

Patient Name : Mr.N VENKATA SRINIVASA RAO	Collected : 14/Sep/2024 09:14AM
Age/Gender : 60 Y 4 M 5 D/M	Received : 14/Sep/2024 11:29AM
UHID/MR No : CCHA.0000116307	Reported : 14/Sep/2024 01:30PM
Visit ID : CCHAOPV344168	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15	g/dL	13-17	Spectrophotometer
PCV	43.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.99	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.7	fL	83-101	Calculated
MCH	30	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	14.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,910	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	50	%	40-80	Flow cytometry
LYMPHOCYTES	39	%	20-40	Flow cytometry
EOSINOPHILS	3	%	1-6	Flow cytometry
MONOCYTES	8	%	2-10	Flow cytometry
BASOPHILS	0	%	0-2	Flow cytometry
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4455	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3474.9	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	267.3	Cells/cu.mm	20-500	Calculated
MONOCYTES	712.8	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.28		0.78- 3.53	Calculated
PLATELET COUNT	212000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	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				
NO HEMOPARASITES SEEN				
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE				

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Consultant Pathologist

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SIN No:CCR240901560

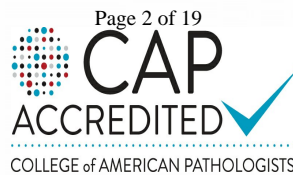
This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

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DEPARTMENT OF HAEMATOLOGY

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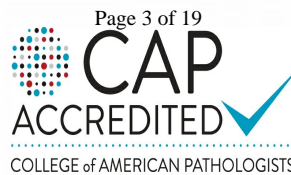
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Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate technology
Rh TYPE	Positive			Microplate technology



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	95	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:

- 1.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.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



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Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	103	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	131	mg/dL		Calculated

Comment:

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

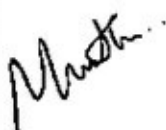
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

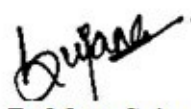
Note: Dietary preparation or fasting is not required.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. Low HbA1c in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised


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in interpretation of low Values.

4. 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.

5. 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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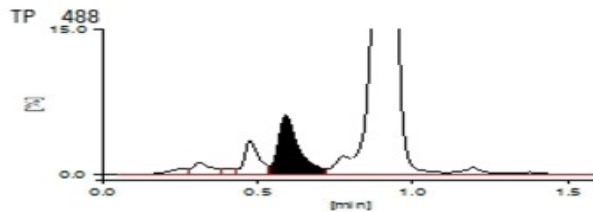
Chromatogram Report

V5.28 1 2024-09-14 13:57:41
 ID CCR240901562
 Sample No. 09140091 SL 0005 - 04
 Patient ID
 Name
 Comment

CALIB	Y = 1.1860X + 0.6587		
Name	%	Time	Area
A1A	0.5	0.23	8.95
A1B	0.9	0.31	17.01
F	0.3	0.40	6.00
LA1C+	1.9	0.48	37.39
SA1C	6.2	0.59	92.25
AO	92.0	0.90	1797.14
H-V0			
H-V1			
H-V2			

Total Area 1958.74

HbA1c 6.2 % IFCC 44 mmol/mol
HbA1 7.5 % HbF 0.3 %



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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	247	mg/dL	<200	CHO-POD
TRIGLYCERIDES	217	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	196	mg/dL	<130	Calculated
LDL CHOLESTEROL	152.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	43.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.84		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.27		<0.11	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.59	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	80.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.36	g/dL	6.6-8.3	Biuret
ALBUMIN	4.73	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.63	g/dL	2.0-3.5	Calculated
A/G RATIO	1.8		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. 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:

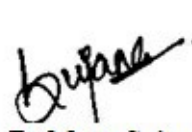
*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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

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


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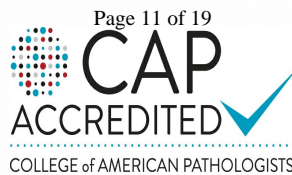
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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.93	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	18.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.90	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.78	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.96	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.36	g/dL	6.6-8.3	Biuret
ALBUMIN	4.73	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.63	g/dL	2.0-3.5	Calculated
A/G RATIO	1.8		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	19.00	U/L	<55	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.86	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	7.08	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.765	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

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SIN No:CCR240901556

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

Patient Name	: Mr.N VENKATA SRINIVASA RAO	Collected	: 14/Sep/2024 09:14AM
Age/Gender	: 60 Y 4 M 5 D/M	Received	: 14/Sep/2024 12:34PM
UHID/MR No	: CCHA.0000116307	Reported	: 14/Sep/2024 05:52PM
Visit ID	: CCHAOPV344168	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9920144559		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--

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

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CAP
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SIN No:CCR240901556

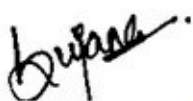
This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mr.N VENKATA SRINIVASA RAO	Collected : 14/Sep/2024 09:14AM
Age/Gender : 60 Y 4 M 5 D/M	Received : 14/Sep/2024 12:34PM
UHID/MR No : CCHA.0000116307	Reported : 14/Sep/2024 07:48PM
Visit ID : CCHAOPV344168	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.470	ng/mL	0-4	CLIA



Dr. Matta Sujana Reddy
M.B.B.S, M.D (Biochemistry)
Consultant Biochemist



Patient Name : Mr.N VENKATA SRINIVASA RAO	Collected : 14/Sep/2024 09:14AM
Age/Gender : 60 Y 4 M 5 D/M	Received : 14/Sep/2024 12:28PM
UHID/MR No : CCHA.0000116307	Reported : 14/Sep/2024 02:23PM
Visit ID : CCHAOPV344168	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
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	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	ABSENT	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT	/hpf	Occasional-Few	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

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

SIN No:CCR240901563

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

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Patient Name : Mr.N VENKATA SRINIVASA RAO	Collected : 14/Sep/2024 09:14AM
Age/Gender : 60 Y 4 M 5 D/M	Received : 14/Sep/2024 03:01PM
UHID/MR No : CCHA.0000116307	Reported : 14/Sep/2024 04:12PM
Visit ID : CCHAOPV344168	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

M. Muttavarapu Viswanath

Dr. Muttavarapu Viswanath
M.B.B.S., M.D (Pathology)
Consultant Pathologist



SIN No: CCR240901561

Apollo Health and Lifestyle Limited

Regd. Office: T-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address: Apollo Reference Laboratory, Hyderabad
Chanda Nagar, Hyderabad, Telangana, India - 500050



APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Patient Name : Mr.N VENKATA SRINIVASA RAO	Collected : 14/Sep/2024 09:14AM
Age/Gender : 60 Y 4 M 5 D/M	Received : 14/Sep/2024 12:21PM
UHID/MR No : CCHA.0000116307	Reported : 14/Sep/2024 03:25PM
Visit ID : CCHAOPV344168	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

*** End Of Report ***

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

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SIN No:CCR240901558

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

Patient Name : Mr.N VENKATA SRINIVASA RAO
Age/Gender : 60 Y 4 M 5 D/M
UHID/MR No : CCHA.0000116307
Visit ID : CCHAOPV344168
Ref Doctor : Self
Emp/Auth/TPA ID : 9920144559

Collected : 14/Sep/2024 09:14AM
Received : 14/Sep/2024 12:21PM
Reported : 14/Sep/2024 03:25PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

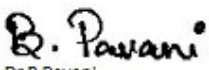
Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.


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


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COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CCR240901558

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

Patient Name	: Mr. N VENKATA SRINIVASA RAO	Age	: 60Yrs 4Mths 6Days
UHID	: CCHA.0000116307	OP Visit No.	: CCHAOPV344168
Printed On	: 14-09-2024 11:07 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 9920144559		

DEPARTMENT OF RADIOLOGY

ULTASOUND WHOLE ABDOMEN

Liver appears normal in size . **Increased Echogenicity** . No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals. **Liver measures : 14 . cm.**

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

Spleen appears normal. No focal lesion seen. Splenic vein is normal. **Spleen measures : 8 cm.**

Pancreas appears normal in echo pattern. No focal/mass lesion/calcification. No evidence of per pancreatic free fluid or collection. Pancreatic duct appears normal.

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

Right kidney measures : 95 x 40 mm. , Left kidney measures : 109 x 45 mm .

Calculus measures 2 mm at Lower Calyx of Left kidney .

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.

Prostate volume - 19 cc .

IMPRESSION:-

1 . GRADE - I FATTY LIVER .

2 . NON - OBSTRUCTIVE TINY LEFT RENAL CALCULUS .
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.

---End Of The Report---

G. Hemalatha

Dr. G HEMALATHA
MBBS,DNB
52014
Radiology

Patient Name	: Mr. N VENKATA SRINIVASA RAO	Age	: 60Yrs 4Mths 6Days
UHID	: CCHA.0000116307	OP Visit No.	: CCHAOPV344168
Printed On	: 14-09-2024 08:54 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 9920144559		

DEPARTMENT OF CARDIOLOGY

Ao (ed)	3.0CM
LA (es)	3.1 CM
LVID (ed)	4.3CM
LVID (es)	2.9CM
IVS (Ed)	1.1 CM
LVPW (Ed)	1.0 CM
EF	64.00%
%FD	32.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	NORMAL
INTER VENTRICULAR SEPTUM	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NO EFFUSION

LEFT VENTRICLE:

NO RWMA

COLOUR AND DOPPLER STUDIES:- NO MR / TR/ AR/ PR,

PJV: 0.7

AJV: 1.2

E: 0.4 m/s

A: 0.6m/s

IMPRESSION:-

NORMAL CHAMBERS,

NO RWMA,

GOOD LV/ RV FUNCTION,

NO MR/ TR/ AR/ PR,

GRADE I LV DIASTOLIC DYSFUNCTION,

NO PE/ CLOT/VEGS,

---End Of The Report---



Dr. A RAVINDRA
DM CARDIOLOGY
56899
Cardiology

Patient Name	: Mr. N VENKATA SRINIVASA RAO	Age	: 60Yrs 4Mths 6Days
UHID	: CCHA.0000116307	OP Visit No.	: CCHAOPV344168
Printed On	: 14-09-2024 01:40 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 9920144559		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

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

For clinical correlation.

---End Of The Report---

G. Hemalatha

Dr. G HEMALATHA
MBBS,DNB
52014
Radiology



To,

The Coordinator,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	NANDIGUM VENKATA SRINIVASA RAO
DATE OF BIRTH	09-05-1964
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	14-09-2024
BOOKING REFERENCE NO.	24S62108100113590S
SPOUSE DETAILS	
EMPLOYEE NAME	MRS. VADLAMOODI RAMA DEVI
EMPLOYEE EC NO.	62108
EMPLOYEE DESIGNATION	UNIVERSAL TELLER
EMPLOYEE PLACE OF WORK	HYDERABAD,KUKATPALLY
EMPLOYEE BIRTHDATE	24-09-1969

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **11-09-2024** till **31-03-2025**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager
HRM & Marketing Department
Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))



भारत सरकार
GOVERNMENT OF INDIA



నందిం వెంకట శ్రీనివాస రావు
Nandigum Venkata Srinivasa Rao
పుట్టి తేదీ/DOB: 09/05/1964
పురుషుడు/ MALE
Mobile No: 9573227899

3951 3996 6535
VID : 9136 2769 2661 1172

నా ఆధార్ - నా గుర్తింపు

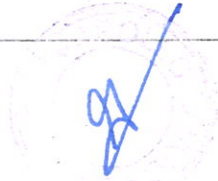
CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of MR. N. Venkata Srinivasa Rao on 14/09/24

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<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 employee 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 	



Dr. N. Venkata Srinivasa Jayaram
Medical Officer
 Reg. No. 19040200000039
 Qualification: M.B.B.S., M.S. (Profusion)

This certificate is not meant for medico-legal purposes



PRESCRIPTION

Besaid Bata Show Room ,Madinaguda opp SBI Bank Hyderabad .040-23046745

NAME: VENKATA SRIVASTAV Date: 14-09-2024

Age: 60

UHID: _____ PH NO _____

	SPH	CHI	AXIS	ADD	CVA
RIGHT	PL			2.5	20/20
LEFT	PL			2.5	20/20

LENS :

FRAMES:

Single vision	Bifocal	Progressive
Glass	k-Bifocal	Internal Progressive
CR-39	D-Bifocal	ARC
Polycarbonate	(Glass/CR)	High Index
		Photochromic

DIAGNOSIS :

Medicine :

Colour Vision Test: RE: NORMAL LE: NORMAL

NEXT EXAMINATIONS : 1 Month / Year

Signature

Apollo Health and Lifestyle Limited

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

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

THE APOLLO CLINIC
PHYSICAL EXAMINATION FORM

Ascalami

BILL DATE : 14/09/24 UHID: 116307

BILL NO: 90080

PATIENT NAME : Mrs. N. Venkata Srinivasa AGE: 60Y

Weight : 86.2 Kgs Rao

Height : 178 Cms

Chest Measurement : (in) (out)

Abdomen :

Pulse : 71 / bpm

B.P : 120/80 / mm Hg

Spo2 = 97%

Waist = 96 cm

Hip = 108 cm

BMI = 27

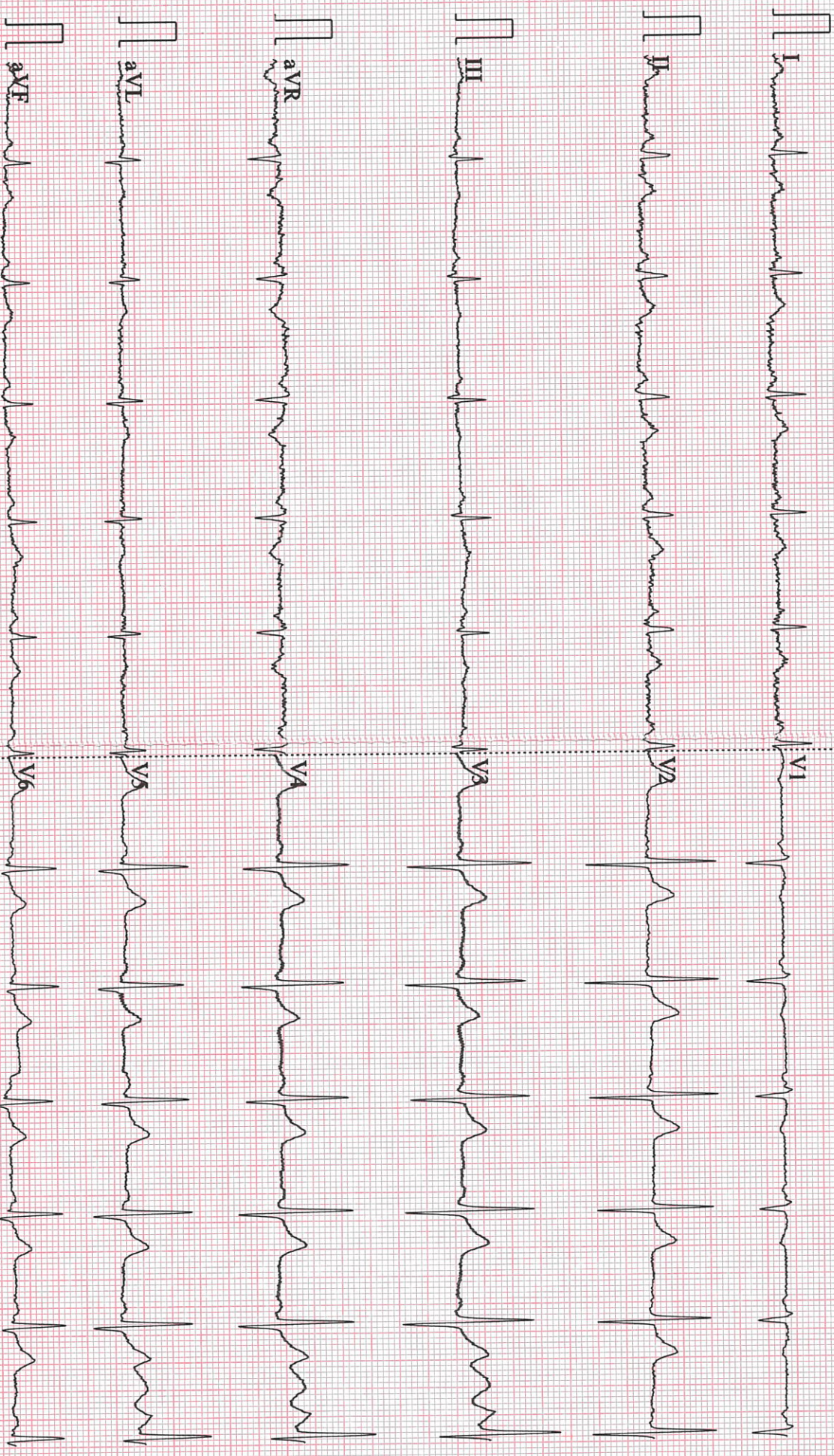
ID: 116307
MR VENKATA SRINIVASA RAO
Male 60 Years
Req. No. :

HR : 71 bpm
P : 118 ms
PR : 142 ms
QRS : 90 ms
QT/QTcBz : 386/420 ms
P/QRS/T : 59/60/50 °
RV5/SV1 : 1.170/0.569 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

N54

Report Confirmed by:



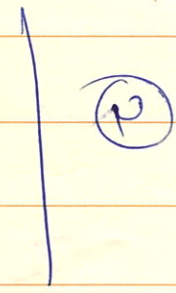
Name <u>Mr. N. Venkata Srinivasa Rao</u>	Date <u>14/9/27</u>
Age <u>60</u>	UHID No. <u>116307</u>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Ref. Physician
Ref. Diagnosis <u>ARCO FEMr</u>	

Echocardiogram Report

Echogenicity Poor Adequate Good Ht. _____ Wt. _____ BSA _____

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
Ao (ed) <u>3.0</u> cm	(1.5cm / m ²)	IVS (Ed) <u>1.1</u> cm	(0.6 - 1.2 cm)
LA (es) <u>3.1</u> cm	(1.5cm / m ²)	LVPW (Ed) <u>1.0</u> cm	(0.6 - 1.1 cm)
RVID (ed) _____ cm	(0.9 cm / m ²)	EF <u>64</u>	(0.62 - 0.85)
LVID (ed) <u>4.3</u> cm	(2.6 - 3.4 cm / m ²)	% FD <u>32</u>	(2.8% - 42%)
LVID (es) <u>2.9</u>			

MORPHOLOGICAL DATA

Mitral Valve	AML _____	Interatrial septum _____
	PML _____	Interventricular septum _____
Aortic Valve		Pulmonary artery _____
Tricuspid valve		Aorta _____
Pulmonary valve		Right atrium _____
Right ventricle		Left atrium _____