

Age/Gender : 28 Y 0 M 12 D/M
UHID/MR No : CASR.0000188590
Visit ID : CASROPV227574

Ref Doctor :

IP/OP NO :

Collected : 22/Jun/2024 03:30AM
Received : 22/Jun/2024 03:15PM
Reported : 22/Jun/2024 05:38PM

Status : Final Report

Client Name : ONEHUB AS RAO NAGAR

Center location : Select, Hyderabad

#### **DEPARTMENT OF HAEMATOLOGY**

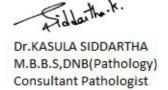
#### ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name                            | Result | Unit                    | Bio. Ref. Range | Method                         |
|--------------------------------------|--------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA          |        |                         |                 |                                |
| HAEMOGLOBIN                          | 15.7   | g/dL                    | 13-17           | Spectrophotometer              |
| PCV                                  | 46.80  | %                       | 40-50           | Electronic pulse & Calculation |
| RBC COUNT                            | 5.15   | Million/cu.mm           | 4.5-5.5         | Electrical Impedence           |
| MCV                                  | 90.8   | fL                      | 83-101          | Calculated                     |
| MCH                                  | 30.6   | pg                      | 27-32           | Calculated                     |
| MCHC                                 | 33.6   | g/dL                    | 31.5-34.5       | Calculated                     |
| R.D.W                                | 14.8   | %                       | 11.6-14         | Calculated                     |
| TOTAL LEUCOCYTE COUNT (TLC)          | 7,200  | cells/cu.mm             | 4000-10000      | Electrical Impedance           |
| DIFFERENTIAL LEUCOCYTIC COUNT (      | DLC)   |                         |                 |                                |
| NEUTROPHILS                          | 59     | %                       | 40-80           | Electrical Impedance           |
| LYMPHOCYTES                          | 30     | %                       | 20-40           | Electrical Impedance           |
| EOSINOPHILS                          | 2      | %                       | 1-6             | Electrical Impedance           |
| MONOCYTES                            | 9      | %                       | 2-10            | Electrical Impedance           |
| BASOPHILS                            | 0      | %                       | 0-2             | Electrical Impedance           |
| ABSOLUTE LEUCOCYTE COUNT             |        |                         |                 |                                |
| NEUTROPHILS                          | 4248   | Cells/cu.mm             | 2000-7000       | Calculated                     |
| LYMPHOCYTES                          | 2160   | Cells/cu.mm             | 1000-3000       | Calculated                     |
| EOSINOPHILS                          | 144    | Cells/cu.mm             | 20-500          | Calculated                     |
| MONOCYTES                            | 648    | Cells/cu.mm             | 200-1000        | Calculated                     |
| Neutrophil lymphocyte ratio (NLR)    | 1.97   |                         | 0.78- 3.53      | Calculated                     |
| PLATELET COUNT                       | 204000 | cells/cu.mm             | 150000-410000   | Electrical impedence           |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 2      | mm at the end of 1 hour | 0-15            | Modified Westergren            |
| PERIPHERAL SMEAR                     |        |                         |                 |                                |

RBC NORMOCYTIC NORMOCHROMIC WBC WITHIN NORMAL LIMITS PLATELETS ARE ADEQUATE ON SMEAR

NO HEMOPARASITES SEEN

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE









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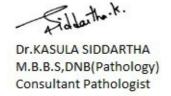
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#### **DEPARTMENT OF HAEMATOLOGY**

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









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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                |  |  |
|---|----------|------|-----------------|-----------------------|--|--|
| BLOOD GROUP ABO AND RH FACTOR, WHOLE BLOOD EDTA |          |      |                 |                       |  |  |
| BLOOD GROUP TYPE                                | В        |      |                 | Microplate technology |  |  |
| Rh TYPE   | Positive |      |                 | Microplate technology |  |  |

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







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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 | 94     | mg/dL | 70-100          | Hexokinase |

#### **Comment:**

#### As per American Diabetes Guidelines, 2023

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

#### Note:

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







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#### **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, POST PRANDIAL (PP), 2<br>HOURS, SODIUM FLUORIDE PLASMA<br>(2 HR) | 98     | mg/dL | 70-140          | HEXOKINASE |

#### **Comment:**

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

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

| Test Name                                     | Result | Unit  | Bio. Ref. Range | Method     |  |
|---|--------|-------|-----------------|------------|--|
| HBA1C (GLYCATED HEMOGLOBIN), WHOLE BLOOD EDTA |        |       |                 |            |  |
| HBA1C, GLYCATED HEMOGLOBIN                    | 4.8    | %     |                 | HPLC       |  |
| ESTIMATED AVERAGE GLUCOSE (eAG)               | 91     | mg/dL |                 | Calculated |  |

#### **Comment:**

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

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

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

Dr.E.Maruthi Prasad PhD (Biochemistry) Consultant biochemist Dr.K.Anusha
M.B.B.S,M.D(Biochemistry)
Consultant Biochemist





SIN No:ASR240601584



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#### **DEPARTMENT OF BIOCHEMISTRY**

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

- 3. 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.
- 4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- 5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
  - (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Dr.E.Maruthi Prasad PhD (Biochemistry) Consultant biochemist Dr.K.Anusha
M.B.B.S,M.D(Biochemistry)
Consultant Biochemist





SIN No:ASR240601584



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#### **DEPARTMENT OF BIOCHEMISTRY**

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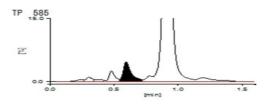
#### Chromatogram Report

HLC723G8 2024-06-22 16:39:48 ASR240601584 SI 0002 - 05 Sample No. 06220145 Patient ID

Comment

| CALIB | Y    | =1. 1456X | + 0.6058 |
|-------|------|-----------|----------|
| Name  | %    | Time      | Area     |
| A1A   | 0.4  | 0. 24     | 6. 93    |
| A1B   | 0.6  | 0.30      | 11. 29   |
| F     | 0.4  | 0.39      | 7.16     |
| LA1C+ | 1.5  | 0.48      | 28. 24   |
| SA1C  | 4.8  | 0.59      | 70. 54   |
| AO    | 93.7 | 0.91      | 1753.08  |
| H-VO  |      |           |          |
| H-V1  |      |           |          |
| H-V2  |      |           |          |

Total Area



22-06-2024 16:39:48 APOLLO

APOLLO DIAGNOSTICS GLOBAL

1/1

Dr.E.Maruthi Prasad PhD (Biochemistry) Consultant biochemist M.B.B.S, M.D(Biochemistry) Consultant Biochemist





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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                        |  |  |  |
|-------------------------|--------|-------|-----------------|-------------------------------|--|--|--|
| LIPID PROFILE , SERUM   |        |       |                 |                               |  |  |  |
| TOTAL CHOLESTEROL       | 137    | mg/dL | <200            | CHO-POD                       |  |  |  |
| TRIGLYCERIDES           | 71     | mg/dL | <150            | GPO-POD                       |  |  |  |
| HDL CHOLESTEROL         | 40     | mg/dL | 40-60           | Enzymatic<br>Immunoinhibition |  |  |  |
| NON-HDL CHOLESTEROL     | 97     | mg/dL | <130            | Calculated                    |  |  |  |
| LDL CHOLESTEROL         | 82.8   | mg/dL | <100            | Calculated                    |  |  |  |
| VLDL CHOLESTEROL        | 14.2   | mg/dL | <30             | Calculated                    |  |  |  |
| CHOL / HDL RATIO        | 3.43   |       | 0-4.97          | Calculated                    |  |  |  |
| ATHEROGENIC INDEX (AIP) | 0.11   |       | <0.11           | Calculated                    |  |  |  |

#### **Comment:**

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

|                     | Desirable                              | Borderline High | High      | Very High |
|---------------------|--|-----------------|-----------|-----------|
| TOTAL CHOLESTEROL   | < 200                                  | 200 - 239       | ≥ 240     |           |
| TRIGLYCERIDES       | <150                                   | 150 - 199       | 200 - 499 | ≥ 500     |
| LDL                 | Optimal < 100<br>Near Optimal 100-129  | 130 - 159       | 160 - 189 | ≥ 190     |
| HDL                 | ≥ 60                                   |                 |           |           |
| NON-HDL CHOLESTEROL | Optimal <130;<br>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                |  |  |  |
|---------------------------------------|--------|-------|-----------------|-----------------------|--|--|--|
| LIVER FUNCTION TEST (LFT), SERUM      |        |       |                 |                       |  |  |  |
| BILIRUBIN, TOTAL                      | 0.93   | mg/dL | 0.3–1.2         | DPD                   |  |  |  |
| BILIRUBIN CONJUGATED (DIRECT)         | 0.19   | mg/dL | <0.2            | DPD                   |  |  |  |
| BILIRUBIN (INDIRECT)                  | 0.74   | mg/dL | 0.0-1.1         | Dual Wavelength       |  |  |  |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)   | 20     | U/L   | <50             | IFCC                  |  |  |  |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 23.0   | U/L   | <50             | IFCC                  |  |  |  |
| ALKALINE PHOSPHATASE                  | 83.00  | U/L   | 30-120          | IFCC                  |  |  |  |
| PROTEIN, TOTAL                        | 6.81   | g/dL  | 6.6-8.3         | Biuret                |  |  |  |
| ALBUMIN                               | 4.29   | g/dL  | 3.5-5.2         | BROMO CRESOL<br>GREEN |  |  |  |
| GLOBULIN                              | 2.52   | 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:

- 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, 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.

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







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- 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.

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







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| Test Name   | Result | Unit   | Bio. Ref. Range | Method                      |  |  |  |
|---|--------|--------|-----------------|-----------------------------|--|--|--|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM |        |        |                 |                             |  |  |  |
| CREATININE  | 0.87   | mg/dL  | 0.84 - 1.25     | Modified Jaffe, Kinetic     |  |  |  |
| UREA  | 20.40  | mg/dL  | 17-43           | GLDH, Kinetic Assay         |  |  |  |
| BLOOD UREA NITROGEN                                 | 9.5    | mg/dL  | 8.0 - 23.0      | Calculated                  |  |  |  |
| URIC ACID   | 5.32   | mg/dL  | 3.5–7.2         | Uricase PAP                 |  |  |  |
| CALCIUM   | 9.27   | mg/dL  | 8.8-10.6        | Arsenazo III                |  |  |  |
| PHOSPHORUS, INORGANIC                               | 2.51   | mg/dL  | 2.5-4.5         | Phosphomolybdate<br>Complex |  |  |  |
| SODIUM  | 140    | mmol/L | 136–146         | ISE (Indirect)              |  |  |  |
| POTASSIUM   | 4.4    | mmol/L | 3.5–5.1         | ISE (Indirect)              |  |  |  |
| CHLORIDE  | 107    | mmol/L | 101–109         | ISE (Indirect)              |  |  |  |
| PROTEIN, TOTAL                                      | 6.81   | g/dL   | 6.6-8.3         | Biuret                      |  |  |  |
| ALBUMIN   | 4.29   | g/dL   | 3.5-5.2         | BROMO CRESOL<br>GREEN       |  |  |  |
| GLOBULIN  | 2.52   | g/dL   | 2.0-3.5         | Calculated                  |  |  |  |
| A/G RATIO   | 1.7    |        | 0.9-2.0         | Calculated                  |  |  |  |

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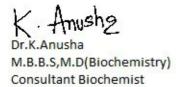
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#### **DEPARTMENT OF BIOCHEMISTRY**

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







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#### **DEPARTMENT OF IMMUNOLOGY**

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

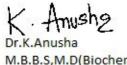
| Test Name                          | Result    | Unit   | Bio. Ref. Range | Method |
|------------------------------------|-----------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSF | l), SERUM |        |                 |        |
| TRI-IODOTHYRONINE (T3, TOTAL)      | 0.94      | ng/mL  | 0.87-1.78       | CLIA   |
| THYROXINE (T4, TOTAL)              | 10.55     | μg/dL  | 5.48-14.28      | CLIA   |
| THYROID STIMULATING HORMONE (TSH)  | 3.030     | 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   | <b>T3</b> | <b>T4</b> | 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   |



M.B.B.S,M.D(Biochemistry) Consultant Biochemist







Age/Gender : 28 Y 0 M 12 D/M
UHID/MR No : CASR.0000188590
Visit ID : CASROPV227574

Ref Doctor : CASROPV227

IP/OP NO

Collected : 22/Jun/2024 03:30AM Received : 22/Jun/2024 03:22PM

Reported : 22/Jun/2024 04:48PM

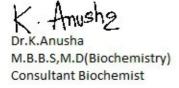
Status : Final Report
Client Name : ONEHUB AS RAO NAGAR

Center location : Select, Hyderabad

#### **DEPARTMENT OF IMMUNOLOGY**

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

High High High Pituitary Adenoma; TSHoma/Thyrotropinoma









 Age/Gender
 : 28 Y 0 M 12 D/M

 UHID/MR No
 : CASR.0000188590

Visit ID : CASROPV227574

Ref Doctor : IP/OP NO :

Collected : 22/Jun/2024 03:30AM
Received : 22/Jun/2024 03:22PM
Reported : 22/Jun/2024 04:58PM

Status : Final Report

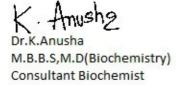
Client Name : ONEHUB AS RAO NAGAR

Center location : Select, Hyderabad

#### **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 |
|--|--------|-------|-----------------|--------|
| TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA), SERUM | 0.590  | ng/mL | 0-4             | CLIA   |





Age/Gender : 28 Y 0 M 12 D/M
UHID/MR No : CASR.0000188590

Visit ID : CASROPV227574

Ref Doctor :

IP/OP NO :

Collected : 22/Jun/2024 03:30AM

Received : 22/Jun/2024 03:37PM

Reported : 22/Jun/2024 04:34PM

Status : Final Report

Client Name : ONEHUB AS RAO NAGAR

Center location : Select, Hyderabad

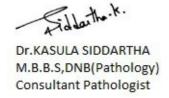
#### **DEPARTMENT OF CLINICAL PATHOLOGY**

#### 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 (C | UE) , URINE        | <u>'</u> |                           |                                     |
| PHYSICAL EXAMINATION          |                    |          |                           |                                     |
| COLOUR                        | YELLOW             |          | PALE YELLOW               | Physical measurement                |
| TRANSPARENCY                  | CLEAR              |          | CLEAR                     | Physical measurement                |
| рН                            | 5.5                |          | 5-7.5                     | Bromothymol Blue                    |
| SP. GRAVITY                   | 1.020              |          | 1.002-1.030               | Dipstick                            |
| BIOCHEMICAL EXAMINATION       | '                  | <u>'</u> | <u>'</u>                  | '                                   |
| 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 (0.1-<br>1.8mg/dl) | Diazonium salt                      |
| NITRITE                       | NEGATIVE           |          | NEGATIVE                  | Griess reaction                     |
| LEUCOCYTE ESTERASE            | NEGATIVE           |          | NEGATIVE                  | Diazonium salt                      |
| CENTRIFUGED SEDIMENT WET MO   | OUNT AND MICROSCOP | Υ        |                           | ·                                   |
| PUS CELLS                     | 0                  | /hpf     | 0-5                       | Automated Image based microscopy    |
| EPITHELIAL CELLS              | 0                  | /hpf     | < 10                      | Automated Image<br>Based Microscopy |
| RBC                           | 0                  | /hpf     | 0-2                       | Automated Image based microscopy    |
| CASTS                         | ABSENT             | /lpf     | 0-2 Hyaline Cast          | Automated Image based microscopy    |
| CRYSTALS                      | ABSENT             | /hpf     | Occasional-Few            | Automated Image based microscopy    |

#### **Comment:**

All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of 10 high power fields.







Age/Gender : 28 Y 0 M 12 D/M
UHID/MR No : CASR.0000188590

Visit ID : CASROPV227574

Ref Doctor : IP/OP NO :

Collected : 22/Jun/2024 03:30AM

Received : 22/Jun/2024 03:37PM

Reported : 22/Jun/2024 04:34PM

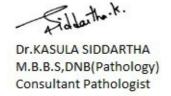
Status : Final Report

Client Name : ONEHUB AS RAO NAGAR

Center location : Select, Hyderabad

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

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





Age/Gender : 28 Y 0 M 12 D/M
UHID/MR No : CASR.0000188590

Visit ID : CASROPV227574

Ref Doctor : IP/OP NO :

Collected : 22/Jun/2024 03:30AM

Received : 22/Jun/2024 03:35PM

Reported : 22/Jun/2024 04:25PM

Status : Final Report

Client Name : ONEHUB AS RAO NAGAR

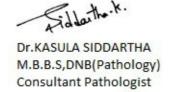
Center location : Select, Hyderabad

#### **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 |
| To ad Maria                  | Desult   | l la it | Die Det Denne   | 84 - 4 h |
| Test Name                    | Result   | Unit    | Bio. Ref. Range | Method   |
|                              |          |         |                 |          |

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









: DNB Radiodiagnosis

Patient Name : Mr. TUMMI NANDA KUMAR Age : 28Yrs 0Mths 13Days **UHID** : CASR.0000188590 OP Visit No. : CASROPV227574 Printed On : 23-06-2024 05:29 AM Adm/Consult Doctor: Dr.K PRAVEEN BABU

Department : Radiology

: 47491

Registration No.

#### **DEPARTMENT OF RADIOLOGY**

Qualification

#### **ULTRASOUND - WHOLE ABDOMEN**

Liver appears normal in size with increased 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.

#### Right kidney: 95x42mm

#### Left kidney:101x44mm

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

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality.

**Prostate** is normal in size and echo texture. No evidence of necrosis/calcification seen.

#### IMPRESSION:-Grade 1 Fatty Liver

For clinical correlation and further evaluation if necessary.

---End Of The Report---









Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor; Ameerpet, Hyderabad 500038, Telangana.|
www.apollohl.com | Email ID: enquiry@apollohl.com , Ph No: 040-4904 7777, Fax No: 4904 7744

**GSTIN: 365AADCA0733E1Z8** 

Address: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor; Ameerpet, Hyderabad, Telangana.







: MBBS,MD Cardiology

: 28Yrs 0Mths 13Days Patient Name : Mr. TUMMI NANDA KUMAR Age UHID : CASR.0000188590 OP Visit No. : CASROPV227574 : 23-06-2024 04:21 AM Printed On Adm/Consult Doctor: DR. SHILPI MOHAN

Department : Cardiology

Registration No. : 20417

#### **DEPARTMENT OF CARDIOLOGY**

Qualification

#### 2 D ECHO

#### 2D-ECHO WITH COLOUR DOPPLER

#### Dimensions:

| Ao (ed)                  | 2.8   | СМ         |
|--------------------------|-------|------------|
| LA (es)                  | 3.1 0 | CM         |
| LVID (ed)                | 4.4   | СМ         |
| LVID (es)                | 2.8   | СМ         |
| IVS (Ed)                 | 0.9   | СМ         |
| LVPW (Ed)                | 1.2   | CM         |
| EF                       | 64    | %          |
| %FD                      | 33    | %          |
| MITRAL VALVE:            | NOF   | RMAL       |
| AML                      | NOF   | RMAL       |
| PML                      | NOF   | RMAL       |
| AORTIC VALVE             | NOF   | RMAL       |
| TRICUSPID VALVE          | NOF   | RMAL       |
| RIGHT VENTRICLE          | NOF   | RMAL       |
| INTER ATRIAL SEPTUM      | INT   | <b>ACT</b> |
| INTER VENTRICULAR SEPTUM | INT   | 4CT        |
| AORTA                    | NOF   | RMAL       |
| RIGHT ATRIUM             | NOF   | RMAL       |
| LEFT ATRIUM              | NOF   | RMAL       |
| Pulmonary Valve          | NOF   | RMAL       |
| PERICARDIUM              | NOF   | RMAL       |

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Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor; Ameerpet, Hyderabad 500038, Telangana. www.apollohl.com | Email ID: enquiry@apollohl.com , Ph No: 040-4904 7777, Fax No: 4904 7744

**GSTIN: 365AADCA0733E1Z8** 

#7-1-617/A, 615 & 616, Imperial Towers, 7th Floor; Ameerpet, Hyderabad, Telangana.







#### **COLOUR AND DOPPLER STUDIES**

E: 0.7 m/sec A: 0.5 m/sec

PJV: 1.0 m/sec AJV: 0.8 m/sec

#### **IMPRESSION:-**

NORMAL CHAMBERS DIMENSION. NORMAL VALVES. NO RWMA. LV EF; 64 % NO CLOTS/ VEGETATION. NO PERICARDIAL EFFUSION.

---End Of The Report---

DR. SHILPI MOHAN Cardiology







: DNB Radiodiagnosis

Patient Name : Mr. TUMMI NANDA KUMAR : 28Yrs 0Mths 12Days Age : CASR.0000188590 **UHID** OP Visit No. : CASROPV227574 Printed On : 22-06-2024 02:46 PM Adm/Consult Doctor: Dr.K PRAVEEN BABU

Department : Radiology

Registration No. : 47491

#### **DEPARTMENT OF RADIOLOGY**

Qualification

#### 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

---End Of The Report---

Dr.K PRAVEEN BABU Radiology







Patient Name : Mr. TUMMI NANDA KUMAR : 28Yrs 0Mths 13Days Age : CASR.0000188590 **UHID** OP Visit No. : CASROPV227574

Printed On : 23-06-2024 09:15 AM Adm/Consult Doctor: DR. MRINAL.

Qualification Department : Cardiology : MBBS, DIPC ARD member of Ameri...

Registration No. : 58051

#### **DEPARTMENT OF CARDIOLOGY**

#### **ECG**

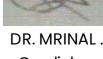
#### Observation:-

- 1. Sinus Rhythm.
- 2. Heart rate is 60 beats per minutes.
- 3. No pathological Q wave or ST-T changes seen.
- 4. Normal P,QRS,T waves and axis.
- 5. No evidence of chamber, hypertrophy or enlargement seen.

#### Impression:

NORMAL RESTING ECG.

---End Of The Report---



Cardiology



**GSTIN: 365AADCA0733E1Z8** 

#### **Asraonagar Apolloclinic**

From: noreply@apolloclinics.info

Sent: Friday, June 21, 2024 2:26 PM

To: tnanadkumar76@gmail.com

**Cc:** Asraonagar Apolloclinic; Jyothsna Thaluka; Syamsunder M

**Subject:** Your appointment is confirmed



#### Dear TUMMI NANDA KUMAR,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **A.S. RAO NAGAR clinic** on **2024-06-22** at **07:30-07:45**.

| Payment Mode      |   |
|-------------------|---|
| Corporate<br>Name | ARCOFEMI HEALTHCARE LIMITED   |
| Agreement<br>Name | [ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP<br>AGREEMENT]                                  |
| Package Name      | [ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y<br>MALE - 2D ECHO - PAN INDIA - FY2324] |

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

#### Instructions to be followed for a health check:

- 1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- 2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
- 3. Please bring all your medical prescriptions and previous health medical records with you.
- 4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

#### For Women:

- 1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
- 2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: A-12, # 1-9-71/A/12/B, RISHAB HEIGHTS, RUKMINIPURI HOUSING COLONY, A.S.RAO NAGAR.

Contact No: (040) 48522317.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards, Apollo Clinic





### భారత ప్రభుత్వము Government of India

## భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ Unique Identification Authority of India

నమోదు సంఖ్య / Enrollment No. : 2081/30074/83310

10

Tummi Nanda Kumar

తుమ్మీ నంద కుమార్ C/O: Late T V G Rao,

Plot No-115 Part, KSR Township,

Kundapally Village, Ahmedguda,

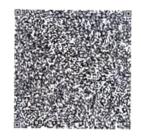
VTC: Cheeriyal, PO: Cherial,

Sub District: Keesara, District: Medchalmalkajgiri,

State: Telangana, PIN Code: 501301,

Mobile: 9246676197





మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

3902 3946 2784

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం Government of India





రుమ్మి నంద కుమార్ Tummi Nanda Kumar పుట్టిన తేదీ / DOB: 11/06/1976 పురుషుడు / Male

3902 3946 2784

నా ఆధార్, నా గుర్తింపు

| ApolloClinic                               |  |                               | 14 kgs/cm2  |                              |  |
|--|--|-------------------------------|-------------|------------------------------|--|
| Apollo Clinic<br>PHYSICAL EXAMINATION FORM | Age L/8  | n (out)cm                     | BMI SPO2    | S. Rao Nagar.                |  |
| Apc Date 22 6 PLY                          | Name M.V. TUMMI NAMICA LUHID (85590) Height  Veight  Age L/8  Veight | Surement (in)cm               | Apollo Cir. | rond Cilnic, A.S. Rao Nagar. |  |
| Date                                       | Name Height Weight   | Chest Measurement Waist Pulse | BP          |                              |  |

# ORVAL EXVANMINATION TEORIM



| Date: 22 06 2024   |   |
|--|---|
| Patient ID :   | MHC   |
| Patient Name: \mm \mathbb{Name} Name | who kirman Age: 48 Sex: Male [ Female [ e for general Sexual Checkup: |
| Dental Caries :  | Missing Tooth   |
| Impacted Teeth:  | Missing Teeth:  Attrition / Abrasion:                                 |
| Bleeding: 400  | Pockets / Recession:  |
| Calculus / Stains : *  | Mobility:   |
| Restored Teeth:  Malocclusion:   | Non - restorable Teeth for extraction / Root Stumps :                 |
|  | Others: —   |
| Advice:  |   |

Advice: Advised Ord Prophylaxis, filling ist

Doctor

Name & Signature: Dr. Kolor Solvi.



# POWER PRESCRIPTION

NAME: Nonda Kron

GENDER: M/F

22/06/27 DATE:

UHID:

#### RIGHT EYE

|          | SPH . | CYL | AXIS | VISION |
|----------|-------|-----|------|--------|
| DISTANCE | 0.50  |     |      | 610    |
| NEAR     | 1.50  |     |      | w/6    |

### LEFT EYE

| SPH     | CYL | ÄXIS | VISION |
|---------|-----|------|--------|
| t 50.50 |     |      | 6 le   |
| 1:20    |     |      | wii    |

COLOUR VISION:

DIAGNOSIS

OTHER FINDINGS:

INSTRUCTIONS :



# CERTIFICATE OF MEDICAL FITNESS

| ter re | eviewing the medical history and called she is                | on clinical exa | mination it has i | ocen round                                | Tic              |
|--------|---|-----------------|-------------------|---|------------------|
| ٥      | Medically Fit   |                 | , 16              |   | V                |
| 0      | Fit with restrictions/recommenda                              | tions           |                   |   |                  |
| ત      | Though following restrictions han not impediments to the job. |                 |                   | on, these are                             |                  |
|        | 1   |                 | 10                | ,,,,,,                                    |                  |
|        | 2   |                 |                   | 1 · · · · · · · · · · · · · · · · · · ·   |                  |
|        | 3   | ollow the advi  |                   | at has                                    |                  |
|        | been communicated to him/her.  Review after                   | · · · · ·       | n j               | 1   |                  |
| 0      | Currently Unfit.  |                 | 1                 | recommende                                |                  |
| Ф      | Review afterUnfit   | ₩0<br>          |                   |   |                  |
|        | (A)   | APOR            | Dr. MeVidaFoo     | fice                                      | •// **<br>•// ** |
|        |   | 6 /31           | part .            | 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | w                |

Apollo Hea

(CIN - U85110T

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

Online appointments: www.apolloclinic.com....



