

Physical Medical Examination Format

NAME:- <u>M. Ravi Kiran</u>	DATE:- <u>25-03-23</u>
DESIGNATION:- <u>-</u>	AGE:- <u>43</u>
EMP CODE:- <u>-</u>	UNIT/DEPARTMENT:-
BLOOD GROUP:- <u>-</u>	MARTIAL STATUS:- MARRIED/UNMARRIED

MEDICAL EXAMINATION

Complaints (if any)	<u>Nil</u>
Personal /family history	<u>Nil</u>
Past Medical /Occupational History	<u>Nil</u>
Sensitivity/Allergy (if any)	<u>Nil</u>
Heart	<u>Normal</u>
Any other Conditions	<u>Nil</u>

Height:- <u>180</u>	Weight:- <u>83</u>	BMI <u>19.49</u>	Pulse <u>64</u>
Temp:- <u>98.6 F</u>	Pulse <u>64</u>	Resp:- <u>18</u>	B.P <u>120/80</u>

Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms. M. Ravi Kiran for pre-employment

/periodical medical examination, I have found / not found any disease, illness, contagious illness.

I Certify That Employee Is Medically.....

Fit

Unfit

Temporarily Unfit

Signature Of Employee

Dr. G. INDIRA PRIYADARSHINI
Signature & Seal Of Medical Examiner With MBBS

Registration No. Regd. No. 63148
Apollo Family Physician

Apollo Clinic, Seethammapuram, Vizag

Patient Name	: Mr. M RAVI KIRAN	Age	: 43 Y M
UHID	: CVIS.0000115580	OP Visit No	: CVISOPV108974
Reported on	: 25-03-2023 19:39	Printed on	: 25-03-2023 20:08
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

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

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys :

Right kidney : 9.1 x 5.2 cm PT:1.4 cm.

Left kidney : 9.5 x 4.6 cm PT:1.9 cm.

***Bilateral small kidneys with increased cortical echotexture and cortical scarring seen. Bilateral PCS and ureter with AP diameter of pelvis on right 1.7 cm on left 2.5 cm .**

Urinary Bladder :Overdistended. Wall thickened (6 mm)

Prostate :Normal in size and echo texture.No evidence of necrosis/calcification seen.
its volume 11 cc

PVRV:188 cc.

There is no evidence of ascites/ pleural effusion seen.

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IMPRESSION:-

***FATTY INFILTRATION OF LIVER.**

***BILATERAL CHRONIC PYELONEPHRITIS CHANGES.**

***OVERDISTENDED URINARY BLADDER WITH DIFFUSELY THICKENED WALL.**

For clinico-lab correlation / follow - up / further work up.

This is only a screening test.

Printed on:25-03-2023 19:39

---End of the Report---



Dr. ARUNA PEBBILI
DMRD Radiology
Radiology

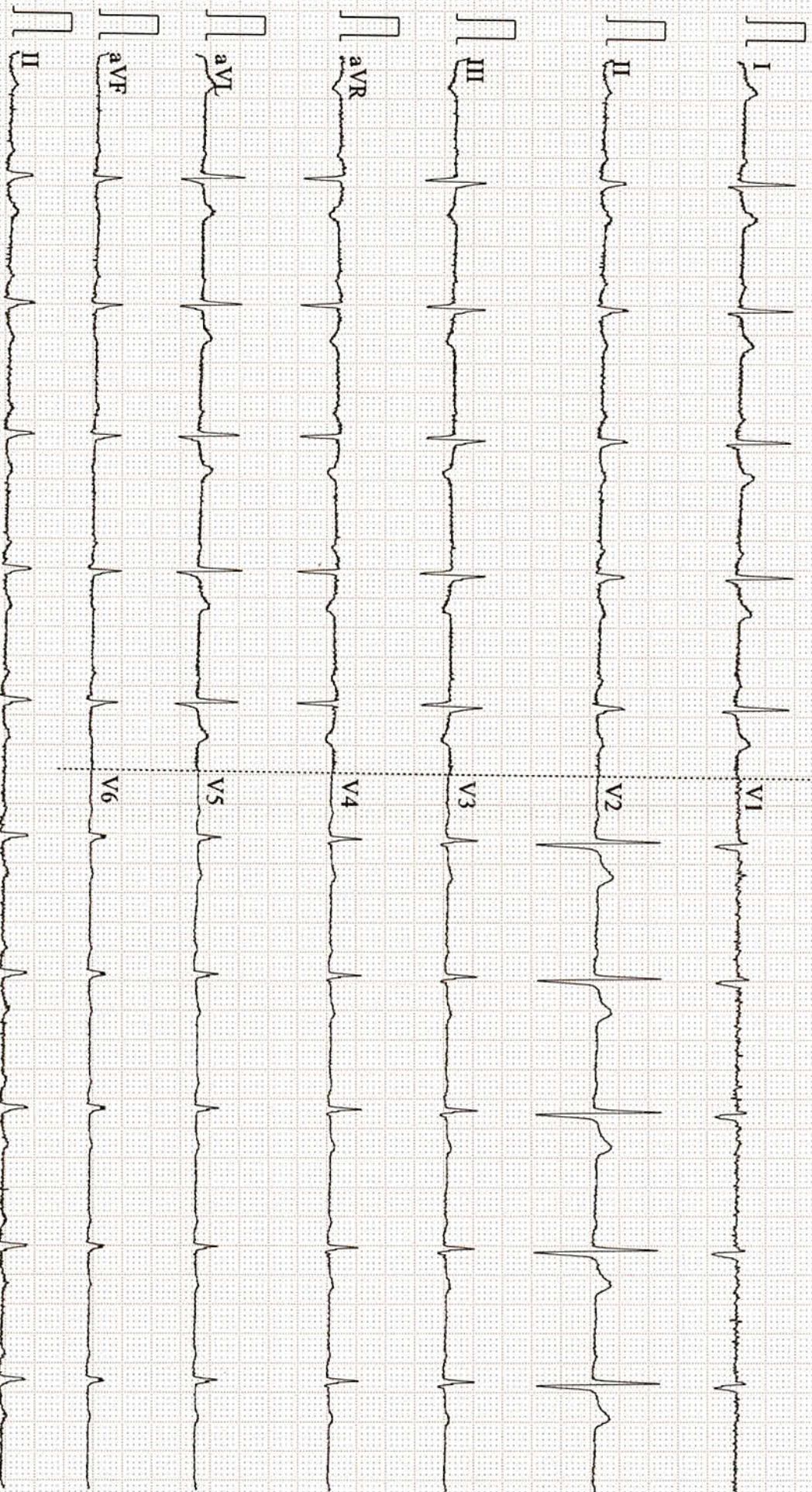
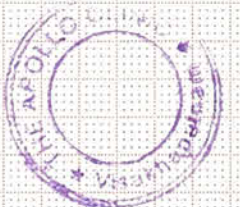
m ravi kiran
Male 43Years
Req. No. :

HR : 64 bpm
P : 124 ms
PR : 198 ms
QRS : 88 ms
QT/QTcBz : 372/384 ms
P/QRS/T : 35/21/-1 °
RV5/SV1 : 0.410/0.417 mV

Diagnosis Information:

Sinus rhythm
Inferior T wave abnormality is nonspecific
Borderline ECG

Report Confirmed by:



Name: MR. M. RAVIKIRAN Gender: M Age: 43 Years:
Test Done Date: 25/3/23

OPHTHALMOLOGY SCREENING REPORT

VISION :
DISTANCE : (00) 6/6 (05) 6/6 egl
NEAR VISION : 26 26
COLOUR VISION : WNL
ANT. SEGMENT:
Conjunctiva : WNL
Cornea : clear
Pupil : R(1.0)
FUNDUS :
IMPRESSION : WNL

M. Kan
Signature

Name: Mr. M RAVI KIRAN
 Age/Gender: 43 Y/M
 Address: VIZAG
 Location: VISAKHAPATNAM, ANDHRA PRADESH
 Doctor:
 Department: LABORATORY
 Rate Plan: VISHAKAPATNAM_03122022
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000115580
 Visit ID: CVISOPV108974
 Visit Date: 25-03-2023 09:13
 Discharge Date:
 Referred By: SELF

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
25-03-2023 15:23	64 Beats/min	120/80 mmHg	18 Rate/min	98.6 F	180 cms	63 Kgs	%	%	Years	19.44	cms	cms	cms		AHLL06520

Patient Name	: Mr. M RAVI KIRAN	Age	: 43 Y/M
UHID	: CVIS.0000115580	OP Visit No	: CVISOPV108974
Reported By:	: Dr. SHASHANKA CHUNDURI	Conducted Date	: 25-03-2023 15:24
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 64 beats 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 seen .

Impression:

NORMAL RESTING ECG.

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

Dr. SHASHANKA CHUNDURI

Patient Name : Mr. M RAVI KIRAN
 UHID : CVIS.0000115580
 Conducted By: : Dr. SHASHANKA CHUNDURI
 Referred By : SELF

Age : 43 Y/M
 OP Visit No : CVISOPV108974
 Conducted Date : 25-03-2023 16:24

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	3.0 CM
LA (es)	3.4 CM
LVID (ed)	4.2 CM
LVID (es)	2.7 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	62.00%
%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
LEFT VENTRICLE:	

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES :

PF:0.8m/sec.
 MF:E>A
 AF:0.9m/sec.

Patient Name : Mr.M RAVI KIRAN	Collected : 25/Mar/2023 09:32AM
Age/Gender : 43 Y 6 M 0 D/M	Received : 25/Mar/2023 02:45PM
UHID/MR No : CVIS.0000115580	Reported : 25/Mar/2023 04:59PM
Visit ID : CVISOPV108974	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9121615141	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

Red cells showed Microcytic hypochromic morphology. Moderate anisocytosis poikilocytosis present, no fragmented red cells seen , no NRBC . No polychromatophilia, No target cells seen . No intracellular hemo-parasite seen.

TLC within normal limits , No toxic granules, no shift to the left in nuclear index. Lymphocytes normal in morphology. No atypical leukocytes seen.

Platelets are in adequate numbers

Microcytic hypochromic anemia.



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DEPARTMENT OF HAEMATOLOGY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

HEMOGRAM , WHOLE BLOOD-EDTA				
HAEMOGLOBIN	12.5 ✓	g/dL	13-17	Spectrophotometer
PCV	38.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.96	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	81	fL	83-101	Calculated
MCH	25.2	pg	27-32	Calculated
MCHC	31.3	g/dL	31.5-34.5	Calculated
R.D.W	14.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	53.7	%	40-80	Electrical Impedance
LYMPHOCYTES	37.1	%	20-40	Electrical Impedance
EOSINOPHILS	3.3	%	1-6	Electrical Impedance
MONOCYTES	5.9	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3114.6	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2151.8	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	191.4	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	342.2	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	285000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20 ✓	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				



Patient Name : Mr.M RAVI KIRAN	Collected : 25/Mar/2023 09:32AM
Age/Gender : 43 Y 6 M 0 D/M	Received : 25/Mar/2023 02:45PM
UHID/MR No : CVIS.0000115580	Reported : 25/Mar/2023 05:57PM
Visit ID : CVISOPV108974	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Patient Name : Mr.M RAVI KIRAN	Collected : 25/Mar/2023 09:32AM
Age/Gender : 43 Y 6 M 0 D/M	Received : 25/Mar/2023 02:45PM
UHID/MR No : CVIS.0000115580	Reported : 25/Mar/2023 05:42PM
Visit ID : CVISOPV108974	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

GLUCOSE, FASTING , NAF PLASMA	82	mg/dL	70-100	GOD - POD
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Comment:

As per American Diabetes Guidelines

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	117	mg/dL	70-140	GOD - POD
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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.

Ref: Marks medical biochemistry and clinical approach

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Test Name	Result	Unit	Bio. Ref. Range	Method

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	6.0	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	126	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control



Patient Name : Mr.M RAVI KIRAN	Collected : 25/Mar/2023 09:32AM
Age/Gender : 43 Y 6 M 0 D/M	Received : 25/Mar/2023 03:03PM
UHID/MR No : CVIS.0000115580	Reported : 25/Mar/2023 06:55PM
Visit ID : CVISOPV108974	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	218	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	149	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	178	mg/dL	<130	Calculated
LDL CHOLESTEROL	148.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.45		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 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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	71.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.80	g/dL	6.3-8.2	Biuret
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.62		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.50	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	36.00	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	16.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.70	mg/dL	3.5-8.5	Uricase
CALCIUM	8.70	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.5-4.5	PMA Phenol
SODIUM	137	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	19.00	U/L	15-73	Glycylcysteine Nitoranalide
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Emp/Auth/TPA ID : 9121615141	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.32	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	95.90	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	4.190	µIU/mL	0.3-4.5	CLIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroidism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

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



Patient Name : Mr.M RAVI KIRAN	Collected : 25/Mar/2023 09:32AM
Age/Gender : 43 Y 6 M 0 D/M	Received : 26/Mar/2023 01:44PM
UHID/MR No : CVIS.0000115580	Reported : 26/Mar/2023 04:10PM
Visit ID : CVISOPV108974	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9121615141	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	3.530	ng/mL	0-4	CLIA
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Comment:

Disclaimer: *The results determined by assays using different manufacturers or methods may not be comparable.
 Manufacturer: BECKMAN COULTER



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Visit ID : CVISOPV108974	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

COMPLETE URINE EXAMINATION , URINE

PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	POSITIVE ✓		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	TRACE ✓		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE ✓		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	6-8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY




Patient Name : Mr.M RAVI KIRAN	Collected : 25/Mar/2023 09:32AM
Age/Gender : 43 Y 6 M 0 D/M	Received : 25/Mar/2023 06:25PM
UHID/MR No : CVIS.0000115580	Reported : 25/Mar/2023 08:15PM
Visit ID : CVISOPV108974	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9121615141	

DEPARTMENT OF CLINICAL PATHOLOGY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method


URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
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URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick
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*** End Of Report ***



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



Dr E. Maruthi Prasad
MSc, PhD (Biochemistry)
Consultant Biochemist



Patient Name	: Mr. M RAVI KIRAN	Age	: 43 Y M
UHID	: CVIS.0000115580	OP Visit No	: CVISOPV108974
Reported on	: 27-03-2023 10:31	Printed on	: 27-03-2023 10:31
Adm/Consult Doctor	:	Ref Doctor	: SELF

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.

Printed on:27-03-2023 10:31

---End of the Report---


Dr. ARUNA PEBBILI
DMRD Radiology
Radiology

Fwd: Health Check up Booking Confirmed Request(bobE34598),Package Code-
PKG10000307, Beneficiary Code-59276

Ravi Kiran Magapu <m.ravikiran@outlook.com>

Tue 21-Mar-23 5:15 PM

To: Visakhapatnam Branch, Visakhapatnam, Andhra Pradesh <VISAKH@bankofbaroda.com>

****सावधान:** यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.

****CAUTION:** THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS UNLESS YOU KNOW THE SENDER.

Begin forwarded message:

From: Mediwheel <wellness@mediwheel.in>

Date: Mar 21, 2023 at 4:59 PM

To: M Ravikiran <m.ravikiran@outlook.com>

Cc: Customercare <customercare@mediwheel.in>

Subject: Health Check up Booking Confirmed Request(bobE34598),Package Code-
PKG10000307, Beneficiary Code-59276

011-41195959

Email:wellness@mediwheel.in

Dear **MR. MAGAPU RAVI KIRAN,**

Please find the confirmation for following request.

Booking Date : 20-03-2023

Package Name : Arcofemi MediWheel Full Body Annual Plus Male Above 50 2D
ECHO

Name of Diagnostic/Hospital : Apollo Clinic - Visakhapatnam

Address of Diagnostic/Hospital : 50, Plot 5, Sheethammapeta, Beside BVK college, Dwaraka
Nagar, Vishakapatnam,

Contact Details : (0891) 258 5511 - 12

City : Visakhapatnam

State : Andhra Pradesh

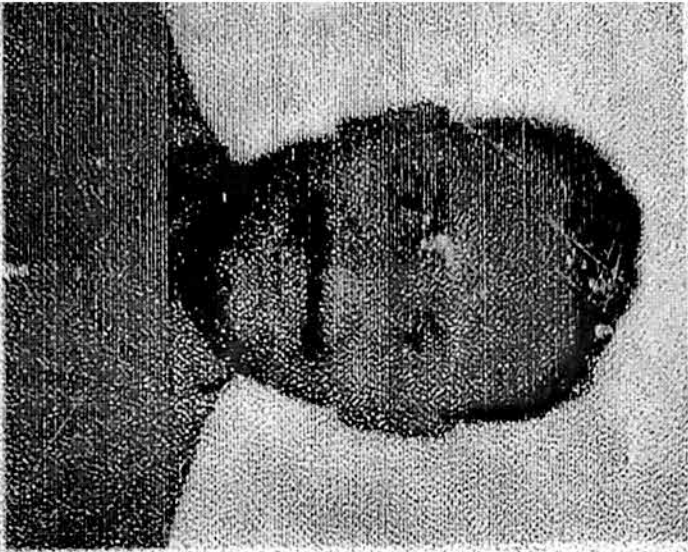
Pincode : 530016

Appointment Date : 25-03-2023



భారత ప్రభుత్వం

Government of India



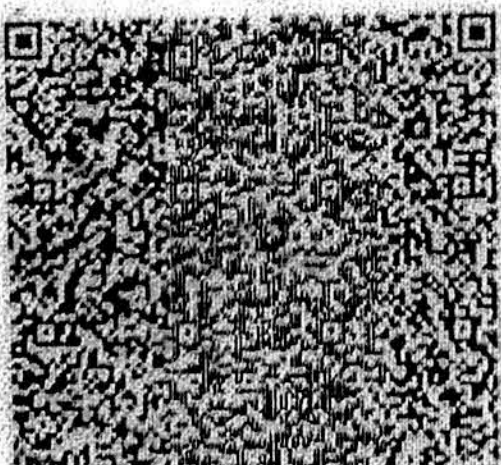
మాగాపు రవి కిరణ్

Maggapu Ravi Kiran

పుట్టిన తేదీ / DOB : 31/10/1979

పురుషుడు / MALE

3170 6859 0928



నా ఆధార్, నా గుర్తింపు

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

Namaste sir/madam

Doctor did not give
fit because of Doctor Advise:
physician consultation.

Thanking you.

