


Patient Name : Mr.S PRITHVIRAJ	Collected : 24/Aug/2024 09:31AM
Age/Gender : 31 Y 0 M 0 D/M	Received : 24/Aug/2024 12:20PM
UHID/MR No : CVIS.0000070302	Reported : 24/Aug/2024 04:10PM
Visit ID : CVISOPV127144	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E31733	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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: VIS240801788

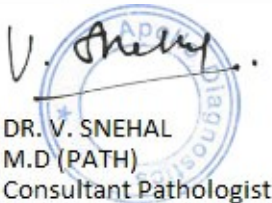
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.1	g/dL	13-17	Spectrophotometer
PCV	41.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.96	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,300	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	50.9	%	40-80	Electrical Impedance
LYMPHOCYTES	38	%	20-40	Electrical Impedance
EOSINOPHILS	4.1	%	1-6	Electrical Impedance
MONOCYTES	7	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3715.7	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2774	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	299.3	Cells/cu.mm	20-500	Calculated
MONOCYTES	511	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.34		0.78- 3.53	Calculated
PLATELET COUNT	170000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
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 MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	87	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)	102	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	5.5	%		HPLC



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

ESTIMATED AVERAGE GLUCOSE (eAG)	111	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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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	154	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	66	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	114	mg/dL	<130	Calculated
LDL CHOLESTEROL	101.04	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.26	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.86		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.10		<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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	50.11	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.1	U/L	0-31	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.5		<1.15	Calculated
ALKALINE PHOSPHATASE	80.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.21	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.45	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	2.76	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		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:

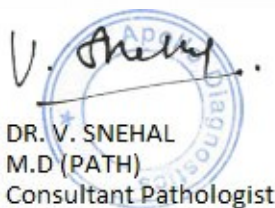
*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. 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'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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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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



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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.86	mg/dL	0.7-1.2	Enzymatic
UREA	21.23	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	9.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.51	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	9.08	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	4.10	mg/dL	2.5-4.5	PMA Phenol
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	3.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.21	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.45	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	2.76	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	30.60	U/L	0-55	IFCC



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DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.787	ng/ml	0.80-1.90	CLIA
THYROXINE (T4, TOTAL)	8.173	µg/dL	5-13	CLIA
THYROID STIMULATING HORMONE (TSH)	4.614	µIU/mL	0.35-4.75	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.25-4.33 uIU/mL
Second trimester	0.43-6.61 uIU/mL
Third trimester	0.38-6.22 uIU/mL

- 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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DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DEPARTMENT OF CLINICAL PATHOLOGY

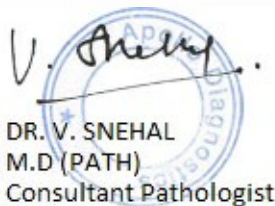
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Refractometric
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/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.



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

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

Result/s to Follow:

GLUCOSE (POST PRANDIAL) - URINE



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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:VIS240801783

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

Patient Name	: Mr. S PRITHVIRAJ	Age	: 30Yrs 11Mths 30Days
UHID	: CVIS.0000070302	OP Visit No.	: CVISOPV127144
Printed On	: 24-08-2024 10:29 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E31733		

DEPARTMENT OF RADIOLOGY

Liver 15 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 calculus / hydronephrosis seen on either side.

Right kidney measures : 10.3 x 4.5 cm

Left kidney measures : 10.3 x 5.0 cm

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.

---End Of The Report---



DR. RAYAVARAPU SUKUMAR

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Radiology

Patient Name	: Mr. S PRITHVIRAJ	Age	: 30Yrs 11Mths 30Days
UHID	: CVIS.0000070302	OP Visit No.	: CVISOPV127144
Printed On	: 24-08-2024 09:59 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E31733		

DEPARTMENT OF CARDIOLOGY

Ao (ed)	2.8 CM
LA (es)	3.2 CM
LVID (ed)	3.8 CM
LVID (es)	1.0 CM
IVS (Ed)	0.8 CM
LVPW (Ed)	0.9 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 : 1.0 m/sec

MF : E>A

AF : 0.9 m/sec

IMPRESSION:-

NORMAL CHAMBERS.

NO RWMA.

GOOD LV/ RV FUNCTION.

NO MR/ AR/ TR/ PAH.

NO CLOT.

NO PERICARDIAL EFFUSION.

LVEF: 60 %

---End Of The Report---



DR. SHASHANKA CHUNDURI

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Cardiology

Patient Name	: Mr. S PRITHVIRAJ	Age	: 30Yrs 11Mths 30Days
UHID	: CVIS.0000070302	OP Visit No.	: CVISOPV127144
Printed On	: 24-08-2024 09:45 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E31733		

DEPARTMENT OF CARDIOLOGY

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 61 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 Priya 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"> Medically Fit 	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> Fit with restrictions/recommendations <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>	
<ul style="list-style-type: none"> Currently Unfit, Review after _____ recommended 	
<ul style="list-style-type: none"> Unfit 	

Dr. G. INDIRA PRIYADARSHINI

Dr. Priya MBBS
 Apollo Clinic, Seethammapeta, Vizag

This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th 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)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name	: Mr. S PRITHVIRAJ	Age	: 30Yrs 11Mths 30Days
UHID	: CVIS.0000070302	OP Visit No.	: CVISOPV127144
Printed On	: 24-08-2024 03:29 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E31733		

DEPARTMENT OF CARDIOLOGY

Ao (ed)	2.8 CM
LA (es)	3.2 CM
LVID (ed)	3.8 CM
LVID (es)	1.0 CM
IVS (Ed)	0.8 CM
LVPW (Ed)	0.9 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 : 1.0 m/sec
MF : E>A
AF : 0.9 m/sec

IMPRESSION:-

NORMAL CHAMBERS.
NO RWMA.
GOOD LV/ RV FUNCTION.
NO MR/ AR/ TR/ PAH.
NO CLOT.
NO PERICARDIAL EFFUSION.
LVEF: 60 %

---End Of The Report---



DR. SHASHANKA CHUNDURI

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Cardiology



Patient Name	: Mr. S PRITHVIRAJ	Age	: 30Yrs.11Mths 30Days
UHID	: CVIS.0000070302	OP Visit No.	: CVISOPV127144
Printed On	: 24-08-2024 03:59 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E31733		

DEPARTMENT OF RADIOLOGY

Liver 15 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.

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Prostate is normal in size and echo texture. No evidence of necrosis/calcification seen. **Prostate volume** - 17 cc

IMPRESSION:-

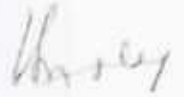
No significant abnormality detected.



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.

---End Of The Report---



DR. RAYAVARAPU SUKUMAR

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Radiology



Patient Name	: Mr. S PRITHVIRAJ	Age	: 30Yrs 11Mths 30Days
UHID	: CVIS.0000070302	OP Visit No.	: CVISOPV127144
Printed On	: 24-08-2024 03:15 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E31733		

DEPARTMENT OF CARDIOLOGY

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 61 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



Bank of BARODA

NAME :

Mr. S. PRITHVI RAJ

GENDER :

M

AGE :

30

DATE :

24/8/24

OPHTHALMOLOGY SCREENING REPORT

VISION :

(OD) 6/6

(OS) 6/6

DISTANCE :

26

26

NEAR VISION :

COLOUR VISION :

- WNL

ANT.SEGMENT :

— Clear

CONJUNCTIVA :

— Clear

CORNEA :

PUPIL :

A/A

FUNDUS :

IMPRESSION :

WNL

[Signature]
THE APOLLO CLINIC
HYDERABAD
SIGNATURE

Dr. N. MUKUNDA RAO

MBBS.,MS

ENT CONSULTANT

Reg. No. AMC17481

Patient Name: S. Prathap Reddy Age/Sex: M 30 Yr Date:

For routine checkup

Nil Both Ears,
Nose) NAD
Throat

Heavy with clinically
CTF

Nil ENT

NAD

20/8/20

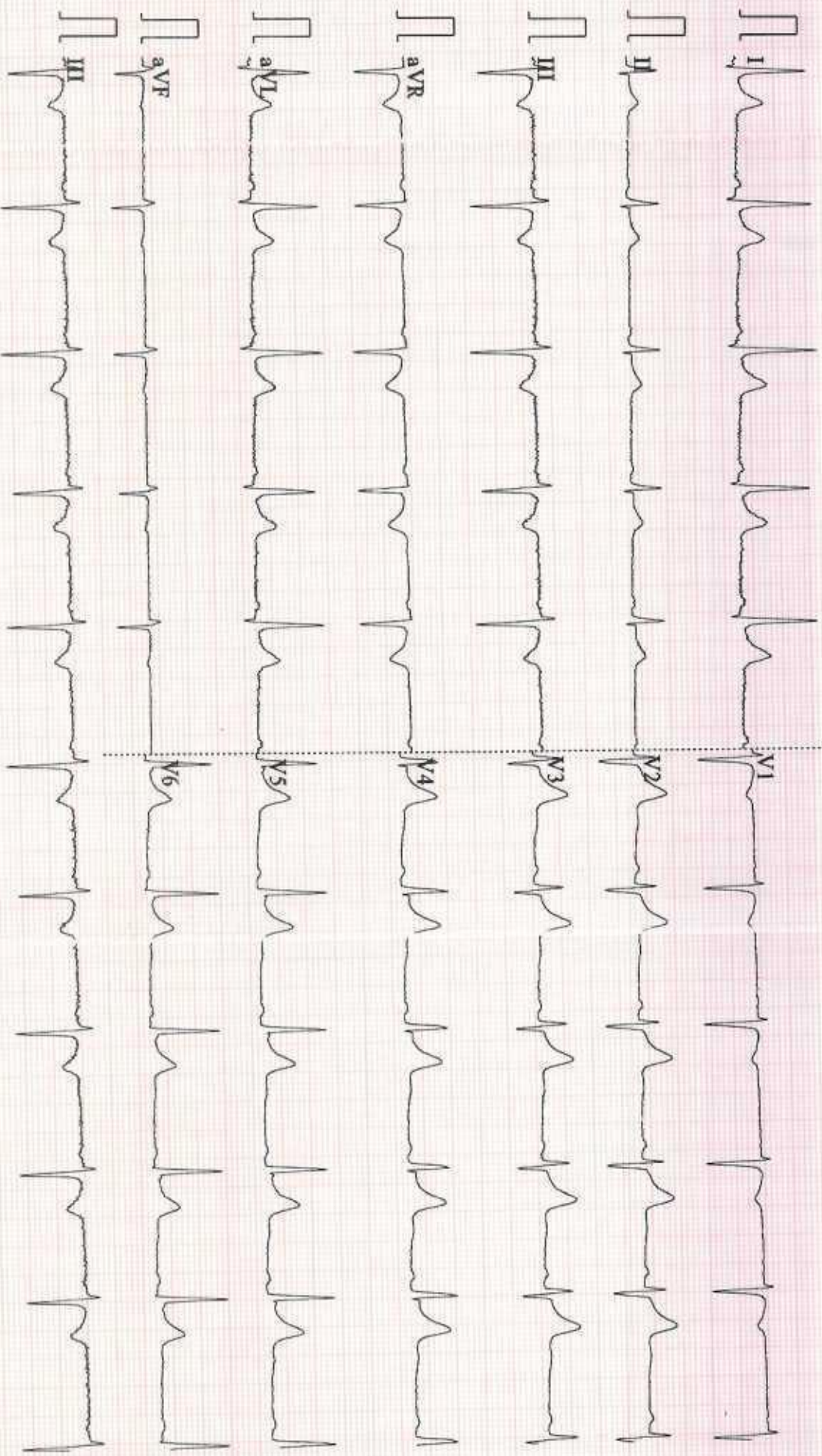


ID: 0302
prithviraj
Male 30Years
Req. No. :

24-08-2024 10:24:26
HR : 61 bpm
P : 94 ms
PR : 142 ms
QRS : 100 ms
QT/QTcBz : 392/395 ms
P/QRS/T : -8/-11/-5 °
RV5/SV1 : 1.139/0.938 mV

Diagnosis Information:
Sinus rhythm
Inferior T wave abnormality is nonspecific
Borderline ECG

Report Confirmed by:

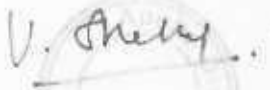


Patient Name	: Mr.S PRITHVIRAJ	Collected	: 24/Aug/2024 09:31AM
Age/Gender	: 31 Y 0 M 0 D/M	Received	: 24/Aug/2024 12:20PM
UHID/MR No	: CVIS.0000070302	Reported	: 24/Aug/2024 04:10PM
Visit ID	: CVISOPV127144	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E31733		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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: VIS240801788

Apollo Health and Lifestyle Limited

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

Vizag (Seethamma Peta)

Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Amecrpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apoliohl.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

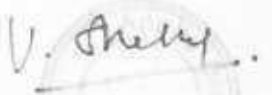
 **1860 500 7788**

Patient Name : Mr.S PRITHVIRAJ
 Age/Gender : 31 Y 0 M 0 D/M
 UHID/MR No : CVIS.0000070302
 Visit ID : CVISOPV127144
 Ref Doctor : Self
 Emp/Auth/TPA ID : 22E31733

Collected : 24/Aug/2024 09:31AM
 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 MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.1	g/dL	13-17	Spectrophotometer
PCV	41.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.96	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,300	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	50.9	%	40-80	Electrical Impedance
LYMPHOCYTES	38	%	20-40	Electrical Impedance
EOSINOPHILS	4.1	%	1-6	Electrical Impedance
MONOCYTES	7	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3715.7	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2774	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	299.3	Cells/cu.mm	20-500	Calculated
MONOCYTES	511	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.34		0.78- 3.53	Calculated
PLATELET COUNT	170000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				


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



SIN No: VIS240801788

The Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th 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.S.PRITHVIRAJ	Collected	: 24/Aug/2024 09:31AM
Age/Gender	: 31 Y.O M O D/M	Received	: 24/Aug/2024 12:20PM
UHID/MR No	: CVIS.0000070302	Reported	: 24/Aug/2024 01:28PM
Visit ID	: CVISOPV127144	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E31733		

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

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

Page 3 of 13

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



SIN No: VIS240801788

T Apollo Health and Lifestyle Limited and Lifestyle Ltd/Vizag Lab: Vizag-S30017

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th 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.S.PRITHVIRAJ	Collected	: 24/Aug/2024 09:31AM
Age/Gender	: 31 Y 0 M 0 D/M	Received	: 24/Aug/2024 12:20PM
UHID/MR No	: CVIS.0000070302	Reported	: 24/Aug/2024 04:13PM
Visit ID	: CVISOPV127144	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E31733		

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	87	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)	102	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	5.5	%		HPLC

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



SIN No: VIS240801787

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

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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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



SIN No: VIS240801787

Apollo Health and Lifestyle Solutions Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

(CIN - UB5110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th 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.S PRITHVIRAJ
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 Reported : 24/Aug/2024 04:13PM
 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. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	154	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	66	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	114	mg/dL	<130	Calculated
LDL CHOLESTEROL	101.04	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.26	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.86		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.10		<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.

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



SIN No: VIS240801781

Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th 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.S PRITHVIRAJ
 Age/Gender : 31 Y 0 M 0 D/M
 UHID/MR No : CVIS.0000070302
 Visit ID : CVISOPV127144
 Ref Doctor : Self
 Emp/Auth/TPA ID : 22E31733

Collected : 24/Aug/2024 09:31AM
 Received : 24/Aug/2024 12:20PM
 Reported : 24/Aug/2024 04:13PM
 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. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	50.11	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.1	U/L	0-31	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.5		<1.15	Calculated
ALKALINE PHOSPHATASE	80.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.21	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.45	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	2.76	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		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.

DR. V. SNEHAL
 M.D (PATH)
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SIN No: VIS240801781

The Apollo Health and Lifestyle Limited and Lifestyle Ltd/Vizag Lab : Vizag-530017

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Vizag (Seethamma Peta)

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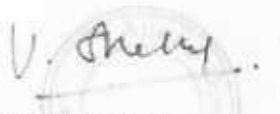
1860 500 7788

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

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


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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. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.86	mg/dL	0.7-1.2	Enzymatic
UREA	21.23	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	9.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.51	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	9.08	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	4.10	mg/dL	2.5-4.5	PMA Phenol
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	3.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.21	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.45	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	2.76	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		0.9-2.0	Calculated

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



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Tirumala Health and Lifestyle Limited

Health and Lifestyle Ltd/Vizag Lab : Vizag-530017
 (CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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

Vizag (Seethamma Peta)

Call for more information: enquiry@apollohl.com

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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. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	30.60	U/L	0-55	IFCC

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



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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.787	ng/ml	0.80-1.90	CLIA
THYROXINE (T4, TOTAL)	8.173	µg/dL	5-13	CLIA
THYROID STIMULATING HORMONE (TSH)	4.614	µIU/mL	0.35-4.75	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.25-4.33 uIU/mL
Second trimester	0.43-6.61 uIU/mL
Third trimester	0.38-6.22 uIU/mL

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

V. Sneh
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 M.D (PATH)
 Consultant Pathologist



SIN No: VIS240801785

Apollo Health and Lifestyle Limited and Lifestyle Ltd/Vizag Lab : Vizag-S30017

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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V. Snehal
 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No: VIS240801785
 Apollo Health and Lifestyle Limited
 (CIN - UB5110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollobl.com

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 Vizag (Seethamma Peta)

TO BOOK AN APPOINTMENT
1860 500 7788



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd)

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. SARIPALLI PRITHVI RAJ
EC NO.	120982
DESIGNATION	SENIOR CUSTOMER SERVICE ASSOCIATE (CASH)
PLACE OF WORK	VISAKHAPATNAM, SIRIPURAM
BIRTHDATE	18-04-1993
PROPOSED DATE OF HEALTH CHECKUP	21-08-2024
BOOKING REFERENCE NO.	24S120982100111468E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **21-08-2024** till **31-03-2025**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM & Marketing Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))

