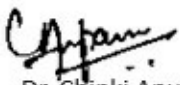


| | |
|--|--|
| Patient Name : Mr.SANJEEV KUMAR SUNNAMUDDI | Collected : 09/Mar/2024 09:20AM |
| Age/Gender : 34 Y 2 M 24 D/M | Received : 09/Mar/2024 03:49PM |
| UHID/MR No : CSAR.0000139073 | Reported : 09/Mar/2024 07:28PM |
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| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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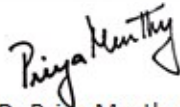
DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|---------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 16.1 | g/dL | 13-17 | Spectrophotometer |
| PCV | 48.80 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 5.8 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 84.1 | fL | 83-101 | Calculated |
| MCH | 27.7 | pg | 27-32 | Calculated |
| MCHC | 33 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 14.7 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,350 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYtic COUNT (DLC) | | | | |
| NEUTROPHILS | 45.3 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 40.2 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 5.5 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 8.2 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.8 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 2876.55 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2552.7 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 349.25 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 520.7 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 50.8 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.13 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 268000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 28 | mm at the end of 1 hour | 0-15 | Modified Westgren method |
| PERIPHERAL SMEAR | | | | |
| RBC NORMOCYTIC NORMOCHROMIC | | | | |
| WBC WITHIN NORMAL LIMITS | | | | |



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SIN No:BED240062837

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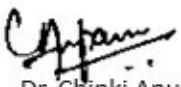
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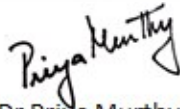
DEPARTMENT OF HAEMATOLOGY

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

PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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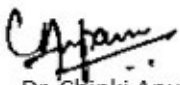
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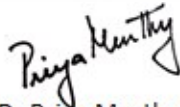
DEPARTMENT OF HAEMATOLOGY

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 | B | | | Microplate Hemagglutination |
| Rh TYPE | Positive | | | Microplate Hemagglutination |



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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 | 80 | mg/dL | 70-100 | HEXOKINASE |

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 89 | 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 | 5.8 | % | | HPLC |

Page 4 of 14


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SIN No:EDT240028559

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DEPARTMENT OF BIOCHEMISTRY

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

| | | | |
|---------------------------------|-----|-------|------------|
| ESTIMATED AVERAGE GLUCOSE (eAG) | 120 | mg/dL | Calculated |
|---------------------------------|-----|-------|------------|

Comment:

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

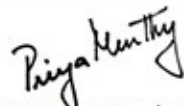
| REFERENCE GROUP | HBA1C % |
|------------------------|-----------|
| NON DIABETIC | <5.7 |
| PREDIABETES | 5.7 – 6.4 |
| DIABETES | ≥ 6.5 |
| DIABETICS | |
| EXCELLENT CONTROL | 6 – 7 |
| FAIR TO GOOD CONTROL | 7 – 8 |
| UNSATISFACTORY CONTROL | 8 – 10 |
| POOR CONTROL | >10 |

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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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 | 173 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 149 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 40 | mg/dL | 40-60 | Enzymatic Immuno-inhibition |
| NON-HDL CHOLESTEROL | 133 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 103.2 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 29.8 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.33 | | 0-4.97 | Calculated |

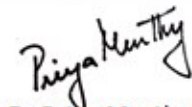
Comment:

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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SIN No:SE04655402

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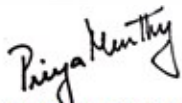
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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|-------|-----------------|--------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.68 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.14 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.54 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 22 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 27.0 | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 60.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 8.34 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.86 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 3.48 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.4 | | 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 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.SHIVARAJA SHETTY
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CONSULTANT BIOCHEMIST



Dr Priya Murthy
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



SIN No:SE04655402

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

 **1860 500 7788**
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| | |
|--|--|
| Patient Name : Mr.SANJEEV KUMAR SUNNAMUDDI | Collected : 09/Mar/2024 09:20AM |
| Age/Gender : 34 Y 2 M 24 D/M | Received : 09/Mar/2024 07:43PM |
| UHID/MR No : CSAR.0000139073 | Reported : 09/Mar/2024 11:19PM |
| Visit ID : CSAROPV331822 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : d | |

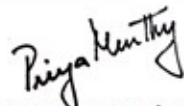
DEPARTMENT OF BIOCHEMISTRY

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 | 1.13 | mg/dL | 0.67-1.17 | Jaffe's, Method |
| UREA | 21.90 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 10.2 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 6.22 | mg/dL | 3.5-7.2 | Uricase PAP |
| CALCIUM | 9.60 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.68 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 137 | mmol/L | 136-146 | ISE (Indirect) |
| POTASSIUM | 4.3 | mmol/L | 3.5-5.1 | ISE (Indirect) |
| CHLORIDE | 101 | mmol/L | 101-109 | ISE (Indirect) |
| PROTEIN, TOTAL | 8.34 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.86 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 3.48 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.4 | | 0.9-2.0 | Calculated |



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Consultant Pathologist



SIN No:SE04655402

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Karnataka - 560034

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Patient Name : Mr.SANJEEV KUMAR SUNNAMUDDI
Age/Gender : 34 Y 2 M 24 D/M
UHID/MR No : CSAR.0000139073
Visit ID : CSAROPV331822
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : d

Collected : 09/Mar/2024 09:20AM
Received : 09/Mar/2024 07:43PM
Reported : 09/Mar/2024 09:55PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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) , <i>SERUM</i> | 16.00 | U/L | <55 | IFCC |



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| | |
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| Patient Name : Mr.SANJEEV KUMAR SUNNAMUDDI | Collected : 09/Mar/2024 09:20AM |
| Age/Gender : 34 Y 2 M 24 D/M | Received : 09/Mar/2024 07:43PM |
| UHID/MR No : CSAR.0000139073 | Reported : 09/Mar/2024 08:45PM |
| Visit ID : CSAROPV331822 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : d | |

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) | 1.38 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 9.39 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 3.872 | µIU/mL | 0.34-5.60 | 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 |



DR.SHIVARAJA SHETTY
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SIN No:SPL24041699

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| | | | |
|-----------------|-------------------------------|--------------|-------------------------------|
| Patient Name | : Mr.SANJEEV KUMAR SUNNAMUDDI | Collected | : 09/Mar/2024 09:20AM |
| Age/Gender | : 34 Y 2 M 24 D/M | Received | : 09/Mar/2024 07:43PM |
| UHID/MR No | : CSAR.0000139073 | Reported | : 09/Mar/2024 08:45PM |
| Visit ID | : CSAROPV331822 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : d | | |

DEPARTMENT OF IMMUNOLOGY

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



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24041699

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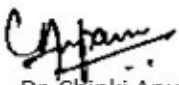


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|--|--|
| Patient Name : Mr.SANJEEV KUMAR SUNNAMUDDI | Collected : 09/Mar/2024 09:19AM |
| Age/Gender : 34 Y 2 M 24 D/M | Received : 10/Mar/2024 12:25AM |
| UHID/MR No : CSAR.0000139073 | Reported : 10/Mar/2024 12:32AM |
| Visit ID : CSAROPV331822 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : d | |

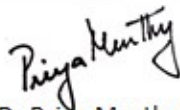
DEPARTMENT OF CLINICAL PATHOLOGY

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 | 6.0 | | 5-7.5 | Bromothymol Blue |
| SP. GRAVITY | 1.005 | | 1.002-1.030 | Dipstick |
| 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 | NITROPRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | EHRlich |
| BLOOD | NEGATIVE | | NEGATIVE | Dipstick |
| NITRITE | NEGATIVE | | NEGATIVE | Dipstick |
| 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 |



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Consultant Pathologist



Dr Priya Murthy
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



SIN No:UR2301079

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| | |
|--|--|
| Patient Name : Mr.SANJEEV KUMAR SUNNAMUDDI | Collected : 09/Mar/2024 09:19AM |
| Age/Gender : 34 Y 2 M 24 D/M | Received : 09/Mar/2024 06:21PM |
| UHID/MR No : CSAR.0000139073 | Reported : 09/Mar/2024 08:29PM |
| Visit ID : CSAROPV331822 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : d | |

DEPARTMENT OF CLINICAL PATHOLOGY

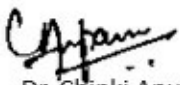
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

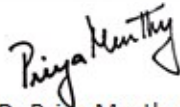
| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------|----------|------|-----------------|----------|
| URINE GLUCOSE(FASTING) | NEGATIVE | | NEGATIVE | Dipstick |

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Chinki Anupam
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Dr. Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UF011041

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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Karnataka - 560034

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| | | | |
|----------------------------|--------------------------------|--------------------|--------------------|
| Patient Name | : Mr. Sanjeev Kumar Sunnamuddi | Age/Gender | : 34 Y/M |
| UHID/MR No. | : CSAR.0000139073 | OP Visit No | : CSAROPV331822 |
| Sample Collected on | : | Reported on | : 12-03-2024 16:36 |
| LRN# | : RAD2261395 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : d | | |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Normal in size & echotexture normal. No focal lesion seen. No intra hepatic biliary duct dilatation. Portal & hepatic veins appears normal. CBD is not dilated.

GALL BLADDER : Minimally distended. No intraluminal calculi seen. Wall thickness is normal.

PANCREAS : Obscured by bowel gas. However the visualized parts of the pancreas appear grossly normal. Para-Aortic areas could not be seen.

SPLEEN : Normal in size and echotexture normal. No focal / diffuse lesions.

KIDNEYS : RIGHT KIDNEY : 9.1 x 4.4 cms, LEFT KIDNEY : 9.5 x 6.0 cms, normal parenchymal thickness. Both kidneys are normal in size and echotexture.

No calculi. No pelvicalyceal dilatation on both sides. Corticomedullary differentiation is well maintained.

URINARY BLADDER : Moderately distended. No intraluminal calculi/mass lesion seen.

PROSTATE : Normal in size & echotexture.

IMPRESSION : No sonologically detectable abnormality seen in the present study.

DR. RAMESH G
CONSULTANT RADIOLOGIST

(The sonography findings should always be considered in correlation with the clinical and other investigation findings where applicable).It is only a professional opinion.Not valid for medico-legal purpose) Higher imaging techniques to be done, depending on the condition of the patient, if clinically needed.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY

| | | | |
|----------------------------|--------------------------------|--------------------|--------------------|
| Patient Name | : Mr. Sanjeev Kumar Sunnamuddi | Age/Gender | : 34 Y/M |
| UHID/MR No. | : CSAR.0000139073 | OP Visit No | : CSAROPV331822 |
| Sample Collected on | : | Reported on | : 09-03-2024 17:48 |
| LRN# | : RAD2261395 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : d | | |

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA


- Trachea central.
- Mediastinum is central.
- Cardiac silhouette appear normal.
- Visualized lung fields appear normal.
- Bilateral hilum appear normal.
- CP angles are clear.

IMPRESSION : No obvious gross abnormality noted in the x-ray.

DR. RAMESH G
CONSULTANT RADIOLOGIST

ADVICE : Higher imaging techniques to be done, if clinically needed, depending on the clinical condition of the patient for further evaluation.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY

| | | |
|---|-----------------------------------|--|
| Name : Mr. Sanjeev Kumar Sunnamuddi Address : Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT | Age: 34 Y Sex: M | UHID: CSAR.0000139073  <small>A C S A R . 0 0 0 0 1 3 9 0 7 3 *</small> OP Number: CSAROPV331822 Bill No : CSAR-OCR-44804 Date : 09.03.2024 09:02 |
|---|-----------------------------------|--|

| Sno | Service Type/ServiceName | Department |
|---------------|--|------------|
| 1 | ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 | |
| 2 | GAMMA GLUTAMYL TRANSFERASE (GGT) | |
| 2 | 2D ECHO - 18 by 10:40 | |
| 3 | LIVER FUNCTION TEST (LFT) | |
| 4 | GLUCOSE, FASTING | |
| 5 | HEMOGRAM + PERIPHERAL SMEAR | |
| 6 | DIET CONSULTATION | |
| 7 | COMPLETE URINE EXAMINATION | |
| 8 | URINE GLUCOSE(POST PRANDIAL) | |
| 9 | PERIPHERAL SMEAR | |
| 10 | ECG - 10 | |
| 11 | RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) | |
| 12 | DENTAL CONSULTATION | |
| 13 | GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) - 8 | |
| 14 | URINE GLUCOSE(FASTING) | |
| 15 | HbA1c GLYCATED HEMOGLOBIN | |
| 16 | X-RAY CHEST PA - 9 | |
| 17 | ENT CONSULTATION - (2) Room | |
| 18 | FITNESS BY GENERAL PHYSICIAN | |
| 19 | BLOOD GROUP ABO AND RH FACTOR | |
| 20 | LIPID PROFILE | |
| 21 | BODY MASS INDEX (BMI) | |
| 22 | OPHTHAL BY GENERAL PHYSICIAN - Idrisi | |
| 23 | ULTRASOUND - WHOLE ABDOMEN - 18 by 12 | |
| 24 | THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) | |

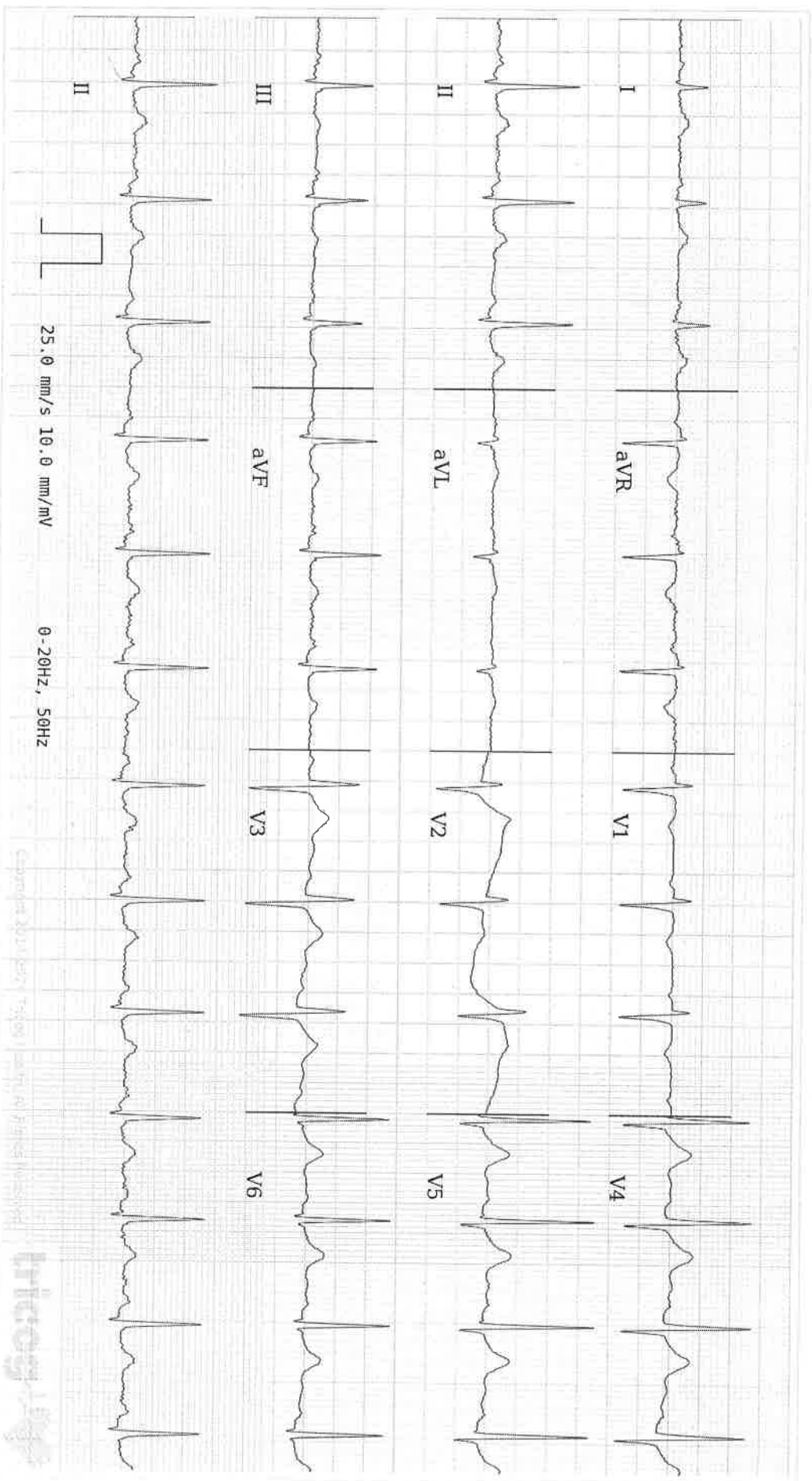
Wt - 71.9kg
 Ht - 174cm
 BP - 135/91
 P - 78b/m
 BMI - 23.7 kg/m²



Age / Gender: 34/Male
Patient ID: SANJEEV

Apollo Clinic, Kaikondrahalli

Date and Time: 9th Mar 24 11:40 AM



ECG Within Normal Limits: Sinus Rhythm. Baseline wandering. Please correlate clinically.

REPORTED BY

Basel work

Dr. Bhagyalakshmi Suresh Ballavand

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.

2D, TISSUE AND COLOR DOPPLER ECHOCARDIOGRAPHY REPORT



Apollo Clinic
Expertise. Closer to you.

| | | | |
|--------|-----------------------------|--------|-----------------|
| NAME | MR.SANJEEV KUMAR SUNNAMUDDI | | DATE:09.03.2024 |
| AGE | 34 YEARS | GENDER | MALE |
| REF BY | DR. SUMANJITA BORA | ID | 139073 |

MEASUREMENTS

| Vital Signs and Body Measurements | | | | | | | | | | | |
|------------------------------------|-----|-----|----------|--------|----|--|---------|---------|----------------|--|--|
| HR | bpm | B.P | mmHg | Height | mm | Weight | kg | BSA | m ² | | |
| M - Mode (Parasternal view) | | | | | | Conventional and Tissue Doppler | | | | | |
| AO | 31 | mm | LVID - d | 42 | mm | Mitral Valve | E : 0.7 | A : 0.6 | m/sec | | |
| LA | 36 | mm | LVID - s | 27 | mm | Aortic Valve | 1 | - | m/sec | | |
| | | | IVS - d | 10 | mm | Pulmonary Valve | 0.5 | - | m/sec | | |
| | | | PW - d | 10 | mm | E' Septal (TDI) | 0.14 | - | mm/sec | | |
| | | | EF- | 60 | % | E' Lateral (TDI) | 0.17 | - | mm/sec | | |

DESCRIPTIVE FINDINGS: Technically Adequate Study. Normal sinus rhythm During Study

| | |
|----------------------------|---|
| RIGHT ATRIUM | Normal in Size |
| LEFT ATRIUM | Normal in Size |
| RIGHT VENTRICLE | Normal in Size. TAPSE > 18mm |
| LEFT VENTRICLE | Normal in Size |
| WALL MOTION ANALYSIS | No RWMA |
| TRICUSPID VALVE | Normal, PASP=14mm Hg. TRivial TR |
| MITRAL VALVE | Normal |
| PULMONIC VALVE | Normal |
| AORTIC VALVE | Normal |
| IAS & IVS | Intact |
| AORTA | Normal in Size |
| SYSTEMIC & PULMONARY VEINS | Normally Draining |
| IVC | Normal |
| PERICARDIUM | Normal |
| OTHERS | No Intra Cardiac Thrombus, Tumour or Vegetation |

IMPRESSION:

Cardiac Chambers & valves are normal
Normal PAP
No RWMA
Normal Left Ventricular Systolic Function (LVEF-60 %)
No clot/ vegetation/pericardial effusion

Dr. SUMANJITA BORA, MBBS AMC.PGDCC(Cardiology)
CONSULTANT CARDIOLOGIST

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK KARNATAKA

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

MRD No 1040225689

PatientName: Mr.SANJEEV KUMAR SUNNAMUDDI /m/34 Yr(s) 2 Mn(s) 22 Day(s)

Address:SARJAPURA

Mobile Number:9177069973

Consultation Date:09-03-2024 02:51:00 PM



Consultant Dr Swati Kulkarni

Ophthalmic History Both Eye : NIL

Medical History NIL

Vision

| Eye | Distance Vision | | | Near Vision | |
|-------|-----------------|-------|-----|-------------|-------|
| | UCDVA | BCDVA | PH | UCNVA | BCNVA |
| Right | 6/6s | | 6/6 | N6 | |
| Left | 6/6 | | 6/6 | N6 | |

Final Prescription Spectacle
Correction

| | SPH | CYL | AXIS | ADD | DVA | NVA |
|-----------|------|-------|------|-----|-----|-----|
| Right Eye | 0.00 | -0.25 | 35 | | 6/6 | N6 |
| Left Eye | 0.00 | 0.00 | 180 | | 6/6 | N6 |

Issued Date & Time : 09-03-2024 03:12:16 PM

Dr Swati Kulkarni
{ kmc 90340 }

ORAL EXAMINATION FORM

For Appointments,
Call Us at
Mob-8870032885



Date: 9/3/24

Patient ID: 139073 MHC

Patient Name: Sanjeet Kumar Age: 34 Sex: Male Female

Chief Complaint: For a dental checkup

Medical History: -

Drug Allergy: -

Medication currently taken by the Guest: -

Initial Screenign Findings: -

Dental Caries: 8

Missing Teeth: -

Impacted Teeth: -

Attrition / Abrasion: -

Bleeding: Ropte

Pockets / Recession: 421 / 1234

Calculus / Stains: Cast

Mobility: -

Restored Teeth: -

Non - restorable Teeth for extraction / Root Stumps: -

Malocclusion: -

Others: -

Advice:- ① Scaling

② Filling

Doctor Name & Signature:

C. Priddy



INDIAN UNION DRIVING LICENCE



ORISSA STATE

FORM-7



Number : OR-0720110292184
 Name : SANJEEV KUMAR SUNNAMUDDI
 S/D/W of : LATE APPA RAO

Address : SURLA JUNCTION JAGAPUR,
 HARIPUR GANJAM 761009



Is licence to drive :
 Issued on : 19-12-2011
 DoB : 16-12-1989 BG: B+ve

| Vehicle Class | LMV | MCWG | | |
|---------------|------------|------------|--|--|
| Date of issue | 19-12-2011 | 19-12-2011 | | |

Valid till (Transport)
 Valid till (Non-Transport) 18-12-2031

[Signature]
 Date of Licence Hold

[Signature]
 HARIPUR GANJAM
 CIVIL SUPPLY

Fwd: Health Check up Booking Confirmed Request(bobS14256),Package Code-PKG10000366, Beneficiary Code-301807

pavani sahkari <pavanisahukari1@gmail.com>

Sat 09-03-2024 09:00

To: Sarjapur Apolloclinic <sarjapur@apolloclinic.com>

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

From: **Mediwheel** <wellness@mediwheel.in>

Date: Fri, 8 Mar 2024 at 2:54 PM

Subject: Health Check up Booking Confirmed Request(bobS14256),Package Code-PKG10000366, Beneficiary Code-301807

To: <pavanisahukari1@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

Dear **Pavani sahkari**,

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 - Sarjapur Road
Address of Diagnostic/Hospital- : Apollo Clinic, #769, GYR Chambers, Opp South Indian Bank, Kaikondanahalli, Sarjapur Road -560034
City : Bangalore
State :
Pincode : 560034
Appointment Date : 09-03-2024
Confirmation Status : Booking Confirmed
Preferred Time : 8:00am
Booking Status : Booking Confirmed

| Member Information | | |
|--------------------------|---------|--------|
| Booked Member Name | Age | Gender |
| Sanjeev Kumar sunnamuddi | 34 year | Male |

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