

Patient Name : Mr.ANAPARTHI NAGARJUNA
 Age/Gender : 34 Y 6 M 13 D/M
 UHID/MR No : CUPP.0000032762
 Visit ID : CUPPOPV130719
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 109894/1

Collected : 09/Mar/2024 10:30AM
 Received : 09/Mar/2024 01:41PM
 Reported : 09/Mar/2024 03:07PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 15.7 | g/dL | 13-17 | Spectrophotometer |
| PCV | 45.20 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 5.38 | Million/cu.mm | 4.5-5.5 | Electrical Impedence |
| MCV | 84 | fL | 83-101 | Calculated |
| MCH | 29.1 | pg | 27-32 | Calculated |
| MCHC | 34.7 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 13.2 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 7,760 | cells/cu.mm | 4000-10000 | Electrical Impedence |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 54.1 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 35.2 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 2.2 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 7.7 | % | 2-10 | Electrical Impedence |
| BASOPHILS | 0.8 | % | 0-2 | Electrical Impedence |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 4198.16 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2731.52 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 170.72 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 597.52 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 62.08 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.54 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 226000 | cells/cu.mm | 150000-410000 | Electrical impedence |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 4 | 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.R.SHALINI
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist

SIN No:BED240063451

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NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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| Age/Gender : 34 Y 6 M 13 D/M | Received : 09/Mar/2024 01:41PM |
| UHID/MR No : CUPP.0000032762 | Reported : 09/Mar/2024 09:10PM |
| Visit ID : CUPPOPV130719 | Status : Final Report |
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| Emp/Auth/TPA ID : 109894/1 | |

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 | B | | | Microplate technology |
| Rh TYPE | Positive | | | Microplate technology |

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Dr.SRINIVAS N.S.NORI
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| Patient Name : Mr.ANAPARTHI NAGARJUNA | Collected : 09/Mar/2024 10:30AM |
| Age/Gender : 34 Y 6 M 13 D/M | Received : 09/Mar/2024 01:50PM |
| UHID/MR No : CUPP.0000032762 | Reported : 09/Mar/2024 02:33PM |
| Visit ID : CUPPOPV130719 | 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 | 96 | mg/dL | 70-100 | Hexokinase |

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

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SIN No:PLF02121553

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 R R District., Uppal, Hyderabad, Telangana, India - 500039



APOLLO CLINICS NETWORK

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| Patient Name : Mr.ANAPARTHI NAGARJUNA | Collected : 09/Mar/2024 12:35PM |
| Age/Gender : 34 Y 6 M 13 D/M | Received : 09/Mar/2024 04:39PM |
| UHID/MR No : CUPP.0000032762 | Reported : 09/Mar/2024 06:43PM |
| Visit ID : CUPPOPV130719 | 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) | 101 | mg/dL | 70-140 | HEXOKINASE |

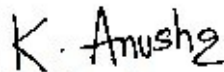
Comment:

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.



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SIN No:PLP1429188

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|---------------------------------------|--|
| Patient Name : Mr.ANAPARTHI NAGARJUNA | Collected : 09/Mar/2024 10:30AM |
| Age/Gender : 34 Y 6 M 13 D/M | Received : 09/Mar/2024 01:45PM |
| UHID/MR No : CUPP.0000032762 | Reported : 09/Mar/2024 07:16PM |
| Visit ID : CUPPOPV130719 | 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 |
|---|--------|-------|-----------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.3 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 105 | 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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SIN No:EDT240028924

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

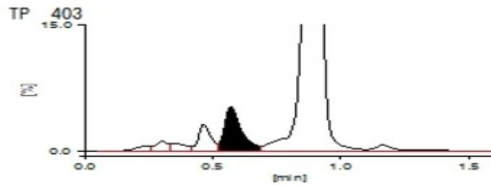
Chromatogram Report

HLC72368 V5.28.1 2024-03-09 16:31:36
 ID EDT240028924
 Sample No. 03090206 SL 0004 - 01
 Patient ID
 Name
 Comment

| CALIB Name | % | Time | Area |
|------------|------|------|---------|
| A1A | 0.4 | 0.23 | 7.01 |
| A1B | 0.7 | 0.30 | 11.60 |
| F | 0.7 | 0.36 | 10.52 |
| LA1C+ | 1.9 | 0.46 | 29.96 |
| SA1C | 5.3 | 0.57 | 68.47 |
| AO | 92.7 | 0.89 | 1487.07 |
| H-V0 | | | |
| H-V1 | | | |
| H-V2 | | | |

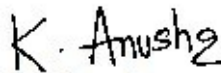
Total Area 1614.63

HbA1c 5.3 % **IFCC 35 mmol/mol**
 HbA1 6.5 % HbF 0.7 %




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

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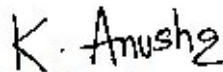
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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------|-------|-----------------|----------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 160 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 66 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 48 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 112 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 98.8 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 13.2 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.33 | | 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 |

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|-------|-----------------|--------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.74 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.12 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.62 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 20 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 25.0 | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 61.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.81 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.21 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 3.60 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.17 | | 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:

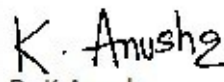
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • 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


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



SIN No:SE04656055

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

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 R R District., Uppal, Hyderabad, Telangana, India - 500039

APOLLO CLINICS NETWORK

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| | |
|---------------------------------------|--|
| Patient Name : Mr.ANAPARTHI NAGARJUNA | Collected : 09/Mar/2024 10:30AM |
| Age/Gender : 34 Y 6 M 13 D/M | Received : 09/Mar/2024 02:00PM |
| UHID/MR No : CUPP.0000032762 | Reported : 09/Mar/2024 06:00PM |
| Visit ID : CUPPOPV130719 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 109894/1 | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|-------------|--------|-----------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.89 | mg/dL | 0.84 - 1.25 | Modified Jaffe, Kinetic |
| UREA | 33.70 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 15.8 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 7.40 | mg/dL | 3.5-7.2 | Uricase PAP |
| CALCIUM | 9.48 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.74 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 138 | mmol/L | 136-146 | ISE (Indirect) |
| POTASSIUM | 4.2 | mmol/L | 3.5-5.1 | ISE (Indirect) |
| CHLORIDE | 102 | mmol/L | 101-109 | ISE (Indirect) |
| PROTEIN, TOTAL | 7.81 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.21 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 3.60 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.17 | | 0.9-2.0 | Calculated |

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

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



SIN No:SE04656055

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| | |
|---------------------------------------|--|
| Patient Name : Mr.ANAPARTHI NAGARJUNA | Collected : 09/Mar/2024 10:30AM |
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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 |
|---|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 27.00 | U/L | <55 | IFCC |

Maruthi...

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

SIN No:SE04656055

K. Anusha

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

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| | |
|---------------------------------------|--|
| Patient Name : Mr.ANAPARTHI NAGARJUNA | Collected : 09/Mar/2024 10:30AM |
| Age/Gender : 34 Y 6 M 13 D/M | Received : 09/Mar/2024 02:03PM |
| UHID/MR No : CUPP.0000032762 | Reported : 09/Mar/2024 03:30PM |
| Visit ID : CUPPOPV130719 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 109894/1 | |

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) | 0.76 | ng/mL | 0.87-1.78 | CLIA |
| THYROXINE (T4, TOTAL) | 5.94 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 1.255 | µIU/mL | 0.38-5.33 | CLIA |

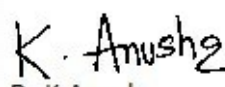
Comment:

| 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 |


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


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

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SIN No:SPL24042186

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Patient Name : Mr.ANAPARTHI NAGARJUNA
Age/Gender : 34 Y 6 M 13 D/M
UHID/MR No : CUPP.0000032762
Visit ID : CUPPOPV130719
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 109894/1

Collected : 09/Mar/2024 10:30AM
Received : 09/Mar/2024 02:03PM
Reported : 09/Mar/2024 03:30PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

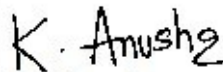
DEPARTMENT OF IMMUNOLOGY

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



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

SIN No:SPL24042186



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

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| | |
|---------------------------------------|--|
| Patient Name : Mr.ANAPARTHI NAGARJUNA | Collected : 09/Mar/2024 10:30AM |
| Age/Gender : 34 Y 6 M 13 D/M | Received : 09/Mar/2024 01:29PM |
| UHID/MR No : CUPP.0000032762 | Reported : 09/Mar/2024 02:17PM |
| Visit ID : CUPPOPV130719 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 109894/1 | |

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 | 6.0 | | 5-7.5 | Bromothymol Blue |
| SP. GRAVITY | 1.025 | | 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 | 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 | NIL | /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:UR2301652

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



| | |
|---------------------------------------|--|
| Patient Name : Mr.ANAPARTHI NAGARJUNA | Collected : 09/Mar/2024 12:35PM |
| Age/Gender : 34 Y 6 M 13 D/M | Received : 09/Mar/2024 04:36PM |
| UHID/MR No : CUPP.0000032762 | Reported : 09/Mar/2024 07:00PM |
| Visit ID : CUPPOPV130719 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 109894/1 | |

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

SIN No:UPP017026

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



Patient Name : Mr.ANAPARTHI NAGARJUNA
Age/Gender : 34 Y 6 M 13 D/M
UHID/MR No : CUPP.0000032762
Visit ID : CUPPOPV130719
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 109894/1

Collected : 09/Mar/2024 10:30AM
Received : 09/Mar/2024 01:30PM
Reported : 09/Mar/2024 02:53PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED


DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR


Dr. B Pavani
M.B.B.S, M.D(pathalogy)
Consultant Pathologist

SIN No:UF011091

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The Apollo Clinic

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PHYSICAL EXAMINATION FORM

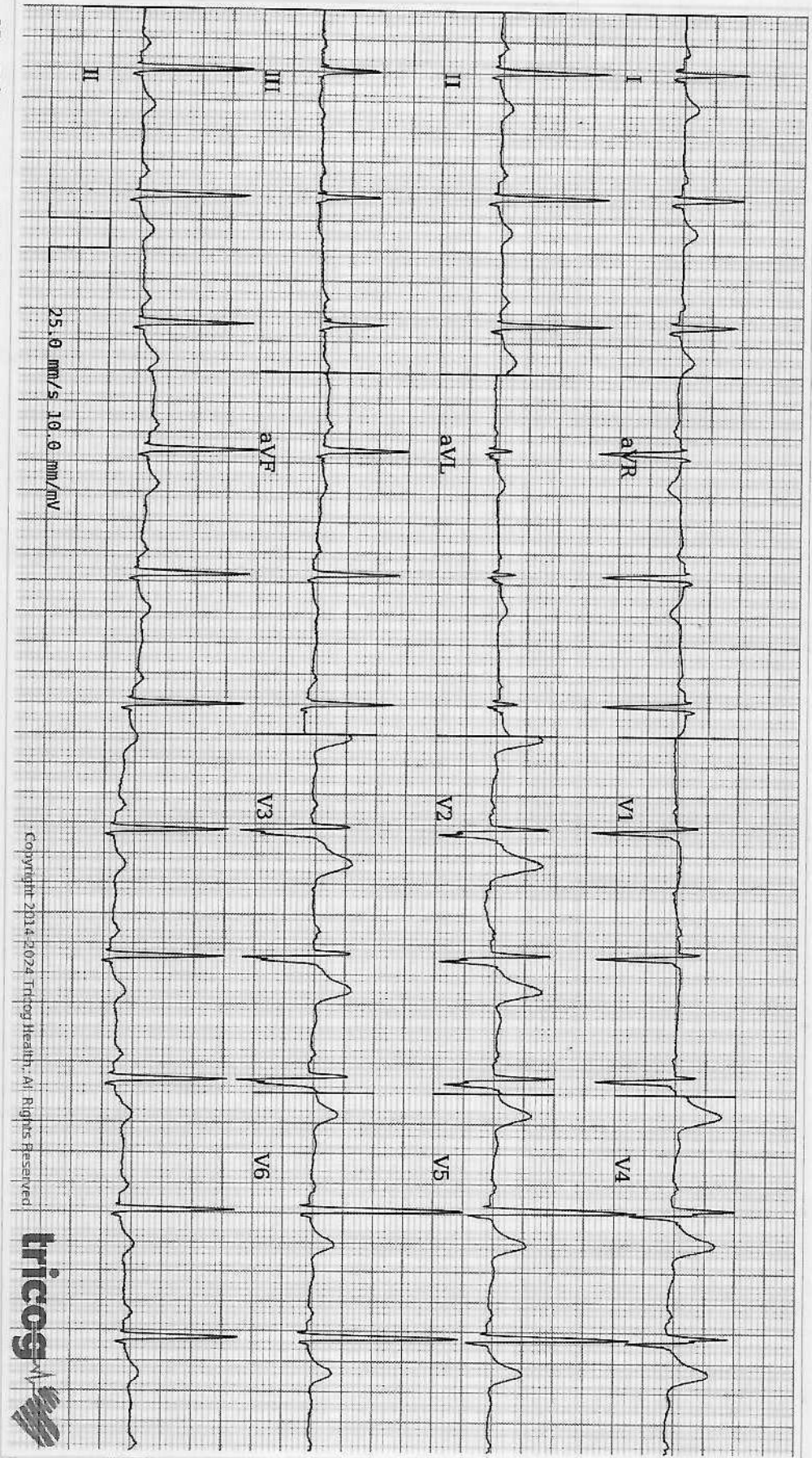
Date 9/3/24 Age 34 Y/M
Name Mr. A. Nagaraju UHID: 32762
Height 173 Cms BMI 24.4
Weight 73 Kgs BP 120/90

Apollo Clinic, H NO.6-48/3, PEERZADIGUDA, BESIDE RAMRAJ
COTTONS, BODUPPAL, R RDISTRCT, HYD PH. NO.04049503373/74



Age / Gender: 34/Male
Patient ID: 0000032762
Patient Name: Mr A Nagarjuna

Date and Time: 9th Mar 24 11:20 AM



ECG Within Normal Limits: Sinus Rhythm, Normal ECG, correlate clinically. Please correlate clinically.

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

REPORTED BY



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of
Mr. A. Nagarjuna on 11/3/24.

After reviewing the medical history and on clinical examination it has been found that
he/ she is'

| | |
|--|---|
| <ul style="list-style-type: none"> • Medically Fit | <p>Tick</p> <input checked="" type="checkbox"/> |
| <ul style="list-style-type: none"> • Fit with Restrictions/ Recommendations <p>Though following restrictions have been revealed in my opinion, these are not impediments to the job.</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>However the candidate should follow the advice medication that has been communicated to him/her.</p> <p>Review after</p> | |
| <ul style="list-style-type: none"> • Currently Unfit. <p>Review after.....recommended.</p> | |
| <ul style="list-style-type: none"> • Unfit | |

[Signature]
Dr. KOPPULA TRIVENI
Dr. Koppula Triveni **MBBS**
Reg. No. 95078
TOMG/PUR/05078
Consultant physician
Apollo Clinic
Uppal

Apollo Health and Lifestyle Limited

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

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

POWER PRESCRIPTION

NAME: A. Nagaraju

GENDER: M/F

DATE: 9/3/24

AGE: 34

UHID: 32762

RIGHT EYE

LEFT EYE

| | SPH | CYL | AXIS | VISION |
|----------|-------|-----|------|--------|
| DISTANCE | ————— | | | 6/6 |
| NEAR | | | | 20/6 |

| | SPH | CYL | AXIS | VISION |
|----------|-------|-----|------|--------|
| DISTANCE | ————— | | | 6/6 |
| NEAR | | | | 20/6 |

COLOUR VISION : Normal

DIAGNOSIS :
OTHER FINDINGS : } myopia

INSTRUCTIONS :


SIGNATURE

| | | | |
|--------------|---------------------------|----------------|--------------------|
| Patient Name | : Mr. ANAPARTHI NAGARJUNA | Age | : 34 Y/M |
| UHID | : CUPP.0000032762 | OP Visit No | : CUPPOPV130719 |
| Reported By: | : Dr. VINAY KUMAR GUPTA | Conducted Date | : 11-03-2024 11:01 |
| Referred By | : SELF | | |

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 71beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

Impression:

NORMAL ECG.

CORRELATE CLINICALLY.

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

Dr. VINAY KUMAR GUPTA

Patient Name : Mr. ANAPARTHI NAGARJUNA

Age/Gender : 34 Y/M

UHID/MR No. : CUPP.0000032762

OP Visit No : CUPPOPV130719

Sample Collected on :

Reported on : 09-03-2024 15:46

LRN# : RAD2262079

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 109894/1

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size 121 mm and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

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

Spleen appears normal in size 82 mm. 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.

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

Right kidney : 105 x 48 mm.

Left kidney : 102 x 50 mm.

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.

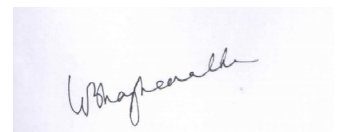
Prostate is normal in size 26 x 37 x 29 mm and echo texture. Volume measure 15 cc. No evidence of necrosis/calcification seen.

IMPRESSION:-

No significant abnormality detected.

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. K BHAGHEERATHI
MBBS, DNB Radiodiagnosis
Consultant Radiologist

Patient Name : Mr. ANAPARTHI NAGARJUNA

Age/Gender : 34 Y/M

UHID/MR No. : CUPP.0000032762

OP Visit No : CUPPOPV130719

Sample Collected on :

Reported on : 09-03-2024 12:24

LRN# : RAD2262079

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 109894/1

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

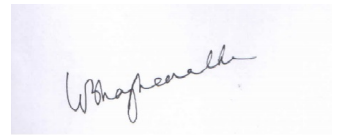
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. K BHAGHEERATHI
MBBS,DNB Radiodiagnosis
Consultant Radiologist

Name: Mr. ANAPARTHI NAGARJUNA
Age/Gender: 34 Y/M
Address: VIDYA NAGAR
Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. AYYAPPA SWAMY AMARA

MR No: CUPP.0000032762
Visit ID: CUPPOPV130719
Visit Date: 09-03-2024 10:15
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. ANAPARTHI NAGARJUNA
Age/Gender: 34 Y/M
Address: VIDYA NAGAR
Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. KOPPULA TRIVENI

MR No: CUPP.0000032762
Visit ID: CUPPOPV130719
Visit Date: 09-03-2024 10:15
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

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Visit Date: 09-03-2024 10:15
Discharge Date:
Referred By: SELF

Doctor's Signature

Established Patient: No

Vitals

| Date | Pulse (Beats/min) | B.P (mmHg) | Resp (Rate/min) | Temp (F) | Height (cms) | Weight (Kgs) | Body Fat Percentage (%) | Visceral Fat Level (%) | Body Age (Years) | BMI | Waist Circum (cms) | Hip (cms) | Waist (cms) | Waist & Hip Ratio | User |
|---------------------|----------------------|----------------|--------------------|-------------|-----------------|-----------------|-------------------------------|------------------------------|------------------------|-------|--------------------------|--------------|----------------|-------------------------|-----------|
| 10-03-2024 08:59 | 75 Beats/min | 110/70 mmHg | 22 Rate/min | 98.6 F | 173 cms | 73 Kgs | % | % | Years | 24.39 | cms | cms | cms | | AHLL06629 |

Established Patient: No

Vitals

| Date | Pulse (Beats/min) | B.P (mmHg) | Resp (Rate/min) | Temp (F) | Height (cms) | Weight (Kgs) | Body Fat Percentage (%) | Visceral Fat Level (%) | Body Age (Years) | BMI | Waist Circum (cms) | Hip (cms) | Waist (cms) | Waist & Hip Ratio | User |
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| S. No. | Company Name |
|--------|--------------------------------|
| 47 | Arcofemi/Mediwheel/MALE/FEMALE |

| PACKAGE NAME | Booking ID |
|---|------------|
| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO | bobS14035 |

| EMP-NAME | AGE | GENDER | EMAIL |
|---------------------|-----|--------|-------|
| NAGARJUNA ANAPARTHI | 36 | year | Male |

| CONTACT NO | Appointment Date | Appointment Time | CLINIC NAME | CLINIC STATE |
|--------------|------------------|------------------|-------------|--------------------|
| inameghana@y | 9494600392 | 9-Mar-24 | 9:00 AM | pollo Clinic - Upp |

| CLINIC CITY | Booking Status |
|-------------|----------------|
| Telangana | Hyderabad |

| Status | Remarks | |
|------------------|-----------|--|
| Echo Facility nd | Confirmed | |



భారత ప్రభుత్వం

GOVERNMENT OF INDIA

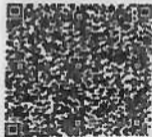


అనపర్తి నాగార్జున
Anaparthi Nagarjuna

తల్లి : అనపర్తి చంటి
Mother : Anaparthi Chanti

పుట్టిన సంవత్సరం/Year of Birth: 1987
పురుషుడు / Male

5248 9610 6034



అధార్ - సామాన్యుని హక్కు

Patient Name : Mr. ANAPARTHI NAGARJUNA Age : 34 Y/M
UHID : CUPP.0000032762 OP Visit No : CUPPOPV130719
Conducted By: : Dr. CH VENKATESHAM Conducted Date : 09-03-2024 16:52
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

| | |
|--------------------------|--------|
| Ao (ed) | 2.3CM |
| LA (es) | 3.4 CM |
| LVID (ed) | 4.3 CM |
| LVID (es) | 2.9 CM |
| IVS (Ed) | 1.0 CM |
| LVPW (Ed) | 1.0 CM |
| EF | 67.00% |
| %FD | 33.00% |
| MITRAL VALVE : | NORMAL |
| AML | NORMAL |
| PML | NORMAL |
| AORTIC VALVE | NORMAL |
| TRICUSPID VALVE | NORMAL |
| RIGHT VENTRICLE | NORMAL |
| INTER ATRIAL SEPTUM | INTACT |
| INTER VENTRICULAR SEPTUM | INTACT |
| AORTA | NORMAL |
| RIGHT ATRIUM | NORMAL |
| LEFT ATRIUM | NORMAL |
| Pulmonary Valve | NORMAL |
| PERICARDIUM | NORMAL |

Patient Name : Mr. ANAPARTHI NAGARJUNA
UHID : CUPP.0000032762
Conducted By: : Dr. CH VENKATESHAM
Referred By : SELF

Age : 34 Y/M
OP Visit No : CUPPOPV130719
Conducted Date : 09-03-2024 16:52

COLOUR AND DOPPLER STUDIES:

AJV = 1.2

PJV = 0.9

E = 0.9

A = 0.7

MPRESSION:

NORMAL SIZED CARDIAC CHAMBERS & VALVES.

NORMAL BLOOD FLOW.

GOOD LV / RV FUNCTION.

NO RWMA / LVH

NO CLOT / P-E

