

**Physical Medical Examination Format**

NAME:- <u>K. Appala raidey</u>	DATE:- <u>24/2/24</u>
DESIGNATION:-	AGE:- <u>45 Yr</u>
EMP CODE:-	UNIT/DEPARTMENT:-
BLOOD GROUP:-	MARTIAL STATUS:- MARRIED/UNMARRIED

**MEDICAL EXAMINATION**

Complaints (if any)	<u>Nil</u>
Personal /family history	<u>Nil</u>
Past Medical /Surgical	<u>m/dent</u>
Sensitivity/Allergy (if any)	<u>Nil</u>
Habits	<u>Nil</u>
Occupational History	<u>Nil</u>

Height: <u>160</u>	Weight: <u>66</u>	BMI:	Pulse:
Temp: <u>98.6</u>	Spo2: <u>99.1</u>	Resp: <u>18</u>	B.P: <u>130/80</u>

Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms. K. Appala raidey for pre-employment /periodical medical examination, I have found / not found any disease, illness, contagious illness

I Certify That Employee Is Medically Fit

Fit  
Signature Of Employee

Unfit

Dr.G. INDIRA PRIYADARSHINI  
MBBS  
Regd No. 63148  
Signature of Medical Examiner With  
Apollo Clinic, Seethamma Pet, Vizag  
Registration No.:

Dr. N. MUKUNDA RAO

MBBS.,MS

ENT CONSULTANT

Reg. No. AMC17481

Patient Name:

MR K. APPARAJAN

Age/Sex:

45/M

Date:

24/2/24

For routine checkup

O/E Both Ears, Nose, Throat } NAD

Healthy wNL clinically  
TF

Nil ENT

NMR

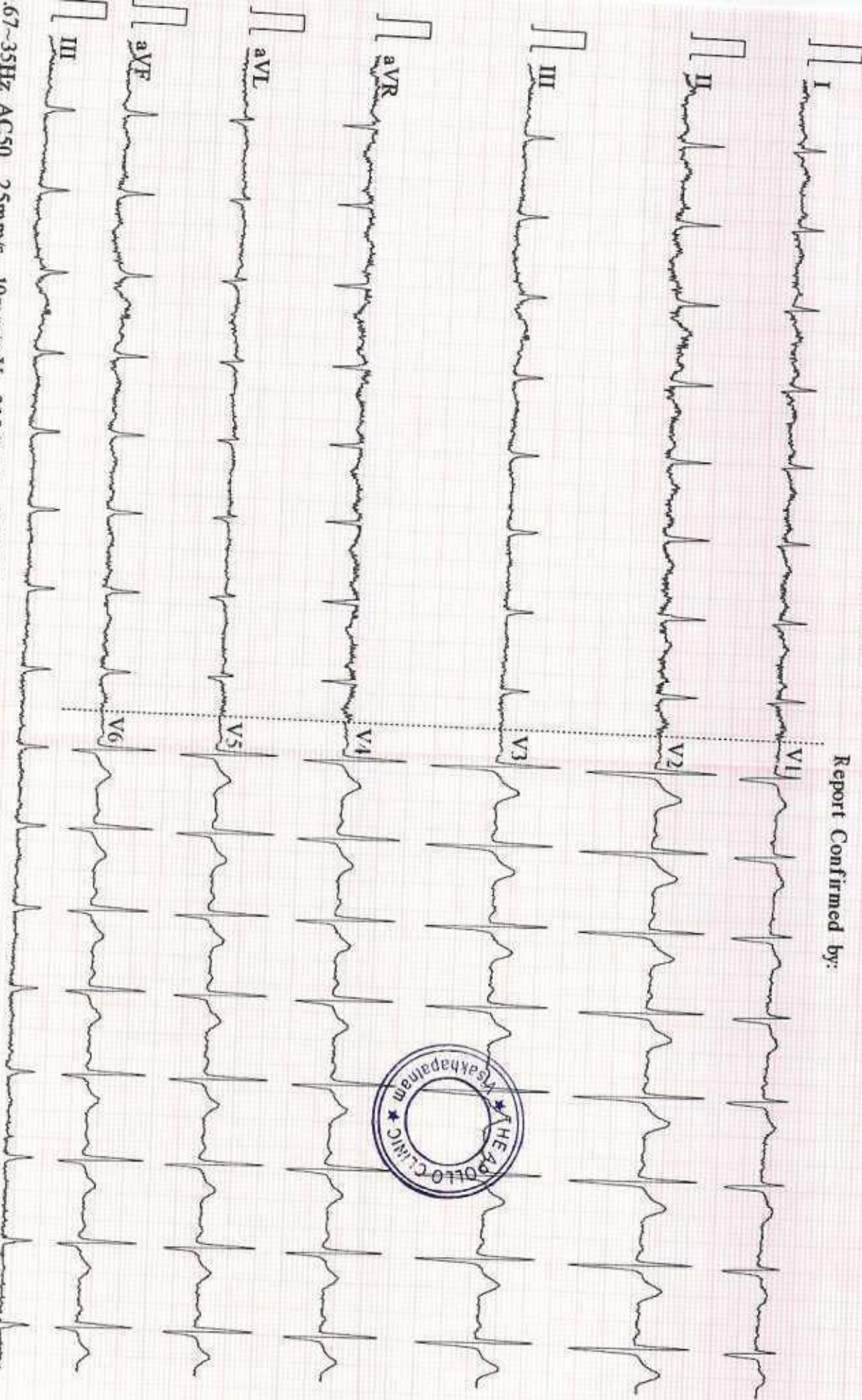


ID: 124075  
k appalanaidu  
Male 45Years  
Req. No. :

24-02-2024 12:27:30  
HR : 98 bpm  
P : 104 ms  
PR : 130 ms  
QRS : 86 ms  
QT/QTcBz : 334/427 ms  
P/QRS/T : 48/67/49 °  
RV5/SV1 : 1.120/0.685 mV

Diagnosis Information:  
Sinus rhythm  
Normal ECG

Report Confirmed by:



67-35Hz AC50 25mm/s 10mm/mV 2\*5.0s+1r CARDIART 9108

V1.46 Glasgow V28.6.7 APOLLO CLINIC VIZAG

**Dr ABHISHEK RAVURI (B.D.S)**  
Partner Consultant  
Apollo Dental  
Reg No: -A24146

Patient Name: - *K. Appala naidii* Age/Sex: - *45/M* Date: - *24/2/24*

*c/c pt. came for general check up.*

*d/fc* ① abrasions *654/4*

② DC *6/*

*Plan* Advised GIC fillings *654/4*

*Done* GIC fillings done *654/4*

*Seelima*  
Apollo Dental **387-650 7071**

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7<sup>th</sup> 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](http://www.apolloclinic.com)

TO BOOK AN APPOINTMENT

**1860 500 7788**



Patient Name : Mr. KANDREGULA APPALA NAIDU  
UHID : CVIS.0000124075  
Reported on : 24-02-2024 16:05  
Adm/Consult Doctor :  
Age : 45 Y M  
OP Visit No : CVISOPV121843  
Printed on : 24-02-2024 16:07  
Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver** : 13.5cm. 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** appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus/ hydronephrosis seen on either side.

Right kidney : 9.5 x 5.0 cm

Left kidney : 9.6 x 4.8 cm

**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** :Normal in size and echo texture.No evidence of necrosis/calcification seen. its volume 14 cc

There is no evidence of ascites/ pleural effusion seen.



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OP Visit No : CVISOPV121843  
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Ref Doctor : SELF

**IMPRESSION:-**

**\*GRADE - I FATTY INFILTRATION OF LIVER.**

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

**This is only a screening test.**

Printed on:24-02-2024 16:05

---End of the Report---

**Dr. KARROTU SUDHA**  
**MD RADIOLOGY**  
Radiology



Patient Name	: Mr. KANDREGULA APPALA NAIDU	Age	: 45 Y/M
UHID	: CVIS.0000124075	OP Visit No	: CVISOPV121843
Conducted By:	: Dr. APPALA NAIDU L S	Conducted Date	: 24-02-2024 15:15
Referred By	: SELF		

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:	
Ao (cd)	2.6 CM
LA (es)	3.0 CM
LVID (cd)	4.3 CM
LVID (es)	2.6 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	0.9 CM
EF	71.00%
%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: 0.9 m/sec.  
MFE > A.  
AF: 1.2 m/sec



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 **1860 500 7788**

IMPRESSION:

NORMAL CARDIAC SIZE.  
NO RWMA.  
NORMAL LV SYSTOLIC FUNCTION.  
NO PERICARDIAL EFFUSION.  
LVEF:71%

Dr. APPALA  
NAIDU L.S



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TO BOOK AN APPOINTMENT

 **1860 500 7788**



Patient Name : Mr. KANDREGULA APPALA NAIDU  
UHID : CVIS.0000124075  
Reported on : 24-02-2024 14:13  
Adm/Consult Doctor :  
Age : 45 Y M  
OP Visit No : CVISOPV121843  
Printed on : 24-02-2024 14:13  
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:24-02-2024 14:13

---End of the Report---

**Dr. KARROTU SUDHA**  
**MD RADIOLOGY**  
Radiology

Name: Mr. KANDREGULA APPALA NAIDU  
 Age/Gender: 45 Y/M  
 Address: VSKP  
 Location: VISAKHAPATNAM, ANDHRA PRADESH  
 Doctor:  
 Department: LABORATORY  
 Rate Plan: VISHAKAPATNAM\_06042023  
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000124075  
 Visit ID: CVISOPV121843  
 Visit Date: 24-02-2024 10:46  
 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
24-02-2024 15:30	98 Beats/min	130/80 mmHg	18 Rate/min	98.6 F	160 cms	66 Kgs	%	%	Years	25.78	cms	cms	cms		AHLL06520



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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mr. KANDREGULA APPALA NAIDU	Age	: 45 Y/M
UHID	: CVIS.0000124075	OP Visit No	: CVISOPV121843
Reported By:	: Dr. SHASHANKA CHUNDURI	Conducted Date	: 24-02-2024 15:29
Referred By	: SELF		

**ECG REPORT**

**Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 98 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



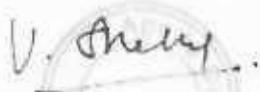


Patient Name	: Mr.KANDREGULA APPALA NAIDU	Collected	: 24/Feb/2024 10:55AM
Age/Gender	: 45 Y 6 M 0 D/M	Received	: 24/Feb/2024 02:06PM
UHID/MR No	: CVIS.0000124075	Reported	: 24/Feb/2024 04:00PM
Visit ID	: CVISOPV121843	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9032620938		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs ARE NORMOCYTIC NORMOCHROMIC.  
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.  
NO HEMOPARASITES SEEN



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

SIN No:BED240048921

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

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Page 1 of 10



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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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.7	g/dL	13-17	Spectrophotometer
PCV	45.50	%	40-50	Electronic pulse & Calculation
<b>RBC COUNT</b>	4.88	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	93	fL	83-101	Calculated
MCH	31.2	pg	27-32	Calculated
MCHC	34.6	g/dL	31.5-34.5	Calculated
R.D.W	11	%	11.6-14	Calculated
<b>TOTAL LEUCOCYTE COUNT (TLC)</b>	7,800	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	54.7	%	40-80	Electrical Impedence
LYMPHOCYTES	34.8	%	20-40	Electrical Impedence
EOSINOPHILS	4.1	%	1-6	Electrical Impedence
MONOCYTES	6.3	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4266.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2714.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	319.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	491.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.57		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	218000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	10	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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



SIN No:BED240048921

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 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 9032620938

Collected : 24/Feb/2024 10:56AM  
 Received : 24/Feb/2024 02:06PM  
 Reported : 24/Feb/2024 04:41PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**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	164	mg/dL	70-100	GOD - POD

**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  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.  
 2. Very high glucose levels ( $>450 \text{ mg/dL}$  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)	310	mg/dL	70-140	GOD - POD

**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	7.6	%		HPLC
HBA1C, GLYCATED HEMOGLOBIN ESTIMATED AVERAGE GLUCOSE (eAG)	171	mg/dL		Calculated

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



SIN No:EDT240022065

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

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

**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)

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



SIN No:EDT240022065

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr.KANDREGULA APPALA NAIDU  
 Age/Gender : 45 Y 6 M 0 D/M  
 UHID/MR No : CVIS.0000124075  
 Visit ID : CVISOPV121843  
 Ref Doctor : Dr.SELF  
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MC-2373

Collected : 24/Feb/2024 10:56AM  
 Received : 24/Feb/2024 02:06PM  
 Reported : 24/Feb/2024 03:56PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	235	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	400	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	34	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	201	mg/dL	<130	Calculated
LDL CHOLESTEROL	121	mg/dL	<100	Calculated
VLDL CHOLESTEROL	80	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.91		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. 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.
5. 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.
6. 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.

*V. Snehal*

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



SIN No:SE04640815

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017  
**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7<sup>th</sup> 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**



Patient Name : Mr.KANDREGULA APPALA NAIDU  
 Age/Gender : 45 Y 6 M 0 D/M  
 UHID/MR No : CVIS.0000124075  
 Visit ID : CVISOPV121843  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 9032620938

Collected : 24/Feb/2024 10:56AM  
 Received : 24/Feb/2024 02:06PM  
 Reported : 24/Feb/2024 03:56PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.20	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.31	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.89	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	39.52	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	32.3	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	93.50	U/L	53-128	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.72	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	2.78	g/dL	2.0-3.5	Calculated
A/G RATIO	1.7		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.



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

SIN No:SE04640815

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017  
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Vizag (Seethamma Peta)

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TO BOOK AN APPOINTMENT

**1860 500 7788**



Patient Name : Mr.KANDREGULA APPALA NAIDU  
 Age/Gender : 45 Y 6 M 0 D/M  
 UHID/MR No : CVIS.0000124075  
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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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.60	mg/dL	0.7-1.2	Jaffe
UREA	14.78	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	6.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.73	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	10.04	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	4.10	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	3.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE

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



SIN No:SE04640815

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APOLLO CLINICS NETWORK TELANGANA & AP

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Vizag (Seethamma Peta)

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mr.KANDREGULA APPALA NAIDU	Collected	: 24/Feb/2024 10:56AM
Age/Gender	: 45 Y 6 M 0 D/M	Received	: 24/Feb/2024 02:06PM
UHID/MR No	: CVIS.0000124075	Reported	: 24/Feb/2024 03:56PM
Visit ID	: CVISOPV121843	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9032620938		

**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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	57.60	U/L	0-55	IFCC

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



SIN No:SE04640815

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017  
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Vizag (Seethamma Peta)

Online appointments: [www.apolloclinic.com](http://www.apolloclinic.com)

TO BOOK AN APPOINTMENT

 **1860 500 7788**

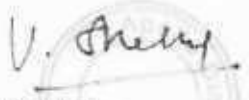
Patient Name : Mr.KANDREGULA APPALA NAIDU  
 Age/Gender : 45 Y 6 M 0 D/M  
 UHID/MR No : CVIS.0000124075  
 Visit ID : CVISOPV121843  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 9032620938

MC-2373

Collected : 24/Feb/2024 10:56AM  
 Received : 24/Feb/2024 03:13PM  
 Reported : 24/Feb/2024 05:10PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	4-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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



SIN No:UR2290967

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017  
**Apollo Health and Lifestyle Limited**

(CIN - UB5110TG2000PLC046089) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

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

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**



Patient Name : Mr.KANDREGULA APPALA NAIDU  
 Age/Gender : 45 Y 6 M 0 D/M  
 UHID/MR No : CVIS.0000124075  
 Visit ID : CVISOPV121843  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 9032620938

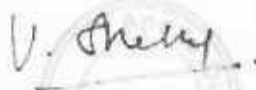
Collected : 24/Feb/2024 10:56AM  
 Received : 24/Feb/2024 03:13PM  
 Reported : 24/Feb/2024 05:09PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

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

Result/s to Follow:  
 PROSTATIC SPECIFIC ANTIGEN - TOTAL (PSA), THYROID PROFILE TOTAL (T3, T4, TSH), BLOOD GROUP ABO AND RH FACTOR



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



SIN No:UF010801

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017  
**Apollo Health and Lifestyle Limited**

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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**

Exception Letter for CAP

Date: 24/2/24

Client Name: K. Appala Rao

Gender - M

UHID: 124078

We are Not delivered service due to late

SERVICE eye checkup

So that we are unable to close all reports, once client visited again will close.

Regards,


EMP Name:

Y. Srinivas

Apollo clinic,

Vizag.

Client Name:

Signature: 

Ph no:

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
24-02-2024 15:30	98 Beats/min	130/80 mmHg	18 Rate/min	98.6 F	160 cms	66 Kgs	%	%	Years	25.78	cms	cms	cms		AHLL06520



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
24-02-2024 15:30	98 Beats/min	130/80 mmHg	18 Rate/min	98.6 F	160 cms	66 Kgs	%	%	Years	25.78	cms	cms	cms		AHLL06520

Name: Mr. KANDREGULA APPALA NAIDU  
Age/Gender: 45 Y/M  
Address: VSKP  
Location: VISAKHAPATNAM, ANDHRA PRADESH  
Doctor:  
Department: LABORATORY  
Rate Plan: VISHAKAPATNAM\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ABHIJEET SINGH SACHAN

MR No: CVIS.0000124075  
Visit ID: CVISOPV121843  
Visit Date: 24-02-2024 10:46  
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. KANDREGULA APPALA NAIDU  
Age/Gender: 45 Y/M  
Address: VSKP  
Location: VISAKHAPATNAM, ANDHRA PRADESH  
Doctor:  
Department: LABORATORY  
Rate Plan: VISHAKAPATNAM\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
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**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

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**PHYSICAL EXAMINATION**

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**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**



Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
24-02-2024 15:30	98 Beats/min	130/80 mmHg	18 Rate/min	98.6 F	160 cms	66 Kgs	%	%	Years	25.78	cms	cms	cms		AHLL06520

Name: Mr. KANDREGULA APPALA NAIDU  
Age/Gender: 45 Y/M  
Address: VSKP  
Location: VISAKHAPATNAM, ANDHRA PRADESH  
Doctor:  
Department: LABORATORY  
Rate Plan: VISHAKAPATNAM\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ADIREDDY GOPALAKRISHNA

MR No: CVIS.0000124075  
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24-02-2024 15:30	98 Beats/min	130/80 mmHg	18 Rate/min	98.6 F	160 cms	66 Kgs	%	%	Years	25.78	cms	cms	cms		AHLL06520



Name: Mr. KANDREGULA APPALA NAIDU  
Age/Gender: 45 Y/M  
Address: VSKP  
Location: VISAKHAPATNAM, ANDHRA PRADESH  
Doctor:  
Department: LABORATORY  
Rate Plan: VISHAKAPATNAM\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
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MR No: CVIS.0000124075  
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**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

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**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

<b>Patient Name</b>	: Mr. KANDREGULA APPALA NAIDU	<b>Age/Gender</b>	: 45 Y/M
<b>UHID/MR No.</b>	: CVIS.0000124075	<b>OP Visit No</b>	: CVISOPV121843
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 24-02-2024 16:07
<b>LRN#</b>	: RAD2247519	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 9032620938		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver** : 13.5cm. 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** appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus/ hydronephrosis seen on either side.

Right kidney : 9.5 x 5.0 cm

Left kidney : 9.6 x 4.8 cm

**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** :Normal in size and echo texture.No evidence of necrosis/calcification seen. its volume 14 cc

There is no evidence of ascites/ pleural effusion seen.

**IMPRESSION:-**

**\*GRADE - I FATTY INFILTRATION OF LIVER.**

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

**This is only a screening test.**



**Patient Name** : Mr. KANDREGULA APPALA NAIDU

**Age/Gender** : 45 Y/M

---

**Dr. KARROTU SUDHA**  
**MD RADIOLOGY**  
Radiology



**Patient Name** : Mr. KANDREGULA APPALA NAIDU

**Age/Gender** : 45 Y/M

**UHID/MR No.** : CVIS.0000124075

**OP Visit No** : CVISOPV121843

**Sample Collected on** :

**Reported on** : 24-02-2024 14:13

**LRN#** : RAD2247519

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 9032620938

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**DEPARTMENT OF RADIOLOGY**

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**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. KARROTU SUDHA**  
**MD RADIOLOGY**  
Radiology

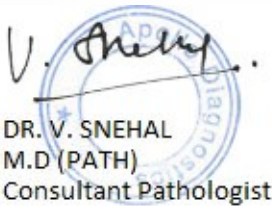
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**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs ARE NORMOCYTIC NORMOCHROMIC.  
 TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
 PLATELETS ARE ADEQUATE.  
 NO HEMOPARASITES SEEN



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



SIN No:BED240048921

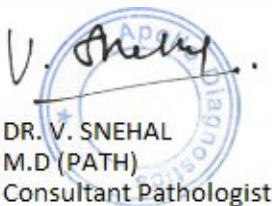
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Emp/Auth/TPA ID : 9032620938	

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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	15.7	g/dL	13-17	Spectrophotometer
PCV	45.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.88	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	93	fL	83-101	Calculated
MCH	31.2	pg	27-32	Calculated
MCHC	34.6	g/dL	31.5-34.5	Calculated
R.D.W	11	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,800	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	54.7	%	40-80	Electrical Impedance
LYMPHOCYTES	34.8	%	20-40	Electrical Impedance
EOSINOPHILS	4.1	%	1-6	Electrical Impedance
MONOCYTES	6.3	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4266.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2714.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	319.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	491.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.57		0.78- 3.53	Calculated
PLATELET COUNT	218000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				



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



SIN No:BED240048921

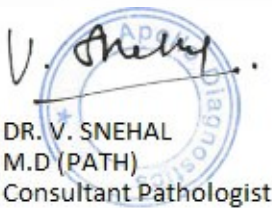
This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mr.KANDREGULA APPALA NAIDU	Collected : 24/Feb/2024 10:55AM
Age/Gender : 45 Y 6 M 0 D/M	Received : 24/Feb/2024 02:06PM
UHID/MR No : CVIS.0000124075	Reported : 24/Feb/2024 06:57PM
Visit ID : CVISOPV121843	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9032620938	

**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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



**DR. V. SNEHAL**  
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Age/Gender : 45 Y 6 M 0 D/M	Received : 24/Feb/2024 02:06PM
UHID/MR No : CVIS.0000124075	Reported : 24/Feb/2024 04:41PM
Visit ID : CVISOPV121843	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	164	mg/dL	70-100	GOD - POD

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.

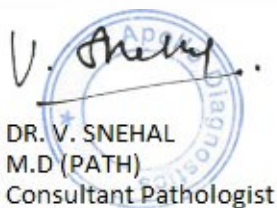
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	310	mg/dL	70-140	GOD - POD

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	7.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	171	mg/dL		Calculated



DR. V. SNEHAL  
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**DEPARTMENT OF BIOCHEMISTRY**

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

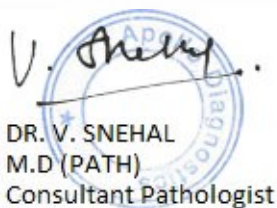
**Comment:**

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 ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

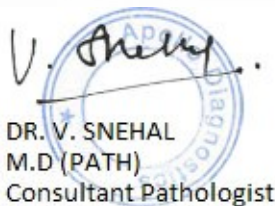
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	235	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	400	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	34	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	201	mg/dL	<130	Calculated
LDL CHOLESTEROL	121	mg/dL	<100	Calculated
VLDL CHOLESTEROL	80	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.91		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. 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.
5. 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.
6. 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:SE04640815

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Visit ID : CVISOPV121843	Status : Final Report
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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.20	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.31	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.89	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	39.52	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	32.3	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	93.50	U/L	53-128	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.72	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	2.78	g/dL	2.0-3.5	Calculated
A/G RATIO	1.7		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:

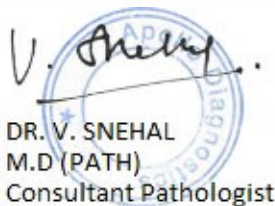
**1. Hepatocellular Injury:**

- 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, Wilsons’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. V. SNEHAL  
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Consultant Pathologist



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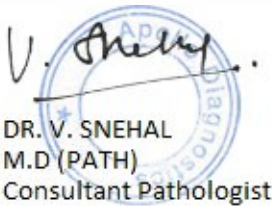


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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.60	mg/dL	0.7-1.2	Jaffe
UREA	14.78	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	6.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.73	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	10.04	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	4.10	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	3.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>57.60</b>	U/L	0-55	IFCC



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UHID/MR No : CVIS.0000124075	Reported : 24/Feb/2024 06:43PM
Visit ID : CVISOPV121843	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

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

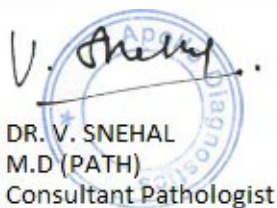
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.33	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	73.10	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	1.740	µIU/mL	0.3-4.5	CLIA

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. V. SNEHAL  
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Consultant Pathologist



SIN No:SPL24032310

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mr.KANDREGULA APPALA NAIDU	Collected : 24/Feb/2024 10:56AM
Age/Gender : 45 Y 6 M 0 D/M	Received : 25/Feb/2024 11:47AM
UHID/MR No : CVIS.0000124075	Reported : 25/Feb/2024 12:41PM
Visit ID : CVISOPV121843	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9032620938	

**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
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	1.380	ng/mL	0-4	CLIA

*K. Anusha*

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

SIN No:IM07028879

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



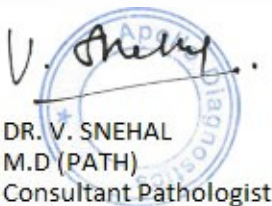


Patient Name : Mr.KANDREGULA APPALA NAIDU	Collected : 24/Feb/2024 10:56AM
Age/Gender : 45 Y 6 M 0 D/M	Received : 24/Feb/2024 03:13PM
UHID/MR No : CVIS.0000124075	Reported : 24/Feb/2024 05:10PM
Visit ID : CVISOPV121843	Status : Final Report
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DEPARTMENT 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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	4-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



DR. V. SNEHAL  
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Consultant Pathologist



SIN No:UR2290967

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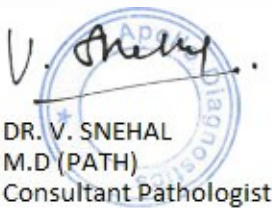
**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

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



**DR. V. SNEHAL**  
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SIN No:UF010801

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