


Patient Name : Mr.KAVIRAYANI PRASANNA KUMAR	Collected : 22/Mar/2024 09:43AM
Age/Gender : 38 Y 0 M 25 D/M	Received : 22/Mar/2024 01:35PM
UHID/MR No : CASR.0000186688	Reported : 22/Mar/2024 02:46PM
Visit ID : CASROPV222747	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS16699	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13.8	g/dL	13-17	Spectrophotometer
PCV	40.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.75	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	85.1	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.2</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,360	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	44.1	%	40-80	Electrical Impedence
LYMPHOCYTES	<b>41.1</b>	%	20-40	Electrical Impedence
EOSINOPHILS	4.6	%	1-6	Electrical Impedence
MONOCYTES	9.5	%	2-10	Electrical Impedence
BASOPHILS	0.7	%	0-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3245.76	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	<b>3024.96</b>	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	338.56	Cells/cu.mm	20-500	Calculated
MONOCYTES	699.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	51.52	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.07		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	252000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	2	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC NORMOCYTIC NORMOCHROMIC				
WBC LYMPHOCYTOSIS				

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

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SIN No:BED240077738

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

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

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



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UHID/MR No	: CASR.0000186688	Reported	: 22/Mar/2024 06:58PM
Visit ID	: CASROPV222747	Status	: Final Report
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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	B			Microplate technology
Rh TYPE	Positive			Microplate technology



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Age/Gender : 38 Y 0 M 25 D/M	Received : 22/Mar/2024 01:52PM
UHID/MR No : CASR.0000186688	Reported : 22/Mar/2024 03:22PM
Visit ID : CASROPV222747	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
<b>GLUCOSE, FASTING , NAF PLASMA</b>	<b>109</b>	mg/dL	70-100	Hexokinase

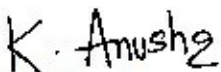
**Comment:**

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.

  
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SIN No:PLF02130258

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Age/Gender : 38 Y 0 M 25 D/M	Received : 22/Mar/2024 01:42PM
UHID/MR No : CASR.0000186688	Reported : 22/Mar/2024 07:19PM
Visit ID : CASROPV222747	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	<b>201</b>	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	<b>6.3</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	134	mg/dL		Calculated

**Comment:**

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

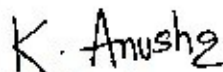
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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

- 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.



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SIN No:EDT240035494

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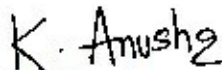
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- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in 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
  - HbF >25%
  - Homozygous Hemoglobinopathy.  
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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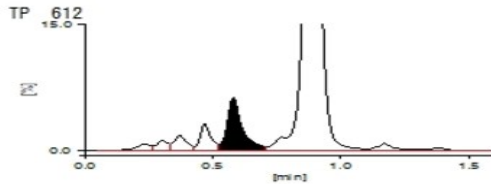
Chromatogram Report

HLC723G8 V5.28 1 2024-03-22 17:32:48  
 ID EDT240035494  
 Sample No. 03220261 SL 0011 - 06  
 Patient ID  
 Name  
 Comment

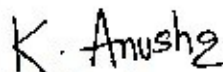
CALIB			
Name	%	Time	Area
A1A	0.6	0.23	8.90
A1B	0.7	0.30	10.72
F	1.1	0.37	18.13
LA1C+	1.7	0.47	27.29
SA1C	6.3	0.58	76.57
AO	92.1	0.89	1437.48
H-V0			
H-V1			
H-V2			

Total Area 1579.09

**HbA1c 6.3 %** **IFCC 45 mmol/mol**  
 HbA1 7.5 % HbF 1.1 %




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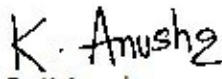
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324



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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>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	176	mg/dL	<200	CHO-POD
TRIGLYCERIDES	227	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	37	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	139	mg/dL	<130	Calculated
LDL CHOLESTEROL	93.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	45.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.76		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.43		<0.11	Calculated

**Comment:**

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

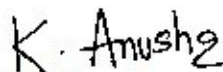
	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

**Note:**

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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SIN No:SE04670826

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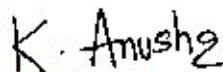
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- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available 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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.78	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.64	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>54</b>	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	71.00	U/L	30-120	IFCC
PROTEIN, TOTAL	<b>6.54</b>	g/dL	6.6-8.3	Biuret
ALBUMIN	4.42	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.12	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>2.08</b>		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.

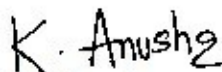
**2. Cholestatic Pattern:**

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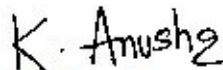
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	1.09	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	<b>16.90</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.9</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.80	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.86	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	143	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	<b>6.54</b>	g/dL	6.6-8.3	Biuret
ALBUMIN	4.42	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.12	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>2.08</b>		0.9-2.0	Calculated



Dr. RAJESH BATTINA  
PhD.(Biochemistry)  
Consultant Biochemist



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

Page 12 of 17  
**CAP**  
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SIN No:SE04670826

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

Patient Name : Mr.KAVIRAYANI PRASANNA KUMAR  
Age/Gender : 38 Y 0 M 25 D/M  
UHID/MR No : CASR.0000186688  
Visit ID : CASROPV222747  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : bobS16699

Collected : 22/Mar/2024 09:43AM  
Received : 22/Mar/2024 01:51PM  
Reported : 22/Mar/2024 03:52PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

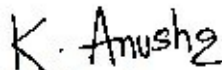
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	27.00	U/L	<55	IFCC



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SIN No:SE04670826

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

Patient Name : Mr.KAVIRAYANI PRASANNA KUMAR	Collected : 22/Mar/2024 09:43AM
Age/Gender : 38 Y 0 M 25 D/M	Received : 22/Mar/2024 01:48PM
UHID/MR No : CASR.0000186688	Reported : 22/Mar/2024 03:18PM
Visit ID : CASROPV222747	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS16699	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.96	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.33	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.899	µIU/mL	0.38-5.33	CLIA

**Comment:**

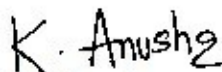
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- 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



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SIN No: SPL24052014

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

Patient Name : Mr.KAVIRAYANI PRASANNA KUMAR  
Age/Gender : 38 Y 0 M 25 D/M  
UHID/MR No : CASR.0000186688  
Visit ID : CASROPV222747  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : bobS16699

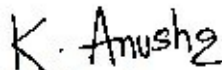
Collected : 22/Mar/2024 09:43AM  
Received : 22/Mar/2024 01:48PM  
Reported : 22/Mar/2024 03:18PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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



Dr. RAJESH BATTINA  
PhD.(Biochemistry)  
Consultant Biochemist



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



SIN No:SPL24052014


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

Patient Name : Mr.KAVIRAYANI PRASANNA KUMAR	Collected : 22/Mar/2024 09:06AM
Age/Gender : 38 Y 0 M 25 D/M	Received : 22/Mar/2024 05:50PM
UHID/MR No : CASR.0000186688	Reported : 22/Mar/2024 06:37PM
Visit ID : CASROPV222747	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS16699	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	TRACE		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
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: UR2312157

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





Patient Name : Mr.KAVIRAYANI PRASANNA KUMAR	Collected : 22/Mar/2024 09:06AM
Age/Gender : 38 Y 0 M 25 D/M	Received : 22/Mar/2024 03:41PM
UHID/MR No : CASR.0000186688	Reported : 22/Mar/2024 05:07PM
Visit ID : CASROPV222747	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS16699	

**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)	POSITIVE (TRACE)		NEGATIVE	Dipstick

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

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

Result/s to Follow:  
PERIPHERAL SMEAR

  
Dr. B Pavani  
M.B.B.S, M.D(pathalogy)  
Consultant Pathologist

SIN No:UF011247

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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:  
A-12, # 1-S-71/A/12b, Rishab Heights, Rukminipuri Housing Colony,  
A S Rao Nagar, Hyderabad, Telangana, India - 500062

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

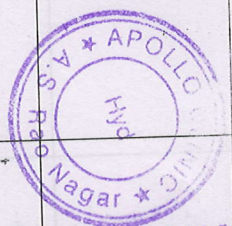
**CERTIFICATE OF MEDICAL FITNESS**

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

Mr. Kavirayani Prasanna kumar on 23/03/24.....

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

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



**Dr. K. VAISHNAVI**  
 MBBS  
 Regd. No. TSMC/12106  
*Vaishnavi*  
**Dr. Vaishnavi**  
 Reg No :12106  
 Consultant physician  
 Apollo Clinic  
 A S Rao Nagar

# POWER PRESCRIPTION

NAME: *K. Prasanna Kumar*

GENDER: *M/F*

DATE: *22/03/23*

AGE: *28*

UHID: *186684*

## RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-	-	-	<i>6/6</i>
NEAR	-	-	-	<i>6/6</i>

## LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-	-	-	<i>6/6</i>
NEAR	-	-	-	<i>6/6</i>

COLOUR VISION :

DIAGNOSIS : *Normal*

OTHER FINDINGS :

INSTRUCTIONS :

*JK*  
SIGNATURE

**From:** Prasanna Kumar Kavirayani <kavirayanip@gmail.com>  
**Sent:** 25 March 2023 08:02  
**To:** Asraonagar Apolloclinic  
**Subject:** Fwd: Health Check up Booking Confirmed Request(bobS34058),Package Code-PKG10000309, Beneficiary Code-23616

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

**From:** Upadrasta Dharani <[upadrastadharani@gmail.com](mailto:upadrastadharani@gmail.com)>  
**Date:** Fri, Mar 24, 2023, 6:53 PM  
**Subject:** Fwd: Health Check up Booking Confirmed Request(bobS34058),Package Code-PKG10000309, Beneficiary Code-23616  
**To:** Hubby <[kavirayanip@gmail.com](mailto:kavirayanip@gmail.com)>

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

**From:** Mediwheel <[wellness@mediwheel.in](mailto:wellness@mediwheel.in)>  
**Date:** Mon, Mar 20, 2023, 11:48 AM  
**Subject:** Health Check up Booking Confirmed Request(bobS34058),Package Code-PKG10000309, Beneficiary Code-23616  
**To:** <[upadrastadharani@gmail.com](mailto:upadrastadharani@gmail.com)>  
**Cc:** <[customercare@mediwheel.in](mailto:customercare@mediwheel.in)>



011-41195959

[Email:wellness@mediwheel.in](mailto:wellness@mediwheel.in)

Dear **Prasanna Kumar Kavirayani**,

Please find the confirmation for following request.

**Booking Date** :18-03-2023

**Package Name** :Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO (Metro)

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

**Address of Diagnostic/Hospital**:Apollo Clinic, A-12, 1-9-71/A/12/B, Rishab heights, above vodafone store, beside KFC, A S Rao Nagar -500062

**Contact Details** :(040) 48522317/6309034666

**City** :Hyderabad

**State** :Telangana

**Pincode** :500062

**Appointment Date** :25-03-2023

**Confirmation Status** :Confirmed

**Preferred Time** :08:00:AM

**Comment** :APPOINTMENT TIME 9:00AM

**Instructions to undergo Health Check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Patient Name	: Mr. Kavirayani Prasanna Kumar	Age	: 38 Y/M
UHID	: CASR.0000186688	OP Visit No	: CASROPV222747
Reported By:	: Dr. MRINAL .	Conducted Date	: 26-03-2024 15:36
Referred By	: SELF		

---

### **ECG REPORT**

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 84 beats per minutes.
3. No pathological ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

#### **Impression:**

NORMAL SINUS RHYTHM.

'Q' IN LIII.

TO CORRELATE CLINICALLY.

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

Dr. MRINAL .

<b>Patient Name</b>	: Mr. Kavirayani Prasanna Kumar	<b>Age/Gender</b>	: 38 Y/M
<b>UHID/MR No.</b>	: CASR.0000186688	<b>OP Visit No</b>	: CASROPV222747
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 22-03-2024 20:41
<b>LRN#</b>	: RAD2275877	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: bobS16699		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

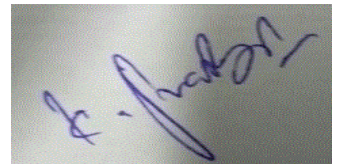
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. PRAVEEN BABU KAJA**  
Radiology

<b>Patient Name</b>	: Mr. Kavirayani Prasanna Kumar	<b>Age/Gender</b>	: 38 Y/M
<b>UHID/MR No.</b>	: CASR.0000186688	<b>OP Visit No</b>	: CASROPV222747
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 22-03-2024 18:10
<b>LRN#</b>	: RAD2275877	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: bobS16699		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

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

**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.

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

**Right kidney:98x41 mm**                      **Left kidney:102x44 mm**

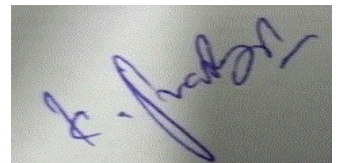
Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

**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.

### **IMPRESSION:-Grade I Fatty Liver.**

Suggested clinical correlation and further evaluation if necessary.



**Dr. PRAVEEN BABU KAJA**  
Radiology





भारत सरकार

Government of India



Issue Date: 14/10/2011



కవీరయాణి ప్రసన్న కుమార్

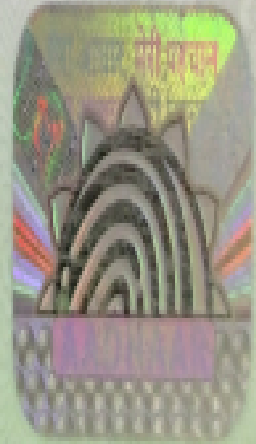
Kavirayani Prasanna Kumar



2429 1824 2476

పుట్టిన తేదీ / DOB: 25/02/1986

పురుషుడు / MALE



2429 1824 2476

मेरा आधार, मेरी पहचान

Patient Name : Mr. Kavirayani Prasanna Kumar Age : 38 Y/M  
UHID : CASR.0000186688 OP Visit No : CASROPV222747  
Conducted By: : Dr. SHILPI MOHAN Conducted Date : 22-03-2024 14:23  
Referred By : SELF

---

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed) 2.5 CM  
LA (es) 3.3 CM  
LVID (ed) 4.4 CM  
LVID (es) 2.0 CM  
IVS (Ed) 1.1 CM  
LVPW (Ed) 1.0 CM  
EF 74 %  
%FD 35 %

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

MITRAL: E: 0.7 m/sec A: 0.5 m/sec

AJV:0. m/sec

PJV:1.4 m/sec

Patient Name	: Mr. Kavirayani Prasanna Kumar	Age	: 38 Y/M
UHID	: CASR.0000186688	OP Visit No	: CASROPV222747
Conducted By:	: Dr. SHILPI MOHAN	Conducted Date	: 22-03-2024 14:23
Referred By	: SELF		

---

**IMPRESSION:**

NORMAL CHAMBER DIMENSION.

NO RWMA.

NORMAL VALVES.

LVEF:74%.

NO MR/AR.

NO TR/PAH.

NO CLOTS/VEGETATION.

NO PERICARDIAL EFFUSION.



Dr. SHILPI  
MOHAN