


Patient Name : Mr.MADHUKAR AITHU	Collected : 24/Mar/2024 09:19AM
Age/Gender : 38 Y 9 M 16 D/M	Received : 24/Mar/2024 12:18PM
UHID/MR No : CCHA.0000177962	Reported : 24/Mar/2024 02:04PM
Visit ID : CCHAOPV327706	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 179953/H	

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	16.6	g/dL	13-17	Spectrophotometer
PCV	47.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.53	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	85.9	fL	83-101	Calculated
MCH	30	pg	27-32	Calculated
MCHC	34.9	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,490	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	63	%	40-80	Electrical Impedance
LYMPHOCYTES	27.8	%	20-40	Electrical Impedance
EOSINOPHILS	0.9	%	1-6	Electrical Impedance
MONOCYTES	8.2	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3458.7	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1526.22	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	49.41	Cells/cu.mm	20-500	Calculated
MONOCYTES	450.18	Cells/cu.mm	200-1000	Calculated
BASOPHILS	5.49	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.27		0.78- 3.53	Calculated
PLATELET COUNT	256000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				


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SIN No:BED240081097

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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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Age/Gender	: 38 Y 9 M 16 D/M	Received	: 24/Mar/2024 12:18PM
UHID/MR No	: CCHA.0000177962	Reported	: 24/Mar/2024 05:23PM
Visit ID	: CCHAOPV327706	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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate technology
Rh TYPE	Positive			Microplate technology


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Patient Name	: Mr.MADHUKAR AITHU	Collected	: 24/Mar/2024 12:41PM
Age/Gender	: 38 Y 9 M 16 DM	Received	: 24/Mar/2024 02:16PM
UHID/MR No	: CCHA.0000177962	Reported	: 24/Mar/2024 03:04PM
Visit ID	: CCHAOPV327706	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 179953/H		

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	94	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	106	mg/dL	70-140	HEXOKINASE

Comment:

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

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

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SIN No:PLP1436971

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UHID/MR No : CCHA.0000177962	Reported : 24/Mar/2024 02:54PM
Visit ID : CCHAOPV327706	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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated

Comment:

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

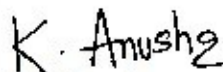
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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SIN No:EDT240037261

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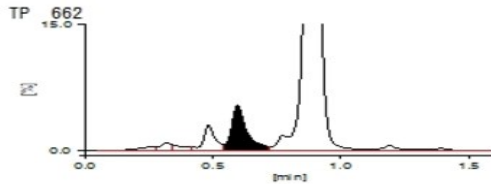
Chromatogram Report

I V5.28 1 2024-03-24 14:08:39
 ID EDT240037261
 Sample No. 03240080 SL 0001 - 01
 Patient ID
 Name
 Comment

CALIB Y = 1.1567X + 0.5642			
Name	%	Time	Area
A1A	0.4	0.23	6.10
A1B	0.5	0.32	7.80
F	0.5	0.39	7.24
LA1C+	1.8	0.48	28.31
SA1C	5.5	0.60	66.95
AO	93.1	0.88	1468.57
H-V0			
H-V1			
H-V2			

Total Area 1584.97

HbA1c 5.5 % **IFCC 36 mmol/mol**
 HbA1 6.4 % HbF 0.5 %



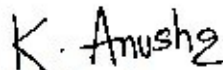
24-03-2024 14:36:29 APOLLO

APOLLO DIAGNOSTICS GLOBAL
BALNAGAR

1 / 1



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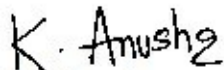
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324



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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	173	mg/dL	<200	CHO-POD
TRIGLYCERIDES	149	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	33	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	140	mg/dL	<130	Calculated
LDL CHOLESTEROL	110.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.24		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.29		<0.11	Calculated

Comment:

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

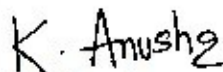
	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)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

Note:

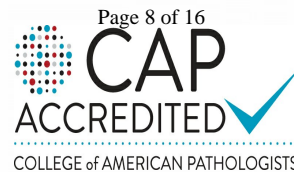
1) Measurements in the same patient on different days can show physiological and analytical variations.



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SIN No:SE04674281

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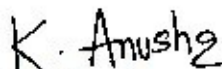
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

- 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).



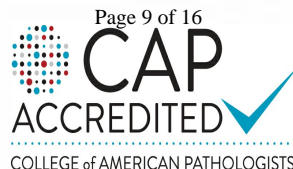
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.85	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.70	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	50	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	35.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	90.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.6-8.3	Biuret
ALBUMIN	4.77	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.93	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		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.

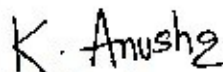
2. Cholestatic Pattern:

- 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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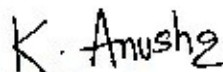
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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.89	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	12.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.23	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.24	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.70	g/dL	6.6-8.3	Biuret
ALBUMIN	4.77	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.93	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated



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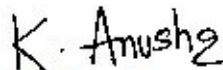
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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	59.00	U/L	<55	IFCC



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SIN No:SE04674281

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

Patient Name : Mr.MADHUKAR AITHU	Collected : 24/Mar/2024 09:19AM
Age/Gender : 38 Y 9 M 16 D/M	Received : 24/Mar/2024 12:17PM
UHID/MR No : CCHA.0000177962	Reported : 24/Mar/2024 01:24PM
Visit ID : CCHAOPV327706	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 179953/H	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.21	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.98	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.501	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:SPL24054591

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

Patient Name	: Mr.MADHUKAR AITHU	Collected	: 24/Mar/2024 09:19AM
Age/Gender	: 38 Y 9 M 16 D/M	Received	: 24/Mar/2024 12:17PM
UHID/MR No	: CCHA.0000177962	Reported	: 24/Mar/2024 01:24PM
Visit ID	: CCHAOPV327706	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 179953/H		

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:SPL24054591

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

Page 14 of 16
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS




Patient Name : Mr.MADHUKAR AITHU	Collected : 24/Mar/2024 09:19AM
Age/Gender : 38 Y 9 M 16 D/M	Received : 24/Mar/2024 11:48AM
UHID/MR No : CCHA.0000177962	Reported : 24/Mar/2024 01:18PM
Visit ID : CCHAOPV327706	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 179953/H	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


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

Page 15 of 16
CAP
 ACCREDITED
 COLLEGE of AMERICAN PATHOLOGISTS



SIN No:UR2315187

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

Patient Name : Mr.MADHUKAR AITHU	Collected : 24/Mar/2024 09:19AM
Age/Gender : 38 Y 9 M 16 D/M	Received : 24/Mar/2024 11:47AM
UHID/MR No : CCHA.0000177962	Reported : 24/Mar/2024 01:49PM
Visit ID : CCHAOPV327706	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 179953/H	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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

SIN No:UF011447

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. MADHUKAR AITHU** on After **24-03-2024** reviewing the medical history on clinical examination it has been found that he/she is

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

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

Name <u>Mr. madhulcar. A</u>	Date <u>21/3/24</u>
Age <u>38y</u>	UHID No. <u>177962</u>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Ref. Physician <u>Arcohem¹</u>
Ref. Diagnosis	

Echocardiogram Report

Echogenicity Poor Adequate Good

Ht. _____ Wt. _____ BSA _____

DIMENSIONS		NORMAL		DIMENSIONS		NORMAL	
Ao (ed)	<u>2.6</u> cm	(1.5cm / m ²)		IVS (Ed)	<u>0.8</u> cm	(0.6 - 1.2 cm)	
LA (es)	<u>2.5</u> cm	(1.5cm / m ²)		LVPW (Ed)	<u>0.9</u> cm	(0.6 - 1.1 cm)	
RVID (ed)	_____ cm	(0.9 cm / m ²)		EF	<u>63.1</u>	(0.62 - 0.85)	
LVID (ed)	<u>4.1</u> cm	(2.6 - 3.4 cm / m ²)		% FD	<u>33.1</u>	(2.8% - 42%)	
LVID (es)	<u>2.6</u>						

MORPHOLOGICAL DATA

Mitral Valve AML _____
 PML (N)

Aortic Valve _____

Tricuspid valve _____
(N)

Pulmonary valve _____

Right ventricle _____

Interatrial septum _____
 Interventricular septum } Intact

Pulmonary artery _____

Aorta _____
(N)

Right atrium _____

Left atrium _____

THE APOLLO CLINIC
PHYSICAL EXAMINATION FORM

Aycofermi

BILL DATE : 24.3.24 UHD: 172962

BILL NO: 85289

PATIENT NAME : Mx. Madhuker N.A

AGE: 38y

Weight : 66.9 Kgs

Height : 180 Cms

Chest Measurement : (in)

(out)

Abdomen :

Pulse : 59 / bpm

Hip : 100 cm

B.P : 120/70 / mm Hg

Weight : 91 cm

SpO₂ : 99%

BMI : -

ID: 177962
MR MADHUKAFA
Male 38 Years
Req. No. :

BP1

24-03-2024 10:06:45

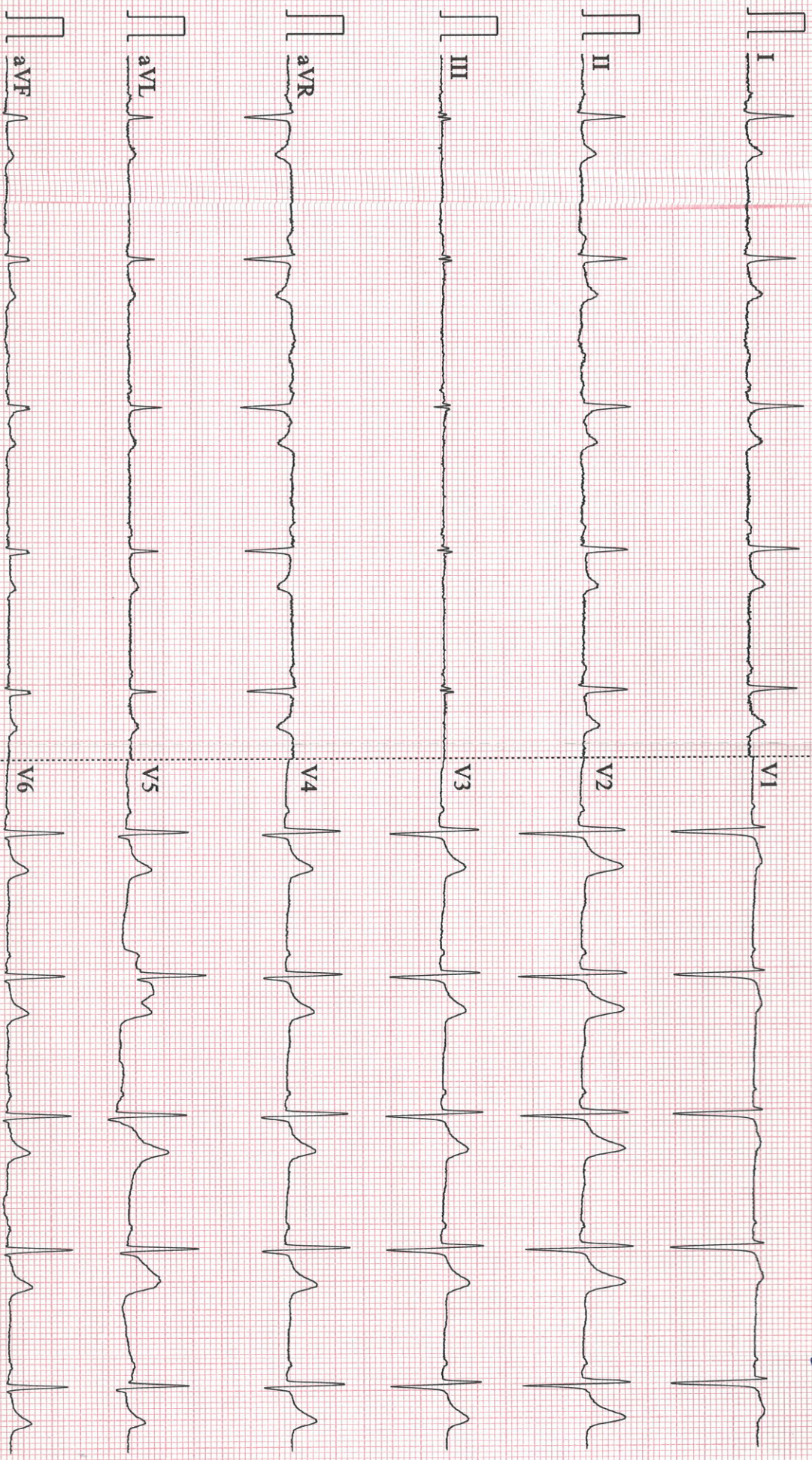
HR : 59 bpm
P : 104 ms
PR : 156 ms
QRS : 84 ms
QT/QTcBz : 390/387 ms
P/QRS/T : 0/31/28 °
RV5/SV1 : 1.156/1.421 mV

Diagnosis Information:
Sinus bradycardia
Normal ECG except for rate

Report Confirmed by:

Suresh Bredhy

8



0.67~35Hz AC50 25mm/s 10mm/mV 2*5.0s CARDIART 9108 P V1:47 Glasgow V28.6.7 APOLLO CLINIC CHANDA NAGAR

CARDIART

OPHAL TEST IS PENDING

Patient Name	: Mr. MADHUKAR AITHU	Age	: 38 Y/M
UHID	: CCHA.0000177962	OP Visit No	: CCHAOPV327706
Reported By:	: Dr. SREEDEVI M	Conducted Date	: 25-03-2024 11:15
Referred By	: SELF		

ECG REPORT

Observation :-

1. Sinus Bradycardia.
2. Heart rate is 59beats 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:

SINUS BRADYCARDIA.

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

Dr. SREEDEVI M

Patient Name : Mr. MADHUKAR AITHU Age : 38 Y/M
UHID : CCHA.0000177962 OP Visit No : CCHAOPV327706
Conducted By: : Dr. SREEDEVI M Conducted Date : 25-03-2024 13:26
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.6 CM
LA (es)	2.5 CM
LVID (ed)	4.1 CM
LVID (es)	2.6 CM
IVS (Ed)	0.8 CM
LVPW (Ed)	0.9 CM
EF	63.00%
%FD	33.00%
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	NO EFFUSION
LEFT VENTRICLE: NO RWMA	

Patient Name : Mr. MADHUKAR AITHU Age : 38 Y/M
UHID : CCHA.0000177962 OP Visit No : CCHAOPV327706
Conducted By: : Dr. SREEDEVI M Conducted Date : 25-03-2024 13:26
Referred By : SELF

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

PWD: E>A AT MITRAL INFLOW

E/A-E: 0.8m/sec A: 0.6m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO
0.7m/sec

VELOCITY ACROSS THE AV UPTO 0.9m/sec

IMPRESSION:-

NORMAL CARDIAC CHAMBERS,

NO RWMA,

GOOD LV FUNCTION,

NO MR/ AR/ TR/ PR,

NO PE/ CLOT/ VEGS.

Dr. SREEDEVI
M

Patient Name	: Mr. MADHUKAR AITHU	Age	: 38 Y/M
UHID	: CCHA.0000177962	OP Visit No	: CCHAOPV327706
Conducted By:	: Dr. SREEDEVI M	Conducted Date	: 25-03-2024 13:26
Referred By	: SELF		

Patient Name	: Mr. MADHUKAR AITHU	Age/Gender	: 38 Y/M
UHID/MR No.	: CCHA.0000177962	OP Visit No	: CCHAOPV327706
Sample Collected on	:	Reported on	: 24-03-2024 11:34
LRN#	: RAD2280052	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 179953/H		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals. **Liver measures** : 13 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 45 mm . , **Left kidney measures** : 109 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** - 17 cc .

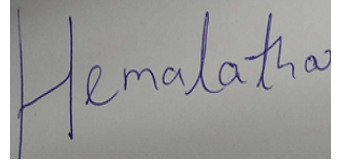
IMPRESSION:-

No significant abnormality detected.
Suggest – clinical correlation.

(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. MADHUKAR AITHU

Age/Gender : 38 Y/M



Dr. G HEMALATHA
MBBS, DNB
Radiology

Patient Name : Mr. MADHUKAR AITHU

Age/Gender : 38 Y/M

UHID/MR No. : CCHA.0000177962

OP Visit No : CCHAOPV327706

Sample Collected on :

Reported on : 24-03-2024 11:09

LRN# : RAD2280052

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 179953/H

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

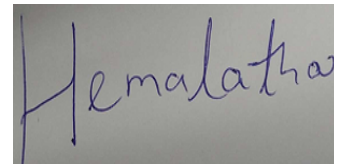
Both costophrenic and cardiophrenic angles are clear .

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



Mediwhe... 4 days ago
to me, customer... v



Mediwheel
Your wellness partner

011-41195959

Dear **BANDAM SRAVYA**,

Your Health Checkup has been successfully rescheduled 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

Booking Id : bobS16753

Appointment Date : 24-03-2024

Preferred Time : 8:00am-8:30am

Booking Status : Booking ReSchedule

Member Information		
Booked Member Name	Age	Gender
Aithu Madhukar	38 year	Male

Thanks,
Mediwheel Team

Please Download Mediwheel App





భారత ప్రభుత్వం
Unique Identification Authority of India

సమాధు సంఖ్య / Enrollment No. : 1080/20085/00078

To
Madhukar Aithu
మధుకర్ అయితు
S/O: Rajaiah Aithu
2-87/1
Pokkur
Pokkur, Adilabad
Andhra Pradesh - 504201
9505825030

22/09/2013



KL289901803FT
28990180



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :
9177 9421 6568

ఆధార్ - సామాన్యని హక్కు



భారత ప్రభుత్వం
Government of India

మధుకర్ అయితు
Madhukar Aithu



పుట్టిన తేదీ / DOB: 08/06/1985
పురుషుడు / Male

9177 9421 6568



ఆధార్ - సామాన్యని హక్కు