


Patient Name : Mr.THOTA SRIKANTH	Collected : 09/Mar/2024 07:39AM
Age/Gender : 33 Y 6 M 28 DM	Received : 09/Mar/2024 10:29AM
UHID/MR No : CASR.0000186335	Reported : 09/Mar/2024 12:08PM
Visit ID : CASROPV221995	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 118273	

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	16	g/dL	13-17	Spectrophotometer
PCV	47.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.96	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	95.5	fL	83-101	Calculated
MCH	32.2	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,540	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.1	%	40-80	Electrical Impedance
LYMPHOCYTES	32.5	%	20-40	Electrical Impedance
EOSINOPHILS	3.9	%	1-6	Electrical Impedance
MONOCYTES	7.2	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4229.94	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2450.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	294.06	Cells/cu.mm	20-500	Calculated
MONOCYTES	542.88	Cells/cu.mm	200-1000	Calculated
BASOPHILS	22.62	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.73		0.78- 3.53	Calculated
PLATELET COUNT	226000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	16	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				


Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist

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SIN No:BED240062005

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

NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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



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DEPARTMENT OF HAEMATOLOGY

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

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



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

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Age/Gender : 33 Y 6 M 28 D/M	Received : 09/Mar/2024 10:35AM
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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)	118	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.

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:

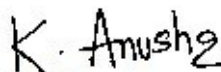
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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.



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



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M.B.B.S.,M.D(Biochemistry)
Consultant Biochemist



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- 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 glycemc 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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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

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

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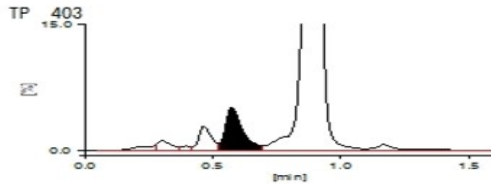
Chromatogram Report

HLC72368 V5.28 1 2024-03-09 11:08:29
 ID EDT240028033
 Sample No. 03090036 SL 0002 - 08
 Patient ID
 Name
 Comment

CALIB Y = 1.1933X + 0.3360			
Name	%	Time	Area
A1A	0.5	0.23	7.71
A1B	0.8	0.30	11.09
F	0.3	0.40	3.84
LA1C+	1.7	0.46	24.92
SA1C	5.2	0.57	59.94
AO	92.7	0.88	1323.60
H-V0			
H-V1			
H-V2			

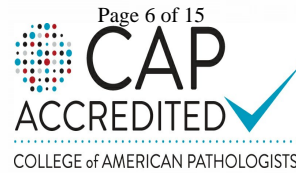
Total Area 1431.10

HbA1c 5.2 % **IFCC 34 mmol/mol**
HbA1 6.6 % **HbF 0.3 %**



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 PhD (Biochemistry)
 Consultant biochemist


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

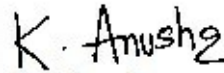


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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324


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


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

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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	131	mg/dL	<200	CHO-POD
TRIGLYCERIDES	176	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	89	mg/dL	<130	Calculated
LDL CHOLESTEROL	53.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	35.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.12		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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PhD (Biochemistry)
Consultant biochemist

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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	0.84	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.71	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	83.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.24	g/dL	6.6-8.3	Biuret
ALBUMIN	4.63	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.61	g/dL	2.0-3.5	Calculated
A/G RATIO	1.28		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:

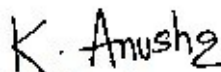
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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



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



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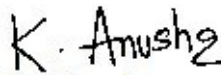
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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.85	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	15.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.95	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.13	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.13	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	8.24	g/dL	6.6-8.3	Biuret
ALBUMIN	4.63	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.61	g/dL	2.0-3.5	Calculated
A/G RATIO	1.28		0.9-2.0	Calculated



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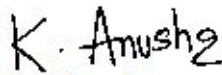
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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	35.00	U/L	<55	IFCC



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PhD (Biochemistry)
Consultant biochemist



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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. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.2	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	13.95	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	8.801	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

- 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.

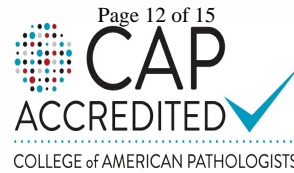
TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary 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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

Maruthi

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

K. Anusha

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M.B.B.S,M.D(Biochemistry)
Consultant Biochemist



SIN No: SPL24041007

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: Apollo Health and Lifestyle Limited, Global Reference Laboratory, Hyderabad - 500094
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address: Apollo Health and Lifestyle Limited, Global Reference Laboratory, Housing Colony, A S Rao Nagar, Hyderabad, Telangana, India - 500062

APOLLO CLINICS NETWORK

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Patient Name	: Mr.THOTA SRIKANTH	Collected	: 09/Mar/2024 07:39AM
Age/Gender	: 33 Y 6 M 28 D/M	Received	: 09/Mar/2024 10:56AM
UHID/MR No	: CASR.0000186335	Reported	: 09/Mar/2024 11:51AM
Visit ID	: CASROPV221995	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 118273		

DEPARTMENT OF IMMUNOLOGY

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

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

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

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CAP
ACCREDITED ✓
COLLEGE of AMERICAN PATHOLOGISTS




Patient Name : Mr.THOTA SRIKANTH	Collected : 09/Mar/2024 07:39AM
Age/Gender : 33 Y 6 M 28 D/M	Received : 09/Mar/2024 10:44AM
UHID/MR No : CASR.0000186335	Reported : 09/Mar/2024 11:10AM
Visit ID : CASROPV221995	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 118273	

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	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		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	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist

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CAP
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SIN No:UR2300327

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

Patient Name : Mr.THOTA SRIKANTH	Collected : 09/Mar/2024 11:14AM
Age/Gender : 33 Y 6 M 28 D/M	Received : 09/Mar/2024 02:53PM
UHID/MR No : CASR.0000186335	Reported : 09/Mar/2024 04:27PM
Visit ID : CASROPV221995	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 118273	

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

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

Result/s to Follow:

GLUCOSE (FASTING) - URINE, GLUCOSE, FASTING, PERIPHERAL SMEAR



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

SIN No: UPP016972

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



CLIENT HAS NOT GIVEN GLUCOSE FASTING & URINE FASTING SAMPLE

T. Sankartha

33 M

09/3/24


ENT Asymptomatic

Hypothyroid

0/E

Consistent
Hearing w/ve
Noise
Dysphagia
Nuch

NAD


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

ORAL EXAMINATION FORM



Date: 9/3/2024

Patient ID: _____ MHC

Patient Name: Mr. Seikant Age: 33 Sex: Male Female

Chief Complaint: General Checkup

Medical History: NAD

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: Self

Advice:- ① Advised seal prophylaxis & follow up.

Doctor Name & Signature: Dr. Mounika.

BP mm/Hg SPO2 %

Pulse Bt/Min BMI kgs/cm²

Waist cm

Chest Measurement (in)cm (out)cm

Weight kgs

Height cms

Date 9/3/29 Name Mr. T. Sankar

UHD 186835 Age 33y/M



Apollo Clinic PHYSICAL EXAMINATION FORM

Apollo Clinic

186335
33 Years

MR. T. SRIKANTH
Male

08-Mar-24 19:41:51
Apollo Clinic A S Rao Nagar

Rate 74 . Sinus rhythm.....normal P axis, V-rate 50- 99
. Baseline wander in lead(s) V2

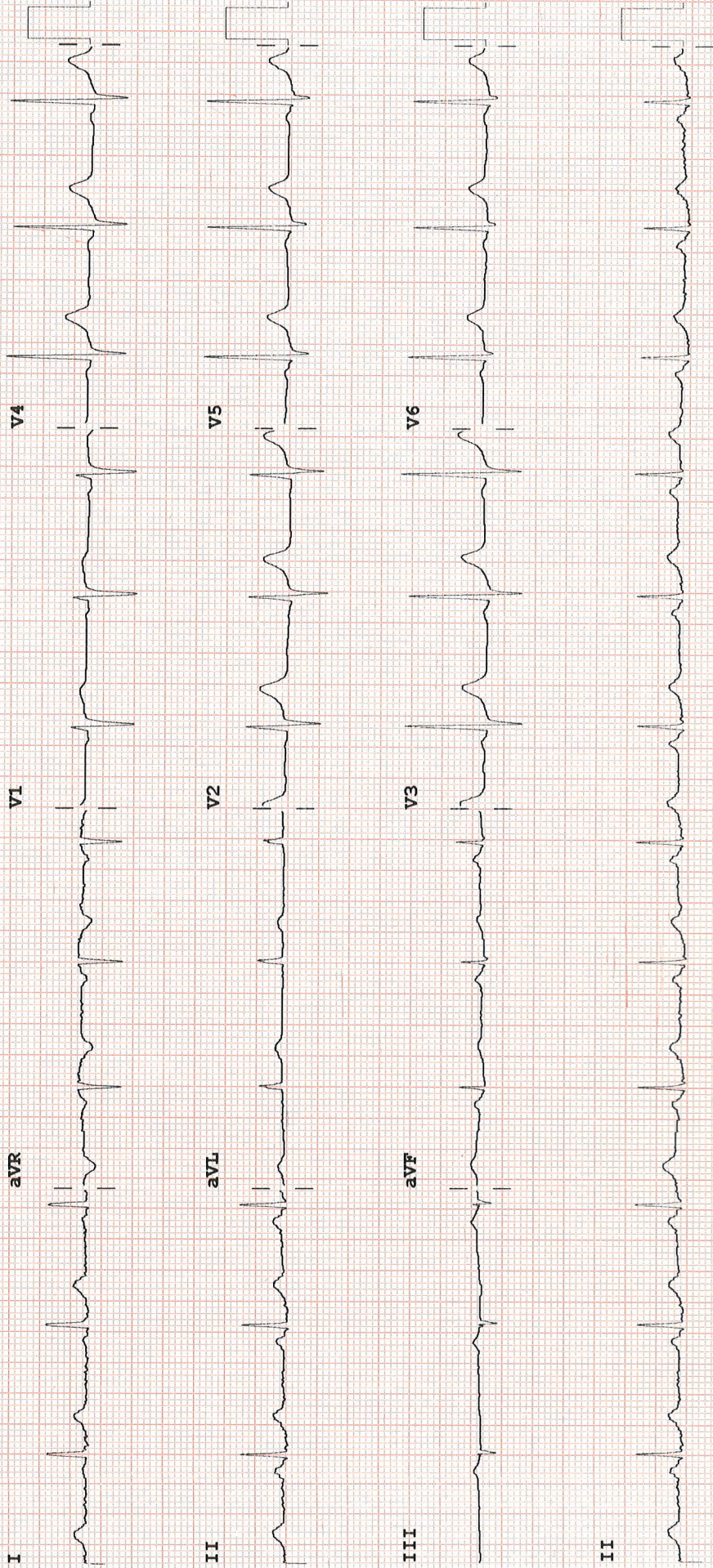
PR 134
QRSD 89
QT 379
QTc 421

--AXIS--

P 67
QRS 13
T 26

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.50-100 Hz W

100B CL

P?

PHILIPS

REORDER M3708A

706

POWER PRESCRIPTION

NAME: *T. Sankar*

AGE: *23 yrs*

GENDER: M/F M

UHID:

DATE: *9-3-2024*

COLOUR VISION :

DIAGNOSIS : *normal*

OTHER FINDINGS :

INSTRUCTIONS :

NEAR DISTANCE

	NEAR	DISTANCE	
SPH	-	-	-
CYL	-	<i>100</i>	-
AXIS	-	<i>96</i>	-
VISION	<i>N6</i>	<i>6/6</i>	-

RIGHT EYE

	NEAR	DISTANCE	
SPH	-	-	-
CYL	-	-	-
AXIS	-	-	-
VISION	<i>N6</i>	<i>6/6</i>	-

LEFT EYE

SIGNATURE

[Signature]

Patient Name	: Mr. THOTA SRIKANTH	Age	: 33 Y/M
UHID	: CASR.0000186335	OP Visit No	: CASROPV221995
Reported By:	: Dr. MRINAL .	Conducted Date	: 11-03-2024 12:50
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 74 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. THOTA SRIKANTH

Age/Gender : 33 Y/M

UHID/MR No. : CASR.0000186335

OP Visit No : CASROPV221995

Sample Collected on :

Reported on : 09-03-2024 14:01

LRN# : RAD2260659

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 118273

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

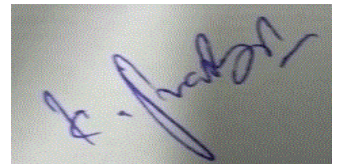
Both costophrenic and cardiophrenic angles are clear .

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. THOTA SRIKANTH	Age/Gender	: 33 Y/M
UHID/MR No.	: CASR.0000186335	OP Visit No	: CASROPV221995
Sample Collected on	:	Reported on	: 09-03-2024 12:22
LRN#	: RAD2260659	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 118273		

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:98x42 mm **Left kidney:100x44 mm**

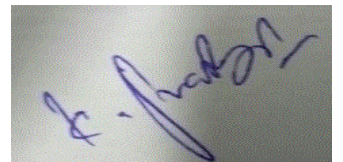
Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

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


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

IMPRESSION:Grade I Fatty Liver.

Suggested clinical correlation and further evaluation if necessary.



Dr. PRAVEEN BABU KAJA
Radiology

 **બંક ઓફ બરોડા**
Bank of Baroda



જાણકારી | ઈમેલ સંબંધિત

Name: Thota Srikanth

સહી: T. Srikanth | Signature of Holder

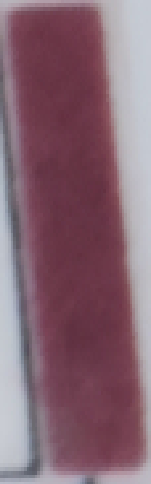
T. Srikanth

મુદ્રિત સહી

Date of issue : 31-07-2021

જાણકારી સંબંધિત
Issuing Authority

સ.ક. નં.
E.C. No.: 118273

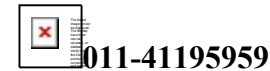


Asraonagar Apolloclinic

From: Srikanth Thota <srikanththota.bob@gmail.com>
Sent: 09 March 2024 07:29
To: Asraonagar Apolloclinic
Subject: Fwd: Health Check up Booking Confirmed Request(bobE12029),Package Code-PKG10000366, Beneficiary Code-308864

----- Forwarded message -----

From: Mediwheel <wellness@mediwheel.in>
Date: Fri, Mar 1, 2024, 5:13 PM
Subject: Health Check up Booking Confirmed Request(bobE12029),Package Code-PKG10000366, Beneficiary Code-308864
To: <srikanththota.bob@gmail.com>
Cc: <customercare@mediwheel.in>



Dear **MR. THOTA SRIKANTH,**

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Annual Plus

Patient Package Name : Mediwheel Full Body Health Checkup Male Below 40

Name of Diagnostic/Hospital : Apollo Clinic - AS Rao Nagar

Address of Diagnostic/Hospital- : A-12, # 1-9-71/A/12/B, Rishabh heights, above vodafone store, beside KFC, A S Rao Nagar, Hyderabad -500062
City : Hyderabad
State :
Pincode : 500062
Appointment Date : 09-03-2024
Confirmation Status : Booking Confirmed
Preferred Time : 8:30am
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. THOTA SRIKANTH	33 year	Male

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.

- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,

Mediwheel Team

Please Download Mediwheel App



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Please visit to our [Terms & Conditions](#) for more informaion. [Click here to unsubscribe.](#)

@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)

Patient Name : Mr. THOTA SRIKANTH Age : 33 Y/M
UHID : CASR.0000186335 OP Visit No : CASROPV221995
Conducted By: : Dr. SHILPI MOHAN Conducted Date : 09-03-2024 16:40
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.4 CM
LA (es)	3.7 CM
LVID (ed)	4.5 CM
LVID (es)	2.8 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.1 CM
EF	67 %
%FD	37 %
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: 0.9 m/sec A: 0.7 m/sec	
PJV- 1.6 m/sec	
AJV- 1.7 m/sec	

Patient Name : Mr. THOTA SRIKANTH
UHID : CASR.0000186335
Conducted By: : Dr. SHILPI MOHAN
Referred By : SELF

Age : 33 Y/M
OP Visit No : CASROPV221995
Conducted Date : 09-03-2024 16:40

IMPRESSION;

NORMAL CHAMBER DIMENSION.

NORMAL VALVES.

NO RWMA.

LV EF ;67 %

NO CLOTS / VEGETATION.

NO PERICARDIAL EFFUSION.



Dr. SHILPI
MOHAN