



The Apollo Clinic

PHYSICAL EXAMINATION FORM

Apollo Clinic
CORPORATE OFFICE

Date 7/2/24

Age 37y 1m

Name Mr. D. Hanumanth Rao

UHID: 85729

Height 170 Cms

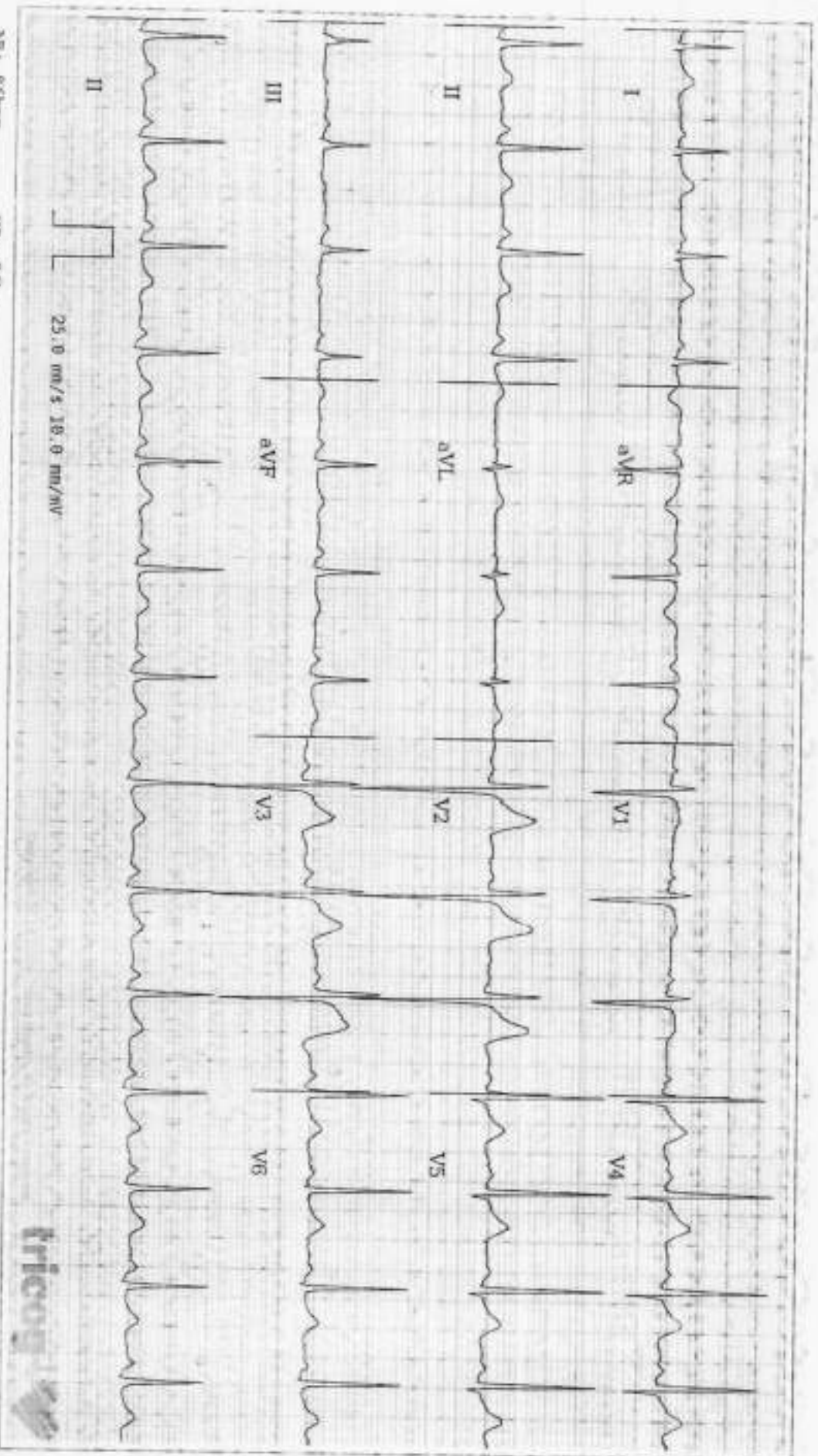
BMI 25.6

Weight 74 Kgs

BP 130/90

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

Age / Gender: 37/Male
Patient ID: 0000085729
Patient Name: D Hanumanth Rao



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

Disclaimer: Analysis as this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other diagnostic and investigations. This report should not 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. D. Hanumanth Rao on **02/02/24**

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

	<u>Tick</u>
<ul style="list-style-type: none"> Medically Fit 	<input 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. <u>Diabetes - DM</u></p> <p>2. <u>Dyslipidemia</u></p> <p>3. _____</p> <p>However the candidate should follow the advice medication that has been communicated to him/her.</p> <p>Review after <u>1 month or as per doctor's advice (as per need)</u></p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> Currently Unfit. <p>Review after _____ recommended.</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> Unfit 	<input type="checkbox"/>

Dr. Bottu Kalyani
 MBBS, MD (Gen. Med.)
 Reg No : JSMC/FMR/03476

Apollo Clinic

CONSENT FORM

Patient Name: D. Hanumath Rao Age: 37 Yrs.
UHID Number: Cup. 85729 Company Name: Arcofem

I Mr/Mrs/Ms D. Hanumath Rao Employee of Arcofem

(Company) Want to inform you that I am not interested in getting Optical

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature:  Date: 01/02/2024.

Apollo Clinic Uppal

From: Harish Devan <harishdevan007@gmail.com>
Sent: Wednesday, February 7, 2024 7:45 AM
To: Apollo Clinic Uppal
Subject: Fwd: Health Check up Booking Confirmed Request(bobE8272),Package Code-PKG10000366, Beneficiary Code-287948

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

From: **Mediwheel** <wellness@mediwheel.in>
Date: Tue, Feb 6, 2024, 6:58 PM
Subject: Health Check up Booking Confirmed Request(bobE8272),Package Code-PKG10000366, Beneficiary Code-287948
To: <harishdevan007@gmail.com>
Cc: <customercare@mediwheel.in>



011-41195959

Dear **DEVANABOINA HANUMANTHARAO**,

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

Booking Date : 06-02-2024

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

Address of Diagnostic/Hospital- : Apollo Clinic, Plot no:977,Survey no:45-50,H No:6-48/3,Near Pillar no:91, Beside Ramraj Cotton Show room, Canaranagar Bus-stop, Boduppal, Boduppal - 500039

City : Hyderabad

State :

Pincode : 500039

Appointment Date : 07-02-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:00am

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. DEVANABOINA HANUMANTARAO	37 year	Male

Note - Please note to not pay any amount .

Instructions to undergo Health Check:

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

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

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

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

Thanks,
Mediwheel Team

You have received this mail because your e-mail ID is registered with This is a system-generated e-mail **Arcofemi Healthcare Limited**, please don't reply to this message.

Please visit to our [Terms & Conditions](#) for more informaion. This email is recieved because you are register with us [Click here to unsubscribe](#).

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Thanks,
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Please visit to our [Terms & Conditions](#) for more informaion. This email is recieved because you are register with us [Click here to unsubscribe](#).

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



बैंक ऑफ़ बड़ोदा
Bank of Baroda

नाम
D Hanumantha Rao

Name

E.C. No. 96298



D Hanumantha Rao

धारक के हस्ताक्षर

Signature of Holder

D Hanumantha Rao

जारीकर्ता प्राधिकारी

Issuing Authority

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
07-02-2024 12:34	82 Beats/min	130/90 mmHg	22 Rate/min	98.6 F	170 cms	74 Kgs	%	%	Years	25.61	cms	cms	cms		AHLL06629

Name: Mr. DEVANABOINA HANUMANTHARAO
Age/Gender: 37 Y/M
Address: hyd
Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. KOPPULA TRIVENI

MR No: CUPP.0000085729
Visit ID: CUPPOPV129272
Visit Date: 07-02-2024 08:02
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

Name: Mr. DEVANABOINA HANUMANTHARAO
Age/Gender: 37 Y/M
Address: hyd
Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. GANJI SHIVA PRASAD

MR No: CUPP.0000085729
Visit ID: CUPPOPV129272
Visit Date: 07-02-2024 08:02
Discharge Date:
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PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Patient Name	: Mr. DEVANABOINA HANUMANTHARAO	Age	: 37 Y/M
UHID	: CUPP.0000085729	OP Visit No	: CUPPOPV129272
Reported By:	: Dr. VINAY KUMAR GUPTA	Conducted Date	: 07-02-2024 15:24
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 86 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 see

Impression:

NORMAL ECG.

CORRELATE CLINICALLY.

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

Dr. VINAY KUMAR GUPTA

Established Patient: No

Vitals

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Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. AYYAPPA SWAMY AMARA

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SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Patient Name : Mr. DEVANABOINA HANUMANTHARAO Age : 37 Y/M
UHID : CUPP.0000085729 OP Visit No : CUPPOPV129272
Conducted By: : Dr. CH VENKATESHAM Conducted Date : 07-02-2024 17:06
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.7 CM
LA (es)	3.4 CM
LVID (ed)	4.4 CM
LVID (es)	3.5 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	0.9 CM
EF	68.00%
%FD	34.00%
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. DEVANABOINA HANUMANTHARAO	Age	: 37 Y/M
UHID	: CUPP.0000085729	OP Visit No	: CUPPOPV129272
Conducted By:	: Dr. CH VENKATESHAM	Conducted Date	: 07-02-2024 17:06
Referred By	: SELF		

COLOUR AND DOPPLER STUDIES

AJV=1.3

PJV=0.8

E=0.8

A=0.7

IMPRESSION

NORMAL SIZED CARDIAC CHAMBERS & VALVES

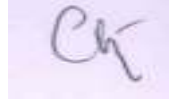
NORMAL BLOOD FLOWS

NO RWMA / LVH

GOOD LV / RV FUNCTIONS

NO CLOT / P.E.

Patient Name : Mr. DEVANABOINA
HANUMANTHARAO Age : 37 Y/M
UHID : CUPP.0000085729 OP Visit No : CUPPOPV129272
Conducted By: : Dr. CH VENKATESHAM Conducted Date : 07-02-2024 17:06
Referred By : SELF



Dr. CH
VENKATESHAM

Patient Name : Mr. DEVANABOINA HANUMANTHARAO

Age/Gender : 37 Y/M

UHID/MR No. : CUPP.0000085729

OP Visit No : CUPPOPV129272

Sample Collected on :

Reported on : 07-02-2024 17:54

LRN# : RAD2228081

Specimen :

Ref Doctor : Dr.SRAVYA SREE

Emp/Auth/TPA ID : 96298

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. MATTA JYOTHIRMAI
MBBS, MDRD
Radiology

Patient Name	: Mr. DEVANABOINA HANUMANTHARAO	Age/Gender	: 37 Y/M
UHID/MR No.	: CUPP.0000085729	OP Visit No	: CUPPOPV129272
Sample Collected on	:	Reported on	: 07-02-2024 10:50
LRN#	: RAD2228081	Specimen	:
Ref Doctor	: Dr.SRAVYA SREE		
Emp/Auth/TPA ID	: 96298		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size 148 mm **increased 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 94 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 56 mm.

Left kidney : 97 x 52 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 29 x 31 x 38 mm and echo texture. volume 18 cc.

IMPRESSION:-

- GRADE I FATTY LIVER.

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. MATTA JYOTHIRMAI
MBBS, MDRD
Radiology

Patient Name : Mr.DEVANABOINA HANUMANTHARAO	Collected : 07/Feb/2024 08:58AM
Age/Gender : 37 Y 6 M 0 D/M	Received : 07/Feb/2024 01:16PM
UHID/MR No : CUPP.0000085729	Reported : 07/Feb/2024 03:56PM
Visit ID : CUPPOPV129272	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 96298	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.6	g/dL	13-17	Spectrophotometer
PCV	40.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.12	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	79.1	fL	83-101	Calculated
MCH	26.6	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	14.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,680	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57.5	%	40-80	Electrical Impedance
LYMPHOCYTES	27.7	%	20-40	Electrical Impedance
EOSINOPHILS	5	%	1-6	Electrical Impedance
MONOCYTES	9.3	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4416	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2127.36	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	384	Cells/cu.mm	20-500	Calculated
MONOCYTES	714.24	Cells/cu.mm	200-1000	Calculated
BASOPHILS	38.4	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	317000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	11	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				


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



SIN No:BED240029822

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


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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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



SIN No:BED240029822

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Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

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


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



SIN No:BED240029822

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Age/Gender : 37 Y 6 M 0 D/M	Received : 07/Feb/2024 01:27PM
UHID/MR No : CUPP.0000085729	Reported : 07/Feb/2024 02:18PM
Visit ID : CUPPOPV129272	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 96298	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	100	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.

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

SIN No:PLF02101323

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



Patient Name : Mr.DEVANABOINA HANUMANTHARAO	Collected : 07/Feb/2024 08:58AM
Age/Gender : 37 Y 6 M 0 D/M	Received : 07/Feb/2024 01:40PM
UHID/MR No : CUPP.0000085729	Reported : 07/Feb/2024 04:32PM
Visit ID : CUPPOPV129272	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 96298	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	146	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)



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist

SIN No:EDT240012941

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

Page 5 of 16



Patient Name : Mr.DEVANABOINA HANUMANTHARAO
 Age/Gender : 37 Y 6 M 0 D/M
 UHID/MR No : CUPP.0000085729
 Visit ID : CUPPOPV129272
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 96298

Collected : 07/Feb/2024 08:58AM
 Received : 07/Feb/2024 01:40PM
 Reported : 07/Feb/2024 04:32PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

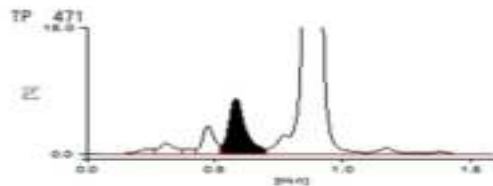
Chromatogram Report

HLCT2208 VS. 28 1 2024-02-07 15:09:12
 ID EDT240012941
 Sample No. 02070129 SL 0005 - 01
 Patient ID
 Name
 Comment

CALIB	Y = 1.1689X + 0.6048		
Name	%	Time	Area
A1A	0.5	0.24	7.79
A1B	1.0	0.31	16.30
F	0.3	0.40	4.91
LA1C+	1.9	0.47	31.56
SA1C	6.7	0.58	66.16
AO	91.3	0.88	1488.86
H-V0			
H-V1			
H-V2			

Total Area 1635.58

HbA1c 6.7 % IFCC 50 mmol/mol
 HbA1 8.2 % HbF 0.2 %




Dr. RAJESH BATTINA
 PhD.(Biochemistry)
 Consultant Biochemist

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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	202	mg/dL	<200	CHO-POD
TRIGLYCERIDES	163	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	160	mg/dL	<130	Calculated
LDL CHOLESTEROL	127.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.81		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



Dr. RAJESH BATTINA
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.58	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	73.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.06	g/dL	6.6-8.3	Biuret
ALBUMIN	4.14	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.92	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		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 > 1In 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. RAJESH BATTINA
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Consultant Biochemist

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.93	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	19.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.27	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.72	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.26	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	133	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	100	mmol/L	101-109	ISE (Indirect)



Dr. RAJESH BATTINA
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	22.00	U/L	<55	IFCC

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

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Age/Gender : 37 Y 6 M 0 D/M	Received : 07/Feb/2024 01:22PM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.71	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	7.51	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.523	µIU/mL	0.38-5.33	CLIA

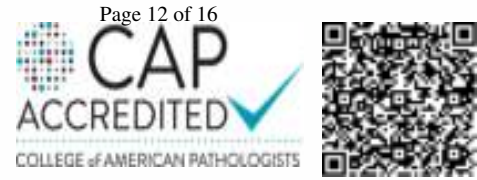
Comment:

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. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



SIN No:SPL24019547
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

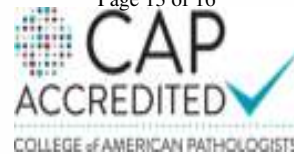


Dr. RAJESH BATTINA
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SIN No:SPL24019547

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Patient Name : Mr.DEVANABOINA HANUMANTHARAO	Collected : 07/Feb/2024 09:31AM
Age/Gender : 37 Y 6 M 0 D/M	Received : 07/Feb/2024 02:11PM
UHID/MR No : CUPP.0000085729	Reported : 07/Feb/2024 04:53PM
Visit ID : CUPPOPV129272	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 96298	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		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	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


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



SIN No:UR2276752

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Collected : 07/Feb/2024 09:31AM
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DEPARTMENT OF CLINICAL PATHOLOGY

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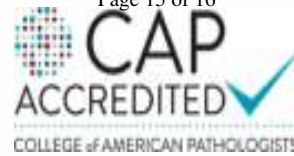
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

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

SIN No:UPP016435

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

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

Result/s to Follow:

PERIPHERAL SMEAR, GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)



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



SIN No:UF010453

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