

Patient Name : Mr.CHIRANJEEVI RAO CHITROTHU  
 Age/Gender : 32 Y 5 M 2 D/M  
 UHID/MR No : APJ1.0007566884  
 Visit ID : CNIZOPV206546  
 Ref Doctor : Self  
 Emp/Auth/TPA ID : 22E32159

Collected : 30/Aug/2024 08:06AM  
 Received : 30/Aug/2024 11:29AM  
 Reported : 30/Aug/2024 01:17PM  
 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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	14.4	g/dL	13-17	Spectrophotometer
PCV	42.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.21	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	81.2	fL	83-101	Calculated
MCH	27.6	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,320	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	57	%	40-80	Flow cytometry
LYMPHOCYTES	34	%	20-40	Flow cytometry
EOSINOPHILS	2	%	1-6	Flow cytometry
MONOCYTES	6	%	2-10	Flow cytometry
BASOPHILS	1	%	0-2	Flow cytometry
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3602.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2148.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	126.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	379.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	63.2	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.68		0.78- 3.53	Calculated
PLATELET COUNT	262000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC NORMOCYTIC NORMOCHROMIC  
 WBC WITHIN NORMAL LIMITS  
 PLATELETS ARE ADEQUATE ON SMEAR  
 NO HEMOPARASITES SEEN  
 IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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

SIN No: CPT240803208

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
 Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:  
 Plot no. 3 & 4, Survey no. 239 Qutbullapur mandal, R R Dist,  
 Nizampet, Hyderabad, Telangana, India - 500072



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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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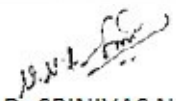
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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

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



**Dr.SRINIVAS N.S.NORI**  
**M.B.B.S,M.D(Pathology)**  
**CONSULTANT PATHOLOGY**

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Patient Name : Mr.CHIRANJEEVI RAO CHITROTHU	Collected : 30/Aug/2024 10:56AM
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UHID/MR No : APJ1.0007566884	Reported : 30/Aug/2024 03:41PM
Visit ID : CNIZOPV206546	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	104	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of  $>$  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)	146	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other. Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



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



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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	6.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	140	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)

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

*Sujana*  
Dr.Matta Sujana Reddy  
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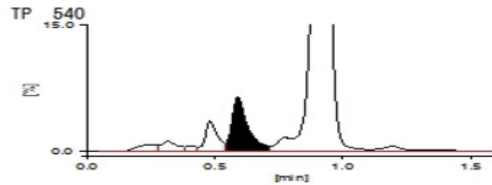
Chromatogram Report

V5.28 1 2024-08-30 12:07:26  
 ID CPT240803211  
 Sample No. 08300022 SL 0002 - 08  
 Patient ID  
 Name  
 Comment

CALIB Name	%	Time	Area
A1A	0.7	0.24	9.95
A1B	1.0	0.31	13.51
F	0.3	0.41	4.28
LA1C+	2.1	0.48	29.38
SA1C	6.5	0.59	70.34
A0	91.2	0.91	1280.28
H-V0			
H-V1			
H-V2			

Total Area 1407.74

HbA1c 6.5 % IFCC 48 mmol/mol  
 HbA1 8.2 % HbF 0.3 %



30-08-2024 12:07:27 APOLLO

APOLLO DIAGNOSTICS GLOBAL  
BALNAGAR

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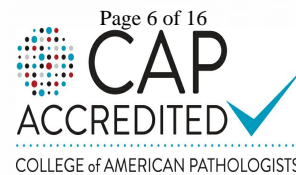
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*Sujana...*

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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	205	mg/dL	<200	CHO-POD
TRIGLYCERIDES	95	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	154	mg/dL	<130	Calculated
LDL CHOLESTEROL	135	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.02		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.09		<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.

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

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.67	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.59	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	41	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	48.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.2		<1.15	Calculated
ALKALINE PHOSPHATASE	76.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.45	g/dL	6.6-8.3	Biuret
ALBUMIN	4.73	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.72	g/dL	2.0-3.5	Calculated
A/G RATIO	1.74		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:

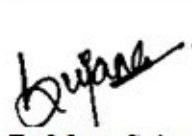
\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. \*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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

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

  
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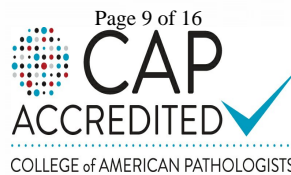
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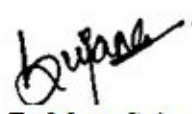
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.78	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	27.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.69	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.51	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.54	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.45	g/dL	6.6-8.3	Biuret
ALBUMIN	4.73	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.72	g/dL	2.0-3.5	Calculated
A/G RATIO	1.74		0.9-2.0	Calculated

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	44.00	U/L	<55	IFCC

*Sujana*

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



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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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.85	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.42	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.059	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

*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.CHIRANJEEVI RAO CHITROTHU	Collected : 30/Aug/2024 08:06AM
Age/Gender : 32 Y 5 M 2 D/M	Received : 30/Aug/2024 11:24AM
UHID/MR No : APJ1.0007566884	Reported : 30/Aug/2024 02:13PM
Visit ID : CNIZOPV206546	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32159	

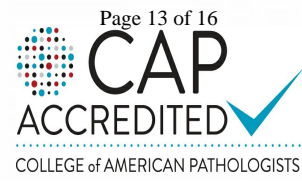
DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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*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.CHIRANJEEVI RAO CHITROTHU
Age/Gender	: 32 Y 5 M 2 D/M
UHID/MR No	: APJ1.0007566884
Visit ID	: CNIZOPV206546
Ref Doctor	: Self
Emp/Auth/TPA ID	: 22E32159

Collected	: 30/Aug/2024 08:06AM
Received	: 30/Aug/2024 03:04PM
Reported	: 30/Aug/2024 05:20PM
Status	: Final Report
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.007		1.002-1.030	Refractometric
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	ABSENT	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT	/hpf	Occasional-Few	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.

*M. Muttavarapu Viswanath*

Dr. Muttavarapu Viswanath  
M.B.B.S., M.D (Pathology)  
Consultant Pathologist



SIN No: CPT240803213

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

Plot no. 3 & 4, Survey no. 239 Qutubulapur mandal, R R Dist, Nizampet, Hyderabad, Telangana, India - 500072



Patient Name : Mr.CHIRANJEEVI RAO CHITROTHU	Collected : 30/Aug/2024 08:06AM
Age/Gender : 32 Y 5 M 2 D/M	Received : 30/Aug/2024 03:02PM
UHID/MR No : APJ1.0007566884	Reported : 30/Aug/2024 04:10PM
Visit ID : CNIZOPV206546	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32159	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*M. Muttavarapu Viswanath*

Dr. Muttavarapu Viswanath  
M.B.B.S., M.D (Pathology)  
Consultant Pathologist

SIN No: CPT240803214



Patient Name : Mr.CHIRANJEEVI RAO CHITROTHU	Collected : 30/Aug/2024 08:06AM
Age/Gender : 32 Y 5 M 2 D/M	Received : 30/Aug/2024 03:04PM
UHID/MR No : APJ1.0007566884	Reported : 30/Aug/2024 04:10PM
Visit ID : CNIZOPV206546	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32159	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

Result/s to Follow:  
PERIPHERAL SMEAR

*M. Muttavarapu Viswanath*

**Dr. Muttavarapu Viswanath**  
**M.B.B.S.,M.D(Pathology)**  
Consultant Pathologist

SIN No:CPT240803212

**Apollo Health and Lifestyle Limited**, Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

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

Plot no. 3 & 4, Survey no. 239 Quthbullapur mandal, R R Dist,  
Nizampet, Hyderabad, Telangana, India - 500072





Patient Name : Mr.CHIRANJEEVI RAO CHITROTHU  
Age/Gender : 32 Y 5 M 2 D/M  
UHID/MR No : APJ1.0007566884  
Visit ID : CNIZOPV206546  
Ref Doctor : Self  
Emp/Auth/TPA ID : 22E32159

Collected : 30/Aug/2024 08:06AM  
Received : 30/Aug/2024 03:04PM  
Reported : 30/Aug/2024 04:10PM  
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.

*M. Viswanath*

Dr. Muttavarapu Viswanath  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

 **CAP**  
ACCREDITED ✓  
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CPT240803212

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

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Patient Name	: Mr. Chiranjeevi rao Chitrothu	Age	: 32Yrs 5Mths 3Days
UHID	: APJ1.0007566884	OP Visit No.	: CNIZOPV206546
Printed On	: 30-08-2024 12:48 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22E32159		

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## DEPARTMENT OF RADIOLOGY

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### ULTRASOUND - WHOLE ABDOMEN

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

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

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

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

**Right kidney : 108 x 45 mm** . normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

**Left kidney : 103 x 48 mm A 6 mm calculus seen in lower 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** : Volume - 12 cc , is normal in size and echo texture.No evidence of necrosis/calcification seen.

**IMPRESSION:- Non obstructive calculus in lower pole of left kidney.**

**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. P SATISH KUMAR  
RADIOLOGY

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Radiology

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Patient Name	: Mr. Chiranjeevi rao Chitrothu	Age	: 32Yrs 5Mths 3Days
UHID	: APJ1.0007566884	OP Visit No.	: CNIZOPV206546
Printed On	: 30-08-2024 09:42 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E32159		

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**DEPARTMENT OF CARDIOLOGY**

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Ao (ed)	2.7CM
LA (es)	3.0 CM
LVID (ed)	4.1CM
LVID (es)	2.4CM
IVS (Ed)	0.8 CM
LVPW (Ed)	0.8CM
EF	71.00%
%FD	40.00%
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**

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PJV: 0.6

AJV: 1.3

E: 0.9 m/s

A: 0.6 m/s

**IMPRESSION:-**

**NORMAL SIZED CARDIAC CHAMBERS.**

**NO RWMA AT REST**

**GOOD LV/ RV FUNCTION.**

**NO MR/ AR/ TR/ PR.**

**NO PE/PAH**

---End Of The Report---



Dr. VIKASH KUMAR SHUKLA

MBBS, Dip.Cardio

03279

Cardiology

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Patient Name	: Mr. Chiranjeevi rao Chitrothu	Age	: 32Yrs 5Mths 3Days
UHID	: APJ1.0007566884	OP Visit No.	: CNIZOPV206546
Printed On	: 30-08-2024 10:07 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E32159		

## DEPARTMENT OF CARDIOLOGY

Observation :-

1. Sinus Rhythm.
2. Heart rate is 80 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 SINUS RHYTHM  
WITHIN NORMAL LIMITS**

---End Of The Report---



Dr. VIKASH KUMAR SHUKLA  
MBBS, Dip.Cardio  
03279  
Cardiology

## Your appointment is confirmed

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

Thu 8/29/2024 1:07 PM

To:ch.chiranjeevi88@gmail.com <ch.chiranjeevi88@gmail.com>

Cc:Nizampet Apolloclinic <nizampet@apolloclinic.com>;Tushar Agarwal <tushar.agarwal@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear MR. CHITROTHU CHIRANJEEVI RAO,

Greetings from Apollo Clinics,

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

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

**"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.

**For Women:**

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

**For further assistance, please call us on our Help Line #: 1860 500 7788.**

**Clinic Address: THE APOLLO CLINIC, PLOT NO. 3 & 4, SURVEY NO. 239  
QUTBULLAPUR MANDAL, R R DIST.,NIZAMPET, HYDERABAD - ANDHRA  
PRADESH.**

**Contact No: (040) 4007 8444 - 45 - 46.**

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,  
Apollo Clinic





भारत सरकार  
GOVERNMENT OF INDIA



చిత్రోతు చిరంజీవి రావు  
Chitrothu Chiranjeevi Rao  
పుట్టిన తేదీ/ DOB: 28/03/1992  
పురుషుడు / MALE



2488 9217 4449

నా ఆధార్ -నా గుర్తింపు



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

చిరునామా:

S/O సంయసప్పరావు, 4-90,  
గొండి వీధి, బూర్జా,  
ఆహోబలచార్యుల పేట, శ్రీకాకుళం,  
ఆంధ్ర ప్రదేశ్ - 532185

Address:

S/O Sanyasapparao, 4-90,  
gondi veedhi, burja,  
Ahobalacharyula Peta,  
Srikakulam,  
Andhra Pradesh - 532185

2488 9217 4449

MERA AADHAAR, MERI PEHACHAN