


Patient Name : Mr.MEESALA SATYANARAYANA MURTHY  
 Age/Gender : 56 Y 0 M 0 D/M  
 UHID/MR No : CVIS.0000016297  
 Visit ID : CVISOPV127137  
 Ref Doctor : Self  
 Emp/Auth/TPA ID : 22E31231

Collected : 24/Aug/2024 09:17AM  
 Received : 24/Aug/2024 12:20PM  
 Reported : 24/Aug/2024 04:10PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13.9	g/dL	13-17	Spectrophotometer
PCV	42.70	%	40-50	Electronic pulse & Calculation
<b>RBC COUNT</b>	<b>5.7</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	85	fL	83-101	Calculated
MCH	27.4	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.3</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,600	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	51	%	40-80	Electrical Impedance
LYMPHOCYTES	33.7	%	20-40	Electrical Impedance
EOSINOPHILS	5.9	%	1-6	Electrical Impedance
MONOCYTES	9.4	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2856	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1887.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	330.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	526.4	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.51		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	221000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	15	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBCs ARE NORMOCYTIC NORMOCHROMIC.				
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.				
PLATELETS ARE ADEQUATE.				
NO HEMOPARASITES SEEN				



DR. V. SNEHAL  
 M.D (PATH)  
 Consultant Pathologist



SIN No: VIS240801766


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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324



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

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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	121	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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


Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	116	mg/dL	70-140	GOD - POD

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. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	7.4	%		HPLC

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ESTIMATED AVERAGE GLUCOSE (eAG)	166	mg/dL	Calculated
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Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	205	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	120	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	165	mg/dL	<130	Calculated
LDL CHOLESTEROL	141.06	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.94	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.13		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.12		<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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.42	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.32	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25.02	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.5	U/L	0-31	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.7		<1.15	Calculated
ALKALINE PHOSPHATASE	89.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.53	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.38	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.15	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		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:

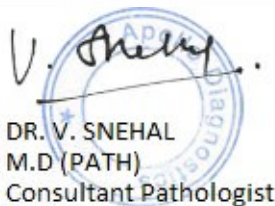
\*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.  
 \*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. 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 diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. \*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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



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4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.69	mg/dL	0.7-1.2	Enzymatic
UREA	22.45	mg/dL	18-55	Urease with GLDH
BLOOD UREA NITROGEN	10.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.67	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	8.39	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.5-4.5	PMA Phenol
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	3.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.53	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.38	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.15	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	16.30	U/L	0-55	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	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)	9.99	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.726	µIU/mL	0.38-5.33	CLIA

Comment:

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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

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 M.B.B.S.,M.D(Biochemistry)  
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APOLLO Health & Lifestyle Ltd. Global Reference Laboratory, Hyderabad  
 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) | Tamil Nadu: 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.MEESALA SATYANARAYANA MURTHY  
 Age/Gender : 56 Y 0 M 0 D/M  
 UHID/MR No : CVIS.0000016297  
 Visit ID : CVISOPV127137  
 Ref Doctor : Self  
 Emp/Auth/TPA ID : 22E31231

Collected : 24/Aug/2024 09:17AM  
 Received : 25/Aug/2024 10:20AM  
 Reported : 25/Aug/2024 01:24PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

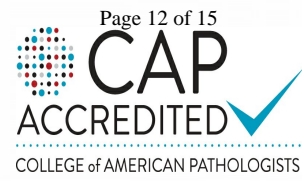
**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--

*Maruthi...*  
**Dr.E.Maruthi Prasad**  
 PhD (Biochemistry)

*Sujana...*  
**Dr.Matta Sujana Reddy**  
 M.B.B.S.,M.D(Biochemistry)  
 Consultant Biochemist



**Apo Consultant biochemist** 110TG2000PLC115819  
 Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
 www.apolloclinic.com, Email: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

**GSTIN: 37AADCA0733E1Z6**  
 Address: 50-81-1/2, Plot no. 5, Seethammapeta,  
 Visakhapatnam, Andhra Pradesh

**1860 500 7788**  
[www.apolloclinic.com](http://www.apolloclinic.com)

**APOLLO HEALTH & LIFESTYLE LTD.**  
 This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad  
**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.MEESALA SATYANARAYANA MURTHY  
 Age/Gender : 56 Y 0 M 0 D/M  
 UHID/MR No : CVIS.0000016297  
 Visit ID : CVISOPV127137  
 Ref Doctor : Self  
 Emp/Auth/TPA ID : 22E31231

Collected : 24/Aug/2024 09:17AM  
 Received : 25/Aug/2024 10:20AM  
 Reported : 25/Aug/2024 11:01AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.830	ng/mL	0-4	CLIA

*Maruthi...*

**Dr.E.Maruthi Prasad**  
PhD (Biochemistry)

**Consultant biochemist**

*Sujana...*

**Dr.Matta Sujana Reddy**  
M.B.B.S.,M.D(Biochemistry)  
Consultant Biochemist



Patient Name : Mr.MEESALA SATYANARAYANA MURTHY  
 Age/Gender : 56 Y 0 M 0 D/M  
 UHID/MR No : CVIS.0000016297  
 Visit ID : CVISOPV127137  
 Ref Doctor : Self  
 Emp/Auth/TPA ID : 22E31231

Collected : 24/Aug/2024 09:17AM  
 Received : 24/Aug/2024 01:59PM  
 Reported : 24/Aug/2024 04:04PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY


ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Refractometric
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	0	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.



DR. V. SNEHAL  
 M.D (PATH)  
 Consultant Pathologist



SIN No: VIS240801771

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mr.MEESALA SATYANARAYANA MURTHY  
 Age/Gender : 56 Y 0 M 0 D/M  
 UHID/MR No : CVIS.0000016297  
 Visit ID : CVISOPV127137  
 Ref Doctor : Self  
 Emp/Auth/TPA ID : 22E31231


Collected : 24/Aug/2024 09:17AM  
 Received : 24/Aug/2024 05:51PM  
 Reported : 24/Aug/2024 06:00PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

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

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

Result/s to Follow:  
 GLUCOSE (FASTING) - URINE



**DR. V. SNEHAL**  
 M.D (PATH)  
 Consultant Pathologist



SIN No: VIS240801768

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mr.MEESALA SATYANARAYANA MURTHY  
Age/Gender : 56 Y 0 M 0 D/M  
UHID/MR No : CVIS.0000016297  
Visit ID : CVISOPV127137  
Ref Doctor : Self  
Emp/Auth/TPA ID : 22E31231

Collected : 24/Aug/2024 09:17AM  
Received : 24/Aug/2024 05:51PM  
Reported : 24/Aug/2024 06:00PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.


Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.

  
DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



SIN No:VIS240801768

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017



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Patient Name	: Mr. MEESALA SATYANARAYANA MURTHY	Age	: 56Yrs 1Days
UHID	: CVIS.0000016297	OP Visit No.	: CVISOPV127137
Printed On	: 24-08-2024 07:13 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E31231		

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### DEPARTMENT OF RADIOLOGY

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**Liver** 12.6 cm. appears normal in size and 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 peri GB collection. No evidence of focal lesion is seen.

**Spleen** appears normal. No focal lesion seen. Splenic vein is normal.

**Pancreas** appears normal in echo pattern. No focal/mass lesion/calcification. No evidence of per pancreatic free fluid or collection. Pancreatic duct appears normal.

**Both the kidneys** appear normal in size, shape and echo pattern. Cortical thickness and CM differentiation are maintained. No hydronephrosis seen on either side.

**Right kidney measures** : 9.1 x 4.1 cm

**Left kidney measures** :9.3 x 4.5 cm **2.7 mm calculus noted in mid pole.**

**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 - 20 cc.

#### IMPRESSION:-

**\*SMALL LEFT RENAL CALCULUS.**

**Suggest - clinical correlation.**

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(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.

---End Of The Report---



DR. KARROTU SUDHA

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Radiology

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Patient Name	: Mr. MEESALA SATYANARAYANA MURTHY	Age	: 55Yrs 11Mths 30Days
UHID	: CVIS.0000016297	OP Visit No.	: CVISOPV127137
Printed On	: 24-08-2024 10:13 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E31231		

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**DEPARTMENT OF CARDIOLOGY**

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Ao (ed)	3.0 CM
LA (es)	2.8 CM
LVID (ed)	4.2 CM
LVID (es)	2.7 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	1.0 CM
EF	60.00%
%FD	31.00%
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	NORMAL

**LEFT VENTRICLE:**

NO REGION WALL MOTION ABNORMALITY

---

---

**COLOUR AND DOPPLER STUDIES**

PF : 1.0m/sec

MF : A>E

AF : 1.0m/sec .

**IMPRESSION:-**

NORMAL CHAMBERS.

NO RWMA.

GOOD LV/ RV FUNCTION.

NO MR/ AR/ TR/ PAH.

NO CLOT.

NO PERICARDIAL EFFUSION.

GRADE-I DIASTOLIC DYSFUNCTION .

LVEF :60 %

---End Of The Report---

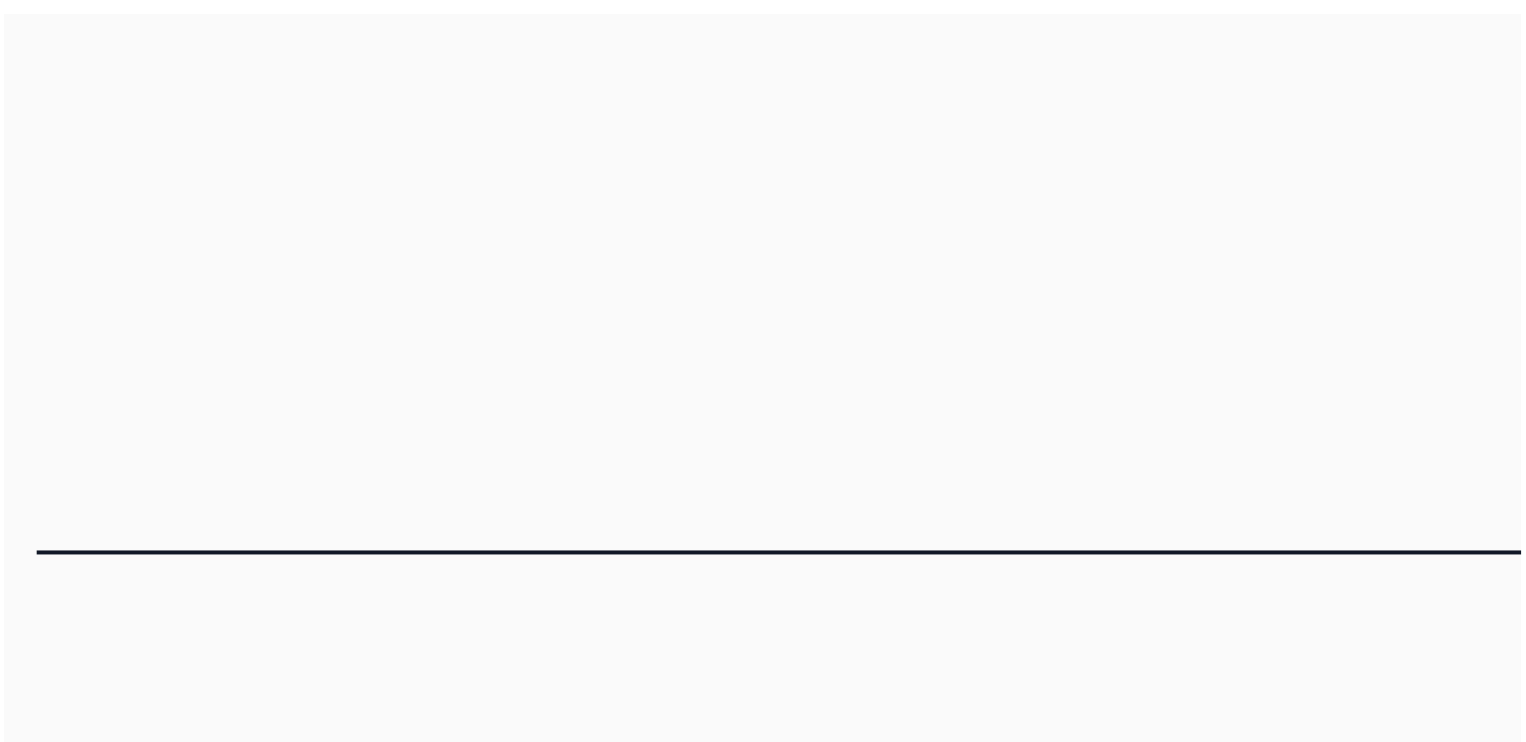


DR. APPALA NAIDU L S

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Cardiology



Patient Name	: Mr. MEESALA SATYANARAYANA MURTHY	Age	: 55Yrs 11Mths 30Days
UHID	: CVIS.0000016297	OP Visit No.	: CVISOPV127137
Printed On	: 24-08-2024 09:43 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E31231		

### DEPARTMENT OF CARDIOLOGY

**Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 87 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

**Impression:**

NORMAL RESTING ECG.

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

---End Of The Report---



DR. APPALA NAIDU L S

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Cardiology

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of M. Satyanarayana on 24/8/24

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input type="checkbox"/>
<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 employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Currently Unfit. Review after _____ recommended</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	<input type="checkbox"/>

DDr. INDIRA PRIYADARSHINI  
MBBS

**Medical Officer**  
Apollo Family Physician  
Apollo Clinic, Seethammapur, Vizag

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

Patient Name	: Mr. MEESALA SATYANARAYANA MURTHY	Age	: 55Yrs 11Mths 30Days
UHID	: CVIS.0000016297	OP Visit No.	: CVISOPV127137
Printed On	: 24-08-2024 03:43 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22E31231		

### DEPARTMENT OF CARDIOLOGY

Ao (ed)	3.0 CM
LA (es)	2.8 CM
LVID (ed)	4.2 CM
LVID (es)	2.7 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	1.0 CM
EF	60.00%
%FD	31.00%
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	NORMAL

**LEFT VENTRICLE:**  
 NO REGION WALL MOTION ABNORMALITY

---

**COLOUR AND DOPPLER STUDIES**

PF : 1.0m/sec

MF : A>E

AF : 1.0m/sec .

**IMPRESSION:-**

NORMAL CHAMBERS.

NO RWMA.

GOOD LV/ RV FUNCTION.

NO MR/ AR/ TR/ PAH.

NO CLOT.

NO PERICARDIAL EFFUSION.

GRADE-I DIASTOLIC DYSFUNCTION .

LVEF :60 %

---End Of The Report---



DR. APPALA NAIDU L S

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Cardiology

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BANK OF BARODA

NAME : M.V. M. SATHANARAYANA MURthy  
GENDER : M  
AGE : 58  
DATE : 24/8/24

R48/ +0.75  
x -2.75

**OPHTHALMOLOGY SCREENING REPORT**

VISION : (OD) 6/6 (OS) 6/6  
DISTANCE : 26 26  
NEAR VISION :  
COLOUR VISION : - WNL -  
ANT.SEGMENT : - ault -  
CONJUNCTIVA : - conj -  
CORNEA :  
PUPIL : - R/O R -  
FUNDUS :  
IMPRESSION : WNL

*A. Kan*  
SIGNATURE

Patient Name	: Mr. MEESALA SATYANARAYANA MURTHY	Age	: 55Yrs 11Mths 30Days
UHID	: CVIS.0000016297	OP Visit No.	: CVISOPV127137
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Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22E31231		

### DEPARTMENT OF CARDIOLOGY

**Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 87 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

**Impression:**

NORMAL RESTING ECG.

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

---End Of The Report---



DR. APPALA NAIDU L S

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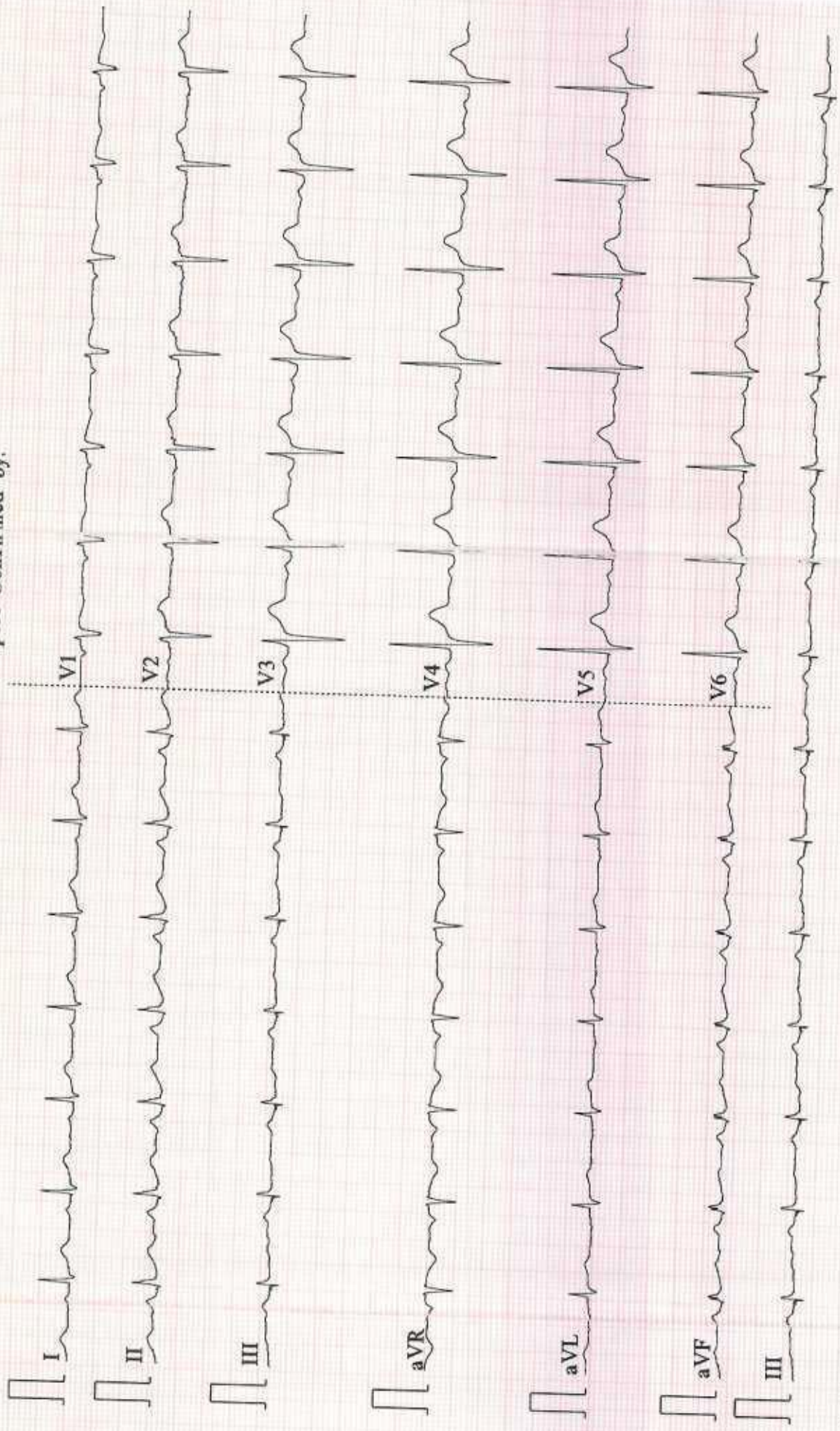
Cardiology

satyanarayanamurthy  
Male 55Years  
Req. No. :

HR : 87 bpm  
P : 106 ms  
PR : 158 ms  
QRS : 94 ms  
QT/QTcBz : 364/438 ms  
PQRS/T : 68/41/44 °  
RV5/SV1 : 1.282/0.355 mV

Diagnosis Information:  
Sinus rhythm  
Normal ECG

Report Confirmed by:



Dr. N. MUKUNDA RAO

MBBS.,MS

ENT CONSULTANT

Reg. No. AMC17481

Patient Name: M. S. R. MOORTHY Age/Sex: M 55 Y Date: 24/5/21

For routine checkup

O/E Both Ears  
Nose  
Throat } NGAD

Heard w/wL clearly  
C.T.F.

Nil ENT

NGAD

Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Fri 8/23/2024 3:02 PM

To:leemur01@gmail.com <leemur01@gmail.com>

Cc:Vizag Apolloclinic <vizag@apolloclinic.com>;Ramakumar Vegi <ramakumar.v@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear MR. MURTHY MEESALA VARAHA SATYANAR,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **VIZAG clinic** on **2024-08-24** at **08:30-08:45**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324]

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

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

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

Instructions to be followed for a health check:

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



మీసాల వరాహ సత్యనారాయణ మూర్తి  
Meesala Varaha Satyanarayana Murthy  
పుట్టిన తేదీ/DOB: 25/08/1967  
పురుషుడు/ MALE

4557 1373 4794

VID : 9115 5994 2172 0469

నా ఆధార్, నా గుర్తింపు

Patient Name : Mr.MEESALA SATYANARAYANA MURTHY  
Age/Gender : 56 Y 0 M 0 D/M  
UHID/MR No : CVIS.0000016297  
Visit ID : CVISOPV127137  
Ref Doctor : Self  
Emp/Auth/TPA ID : 22E31231

Collected : 24/Aug/2024 09:17AM  
Received : 24/Aug/2024 12:20PM  
Reported : 24/Aug/2024 04:10PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13.9	g/dL	13-17	Spectrophotometer
PCV	42.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.7	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	85	fL	83-101	Calculated
MCH	27.4	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	14.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,600	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	51	%	40-80	Electrical Impedance
LYMPHOCYTES	33.7	%	20-40	Electrical Impedance
EOSINOPHILS	5.9	%	1-6	Electrical Impedance
MONOCYTES	9.4	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2856	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1887.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	330.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	526.4	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.51		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	221000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	15	mm at the end of 1 hour	0-15	Modified Westergren

**PERIPHERAL SMEAR**

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN

Page 1 of 12

*V. Sneh*

DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



SIN No. VIS240801766  
**Apollo Health and Lifestyle Limited**  
This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017  
(CIN - U85110TG2000PLC048080) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP  
Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal )  
Vizag (Seethamma Peta)

TO BOOK AN APPOINTMENT

**1860 500 7788**

Patient Name : Mr.MEESALA SATYANARAYANA MURTHY  
Age/Gender : 56 Y 0 M 0 D/M  
UHID/MR No : CVIS.0000016297  
Visit ID : CVISOPV127137  
Ref Doctor : Self  
Emp/Auth/TPA ID : 22E31231

Collected : 24/Aug/2024 09:17AM  
Received : 24/Aug/2024 12:20PM  
Reported : 24/Aug/2024 04:10PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Page 2 of 12

*V. Sneh*

DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



SIN No: VIS240801766

**Apollo Health and Lifestyle Limited**

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(CIN - 0851101G2000PLC046089) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)  
Vizag (Seethamma Peta)

TO BOOK AN APPOINTMENT

 **1860 500 7788**



Patient Name	: Mr.MEESALA SATYANARAYANA MURTHY	Collected	: 24/Aug/2024 09:17AM
Age/Gender	: 56 Y 0 M 0 D/M	Received	: 24/Aug/2024 12:20PM
UHID/MR No	: CVIS.0000016297	Reported	: 24/Aug/2024 01:28PM
Visit ID	: CVISOPV127137	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E31231		

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti Forward & Reverse Grouping with Slide/Tube Agglutination
Rh TYPE	POSITIVE			

*V. Sneh*  
DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



Patient Name : Mr.MEESALA SATYANARAYANA MURTHY  
 Age/Gender : 56 Y 0 M 0 D/M  
 UHID/MR No : CVIS.0000016297  
 Visit ID : CVISOPV127137  
 Ref Doctor : Self  
 Emp/Auth/TPA ID : 22E31231

Collected : 24/Aug/2024 09:17AM  
 Received : 24/Aug/2024 12:20PM  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING, NAF PLASMA	121	mg/dL	70-100	GOD - POD

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	116	mg/dL	70-140	GOD - POD

**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. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN), WHOLE BLOOD EDTA	7.4	%		HPLC

Page 4 of 12

*V. Sneh*

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Consultant Pathologist



SIN No: VIS240801767

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TO BOOK AN APPOINTMENT

**1860 500 7788**

Patient Name : Mr.MEESALA SATYANARAYANA MURTHY  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

ESTIMATED AVERAGE GLUCOSE (eAG) 166 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)



*V. Snehal*  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	205	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	120	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	165	mg/dL	<130	Calculated
LDL CHOLESTEROL	141.06	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.94	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.13		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.12		<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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

*V. Snehal*  
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 M.D (PATH)  
 Consultant Pathologist



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.42	mg/dL	0.10-1.20	Diazotized 2,4-Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.32	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25.02	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.5	U/L	0-31	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.7		<1.15	Calculated
ALKALINE PHOSPHATASE	89.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.53	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.38	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.15	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		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. 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, Wilsons’s diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.  
\*Bilirubin elevated- predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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

*V. Sneh*  
DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



SIN No: VIS240801765

**Apollo Health and Lifestyle Limited**

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

(CIN - U85110TG2000PLCO46089) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohi.com

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Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)

Vizag (Seethamma Peta)

TO BOOK AN APPOINTMENT

**1860 500 7788**

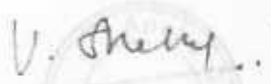
Patient Name : Mr.MEESALA SATYANARAYANA MURTHY  
Age/Gender : 56 Y 0 M 0 D/M  
UHID/MR No : CVIS.0000016297  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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M.D (PATH)  
Consultant Pathologist



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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr.MEESALA SATYANARAYANA MURTHY  
 Age/Gender : 56 Y 0 M 0 D/M  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.69	mg/dL	0.7-1.2	Enzymatic
UREA	22.45	mg/dL	18-55	Urease with GLDH
BLOOD UREA NITROGEN	10.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.67	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	8.39	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.5-4.5	PMA Phenol
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	3.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.53	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.38	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.15	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		0.9-2.0	Calculated

*V. Snehal*  
 DR. V. SNEHAL  
 M.D (PATH)  
 Consultant Pathologist

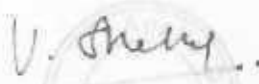


Patient Name	: Mr.MEESALA SATYANARAYANA MURTHY	Collected	: 24/Aug/2024 09:17AM
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	16.30	U/L	0-55	IFCC



**DR. V. SNEHAL**  
M.D (PATH)  
Consultant Pathologist



SIN No: VIS240801765

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Vizag (Seethamma Peta)

TO BOOK AN APPOINTMENT

 **1860 500 7788**



Patient Name	: Mr.MEESALA SATYANARAYANA MURTHY	Collected	: 24/Aug/2024 09:17AM
Age/Gender	: 56 Y 0 M 0 D/M	Received	: 24/Aug/2024 01:59PM
UHID/MR No	: CVIS.0000016297	Reported	: 24/Aug/2024 04:04PM
Visit ID	: CVISOPV127137	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E31231		

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Refractometric
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	0	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

*V. Snehal*  
 DR. V. SNEHAL  
 M.D (PATH)  
 Consultant Pathologist



SIN No: VIS240801771  
 Apollo Health and Lifestyle Limited  
 This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017  
 (CIN - U85110TG2005PLC046089) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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 Vizag (Seethamma Peta)

TO BOOK AN APPOINTMENT

**1860 500 7788**

Patient Name	: Mr. MEESALA SATYANARAYANA MURTHY	Age	: 56Yrs 1Days
UHID	: CVIS.0000016297	OP Visit No.	: CVISOPV127137
Printed On	: 24-08-2024 12:43 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22E31231		

### DEPARTMENT OF RADIOLOGY

**Liver** 12.6 cm. appears normal in size and 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 peri GB collection. No evidence of focal lesion is seen.

**Spleen** appears normal. No focal lesion seen. Splenic vein is normal.

**Pancreas** appears normal in echo pattern. No focal/mass lesion/calcification. No evidence of per pancreatic free fluid or collection. Pancreatic duct appears normal.

**Both the kidneys** appear normal in size, shape and echo pattern. Cortical thickness and CM differentiation are maintained. No hydronephrosis seen on either side.

**Right kidney measures** : 9.1 x 4.1 cm

**Left kidney measures** :9.3 x 4.5 cm 2.7 mm calculus noted in mid pole.

**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 - 20 cc.

#### IMPRESSION:-

**\*SMALL LEFT RENAL CALCULUS.**

---

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.

---End Of The Report---

*K. Sudha*

DR. KARROTU SUDHA

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Radiology

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Patient Name : Mr.MEESALA SATYANARAYANA MURTHY  
 Age/Gender : 56 Y 0 M 0 D/M  
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.830	ng/mL	0-4	CLIA

*Mr. Maruthi*

*Sujana*

Dr.E.Maruthi Prasad

Dr.Matta Sujana Reddy  
 M.B.B.S.,M.D(Biochemistry)



PhD (Biochemistry)  
 Apollo Health and Lifestyle Limited  
 Consultant Biochemist

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SINERGO CLINICS NETWORK TELANGANA & AP  
 Hyderabad (AS Rao Nagar | Ghanta Ghar | Jubilee Hills | Kondapur) | Manikonda | Nallakota | Nizampet | Uppal  
 Vizag (Seethamma Peta)

TO BOOK AN APPOINTMENT

**1860 500 7788**

Patient Name : Mr.MEESALA SATYANARAYANA MURTHY  
 Age/Gender : 56 Y 0 M 0 D/M  
 UHID/MR No : CVIS.0000016297  
 Visit ID : CVISOPV127137  
 Ref Doctor : Self  
 Emp/Auth/TPA ID : 22E31231

Collected : 24/Aug/2024 09:17AM  
 Received : 25/Aug/2024 10:20AM  
 Reported : 25/Aug/2024 01:24PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	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)	9.99	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.726	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

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

TSH	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

*Maruthi*

*Sujana*

Dr.E.Maruthi Prasad

Dr.Matta Sujana Reddy  
 M.B.B.S.,M.D(Biochemistry)

PhD (Biochemistry)  
 Apollo Health and Lifestyle Limited  
 Consultant Biochemist

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Collected : 24/Aug/2024 09:17AM  
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 Reported : 24/Aug/2024 04:04PM  
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Refractometric
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	0	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

*V. Snehal*

DR. V. SNEHAL  
 M.D (PATH)  
 Consultant Pathologist



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Collected : 24/Aug/2024 09:17AM  
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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	121	mg/dL	70-100	GOD - POD

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	116	mg/dL	70-140	GOD - POD

**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. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	7.4	%	-	HPLC

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*V. Snehal*

DR. V. SNEHAL  
 M.D (PATH)  
 Consultant Pathologist



SIN No: V15210504767  
 Apollo Health and Lifestyle Limited  
 This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab - Vizag-530017  
 (CIN: U85110TG2000PLCC040089) Regd. Office: 7-1-6177A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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