

Patient Name : Mr.BHASKARA REDDY K S  
Age/Gender : 40 Y 3 M 9 D/M  
UHID/MR No : SALW.0000143155  
Visit ID : SALWOPV221284  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E33051

Collected : 14/Sep/2024 08:27AM  
Received : 14/Sep/2024 09:51AM  
Reported : 14/Sep/2024 10:34AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

METHODOLOGY: MICROSCOPIC


RBC : Predominantly Normocytic Normochromic RBCS.

WBC : Normal in count and distribution. No abnormal cells seen..

PLATELET : Adequate on smear.

PARASITES : No haemoparasites seen.

IMPRESSION : Normal blood picture.

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:BED240227610

Page 1 of 20



Patient Name : Mr.BHASKARA REDDY K S  
Age/Gender : 40 Y 3 M 9 D/M  
UHID/MR No : SALW.0000143155  
Visit ID : SALWOPV221284  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E33051

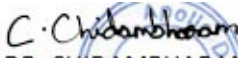
Collected : 14/Sep/2024 08:27AM  
Received : 14/Sep/2024 09:51AM  
Reported : 14/Sep/2024 10:34AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.9	g/dL	13-17	Spectrophotometer
PCV	45.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.36	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	85.5	fL	83-101	Calculated
MCH	29.6	pg	27-32	Calculated
MCHC	<b>34.7</b>	g/dL	31.5-34.5	Calculated
R.D.W	11.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,300	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	57.7	%	40-80	Electrical Impedence
LYMPHOCYTES	30.2	%	20-40	Electrical Impedence
EOSINOPHILS	4.3	%	1-6	Electrical Impedence
MONOCYTES	6.8	%	2-10	Electrical Impedence
BASOPHILS	1.0	%	0-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3058.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1600.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	227.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	360.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	53	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.91		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	226000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	10	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Page 2 of 20

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:BED240227610




Patient Name : Mr.BHASKARA REDDY K S  
Age/Gender : 40 Y 3 M 9 D/M  
UHID/MR No : SALW.0000143155  
Visit ID : SALWOPV221284  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E33051

Collected : 14/Sep/2024 08:27AM  
Received : 14/Sep/2024 09:51AM  
Reported : 14/Sep/2024 10:34AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

..

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:BED240227610

Page 3 of 20



Patient Name	: Mr.BHASKARA REDDY K S	Collected	: 14/Sep/2024 08:27AM
Age/Gender	: 40 Y 3 M 9 D/M	Received	: 14/Sep/2024 11:46AM
UHID/MR No	: SALW.0000143155	Reported	: 14/Sep/2024 01:14PM
Visit ID	: SALWOPV221284	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E33051		

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - 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	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination
PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY				



Dr.MARQUESS RAJ  
M.D,DipRCPath,D.N.B(PATH)  
Consultant Pathologist

SIN No:HA07654186

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



Patient Name : Mr.BHASKARA REDDY K S	Collected : 14/Sep/2024 11:38AM
Age/Gender : 40 Y 3 M 9 D/M	Received : 14/Sep/2024 12:35PM
UHID/MR No : SALW.0000143155	Reported : 14/Sep/2024 12:57PM
Visit ID : SALWOPV221284	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E33051	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	192	mg/dL	60-100	Oxidase & Peroxidase-reflectance spectrophotometry

**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:**

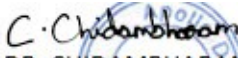
- The diagnosis of Diabetes requires a fasting plasma glucose of  $>$  or  $=$  126 mg/dL and/or a random / 2 hr post glucose value of  $>$  or  $=$  200 mg/dL on at least 2 occasions.
- Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	186	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

Page 5 of 20

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:PLP1485589




Patient Name : Mr.BHASKARA REDDY K S  
Age/Gender : 40 Y 3 M 9 D/M  
UHID/MR No : SALW.0000143155  
Visit ID : SALWOPV221284  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E33051

Collected : 14/Sep/2024 11:38AM  
Received : 14/Sep/2024 12:35PM  
Reported : 14/Sep/2024 12:57PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:PLP1485589

Page 6 of 20



Patient Name : Mr.BHASKARA REDDY K S	Collected : 14/Sep/2024 08:27AM
Age/Gender : 40 Y 3 M 9 D/M	Received : 14/Sep/2024 11:44AM
UHID/MR No : SALW.0000143155	Reported : 14/Sep/2024 12:32PM
Visit ID : SALWOPV221284	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E33051	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	8.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	189	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)

Page 7 of 20



DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:EDT240090464

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mr.BHASKARA REDDY K S  
Age/Gender : 40 Y 3 M 9 D/M  
UHID/MR No : SALW.0000143155  
Visit ID : SALWOPV221284  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E33051

Collected : 14/Sep/2024 08:27AM  
Received : 14/Sep/2024 09:56AM  
Reported : 14/Sep/2024 10:35AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**


Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	192	mg/dl	150-219	CHE-COD-POD - colorimetric, reflectance Spectropho
TRIGLYCERIDES	<b>172</b>	mg/dl	50-149	LPL -GPO-POD Colorimetric, reflectance Spectropho
HDL CHOLESTEROL	38	mg/dL	37-67	CHE-COD-POD - colorimetric, reflectance Spectropho
NON-HDL CHOLESTEROL	<b>154</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>119.6</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>34.4</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>5.05</b>		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.30</b>		<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

Page 8 of 20

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04824629






Patient Name : Mr.BHASKARA REDDY K S  
Age/Gender : 40 Y 3 M 9 D/M  
UHID/MR No : SALW.0000143155  
Visit ID : SALWOPV221284  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E33051

Collected : 14/Sep/2024 08:27AM  
Received : 14/Sep/2024 09:56AM  
Reported : 14/Sep/2024 10:35AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

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. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:SE04824629

Page 9 of 20



Patient Name : Mr.BHASKARA REDDY K S  
Age/Gender : 40 Y 3 M 9 D/M  
UHID/MR No : SALW.0000143155  
Visit ID : SALWOPV221284  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E33051

Collected : 14/Sep/2024 08:27AM  
Received : 14/Sep/2024 09:56AM  
Reported : 14/Sep/2024 10:01AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**


**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	4-44	Peroxidase oxidation of Diarylimidazole Leuco Dye
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	8-38	Peroxidase oxidation of Diarylimidazole Leuco Dye
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	79.00	U/L	32-111	P-Nitro Phenol Phosphate-reflectance spectrophoto
PROTEIN, TOTAL	7.20	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	5.00	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	2.20	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>2.27</b>		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

Page 10 of 20

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04824629



Patient Name	: Mr.BHASKARA REDDY K S	Collected	: 14/Sep/2024 08:27AM
Age/Gender	: 40 Y 3 M 9 D/M	Received	: 14/Sep/2024 09:56AM
UHID/MR No	: SALW.0000143155	Reported	: 14/Sep/2024 10:01AM
Visit ID	: SALWOPV221284	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E33051		

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

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.

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

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04824629



Patient Name : Mr.BHASKARA REDDY K S  
Age/Gender : 40 Y 3 M 9 D/M  
UHID/MR No : SALW.0000143155  
Visit ID : SALWOPV221284  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E33051


Collected : 14/Sep/2024 08:27AM  
Received : 14/Sep/2024 09:56AM  
Reported : 14/Sep/2024 10:35AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.80	mg/dL	0.6-1.1	Ammonia Concentration Measurement - color change o
UREA	<b>15.84</b>	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	<b>7.4</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.70	mg/dL	4-7	Uricase Peroxidase - colorimetric, reflectance spe
CALCIUM	9.30	mg/dL	8.4-10.2	Calcium - CLIII Complex - reflectance spectrophot
PHOSPHORUS, INORGANIC	4.40	mg/dL	2.6-4.4	PNP-XOD-POD - Colorimetric, reflectance spectroph
SODIUM	143	mmol/L	136-149	Ion Selective Electrode-potentiometric
POTASSIUM	4.2	mmol/L	3.8-5	Ion Selective Electrode-potentiometric
CHLORIDE	99	mmol/L	98-106	Ion Selective Electrode-potentiometric
PROTEIN, TOTAL	7.20	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	5.00	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	2.20	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>2.27</b>		0.9-2.0	Calculated

Page 12 of 20

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04824629




Patient Name : Mr.BHASKARA REDDY K S  
Age/Gender : 40 Y 3 M 9 D/M  
UHID/MR No : SALW.0000143155  
Visit ID : SALWOPV221284  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E33051

Collected : 14/Sep/2024 08:27AM  
Received : 14/Sep/2024 09:56AM  
Reported : 14/Sep/2024 10:35AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:SE04824629

Page 13 of 20



Patient Name : Mr.BHASKARA REDDY K S  
Age/Gender : 40 Y 3 M 9 D/M  
UHID/MR No : SALW.0000143155  
Visit ID : SALWOPV221284  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E33051


Collected : 14/Sep/2024 08:27AM  
Received : 14/Sep/2024 09:56AM  
Reported : 14/Sep/2024 10:01AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	18.00	U/L	16-73	catalytic activity- reflectance spectrophotometry

Page 14 of 20

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04824629



Patient Name : Mr.BHASKARA REDDY K S	Collected : 14/Sep/2024 08:27AM
Age/Gender : 40 Y 3 M 9 D/M	Received : 14/Sep/2024 11:58AM
UHID/MR No : SALW.0000143155	Reported : 14/Sep/2024 02:55PM
Visit ID : SALWOPV221284	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E33051	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.9	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.26	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.900	µIU/mL	0.34-5.60	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

Page 15 of 20



DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:SPL24139379

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name	: Mr.BHASKARA REDDY K S	Collected	: 14/Sep/2024 08:27AM
Age/Gender	: 40 Y 3 M 9 D/M	Received	: 14/Sep/2024 11:58AM
UHID/MR No	: SALW.0000143155	Reported	: 14/Sep/2024 02:55PM
Visit ID	: SALWOPV221284	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E33051		

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:SPL24139379

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



Patient Name : Mr.BHASKARA REDDY K S	Collected : 14/Sep/2024 08:27AM
Age/Gender : 40 Y 3 M 9 D/M	Received : 14/Sep/2024 11:58AM
UHID/MR No : SALW.0000143155	Reported : 14/Sep/2024 02:56PM
Visit ID : SALWOPV221284	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E33051	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.640	ng/mL	0-4	CLIA



DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:SPL24139379

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name	: Mr.BHASKARA REDDY K S	Collected	: 14/Sep/2024 08:27AM
Age/Gender	: 40 Y 3 M 9 D/M	Received	: 14/Sep/2024 11:57AM
UHID/MR No	: SALW.0000143155	Reported	: 14/Sep/2024 12:04PM
Visit ID	: SALWOPV221284	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E33051		

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

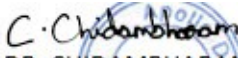
Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.5		5-7.5	Double Indicator
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	POSITIVE (TRACE)		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	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	ABSENT		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.

Page 18 of 20

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:UR2412014




Patient Name : Mr.BHASKARA REDDY K S  
Age/Gender : 40 Y 3 M 9 D/M  
UHID/MR No : SALW.0000143155  
Visit ID : SALWOPV221284  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E33051

Collected : 14/Sep/2024 08:27AM  
Received : 14/Sep/2024 11:57AM  
Reported : 14/Sep/2024 12:04PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:UR2412014

Page 19 of 20



Patient Name : Mr.BHASKARA REDDY K S  
Age/Gender : 40 Y 3 M 9 D/M  
UHID/MR No : SALW.0000143155  
Visit ID : SALWOPV221284  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E33051

Collected : 14/Sep/2024 08:27AM  
Received : 14/Sep/2024 11:57AM  
Reported : 14/Sep/2024 12:04PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED


**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

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

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

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

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:UF012096

Page 20 of 20



Patient Name : Mr.BHASKARA REDDY K S  
Age/Gender : 40 Y 3 M 9 D/M  
UHID/MR No : SALW.0000143155  
Visit ID : SALWOPV221284  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E33051

Collected : 14/Sep/2024 08:27AM  
Received : 14/Sep/2024 11:57AM  
Reported : 14/Sep/2024 12:04PM  
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. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST



SIN No:UF012096

## CERTIFICATE OF MEDICAL FITNESS


This is \_\_\_\_\_ clinical examination

of \_\_\_\_\_ on 14/09/24

After that h \_\_\_\_\_ clinical examination it has been found

Mr. BHASKARA REDDY K S  
SALW.0000143155 40/M

	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..... <u>Diabetic diet</u> .....</p> <p>2..... <u>Low fat diet</u> .....</p> <p>3..... <u>Regular Exercise</u> .....</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"> <li>• Currently Unfit. Review after _____ recommended</li> <li>• Unfit</li> </ul>	<input type="checkbox"/>


**Dr. RAJMADHANGI D**  
 M.D. INTERNAL MEDICINE  
 GENERAL PHYSICIAN  
 APOLLO SPECTRA HOSPITALS  
 Alwarpet, REG No: 104481

Dr. \_\_\_\_\_  
**Medical Officer**  
 Apollo Spectra Alwarpet

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

52 . Sinus rhythm.....normal P axis, V-rate 50- 99  
176 . Borderline low voltage, extremity leads.....all extremity leads <0.6mV

ID 83  
402  
B 375

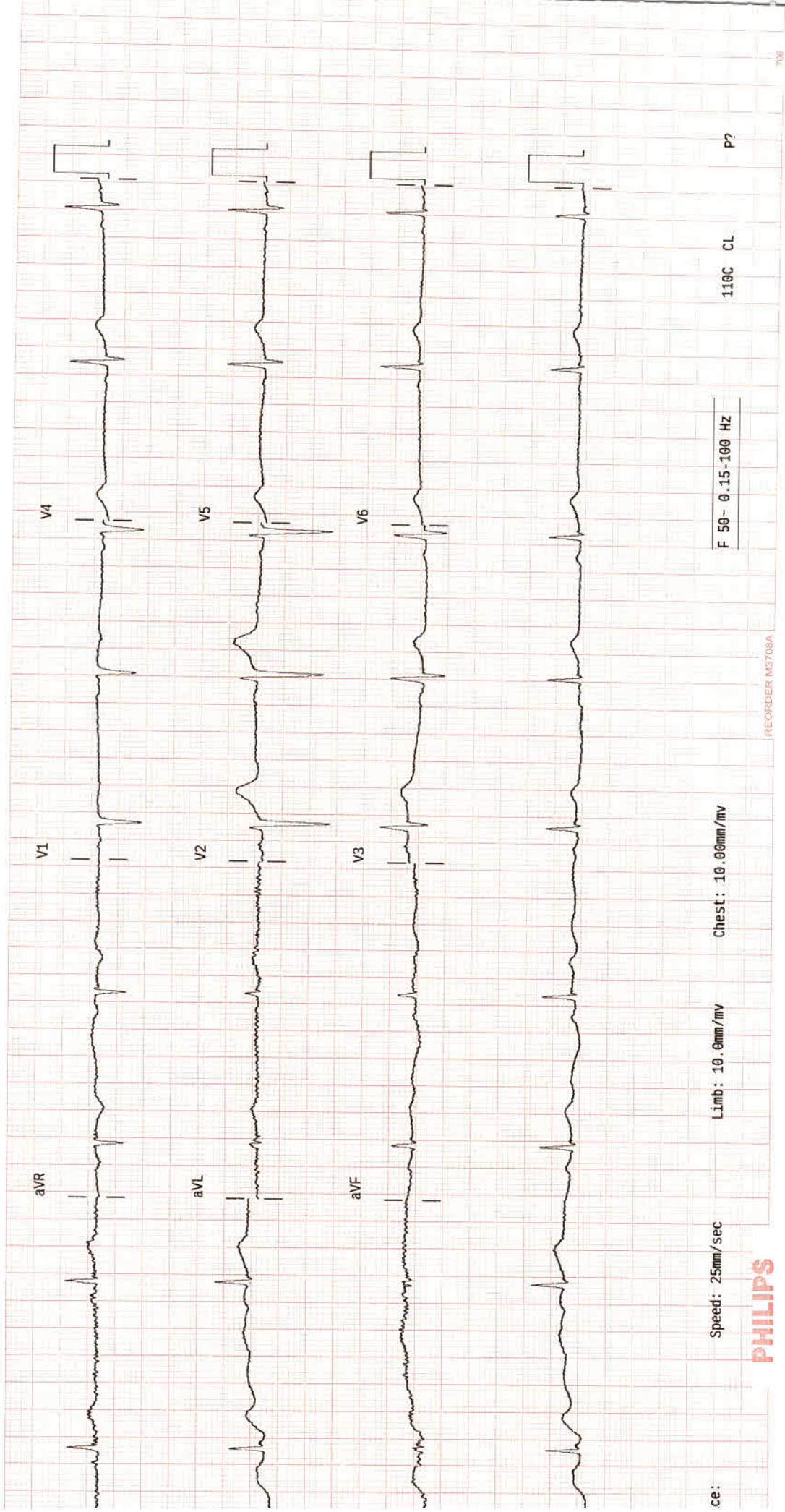
XIS--

13  
43  
38

- OTHERWISE NORMAL ECG -

Leads; Standard Placement

Unconfirmed Diagnosis



ce :

Speed: 25mm/sec

Limb: 10.0mm/mv

Chest: 10.00mm/mv

F 50- 0.15-100 Hz

110C CL

P?

Patient Name : Mr. BHASKARA REDDY K S  
UHID : SALW.0000143155  
Conducted By: : Dr. CECILY MARY MAJELLA  
Referred By : SELF

Age : 40 Y/M  
OP Visit No : SALWOPV221284  
Conducted Date : 14-09-2024 15:38

**CARDIOLOGY**  
**CARDIAC STRESS TEST – (TMT)**

Angina Pectoria:  
NO

Previous MI:  
NO

PTCA:  
NO

CABG:  
NO

HTN:  
NO

DM:  
YES

Obesity:  
NO

Lipidemia:  
NO

Resting ECG Supine:  
NSR,WNL

Standing:  
NSR,WNL

Protocol Used:  
BRUCE

Monitoring Leads:  
12 LEADS

Grade Achieved:  
92%

% HR / METS:  
12.90

Reason for Terminating Test:  
MAX HR ATTAINED

Total Exercise Time:  
9.54

Symptoms and ECG Changes during Exercise:  
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

0 mts:



NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

3 mts:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

**INTERPRETATION:**

Rhythm:  
NORMAL

S.T. Segment :  
NORMAL

III Blood Pressure Response :  
NORMAL

IV Fitness Response :  
GOOD

**Impression:**

Cardiac stress analysis is **NEGATIVE** for inducible myocardial ischemia at 12.90mets work load and 92% of maximum heart rate.

DR.CECILY MARY MAJELLA MD DM CARDIO

To Kindly correlate clinically

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

Dr. **SUNDHARI V**, MBBS., DNB., MNAMS  
SENIOR ENT CONSULTANT  
Ear Nose Throat Surgeon, Head & Neck Surgeon  
Specialist in Endoscopic, Microscopic,  
Advanced Skull Base  
Phono Surgery & Snoring Surgery  
Reg. No. 58764

14/9/24

Mr. BHASKARA REDDY K S  
SALW.0000143155 40/M

*Heard check*

*No ENT Symptoms*

*Exam: TM intact*

*Nose: Sp. GTR*

*Throat congested. granular PPN*

*D. Q. R. S.*

*Vell*

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. K S BHASKARA REDDY
EC NO.	160596
DESIGNATION	MID - CORPORATE CLUSTER - CREDIT
PLACE OF WORK	MID CORPORATE CLUSTER OFFICE S
BIRTHDATE	05-06-1984
PROPOSED DATE OF HEALTH CHECKUP	14-09-2024
BOOKING REFERENCE NO.	24S160596100113412E

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 **10-09-2024** 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.))



9980500040

5/6/1984

# OPHTHALMIC RECORD

NAME :

Mr. BHASKARA REDDY K S  
SALW.0000143155 40/M

AGE :

DATE: 14/9/24

I.D. No. :

REFERRAL DETAILS :

MHC

ALLERGIES :

NOT aware of any.

OCULAR HISTORY :

OV: No other specific ocular do  
No H/O using spectacles

SYSTEMIC ILLNESS :

H/O: DM x 2019. not under  
Rx

CURRENT MEDICATION :

INVESTIGATIONS :

MAIN DIAGNOSIS

TREATMENT GIVEN

RE

LE

PRESENT GLASSES :  
NV ADD :

VN. WITH PG :

VISION UNAIDED :

VN WITH PH :

RETINOSCOPY :

AR

6/6 P, N6<sup>8+</sup>

6/9<sup>+2</sup>, N6<sup>8+</sup>

$\pm \mid \overrightarrow{0.50} \times 10$   
(~~0/6~~)

$\overrightarrow{0.50} \mid \overrightarrow{0.50} \times 152$

SUBJECTIVE :

$\pm \mid \overrightarrow{0.50} \times 10$   
(0/6)

$\overrightarrow{0.50} \mid \overrightarrow{0.50} \times 150$   
(0/6)

ANTERIOR SEGMENT :

Add OU: +1.00 DS (N6)

Pupils ov: RR

Color vov:

Normal

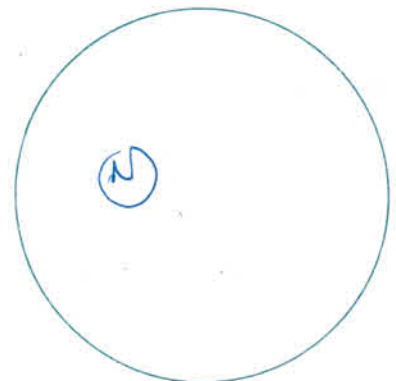
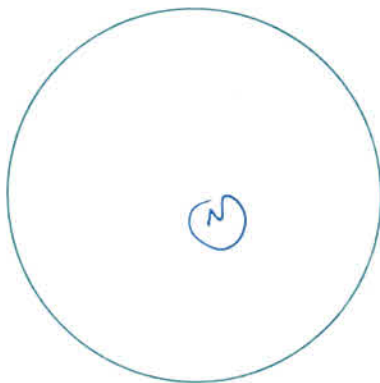
(2/2)

OU: Ant-segment with

IOP / (2) 14 mmHg  
@ (1) 14 mmHg

9.55 AM

FUNDUS :



MAIN DIAGNOSIS :

OU: Myopia  
Presbyopia

ADVICE / DISCUSSION :

- Reassured
- Yrly check

REVIEW :

A handwritten signature in blue ink, appearing to be 'L. Smith'.

SIGNATURE

<b>Patient Name</b>	: Mr. BHASKARA REDDY K S	<b>Age/Gender</b>	: 40 Y/M
<b>UHID/MR No.</b>	: SALW.0000143155	<b>OP Visit No</b>	: SALWOPV221284
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 14-09-2024 13:57
<b>LRN#</b>	: RAD2415926	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 22E33051		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

Liver measures about 15.6cm with fatty liver (Grade I).  
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.  
Wall thickness appear normal.

Pancreas appears normal.  
Spleen measures 10.2cm and shows uniform echotexture.

Visualised aorta and IVC are normal.  
No evidence of ascites or lymphadenopathy.

Right kidney measures 9.6 x 4.1cm.  
Left kidney measures 10.1 x 4.9cm. Mid pole simple cyst measures 1.8cm.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 2.7 x 3.1 x 3.0cm (Vol-13ml).

Bladder - Minimally distended.

**IMPRESSION:**

Grade I - Fatty Liver.

Left simple renal cortical cyst.



**Patient Name** : Mr. BHASKARA REDDY K S

**Age/Gender** : 40 Y/M

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable).



**Dr. ARUN KUMAR S**  
MBBS, DMRD, DNB  
Radiology

<b>Patient Name</b>	: Mr. BHASKARA REDDY K S	<b>Age/Gender</b>	: 40 Y/M
<b>UHID/MR No.</b>	: SALW.0000143155	<b>OP Visit No</b>	: SALWOPV221284
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 14-09-2024 13:14
<b>LRN#</b>	: RAD2415926	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 22E33051		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

**IMPRESSION:**

■ **NORMAL STUDY.**



**Dr. ARUN KUMAR S**  
**MBBS, DMRD, DNB**  
Radiology