amount at the center.

**Instructions to undergo Health Check:**

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).

आयकर विभाग  
INCOME TAX DEPARTMENT  
ASHOK KUMAR REDDY THIYYAGURA  
VENKATESWARA REDDY THIYYAGURA  
08/08/1990  
Permanent Account Number  
AIAPT5521B  
T. Ashok  
Signature

भारत सरकार  
GOVT. OF INDIA



12062013

Patient Name	: Mr. Ashok Kumar Reddy	Age	: 33 Y/M
UHID	: CKON.0000325105	OP Visit No	: CCHAOPV325599
Reported By:	: Dr. A RAVINDRA	Conducted Date	: 07-03-2024 13:11
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 see

#### **Impression:**

NORMAL RESTING ECG.

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



Dr. A RAVINDRA

Patient Name : Mr. Ashok Kumar Reddy Age : 33 Y/M  
UHID : CKON.0000325105 OP Visit No : CCHAOPV325599  
Conducted By: : Dr. A RAVINDRA Conducted Date : 07-03-2024 13:36  
Referred By : SELF

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**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed)	2.7 CM
LA (es)	2.9 CM
LVID (ed)	3.8CM
LVID (es)	2.4 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 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	NORMAL
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NO EFFUSION
LEFT VENTRICLE: NO RWMA	

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

PWD: E>A AT MITRAL INFLOW

E/A-E: 0.6m/sec A: 0.4m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO  
1.0m/sec

VELOCITY ACROSS THE AV UPTO 1.2m/sec

IMPRESSION:-

**NORMAL CARDIAC CHAMBERS,**

**NO RWMA,**

**GOOD LV FUNCTION,**

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

**NO PE/ CLOT / VEGS.**



**Dr. A  
RAVINDRA**