

<b>Patient Name</b>	: Mr. GUDLA VASU DEVA REDDY	<b>Age/Gender</b>	: 48 Y/M
<b>UHID/MR No.</b>	: CVIS.0000119139	<b>OP Visit No</b>	: CVISOPV115381
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 13-10-2023 16:00
<b>LRN#</b>	: RAD2123962	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 8143755310		

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**DEPARTMENT OF RADIOLOGY**

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**ULTRASOUND - WHOLE ABDOMEN**

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

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

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

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

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

Right kidney : 9.6 x 4.8 cm

Left kidney : 9.4 x 4.3 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 normal in echo texture.No evidence of necrosis/calcification seen. its volume 12 cc

There is no evidence of ascites/ pleural effusion seen.

**IMPRESSION:-**

**FATTY INFILTRATION OF LIVER.**

**Patient Name** : Mr. GUDLA VASU DEVA REDDY

**Age/Gender** : 48 Y/M

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

**This is only a screening test.**



**Dr. ARUNA PEBBILI**  
DMRD Radiology  
Radiology

**Patient Name** : Mr. GUDLA VASU DEVA REDDY

**Age/Gender** : 48 Y/M

**UHID/MR No.** : CVIS.0000119139

**OP Visit No** : CVISOPV115381

**Sample Collected on** :

**Reported on** : 13-10-2023 13:02

**LRN#** : RAD2123962

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 8143755310

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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. ARUNA PEBBILI**  
**DMRD Radiology**  
Radiology

Name: Mr. GUDLA VASU DEVA REDDY  
Age/Gender: 48 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.0000119139  
Visit ID: CVISOPV115381  
Visit Date: 13-10-2023 08:00  
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**

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**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
13-10-2023 16:28	72 Beats/min	100/60 mmHg	18 Rate/min	98.6 F	175 cms	74 Kgs	%	%	Years	24.16	cms	cms	cms		AHLL09094



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
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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
13-10-2023 16:28	72 Beats/min	100/60 mmHg	18 Rate/min	98.6 F	175 cms	74 Kgs	%	%	Years	24.16	cms	cms	cms		AHLL09094

### Physical Medical Examination Format

NAME:- <u>G. VASU deva Reddy</u>	DATE:- <u>13/10/23</u>
DESIGNATION:-	AGE:- <u>48/m</u>
EMP CODE:- <u>111</u>	UNIT/DEPARTMENT:-
BLOOD GROUP:- <u>111</u>	MARTIAL STATUS:-MARRIED/UNMARRIED

### MEDICAL EXAMINATION

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

Height:- <u>175</u>	Weight:- <u>74</u>	BMI <u>24.1</u>	Pulse <u>72</u>
Temp:- <u>98.6</u>	Pulse <u>72</u>	Resp:- <u>18</u>	B.P <u>100/60</u>

Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms. G. VASU deva Reddy for pre-employment

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

I Certify That Employee Is Medically..... fit .....

Fit

Unfit

Temporarily Unfit

Signature Of Employee

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

Registration No:.....  
Regd. No: 63148.....

Apollo Family Physician  
Apollo Clinic, Seethammampet, Vizag

UNI ON BANK

Name: Mr. G. MASU DEVA Reddy  
Gender: male  
Test Done Date: 13/10/23

Age: 48 Years:

**OPHTHALMOLOGY SCREENING REPORT**

VISION	:	clear	
DISTANCE	:	6/6	6/6
NEAR VISION	:	Ng	Ng
COLOUR VISION	:	wnl	wnl

**ANT. SEGMENT:**

Conjunctiva	:	quite
Cornea	:	clear
Pupil	:	Normal

FUNDUS :  
IMPRESSION : } Normal

*M. K.*  
Signature



**Dear GUDLA VASU DEVA REDDY,**

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **VIZAG clinic** on **2023-10-13** at **08:45-08:50**.

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

**"As stated in the agreement terms, kindly carry all relevant documents such as HR Authorization Letter, Appointment Confirmation Mail, valid government ID proof, company ID card etc. along with you."**

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

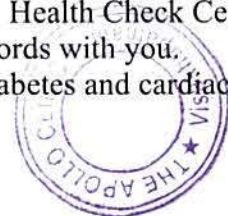
**Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.**

#### **Instructions to undergo 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 medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check Centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case 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: 50-81-1/2, PLOT 5, SHEETHAMMAPETA, VISAKHAPATNAM.**

**Contact No: (0891) 258 5511 - 2.**

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 Team



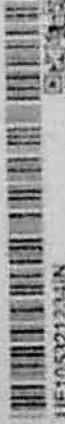
భారత ప్రభుత్వం

Unique Identification Authority of India

సమావేశం / Enrollment No. : 1046/18202/00994

To  
Gudla Vasu Deva Reddy  
కడ వాసు దేవ రెడ్డి  
S/O Gudla Venkatesa Reddy  
Dr No 63-409/3  
Maddurapuram  
Near Sivakayam  
Maddurapuram  
Visakhapatnam (Uttam)  
P. & T Colony (NM), Visakhapatnam.  
Andhra Pradesh - 530013  
8121387065

24/1/2011



UF105321234IN

10532123



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

**9814 9134 6041**

ఆధార్ - సామాన్యుని హక్కు



భారత ప్రభుత్వం

GOVERNMENT OF INDIA

సర్వ వాసు దేవ రెడ్డి

Gudla Vasu Deva Reddy



భారత ప్రభుత్వం  
సర్వ వాసు దేవ రెడ్డి  
కడ వాసు దేవ రెడ్డి  
సంఖ్య: 1046/18202/00994



9814 9134 6041

ఆధార్ - సామాన్యుని హక్కు



ID: 119139

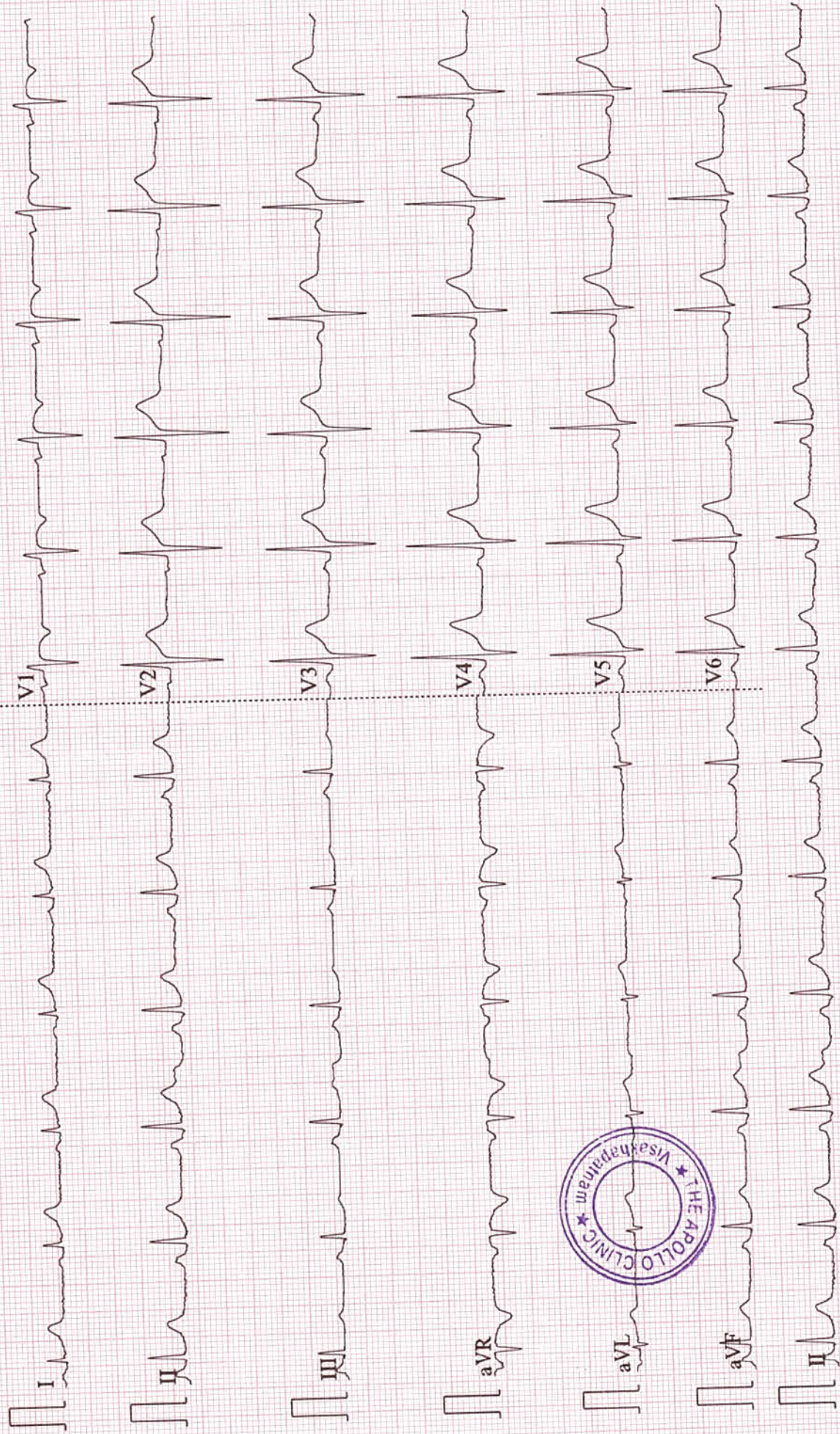
g vasudeva  
Male 48Years  
Req. No. :

Diagnosis Information:

Sinus rhythm  
Normal ECG

HR : 72 bpm  
P : 118 ms  
PR : 158 ms  
QRS : 86 ms  
QT/QTcBz : 370/405 ms  
P/QRS/T : 70/64/41 °  
RV5/SV1 : 1.248/0.734 mV

Report Confirmed by:





Patient Name	: Mr.GUDLA VASU DEVA REDDY	Collected	: 13/Oct/2023 09:17AM
Age/Gender	: 48 Y 4 M 22 D/M	Received	: 13/Oct/2023 12:32PM
UHID/MR No	: CVIS.0000119139	Reported	: 13/Oct/2023 02:20PM
Visit ID	: CVISOPV115381	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 8143755310		

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

**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



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Emp/Auth/TPA ID : 8143755310	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.8	g/dL	13-17	Spectrophotometer
PCV	41.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.22	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	27.6	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	14.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.2	%	40-80	Electrical Impedance
LYMPHOCYTES	30.3	%	20-40	Electrical Impedance
EOSINOPHILS	5.3	%	1-6	Electrical Impedance
MONOCYTES	8.1	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2360.4	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1272.6	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	222.6	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	340.2	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	4.2	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	203000	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				



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Visit ID : CVISOPV115381	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF HAEMATOLOGY**

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

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



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Age/Gender : 48 Y 4 M 22 D/M	Received : 13/Oct/2023 12:32PM
UHID/MR No : CVIS.0000119139	Reported : 13/Oct/2023 04:09PM
Visit ID : CVISOPV115381	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8143755310	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	90	mg/dL	70-100	GOD - POD
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**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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	132	mg/dL	70-140	GOD - POD
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**Comment:**

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

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

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	6.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	137	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

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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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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)



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Visit ID : CVISOPV115381	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
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**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	166	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	171	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	34	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	132	mg/dL	<130	Calculated
LDL CHOLESTEROL	97.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	34.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.88		0-4.97	Calculated

**Comment:**

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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Emp/Auth/TPA ID	: 8143755310		

**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	0.40	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	34	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	68.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.00	g/dL	6.3-8.2	Biuret
ALBUMIN	4.50	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.8		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'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.



Patient Name : Mr.GUDLA VASU DEVA REDDY	Collected : 13/Oct/2023 09:17AM
Age/Gender : 48 Y 4 M 22 D/M	Received : 13/Oct/2023 12:32PM
UHID/MR No : CVIS.0000119139	Reported : 13/Oct/2023 01:51PM
Visit ID : CVISOPV115381	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8143755310	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.00	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	22.10	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	10.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>3.40</b>	mg/dL	3.5-8.5	Uricase
CALCIUM	8.70	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.5-4.5	PMA Phenol
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	107	mmol/L	98 - 107	Direct ISE





Patient Name : Mr.GUDLA VASU DEVA REDDY	Collected : 13/Oct/2023 09:17AM
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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>	38.00	U/L	15-73	Glycylcysteine Nitoranalide
--	-------	-----	-------	-----------------------------



Patient Name : Mr.GUDLA VASU DEVA REDDY	Collected : 13/Oct/2023 09:17AM
Age/Gender : 48 Y 4 M 22 D/M	Received : 13/Oct/2023 12:27PM
UHID/MR No : CVIS.0000119139	Reported : 13/Oct/2023 01:59PM
Visit ID : CVISOPV115381	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8143755310	

**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, TSH) , SERUM**

TRI-iodothyronine (T3, TOTAL)	1.07	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	67.90	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	2.050	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



Patient Name : Mr.GUDLA VASU DEVA REDDY	Collected : 13/Oct/2023 09:17AM
Age/Gender : 48 Y 4 M 22 D/M	Received : 13/Oct/2023 01:10PM
UHID/MR No : CVIS.0000119139	Reported : 13/Oct/2023 01:56PM
Visit ID : CVISOPV115381	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8143755310	

**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 (CUE) , URINE**

**PHYSICAL EXAMINATION**

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

**BIOCHEMICAL EXAMINATION**

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	0-1	/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



Patient Name : Mr.GUDLA VASU DEVA REDDY	Collected : 13/Oct/2023 09:17AM
Age/Gender : 48 Y 4 M 22 D/M	Received : 13/Oct/2023 01:10PM
UHID/MR No : CVIS.0000119139	Reported : 13/Oct/2023 01:56PM
Visit ID : CVISOPV115381	Status : Final Report
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Emp/Auth/TPA ID : 8143755310	

**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
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:  
PROSTATIC SPECIFIC ANTIGEN - TOTAL (PSA)



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



Patient Name	: Mr. GUDLA VASU DEVA REDDY	Age	: 48 Y M
UHID	: CVIS.0000119139	OP Visit No	: CVISOPV115381
Reported on	: 13-10-2023 15:56	Printed on	: 13-10-2023 19:33
Adm/Consult Doctor	:	Ref Doctor	: SELF

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**DEPARTMENT OF RADIOLOGY**

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**ULTRASOUND - WHOLE ABDOMEN**

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

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

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

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

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

Right kidney : 9.6 x 4.8 cm

Left kidney : 9.4 x 4.3 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 normal in echo texture.No evidence of necrosis/calcification seen. its volume 12 cc

There is no evidence of ascites/ pleural effusion seen.



Patient Name : Mr. GUDLA VASU DEVA REDDY  
UHID : CVIS.0000119139  
Reported on : 13-10-2023 15:56  
Adm/Consult Doctor :

Age : 48 Y M  
OP Visit No : CVISOPV115381  
Printed on : 13-10-2023 19:33  
Ref Doctor : SELF

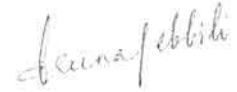
**IMPRESSION:-**  
**FATTY INFILTRATION OF LIVER.**

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

**This is only a screening test.**

Printed on:13-10-2023 15:56

---End of the Report---



**Dr. ARUNA PEBBILI**  
**DMRD Radiology**  
**Radiology**



Patient Name : Mr. GUDLA VASU DEVA REDDY  
 UHID : CVIS.0000119139  
 Conducted By: : Dr. APPALA NAIDU L S  
 Referred By : SELF

Age : 48 Y/M  
 OP Visit No : CVISOPV115381  
 Conducted Date : 13-10-2023 15:04

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed)	2.4 CM
LA (es)	3.3 CM
LVID (ed)	4.9 CM
LVID (es)	2.7 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	0.9 CM
EF	76.00%
%FD	33.00%

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM NORMAL

INTER VENTRICULAR SEPTUM NORMAL

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:1.2 m/sec.  
 MF:E>A.  
 AF:1.0 m/sec.

IMPRESSION :  
NORMAL CARDIAC SIZE.  
NO RWMA.  
GOOD LV SYSTOLIC FUNCTION.  
NO PERICARDIAL EFFUSION.  
LVEF:76%

Dr. APPALA  
NAIDU L S



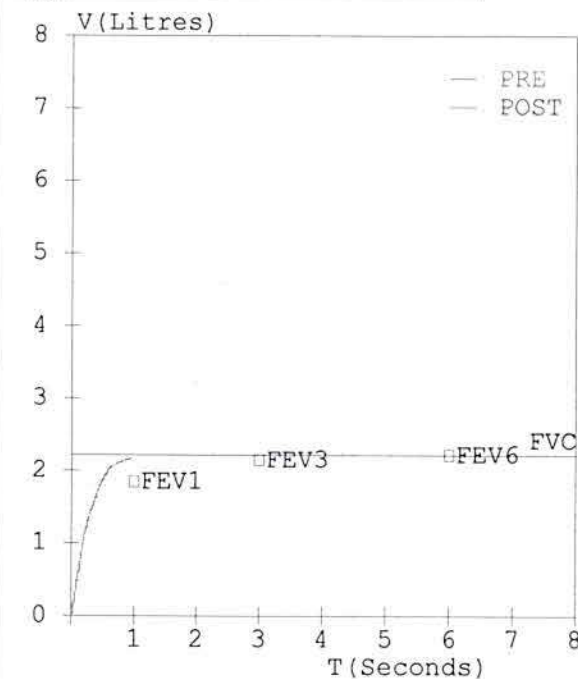
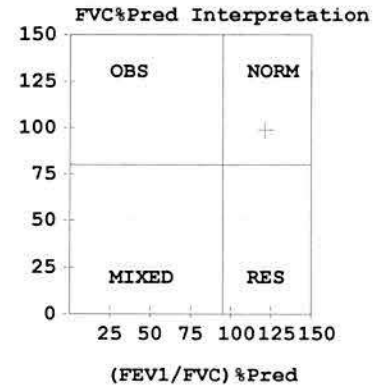
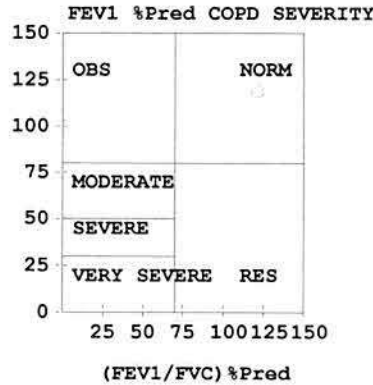
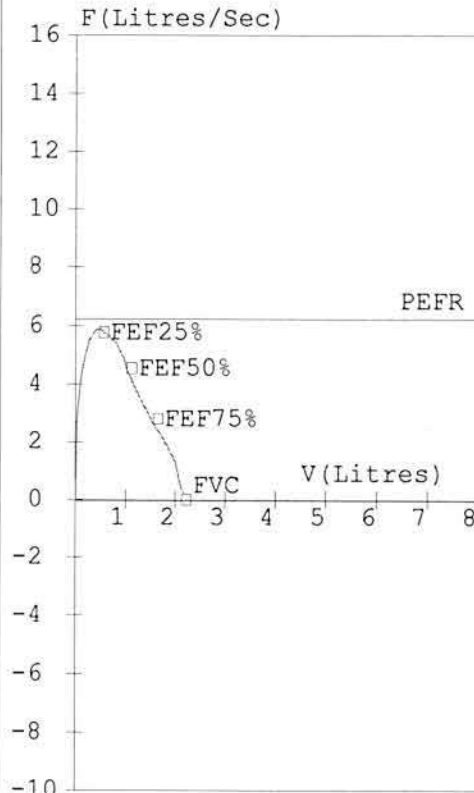




Patient: USHA MOUNIKA  
 Refd. By:  
 Pred. Eqns: RECORDERS  
 Date : 13-Oct-2023 05:08 PM

Age : 22 Yrs  
 Height : 150 Cms  
 Weight : 57 Kgs  
 ID : 1174580

Gender : Female  
 Smoker : No  
 Eth. Corr: 100  
 Temp :



**FVC Results**

Parameter	Pred	M. Pre	%Pred	M. Post	%Pred	%Imp
FVC	(L) 02.22	02.19	099	-----	---	---
FEV1	(L) 01.84	02.19	119	-----	---	---
FEV1/FVC	(%) 82.88	100.00	121	-----	---	---
FEF25-75	(L/s) 02.95	03.85	131	-----	---	---
PEFR	(L/s) 06.22	05.83	094	-----	---	---
FIVC	(L) -----	-----	---	-----	---	---
FEV.5	(L) -----	01.89	---	-----	---	---
FEV3	(L) 02.15	02.19	102	-----	---	---
PIFR	(L/s) -----	-----	---	-----	---	---
FEF75-85	(L/s) -----	01.97	---	-----	---	---
FEF.2-1.2	(L/s) 05.38	05.07	094	-----	---	---
FEF 25%	(L/s) 05.78	05.74	099	-----	---	---
FEF 50%	(L/s) 04.55	04.21	093	-----	---	---
FEF 75%	(L/s) 02.80	02.38	085	-----	---	---
FEV.5/FVC	(%) -----	86.30	---	-----	---	---
FEV3/FVC	(%) 96.85	100.00	103	-----	---	---
FET	(Sec) -----	01.00	---	-----	---	---
Exp1Time	(Sec) -----	00.08	---	-----	---	---
Lung Age	(Yrs) 022	018	082	-----	---	---
FEV6	(L) 02.22	-----	---	-----	---	---
FIF25%	(L/s) -----	02.04	---	-----	---	---
FIF50%	(L/s) -----	02.04	---	-----	---	---
FIF75%	(L/s) -----	02.04	---	-----	---	---

Pre Test COPD Severity  
 Test within normal limits

Pre Medication Report Indicates  
 Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80

Patient Name	: Mr. GUDLA VASU DEVA REDDY	Age	: 48 Y M
UHID	: CVIS.0000119139	OP Visit No	: CVISOPV115381
Reported on	: 13-10-2023 13:02	Printed on	: 13-10-2023 19:34
Adm/Consult Doctor	:	Ref Doctor	: SELF

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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.

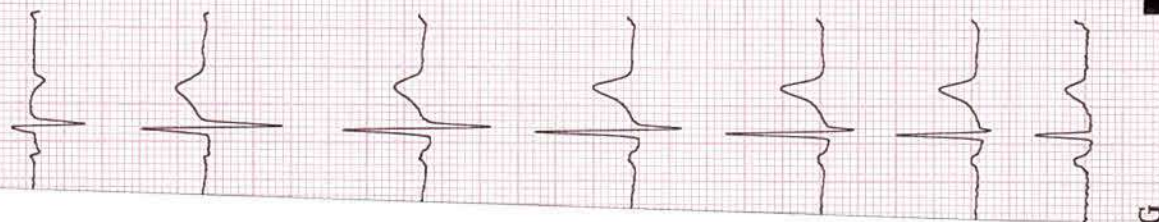
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---End of the Report---



**Dr. ARUNA PEBBILI**  
DMRD Radiology  
Radiology





# APOLLO CLINIC

# Apollo Clinic

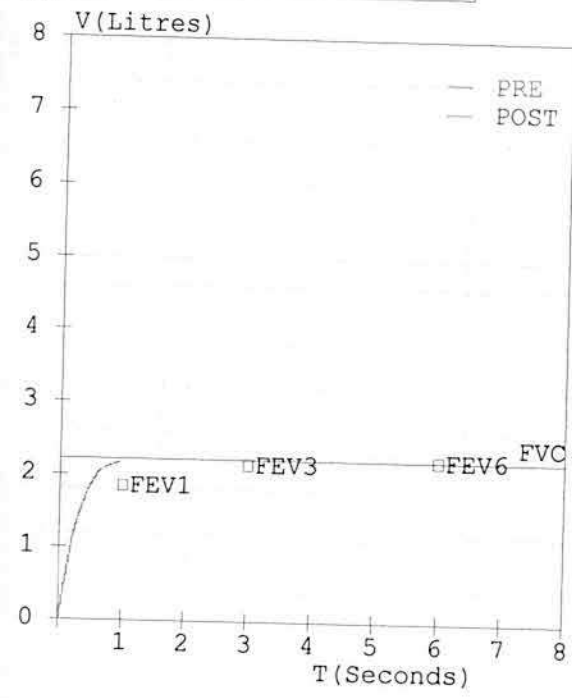
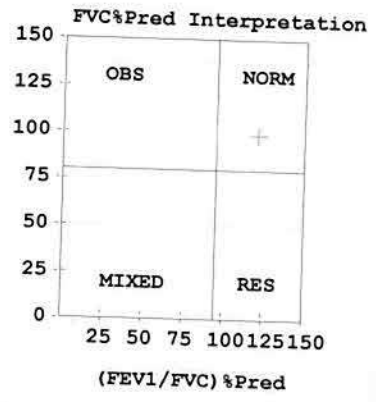
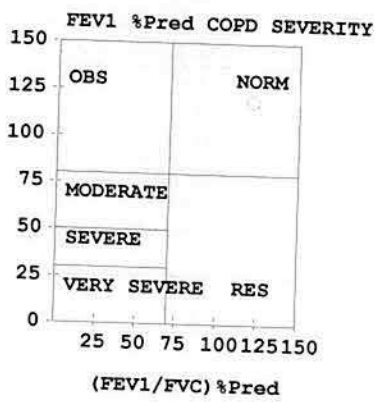
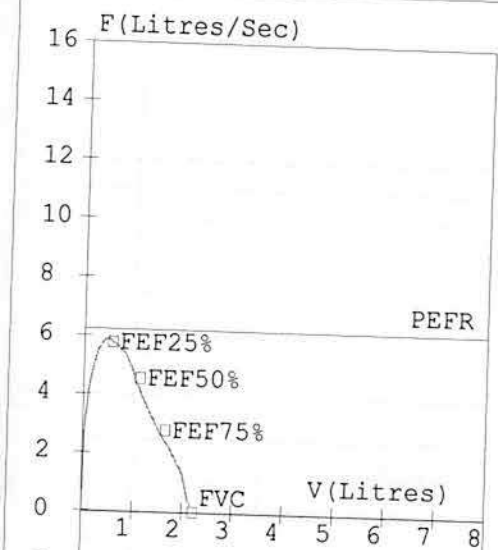
Expertise. Closer to you.



Patient: USHA MOUNIKA  
 Refd. By:  
 Pred. Eqns: RECORDERS  
 Date : 13-Oct-2023 05:08 PM

Age : 22 Yrs  
 Height : 150 Cms  
 Weight : 57 Kgs  
 ID : 1174580

Gender : Female  
 Smoker : No  
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FVC Results						
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FVC (L)	02.22	02.19	099	---	---	---
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PEFR (L/s)	06.22	05.83	094	---	---	---
FIVC (L)	---	---	---	---	---	---
FEV.5 (L)	---	01.89	---	---	---	---
FEV3 (L)	02.15	02.19	102	---	---	---
PIFR (L/s)	---	---	---	---	---	---
FEF75-85 (L/s)	---	01.97	---	---	---	---
FEF.2-1.2 (L/s)	05.38	05.07	094	---	---	---
FEF 25% (L/s)	05.78	05.74	099	---	---	---
FEF 50% (L/s)	04.55	04.21	093	---	---	---
FEF 75% (L/s)	02.80	02.38	085	---	---	---
FEV.5/FVC (%)	---	86.30	---	---	---	---
FEV3/FVC (%)	96.85	100.00	103	---	---	---
FET (Sec)	---	01.00	---	---	---	---
ExplTime (Sec)	---	00.08	---	---	---	---
Lung Age (Yrs)	022	018	082	---	---	---
FEV6 (L)	02.22	---	---	---	---	---
FIF25% (L/s)	---	02.04	---	---	---	---
FIF50% (L/s)	---	02.04	---	---	---	---
FIF75% (L/s)	---	02.04	---	---	---	---

Pre Test COPD Severity  
 Test within normal limits

### Physical Medical Examination Format

NAME:- <u>G. VASU deva Reddy</u>	DATE:- <u>13/10/23</u>
DESIGNATION:-	AGE:- <u>48/m</u>
EMP CODE:- <u>111</u>	UNIT/DEPARTMENT:-
BLOOD GROUP:- <u>111</u>	MARTIAL STATUS:-MARRIED/UNMARRIED

### MEDICAL EXAMINATION

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

Height:- <u>175</u>	Weight:- <u>74</u>	BMI <u>24.1</u>	Pulse <u>72</u>
Temp:- <u>98.6</u>	Pulse <u>72</u>	Resp:- <u>18</u>	B.P <u>100/60</u>

Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms. G. VASU deva Reddy for pre-employment

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

I Certify That Employee Is Medically..... fit .....

Fit

Unfit

Temporarily Unfit

Signature Of Employee

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

Registration No:.....  
Regd. No: 63148

Apollo Family Physician  
 Apollo Clinic, Seethammampet, Vizag

UNI ON BANK

Name: Mr. G. MASU DEVA Reddy  
Gender: male  
Test Done Date: 13/10/23

Age: 48 Years:

**OPHTHALMOLOGY SCREENING REPORT**

VISION	:	clear	
DISTANCE	:	6/6	6/6
NEAR VISION	:	Ng	Ng
COLOUR VISION	:	wnl	wnl

**ANT. SEGMENT:**

Conjunctiva	:	quite
Cornea	:	clear
Pupil	:	Normal

FUNDUS :  
IMPRESSION : } Normal

*M. K.*  
Signature



**Dear GUDLA VASU DEVA REDDY,**

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **VIZAG clinic** on **2023-10-13** at **08:45-08:50**.

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

**"As stated in the agreement terms, kindly carry all relevant documents such as HR Authorization Letter, Appointment Confirmation Mail, valid government ID proof, company ID card etc. along with you."**

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

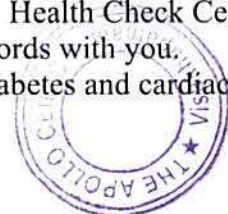
**Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.**

#### **Instructions to undergo 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 medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check Centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case 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: 50-81-1/2, PLOT 5, SHEETHAMMAPETA, VISAKHAPATNAM.**

**Contact No: (0891) 258 5511 - 2.**

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 Team



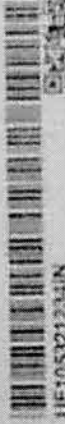
భారత ప్రభుత్వం

Unique Identification Authority of India

సమావేశం / Enrollment No. : 1046/18202/00994

To  
Gudla Vasu Deva Reddy  
కడ వాసు దేవ రెడ్డి  
S/O Gudla Venkatesa Reddy  
Dr No 63-409/3  
Maddurapuram  
Near Sivakayam  
Maddurapuram  
Visakhapatnam (Uttam)  
P. & T Colony (NM), Visakhapatnam.  
Andhra Pradesh - 530013  
8121387065

24/1/2011



UF105321234IN

10532123



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

**9814 9134 6041**

ఆధార్ - సామాన్యుని హక్కు



భారత ప్రభుత్వం

GOVERNMENT OF INDIA

కడ వాసు దేవ రెడ్డి

Gudla Vasu Deva Reddy



భారత ప్రభుత్వం  
సామాన్యుని హక్కు



9814 9134 6041

ఆధార్ - సామాన్యుని హక్కు





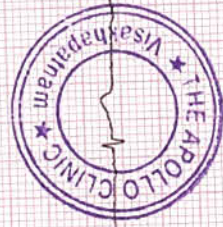
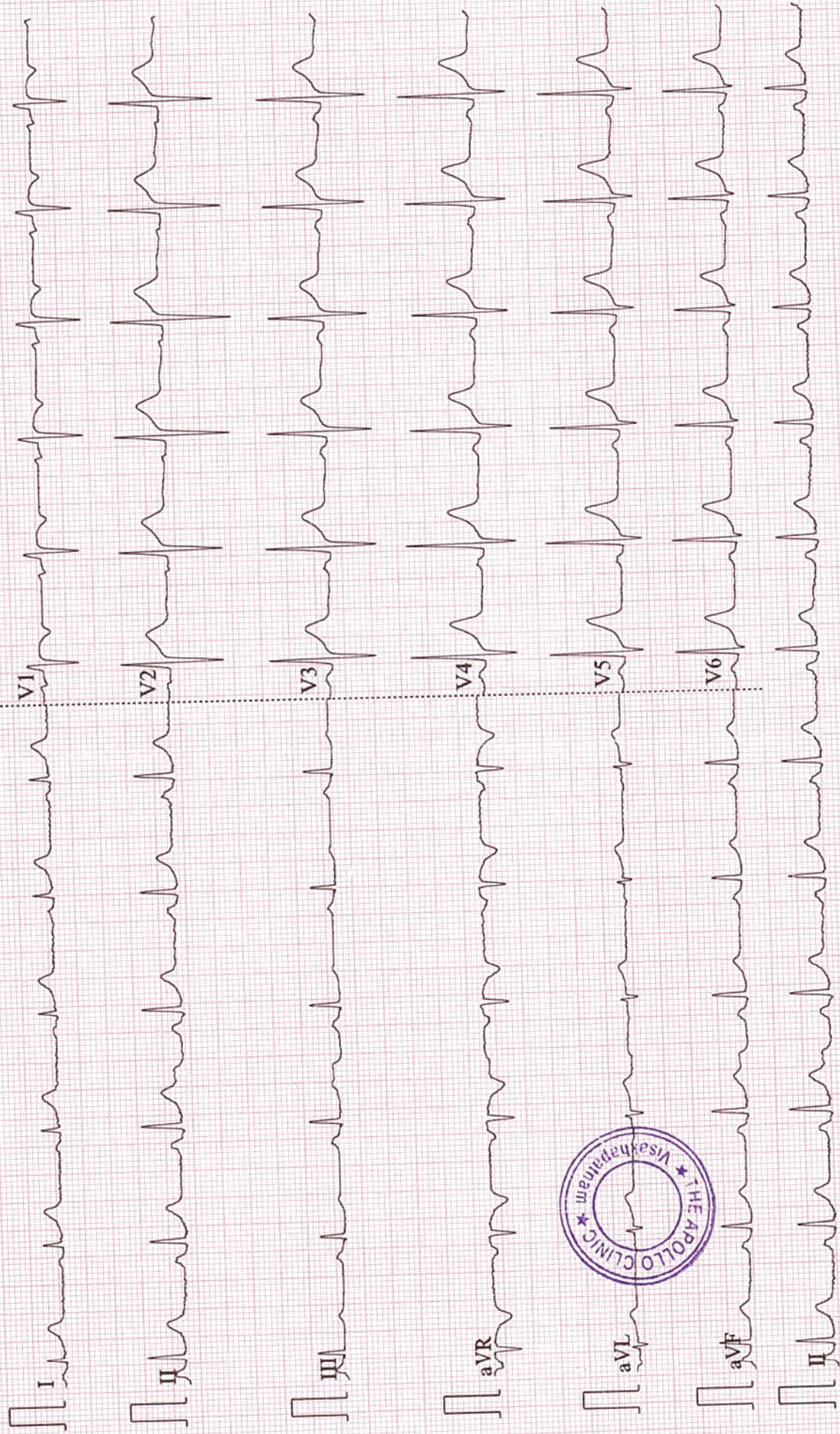
ID: 119139  
g vasudeva  
Male 48Years  
Req. No. :

Diagnosis Information:

Sinus rhythm  
Normal ECG

HR : 72 bpm  
P : 118 ms  
PR : 158 ms  
QRS : 86 ms  
QT/QTcBz : 370/405 ms  
P/QRS/T : 70/64/41 °  
RV5/SV1 : 1.248/0.734 mV

Report Confirmed by:



Patient Name : Mr.GUDLA VASU DEVA REDDY	Collected : 13/Oct/2023 09:17AM
Age/Gender : 48 Y 4 M 22 D/M	Received : 13/Oct/2023 12:32PM
UHID/MR No : CVIS.0000119139	Reported : 13/Oct/2023 02:20PM
Visit ID : CVISOPV115381	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8143755310	

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

**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



Patient Name : Mr.GUDLA VASU DEVA REDDY	Collected : 13/Oct/2023 09:17AM
Age/Gender : 48 Y 4 M 22 D/M	Received : 13/Oct/2023 12:32PM
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Visit ID : CVISOPV115381	Status : Final Report
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.8	g/dL	13-17	Spectrophotometer
PCV	41.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.22	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	27.6	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	14.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.2	%	40-80	Electrical Impedance
LYMPHOCYTES	30.3	%	20-40	Electrical Impedance
EOSINOPHILS	5.3	%	1-6	Electrical Impedance
MONOCYTES	8.1	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2360.4	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1272.6	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	222.6	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	340.2	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	4.2	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	203000	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				



Patient Name : Mr.GUDLA VASU DEVA REDDY	Collected : 13/Oct/2023 09:17AM
Age/Gender : 48 Y 4 M 22 D/M	Received : 13/Oct/2023 12:32PM
UHID/MR No : CVIS.0000119139	Reported : 13/Oct/2023 01:06PM
Visit ID : CVISOPV115381	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8143755310	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Patient Name : Mr.GUDLA VASU DEVA REDDY	Collected : 13/Oct/2023 09:17AM
Age/Gender : 48 Y 4 M 22 D/M	Received : 13/Oct/2023 12:32PM
UHID/MR No : CVIS.0000119139	Reported : 13/Oct/2023 04:09PM
Visit ID : CVISOPV115381	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8143755310	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , NAF PLASMA</b>	90	mg/dL	70-100	GOD - POD
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**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.

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	132	mg/dL	70-140	GOD - POD
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**Comment:**

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

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

<b>HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA</b>	6.4	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA</b>	137	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

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Collected : 13/Oct/2023 09:17AM  
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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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)



Patient Name : Mr.GUDLA VASU DEVA REDDY	Collected : 13/Oct/2023 09:17AM
Age/Gender : 48 Y 4 M 22 D/M	Received : 13/Oct/2023 12:32PM
UHID/MR No : CVIS.0000119139	Reported : 13/Oct/2023 01:51PM
Visit ID : CVISOPV115381	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8143755310	

**DEPARTMENT OF BIOCHEMISTRY**

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

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

TOTAL CHOLESTEROL	166	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	171	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	34	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	132	mg/dL	<130	Calculated
LDL CHOLESTEROL	97.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	34.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.88		0-4.97	Calculated

**Comment:**

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



Patient Name : Mr.GUDLA VASU DEVA REDDY	Collected : 13/Oct/2023 09:17AM
Age/Gender : 48 Y 4 M 22 D/M	Received : 13/Oct/2023 12:32PM
UHID/MR No : CVIS.0000119139	Reported : 13/Oct/2023 01:51PM
Visit ID : CVISOPV115381	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8143755310	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.40	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	34	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	68.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.00	g/dL	6.3-8.2	Biuret
ALBUMIN	4.50	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.8		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.





Patient Name : Mr.GUDLA VASU DEVA REDDY	Collected : 13/Oct/2023 09:17AM
Age/Gender : 48 Y 4 M 22 D/M	Received : 13/Oct/2023 12:32PM
UHID/MR No : CVIS.0000119139	Reported : 13/Oct/2023 01:51PM
Visit ID : CVISOPV115381	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8143755310	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.00	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	22.10	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	10.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>3.40</b>	mg/dL	3.5-8.5	Uricase
CALCIUM	8.70	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.5-4.5	PMA Phenol
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	107	mmol/L	98 - 107	Direct ISE



Patient Name : Mr.GUDLA VASU DEVA REDDY	Collected : 13/Oct/2023 09:17AM
Age/Gender : 48 Y 4 M 22 D/M	Received : 13/Oct/2023 12:32PM
UHID/MR No : CVIS.0000119139	Reported : 13/Oct/2023 01:51PM
Visit ID : CVISOPV115381	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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	38.00	U/L	15-73	Glycylcysteine Nitoranalide



Patient Name : Mr.GUDLA VASU DEVA REDDY	Collected : 13/Oct/2023 09:17AM
Age/Gender : 48 Y 4 M 22 D/M	Received : 13/Oct/2023 12:27PM
UHID/MR No : CVIS.0000119139	Reported : 13/Oct/2023 01:59PM
Visit ID : CVISOPV115381	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8143755310	

**DEPARTMENT OF IMMUNOLOGY**

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

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

TRI-iodothyronine (T3, TOTAL)	1.07	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	67.90	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	2.050	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



Patient Name : Mr.GUDLA VASU DEVA REDDY	Collected : 13/Oct/2023 09:17AM
Age/Gender : 48 Y 4 M 22 D/M	Received : 13/Oct/2023 01:10PM
UHID/MR No : CVIS.0000119139	Reported : 13/Oct/2023 01:56PM
Visit ID : CVISOPV115381	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8143755310	

**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
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**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

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

**BIOCHEMICAL EXAMINATION**

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	0-1	/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



Patient Name : Mr.GUDLA VASU DEVA REDDY	Collected : 13/Oct/2023 09:17AM
Age/Gender : 48 Y 4 M 22 D/M	Received : 13/Oct/2023 01:10PM
UHID/MR No : CVIS.0000119139	Reported : 13/Oct/2023 01:56PM
Visit ID : CVISOPV115381	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8143755310	

**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
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:  
PROSTATIC SPECIFIC ANTIGEN - TOTAL (PSA)



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



Patient Name	: Mr. GUDLA VASU DEVA REDDY	Age	: 48 Y M
UHID	: CVIS.0000119139	OP Visit No	: CVISOPV115381
Reported on	: 13-10-2023 15:56	Printed on	: 13-10-2023 19:33
Adm/Consult Doctor	:	Ref Doctor	: SELF

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**DEPARTMENT OF RADIOLOGY**

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**ULTRASOUND - WHOLE ABDOMEN**

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

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

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

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

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

Right kidney : 9.6 x 4.8 cm

Left kidney : 9.4 x 4.3 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 normal in echo texture.No evidence of necrosis/calcification seen. its volume 12 cc

There is no evidence of ascites/ pleural effusion seen.



Patient Name : Mr. GUDLA VASU DEVA REDDY  
UHID : CVIS.0000119139  
Reported on : 13-10-2023 15:56  
Adm/Consult Doctor :

Age : 48 Y M  
OP Visit No : CVISOPV115381  
Printed on : 13-10-2023 19:33  
Ref Doctor : SELF

**IMPRESSION:-**  
**FATTY INFILTRATION OF LIVER.**

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

**This is only a screening test.**

Printed on:13-10-2023 15:56

---End of the Report---



**Dr. ARUNA PEBBILI**  
**DMRD Radiology**  
**Radiology**



Patient Name	: Mr. GUDLA VASU DEVA REDDY	Age	: 48 Y/M
UHID	: CVIS.0000119139	OP Visit No	: CVISOPV115381
Conducted By:	: Dr. APPALA NAIDU L S	Conducted Date	: 13-10-2023 15:04
Referred By	: SELF		

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed)	2.4 CM
LA (es)	3.3 CM
LVID (ed)	4.9 CM
LVID (es)	2.7 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	0.9 CM
EF	76.00%
%FD	33.00%

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM NORMAL

INTER VENTRICULAR SEPTUM NORMAL

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:1.2 m/sec.  
MF:E>A.  
AF:1.0 m/sec.



IMPRESSION :  
NORMAL CARDIAC SIZE.  
NO RWMA.  
GOOD LV SYSTOLIC FUNCTION.  
NO PERICARDIAL EFFUSION.  
LVEF:76%

Dr. APPALA  
NAIDU L S

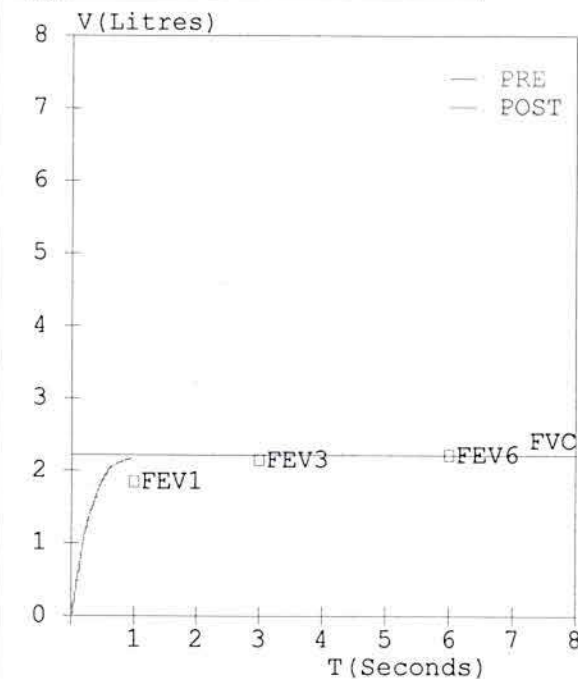
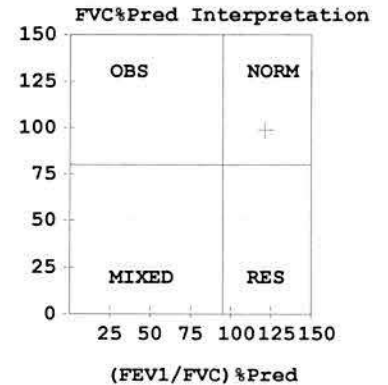
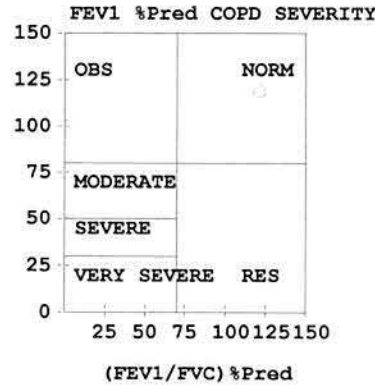
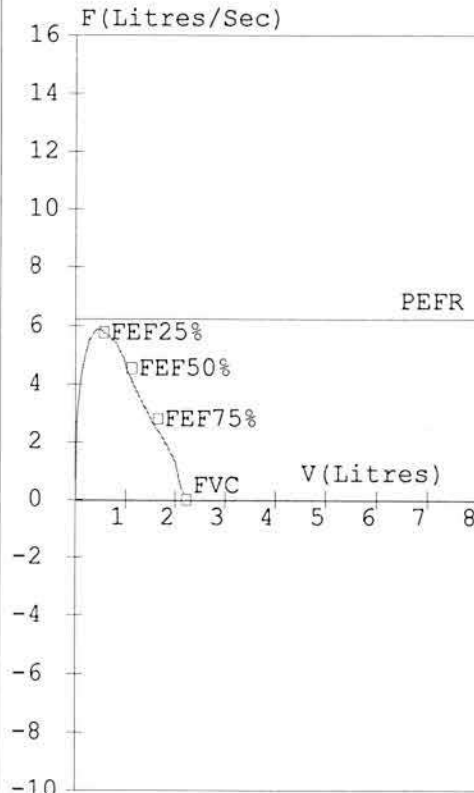




Patient: USHA MOUNIKA  
 Refd. By:  
 Pred. Eqns: RECORDERS  
 Date : 13-Oct-2023 05:08 PM

Age : 22 Yrs  
 Height : 150 Cms  
 Weight : 57 Kgs  
 ID : 1174580

Gender : Female  
 Smoker : No  
 Eth. Corr: 100  
 Temp :



### FVC Results

Parameter	Pred	M. Pre	%Pred	M. Post	%Pred	%Imp
FVC	(L) 02.22	02.19	099	-----	---	---
FEV1	(L) 01.84	02.19	119	-----	---	---
FEV1/FVC	(%) 82.88	100.00	121	-----	---	---
FEF25-75	(L/s) 02.95	03.85	131	-----	---	---
PEFR	(L/s) 06.22	05.83	094	-----	---	---
FIVC	(L) -----	-----	---	-----	---	---
FEV.5	(L) -----	01.89	---	-----	---	---
FEV3	(L) 02.15	02.19	102	-----	---	---
PIFR	(L/s) -----	-----	---	-----	---	---
FEF75-85	(L/s) -----	01.97	---	-----	---	---
FEF.2-1.2	(L/s) 05.38	05.07	094	-----	---	---
FEF 25%	(L/s) 05.78	05.74	099	-----	---	---
FEF 50%	(L/s) 04.55	04.21	093	-----	---	---
FEF 75%	(L/s) 02.80	02.38	085	-----	---	---
FEV.5/FVC	(%) -----	86.30	---	-----	---	---
FEV3/FVC	(%) 96.85	100.00	103	-----	---	---
FET	(Sec) -----	01.00	---	-----	---	---
Exp1Time	(Sec) -----	00.08	---	-----	---	---
Lung Age	(Yrs) 022	018	082	-----	---	---
FEV6	(L) 02.22	-----	---	-----	---	---
FIF25%	(L/s) -----	02.04	---	-----	---	---
FIF50%	(L/s) -----	02.04	---	-----	---	---
FIF75%	(L/s) -----	02.04	---	-----	---	---

Pre Test COPD Severity  
 Test within normal limits

Pre Medication Report Indicates  
 Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80

Patient Name	: Mr. GUDLA VASU DEVA REDDY	Age	: 48 Y M
UHID	: CVIS.0000119139	OP Visit No	: CVISOPV115381
Reported on	: 13-10-2023 13:02	Printed on	: 13-10-2023 19:34
Adm/Consult Doctor	:	Ref Doctor	: SELF

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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.

Printed on:13-10-2023 13:02

---End of the Report---



**Dr. ARUNA PEBBILI**  
DMRD Radiology  
Radiology

