

Patient Name : Mr.NANI GORUPOTI	Collected : 14/Sep/2024 08:15AM
Age/Gender : 37 Y 3 M 4 D/M	Received : 14/Sep/2024 11:55AM
UHID/MR No : CVIS.0000118801	Reported : 14/Sep/2024 12:54PM
Visit ID : CVISOPV127816	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 571925	


DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.4	g/dL	13-17	Spectrophotometer
PCV	42.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.09	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	12.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	28.4	%	20-40	Electrical Impedance
EOSINOPHILS	5.5	%	1-6	Electrical Impedance
MONOCYTES	8	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4060	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1988	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	385	Cells/cu.mm	20-500	Calculated
MONOCYTES	560	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.04		0.78- 3.53	Calculated
PLATELET COUNT	164000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.



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



SIN No: VIS240900611


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NO HEMOPARASITES SEEN



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

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



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	97	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. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	117	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. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC

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M.D (PATH)
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SIN No: VIS240900613

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL	Calculated
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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 STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	152	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	128	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	21	mg/dL	30-70	Direct
NON-HDL CHOLESTEROL	131	mg/dL	<130	Calculated
LDL CHOLESTEROL	105.66	mg/dL	<100	Calculated
VLDL CHOLESTEROL	25.52	mg/dL	<30	Calculated
CHOL / HDL RATIO	7.39		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.43		<0.11	Calculated


Comment:

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

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

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

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



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.87	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.21	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.66	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.1	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.2	U/L	0-31	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.6		<1.15	Calculated
ALKALINE PHOSPHATASE	99.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.06	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.40	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	2.66	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries. *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

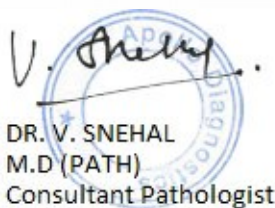
2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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

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DEPARTMENT OF BIOCHEMISTRY

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



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.90	mg/dL	0.7-1.2	Enzymatic
UREA	22.00	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	10.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.00	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	9.11	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.5-4.5	PMA Phenol
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.06	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.40	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	2.66	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.70	U/L	0-55	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	2.14	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	5.15	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	0.991	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

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

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DR. V. SNEHAL
M.D (PATH)
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SIN No: VIS240900612

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.5		5-7.5	Double Indicator
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

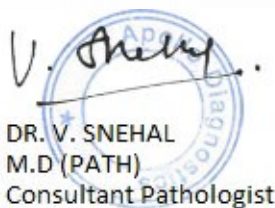
Comment:

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

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

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

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



SIN No: VIS240900609

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apolloh.com | Email ID: enquiry@apolloh.com, Ph No: 040-4904 7777, Fax No: 4904 7744

GSTIN: 37AADCA0733E1Z6
Address: 50-81-1/2, Plot no. 5, Seethammapeta,
Visakhapatnam, Andhra Pradesh

1860 500 7788
www.apolloclinic.com

APOLLO CLINICS NETWORK
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

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


Laboratories not be responsible for any interpretation whatsoever.

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

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

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

This report is not valid for medico legal purposes.


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



SIN No:VIS240900609

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

Patient Name	: Mr. NANI GORUPOTI	Age	: 37Yrs 3Mths 5Days
UHID	: CVIS.0000118801	OP Visit No.	: CVISOPV127816
Printed On	: 14-09-2024 11:04 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 571925		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

For clinical correlation.

---End Of The Report---



DR. KARROTU SUDHA
MD RADIOLOGY
56009
Radiology

Patient Name	: Mr. NANI GORUPOTI	Age	: 37Yrs 3Mths 5Days
UHID	: CVIS.0000118801	OP Visit No.	: CVISOPV127816
Printed On	: 14-09-2024 04:49 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 571925		

DEPARTMENT OF CARDIOLOGY

Observation :-

1. Sinus Rhythm.
2. Heart rate is 63 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---



DR. APPALA NAIDU L S
MBBS, PGDCC
46929
Cardiology

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of NANI GORUPOTI on 14/9/27

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1..... -</p> <p>2..... -</p> <p>3..... -</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____ -</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Dr. G. INDIRA PRIYADARSHINI
MBBS

Regd No. 63148

Apollo Family Physician

Apollo Hospital, Vizag

Dr. _____
Medical Officer

This certificate is not meant for medico-legal purposes

Patient	Mr. NANI GORUPOTI	Appt ID	CVISAPT845
Age-Gender	37Y Male	Consult Date	14 Sep 2024
UHID	CVIS.0000118801	Order Bill ID	CVIS-OCR-69387
		Visit Display ID	CVISOPV127816

VITALS

Weight : 84Kgs	Height : 183Cms
Pulse : 78 BPM	Spo2 : 99%
BP : 111 / 70 MmHg	Respiratory Rate : 18 BPM
Temperature : 98.7 °F	



Patient Name	: Mr. NANI GORUPOTI	Age	: 37Yrs 3Mths 4Days
UHID	: CVIS.0000118801	OP Visit No.	: CVISOPV127816
Printed On	: 14-09-2024 04:34 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 571925		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

For clinical correlation.

---End Of The Report---



K. Sudha
DR. KARROTU SUDHA
MD RADIOLOGY
56009
Radiology

ARCOFEMI MEDIWHEEL MALE

NAME : NANI GORUPOTI

GENDER : Male

AGE : 37 years

DATE : 14/09/2024

OPHTHALMOLOGY SCREENING REPORT

VISION : 6/9 6/6

DISTANCE : Sv $\left\langle \begin{array}{l} -0.50D 6/6 \\ plano 6/6 \end{array} \right.$

NEAR VISION : N6

COLOUR VISION : abnormal

ANT.SEGMENT :

CONJUNCTIVA : Quite

CORNEA : Clear

PUPIL : N.S.P.L

FUNDUS : Normal

IMPRESSION : No abnormal.



Geetha

SIGNATURE

Patient Name	: Mr. NANI GORUPOTI	Age	: 37Yrs 3Mths 4Days
UHID	: CVIS.0000118801	OP Visit No.	: CVISOPVI27816
Printed On	: 14-09-2024 10:19 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 571925		

DEPARTMENT OF CARDIOLOGY

Observation :-

1. Sinus Rhythm.
2. Heart rate is 63 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---



DR. APPALA NAIDU L S
MBBS, PGDCC
46929
Cardiology



ID: 118801

APL-1714-09-2024 09:05:01

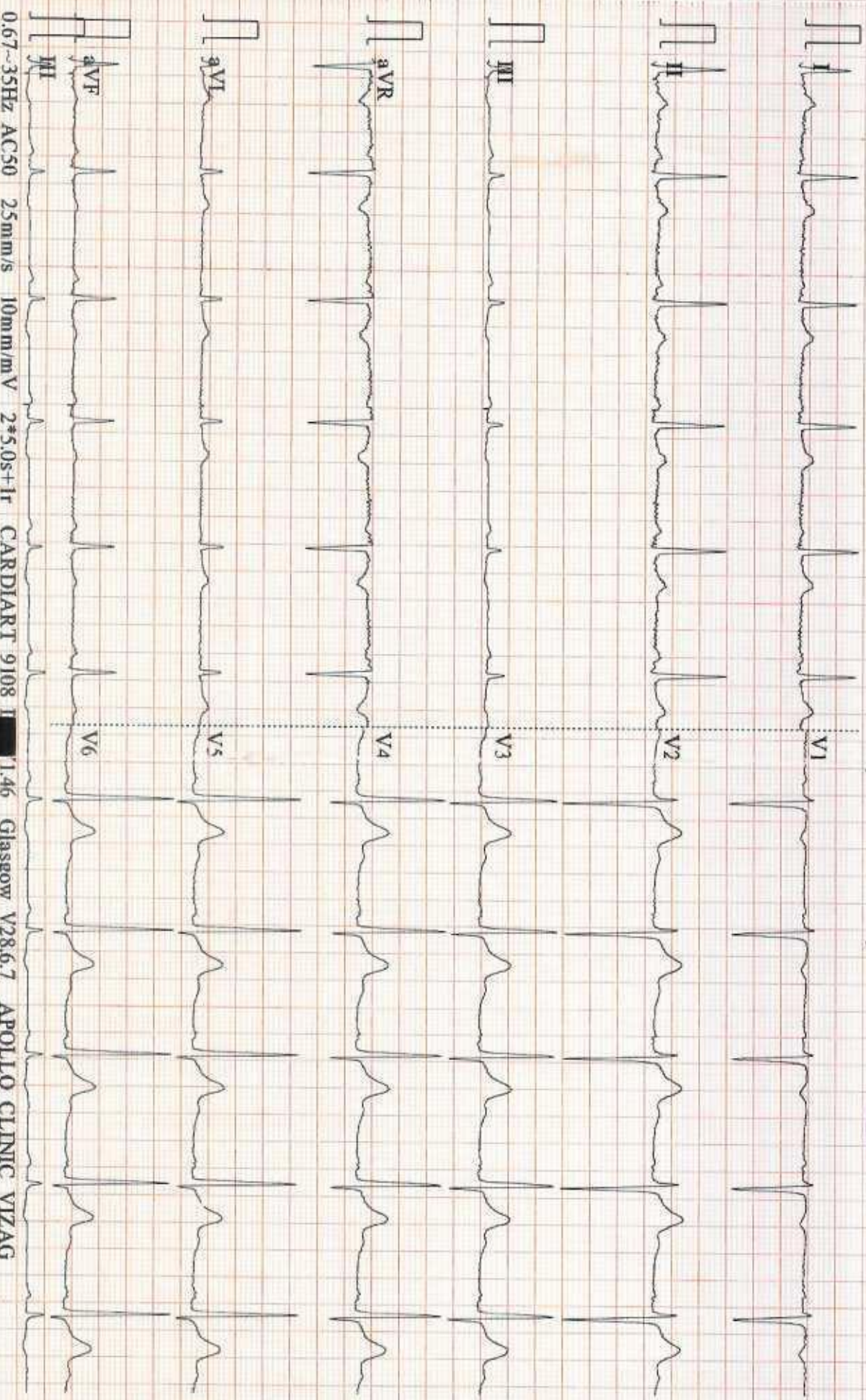
nani gorupotti
Male 37Years
Req. No. :

HR	: 63	bpm
P	: 114	ms
PR	: 164	ms
QRS	: 98	ms
QT/QTcBz	: 402/412	ms
P/QRS/T	: 63/42/21	°
RV5/SV1	: 1978/1361	mV

Diagnosis Information:

Sinus rhythm
Normal ECG

Report Confirmed by:



0.67-35Hz AC50 25mm/s 10mm/mV 2*5.0s+1r CARDIART 9108 I

1.46 Glasgow V28.6.7 APOLLO CLINIC VIZAG

Patient Name : Mr.NANI GORUPOTI
 Age/Gender : 37 Y 3 M 4 D/M
 UHID/MR No : CVIS.0000118801
 Visit ID : CVISOPV127816
 Ref Doctor : Self
 Emp/Auth/TPA ID : 571925

Collected : 14/Sep/2024 08:15AM
 Received : 14/Sep/2024 11:55AM
 Reported : 14/Sep/2024 12:54PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

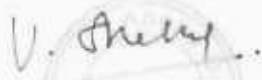
DEPARTMENT OF HAEMATOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.4	g/dL	13-17	Spectrophotometer
PCV	42.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.09	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	83	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	12.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	28.4	%	20-40	Electrical Impedance
EOSINOPHILS	5.5	%	1-6	Electrical Impedance
MONOCYTES	8	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4060	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1988	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	385	Cells/cu.mm	20-500	Calculated
MONOCYTES	560	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.04		0.78- 3.53	Calculated
PLATELET COUNT	164000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
 PLATELETS ARE ADEQUATE.



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

SIN No:VIS240900611

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



Patient Name : Mr.NANI GORUPOTI
Age/Gender : 37 Y 3 M 4 D/M
UHID/MR No : CVIS.0000118801
Visit ID : CVISOPV127816
Ref Doctor : Self
Emp/Auth/TPA ID : 571925

Collected : 14/Sep/2024 08:15AM
Received : 14/Sep/2024 11:55AM
Reported : 14/Sep/2024 12:59PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	97	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. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	117	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. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA	5.6	%		HPLC

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



SIN No:VIS240900613

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

Patient Name	: Mr.NANI GORUPOTI	Collected	: 14/Sep/2024 08:15AM
Age/Gender	: 37 Y 3 M 4 D/M	Received	: 14/Sep/2024 11:55AM
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Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 571925		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

ESTIMATED AVERAGE GLUCOSE (eAG) **114** mg/dL **Calculated**

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

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

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised 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)



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

SIN No:VIS240900613

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



Patient Name : Mr.NANI GORUPOTI
Age/Gender : 37 Y.3 M.4 D/M
UHID/MR No : CVIS.0000118801
Visit ID : CVISOPV127816
Ref Doctor : Self
Emp/Auth/TPA ID : 571925

Collected : 14/Sep/2024 08:15AM
Received : 14/Sep/2024 12:16PM
Reported : 14/Sep/2024 03:24PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	152	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	128	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	21	mg/dL	30-70	Direct
NON-HDL CHOLESTEROL	131	mg/dL	<130	Calculated
LDL CHOLESTEROL	105.66	mg/dL	<100	Calculated
VLDL CHOLESTEROL	25.52	mg/dL	<30	Calculated
CHOL / HDL RATIO	7.39		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.43		<0.11	Calculated

Comment:

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

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

Measurements in the same patient can show physiological and analytical variations.
NCEP ATP.III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

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



SIN No:VIS240900608

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

Patient Name : Mr.NANI GORUPOTI
Age/Gender : 37 Y 3 M 4 D/M
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DEPARTMENT OF BIOCHEMISTRY
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.87	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.21	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.66	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.1	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.2	U/L	0-31	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.6		<1.15	Calculated
ALKALINE PHOSPHATASE	99.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.06	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.40	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	2.66	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

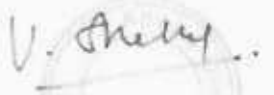
*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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


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



SIN No: VIS240900608

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Patient Name	: Mr.NANI GORUPOTI	Collected	: 14/Sep/2024 08:15AM
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Emp/Auth/TPA ID	: 571925		

DEPARTMENT OF BIOCHEMISTRY
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

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

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

SIN No:VIS240900608

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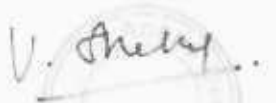


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DEPARTMENT OF BIOCHEMISTRY
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.90	mg/dL	0.7-1.2	Enzymatic
UREA	22.00	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	10.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.00	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	9.11	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.5-4.5	PMA Phenol
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.06	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.40	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	2.66	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		0.9-2.0	Calculated


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

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DEPARTMENT OF BIOCHEMISTRY
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.70	U/L	0-55	IFCC



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



SIN No: VIS240900608

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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodOTHYRONINE (T3, TOTAL)	2.14	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	5.15	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	0.991	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

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



SIN No:VIS240900612

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

UJSTIN: 37AADCA0733E126

Address: 50-B1-1/2, Plot no. 3, Seethammapeta, Visakhapatnam, Andhra Pradesh

1860 500 7788

www.apolloclinic.com

Patient Name : Mr.NANI GORUPOTI
 Age/Gender : 37 Y 3 M 4 D/M
 UHID/MR No : CVIS.0000118801
 Visit ID : CVISOPV127816
 Ref Doctor : Self
 Emp/Auth/TPA ID : 571925

Collected : 14/Sep/2024 08:15AM
 Received : 14/Sep/2024 12:16PM
 Reported : 14/Sep/2024 03:21PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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V. Snehal
 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist

SIN No: VIS240900612

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

Patient Name : Mr.NANI GORUPOTI
Age/Gender : 37 Y 3 M 4 D/M
UHID/MR No : CVIS.0000118801
Visit ID : CVISOPV127816
Ref Doctor : Self
Emp/Auth/TPA ID : 571925

Collected : 14/Sep/2024 08:15AM
Received : 14/Sep/2024 01:12PM
Reported : 14/Sep/2024 04:17PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.5		5-7.5	Double Indicator
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

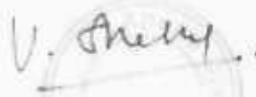
Comment:

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

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

*** End Of Report ***

Result/s to Follow:


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

SIN No:VIS240900609

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

Page 12 of 13

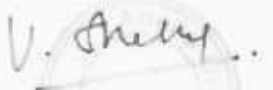


Patient Name	: Mr.NANI GORUPOTI	Collected	: 14/Sep/2024 08:15AM
Age/Gender	: 37 Y 3 M 4 D/M	Received	: 14/Sep/2024 01:12PM
UHID/MR No	: CVIS.0000118801	Reported	: 14/Sep/2024 04:17PM
Visit ID	: CVISOPV127816	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 571925		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

BLOOD GROUP ABO AND RH FACTOR


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

SIN No:VIS240900609

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

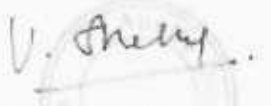


Patient Name : Mr.NANI GORUPOTI
Age/Gender : 37 Y 3 M 4 D/M
UHID/MR No : CVIS.0000118801
Visit ID : CVISOPV127816
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TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.
Laboratories not be responsible for any interpretation whatsoever.
It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.
The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.
Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.
This report is not valid for medico legal purposes.


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



SIN No:VIS240900609

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

Name : Mr. NANI GORUPOTI

Age : 37Y 3M 4D

UHID : CVIS.0000118801

Address : Gondupalem Visakhapatnam Andhra Pradesh India 531034

sex : Male



CVIS.0000118801

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT
PAN INDIA OP AGREEMENT

OP No: CVISOPV127816

Bill No: CVIS-OCR-69387

Date: Sep 14th, 2024, 8:12 AM

Sno.	Service Type/Service Name	Department	
1	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324		
1	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	Biochemistry	<input type="checkbox"/>
2	HbA1c, GLYCATED HEMOGLOBIN	Biochemistry	<input type="checkbox"/>
3	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	Biochemistry	<input type="checkbox"/>
4	GLUCOSE, FASTING	Biochemistry	<input type="checkbox"/>
5	X-RAY CHEST PA	X Ray Radiology	<input type="checkbox"/>
6	COMPLETE URINE EXAMINATION	Clinical Pathology	<input type="checkbox"/>
7	OPHTHAL BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
8	FITNESS BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
9	ECG	Cardiology	<input type="checkbox"/>
10	GAMMA GLUTAMYL TRANSFERASE (GGT)	Biochemistry	<input type="checkbox"/>
11	LIVER FUNCTION TEST (LFT)	Biochemistry	<input type="checkbox"/>
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	Biochemistry	<input type="checkbox"/>
13	LIPID PROFILE	Biochemistry	<input type="checkbox"/>
14	BODY MASS INDEX (BMI)	General	<input type="checkbox"/>
15	BLOOD GROUP ABO AND RH FACTOR	Blood Bank	<input type="checkbox"/>
16	HEMOGRAM + PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>

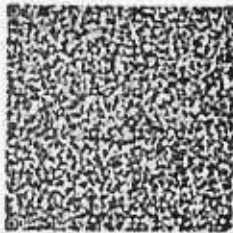


భారత ప్రభుత్వం
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 0623/05182/00159

To
నాని గొరుపటి
Nani Gorupoti
5-116,
GORRUPOTUVANIPALEM,
RONGALINAIDUPALEM,
RONGALINAYUDUPALEM,
VTC: Rongalainaidupalle,
PO: Rongalainaidupalem,
Sub District: K.kotapadu,
District: Visakhapatnam,
State: Andhra Pradesh,
PIN Code: 531034,
Mobile: 9700984860



Signature Not Verified
Digitally signed by Nani Gorupoti
DN: cn=Nani Gorupoti, o=Unique
Identification Authority of India,
c=IN, email=Nani.Gorupoti@uidai.gov.in

మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

4909 1546 9034

VID : 9107 9530 2803 2786

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం
Government of India



Aadhaar no. issued: 11097013



నాని గొరుపటి
Nani Gorupoti
పుట్టిన తేదీ/DOB: 10/06/1987
పురుషుడు/ MALE

ఆధార్ అనేది గుర్తింపు రుజువు మాత్రమే. పౌరసత్వం లేదా పుట్టిన తేదీ కి కాదు. ఇది ధృవీకరణతో మాత్రమే ఉపయోగించాలి (అన్లైన్ ప్రమాణీకరణ లేదా QR కోడ్ / అన్లైన్ XML యొక్క స్కానింగ్).

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

4909 1546 9034

నా ఆధార్, నా గుర్తింపు



Government of India



సమాచారము / INFORMATION

- ఆధార్ అనేది గుర్తింపు రుజువు. పౌరసత్వం లేదా పుట్టిన తేదీ కి కాదు. పుట్టిన తేదీ అనేది ఆధార్ నెంబర్ చోల్లర్ సమర్పించిన నెటవర్కులో షేర్డ్ చేసిన పుట్టిన తేదీ పత్రం యొక్క రుజువు ఆధారం ద్వారా అన్వేషించబడతాయి. ఆధార్ నెంబర్ ఉంటుంది.
- ఆధార్ లేబును UIDAI నియమించిన ప్రమాణీకరణ ఏజెన్సీ ద్వారా అన్లైన్ ప్రమాణీకరణ ద్వారా లేదా యాప్ స్టోర్లలో అందుబాటులో ఉన్న mAadhaar లేదా ఆధార్ QR స్కానర్ యాప్ ద్వారా ఉపయోగించి లేదా www.uidai.gov.inలో అందుబాటులో ఉన్న సురక్షిత QR కోడ్ రీడర్ యాప్ ద్వారా ఉపయోగించి QR కోడ్ స్కానింగ్ ద్వారా ధృవీకరణచేయండి.
- ఆధార్ ప్రత్యేకమైనది మరియు సురక్షితమైనది.
- ఆధార్ నమోదు చేసిన తేదీ నుండి ప్రతి 10 సంవత్సరాల తర్వాత గుర్తింపు మరియు చిరునామాకు సంబంధించిన పత్రాలతో ఆధార్ ను సరిదిద్దండి.
- ఏదీ ప్రత్యేక మరియు ప్రత్యేక ప్రయోజనాలు/సేవలను పొందడంలో ఆధార్ మీకు సహాయపడుతుంది.
- మీ మొట్టల నెంబర్ మరియు e-మెయిల్ చిరునామా ఆధార్ లో అప్డేట్ చేసుకోండి.
- ఆధార్ సేవలను పొందేందుకు mAadhaar యాప్ ను డౌన్లోడ్ చేసుకోండి.
- ఆధార్/అయోమిటిక్లను ఉపయోగించినప్పుడు దగ్గరను నిర్ధారించడానికి లాక్/అన్లాక్ ఆధార్/అయోమిటిక్స్ పేజీని ఉపయోగించండి.
- ఆధార్ ను కోరి సంస్థలు తప్పనిసరిగా సమ్మతి పొందాలని ఉంటుంది
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

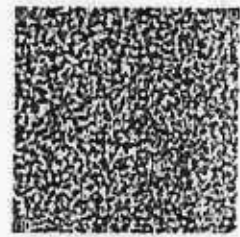


భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India



రిజిస్ట్రేషన్:
5-116, గొరుపటూరుపాలెం, రంగలినాయుధుపాలెం,
రంగలినాయుధుపాలెం, రంగలినాయుధుపాలెం,
రంగలినాయుధుపాలెం, విశాఖపట్నం,
ఆంధ్ర ప్రదేశ్ - 531034

Address:
5-116, GORRUPOTUVANIPALEM,
RONGALINAIDUPALEM,
RONGALINAYUDUPALEM,
Rongalainaidupalem, PO: Rongalainaidupalem,
DIST: Visakhapatnam,
Andhra Pradesh - 531034



4909 1546 9034

VID : 9107 9530 2803 2786

Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Sat 8/31/2024 3:18 PM

To:nanigorupoti@gmail.com <nanigorupoti@gmail.com>

Cc:Vizag Apolloclinic <vizag@apolloclinic.com>;Ramakumar Vegi <ramakumar.v@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear NANI GORUPOTI,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **VIZAG clinic** on **2024-09-02** at **08:15-08:30**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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: