


Patient Name : Mr.GUGULOTH NARENDER	Collected : 09/Mar/2024 10:12AM
Age/Gender : 33 Y 9 M 21 D/M	Received : 09/Mar/2024 12:33PM
UHID/MR No : CASR.0000186370	Reported : 09/Mar/2024 02:26PM
Visit ID : CASROPV222045	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 376468	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.7	g/dL	13-17	Spectrophotometer
PCV	45.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.52	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	81.5	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	34.9	g/dL	31.5-34.5	Calculated
R.D.W	12.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,290	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	46	%	40-80	Electrical Impedence
LYMPHOCYTES	36	%	20-40	Electrical Impedence
EOSINOPHILS	8	%	1-6	Electrical Impedence
MONOCYTES	10	%	2-10	Electrical Impedence
BASOPHILS	0	%	0-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4273.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3344.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	743.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	929	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.28		0.78- 3.53	Calculated
PLATELET COUNT	295000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC WBC - MILD EOSINOPHILIA PLATELETS ARE ADEQUATE ON SMEAR NO HEMOPARASITES SEEN				


Dr.KASULA SIDDARTHA
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Consultant Pathologist

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SIN No:BED240063320

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

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DEPARTMENT OF HAEMATOLOGY

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

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD EOSINOPHILIA



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M.B.B.S,DNB(Pathology)
Consultant Pathologist



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UHID/MR No : CASR.0000186370	Reported : 09/Mar/2024 04:19PM
Visit ID : CASROPV222045	Status : Final Report
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Emp/Auth/TPA ID : 376468	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate technology
Rh TYPE	Positive			Microplate technology


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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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A S Rao Nagar, Hyderabad, Telangana, India - 500062

 **1860 500 7788**
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Patient Name : Mr.GUGULOTH NARENDER	Collected : 09/Mar/2024 10:12AM
Age/Gender : 33 Y 9 M 21 DM	Received : 09/Mar/2024 12:47PM
UHID/MR No : CASR.0000186370	Reported : 09/Mar/2024 01:44PM
Visit ID : CASROPV222045	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	81	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

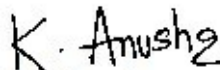
Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

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



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Patient Name : Mr.GUGULOTH NARENDER	Collected : 09/Mar/2024 05:06PM
Age/Gender : 33 Y 9 M 21 D/M	Received : 10/Mar/2024 11:43AM
UHID/MR No : CASR.0000186370	Reported : 10/Mar/2024 12:31PM
Visit ID : CASROPV222045	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	103	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.

K. Anusha

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SIN No:PLP1429590

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



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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	mg/dL		Calculated

Comment:

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

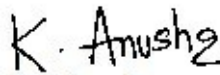
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

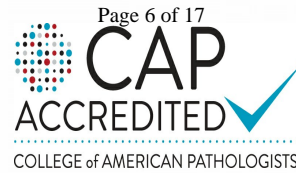
- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated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



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

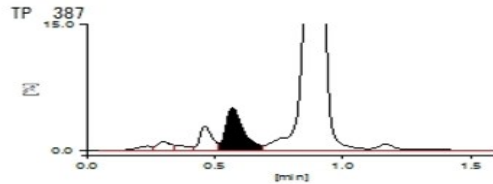
Chromatogram Report

HLC72368 V5.28 1 2024-03-09 15:09:32
 ID EDT240028853
 Sample No. 03090160 SL 0004 - 05
 Patient ID
 Name
 Comment

CALIB Y = 1.1933X + 0.3360			
Name	%	Time	Area
A1A	0.4	0.24	6.92
A1B	0.7	0.30	11.46
F	0.4	0.39	7.28
LA1C+	1.7	0.46	28.46
SA1C	5.2	0.57	70.65
AO	93.1	0.88	1588.11
H-V0			
H-V1			
H-V2			

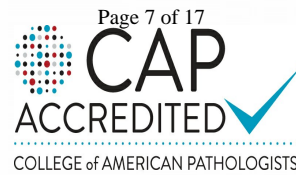
Total Area 1712.88

HbA1c 5.2 % **IFCC 33 mmol/mol**
HbA1 6.3 % **HbF 0.4 %**



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DEPARTMENT OF BIOCHEMISTRY

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

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	214	mg/dL	<200	CHO-POD
TRIGLYCERIDES	99	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	168	mg/dL	<130	Calculated
LDL CHOLESTEROL	148.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.65		0-4.97	Calculated

Comment:

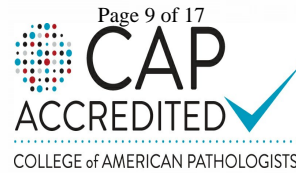
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.51	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.24	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.27	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	71	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	37.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	117.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.17	g/dL	6.6-8.3	Biuret
ALBUMIN	4.70	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.47	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

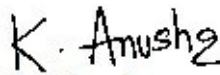
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.09	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	30.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	14.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	8.19	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.16	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.12	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	8.17	g/dL	6.6-8.3	Biuret
ALBUMIN	4.70	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.47	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	195.00	U/L	<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. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.26	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.15	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.928	µIU/mL	0.38-5.33	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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


K. Anusha
Dr.K.Anusha
 M.B.B.S,M.D(Biochemistry)
 Consultant Biochemist

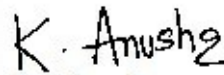


Patient Name	: Mr.GUGULOTH NARENDER	Collected	: 09/Mar/2024 10:12AM
Age/Gender	: 33 Y 9 M 21 D/M	Received	: 09/Mar/2024 12:51PM
UHID/MR No	: CASR.0000186370	Reported	: 09/Mar/2024 02:27PM
Visit ID	: CASROPV222045	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 376468		

DEPARTMENT OF IMMUNOLOGY

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


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


Dr.K.Anusha
M.B.B.S.,M.D(Biochemistry)
Consultant Biochemist

Page 14 of 17
CAP
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COLLEGE of AMERICAN PATHOLOGISTS



Patient Name : Mr.GUGULOTH NARENDER	Collected : 09/Mar/2024 10:12AM
Age/Gender : 33 Y 9 M 21 D/M	Received : 09/Mar/2024 02:42PM
UHID/MR No : CASR.0000186370	Reported : 09/Mar/2024 03:53PM
Visit ID : CASROPV222045	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 376468	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	TRACE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	POSITIVE ++		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	TRACE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	4-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	6-8	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No: UR2301527

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

Page 15 of 17
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS




Patient Name : Mr.GUGULOTH NARENDER	Collected : 09/Mar/2024 05:06PM
Age/Gender : 33 Y 9 M 21 D/M	Received : 10/Mar/2024 11:04AM
UHID/MR No : CASR.0000186370	Reported : 10/Mar/2024 12:18PM
Visit ID : CASROPV222045	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 376468	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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

SIN No: UPP017090

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



Patient Name : Mr.GUGULOTH NARENDER	Collected : 09/Mar/2024 10:12AM
Age/Gender : 33 Y 9 M 21 D/M	Received : 09/Mar/2024 02:55PM
UHID/MR No : CASR.0000186370	Reported : 09/Mar/2024 06:32PM
Visit ID : CASROPV222045	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 376468	

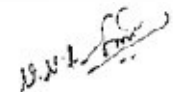
DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

Result/s to Follow:
PERIPHERAL SMEAR



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

SIN No:UF011081

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





Apollo Clinic
PHYSICAL EXAMINATION FORM

Apollo Clinic
LIFE TIME CARE FOR YOU

Date

7-3-24

UHID

186370

Name

Mr G. Vasudev

Age

33 y/m

Height

163 Cms

Weight

65.8 Kgs

Chest Measurement

(in)cm (out)cm

Waist

cm HIP

Pulse

69 Bt/Min

BMI

25 kgs/cm²

BP

110/80 mm/Hg

SPO2

98 %

Apollo Clinic, A.S. Rao Nagar.

POWER PRESCRIPTION

NAME: *Guguloth Narendra* GENDER: M/F

DATE: *09/02/2024*

AGE: *33*

UHID:

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>0.75</i>	<i>-</i>	<i>-</i>	<i>6/6</i>
NEAR	<i>-</i>	<i>-</i>	<i>-</i>	<i>6/6</i>

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>0.75</i>	<i>-</i>	<i>-</i>	<i>6/6</i>
NEAR	<i>-</i>	<i>-</i>	<i>-</i>	<i>6/6</i>

COLOUR VISION :

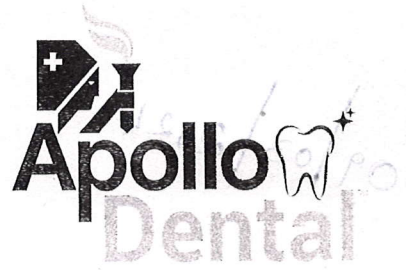
DIAGNOSIS : *normal*

OTHER FINDINGS :

INSTRUCTIONS :

[Signature]
SIGNATURE

ORAL EXAMINATION FORM



Date: 09/03/2024

Patient ID: _____ MHC

Patient Name: Gregorio N. Norender Age: 33 Sex: Male Female

Chief Complaint: P. Came for general dental checkup.

Medical History :

Drug Allergy :

Medication currently taken by the Guest :

Initial Screenign Findings :

Dental Caries :

Missing Teeth :

Impacted Teeth :

Attrition / Abrasion :

Bleeding :

Pockets / Recession :

Calculus / Stains : +

Mobility :

Restored Teeth :

Non - restorable Teeth for extraction / Root Stumps :

Malocclusion :

Others :

Advice :- Scaling.

Doctor Name & Signature : [Signature]

November 6
33 M

09/3/24

A KC

ENT Asymptomatic

O/E


DNS (Gr)

Oropharynx /

Nasal / NRS

For interest

Hearing WNL



Dr. K.B. SINGH
MBBS, MS (ENT), DNB (ENT)
Reg. No. 10371



186370
33 Years

MR. G. NARENDEK
Male

09-Mar-24 00:16:05
Apollo Clinic A S Rao Nagar

Rate 65 . Sinus rhythm.....normal P axis, V-rate 50- 99
. RSR' in V1 or V2, probably normal variant.....small R' only

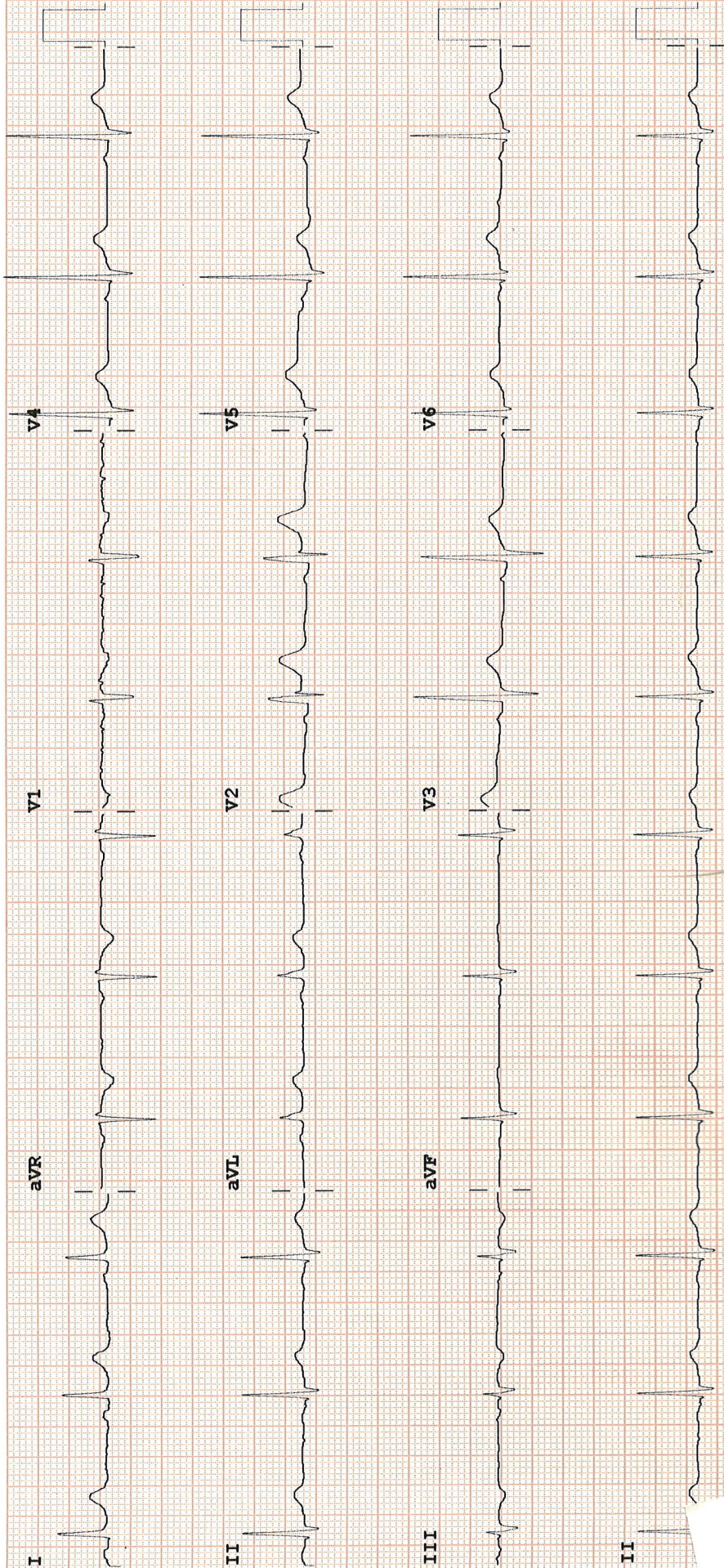
PR 159
QRSD 96
QT 389
QTc 405

--AXIS--

P 3
QRS 14
T 8

12 Lead; Standard Placement

Unconfirmed Diagnosis



Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50~ 0.50-100 Hz W

100B CL

P?

RECORDED M5700A

PHILIPS

Patient Name	: Mr. GUGULOTH NARENDER	Age	: 33 Y/M
UHID	: CASR.0000186370	OP Visit No	: CASROPV222045
Reported By:	: Dr. MRINAL .	Conducted Date	: 11-03-2024 12:51
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 65 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.

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

Dr. MRINAL .

Patient Name : Mr. GUGULOTH NARENDER

Age/Gender : 33 Y/M

UHID/MR No. : CASR.0000186370

OP Visit No : CASROPV222045

Sample Collected on :

Reported on : 10-03-2024 12:09

LRN# : RAD2262004

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 376468

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

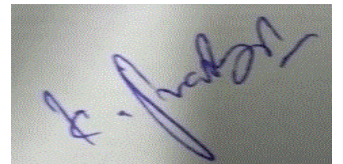
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. PRAVEEN BABU KAJA
Radiology

Patient Name	: Mr. GUGULOTH NARENDER	Age/Gender	: 33 Y/M
UHID/MR No.	: CASR.0000186370	OP Visit No	: CASROPV222045
Sample Collected on	:	Reported on	: 09-03-2024 16:34
LRN#	: RAD2262004	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 376468		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size with increased 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 : 102x42mm **Left kidney : 106x40mm**

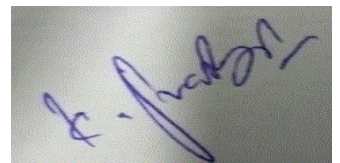
Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality.

Prostate is normal in size and echo texture.No evidence of necrosis/calcification seen.

IMPRESSION:-Grade 1 Fatty Liver.

Suggested clinical correlation and furtehr evaluation if necessary.



Dr. PRAVEEN BABU KAJA
Radiology

భారత ప్రభుత్వం
GOVERNMENT OF INDIA
 సమగ్ర సేవల కేంద్రం
Guguloth Narendar





పుట్టిన సంవత్సరం / Year of Birth: 1990
 ప్రవేశము / Male

4925 0743 2480

ఆధార్ - సామాన్య విహారు




భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
 భారత ప్రభుత్వం
Unique Identification Authority of India
Government of India

రిజిస్ట్రేషన్ / Enrolment No.: 2081/30018/30936

To
 బాన్తు స్వాతి
 Banothu Swathi
 D/O Banothu Yadaiah
 house number 2-25
 mailaram
 palakurthy mandall
 Mailaram
 Chennur
 Warangal Telangana - 506222
 9959905132

Download Date: 10/11/2017
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 AUTHORITY OF INDIA IS
 Date: 2017.10.10 15:18:30
 IST



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :
9325 7418 6996
 నా ఆధార్, నా గుర్తింపు



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Sai Hira, Survey No. 93, Mundhwa, Pune - 411038

Tel : + 91 20 6645 8000 - Website: smartchem.co.in

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Name : K N Reddy

Emp.No : 70892

DOB : 22.05.1984

Blood Grp : B+ve

Authorised Signatory

Appointment Details

 Lab Centre Visit

The Apollo Clinic

 09 Mar, Sat  11:00 AM to 12:00 PM

 A-12 # 1-9-71/A/12/B Rishab Heights
Rukminipuri Housing Colony A.S.Rao Nagar,A.S.
Rao Nagar,Hyderabad

Order Details

Order ID : 41803794

Order On :04 Mar 24

 Goli Ranjith Kumar

Complete Blood Count (CBC) - EDTA ₹ 180 
Whole Blood

Total Paid Amount ₹ 180 

Why Prescription is required? 

Instructions

- Do not eat or drink at least 12 hours prior to the check-up. Water, however, may be freely taken to avoid dehydration.
- Please do not drink alcohol for at least 24 hours prior to appointment as drugs and alcohol may

Patient Name : Mr. GUGULOTH NARENDER Age : 33 Y/M
UHID : CASR.0000186370 OP Visit No : CASROPV222045
Conducted By: : Dr. SHILPI MOHAN Conducted Date : 09-03-2024 17:15
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed) 2.8 CM
LA (es) 3.5 CM
LVID (ed) 4.1 CM
LVID (es) 2.8 CM
IVS (Ed) 0.9 CM
LVPW (Ed) 1.0 CM
EF 59 %
%FD 30 %

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

MITRAL -E: 0.8 m/sec A: 0.5 m/sec

PJV- 1.1 m/sec

AJV- 1.1 m/sec

Patient Name	: Mr. GUGULOTH NARENDER	Age	: 33 Y/M
UHID	: CASR.0000186370	OP Visit No	: CASROPV222045
Conducted By:	: Dr. SHILPI MOHAN	Conducted Date	: 09-03-2024 17:15
Referred By	: SELF		

IMPRESSION;

NORMAL CHAMBER DIMENSION.

NORMAL VALVES.

NO RWMA.

LV EF ;59 %

TRIVIAL TR.

NO CLOTS / VEGETATION.

NO PERICARDIAL EFFUSION.



Dr. SHILPI
MOHAN