

**Patient Name** : Mr. BATTULA BRAHMAREDDY Age/Gender : 33 Y/M UHID/MR No. : CJPN.0000092196 **OP Visit No** : CJPNOPV189177 Sample Collected on : 26-02-2024 17:22 Reported on LRN# : RAD2248483 **Specimen Ref Doctor** : SELF Emp/Auth/TPA ID : bobE10231

# DEPARTMENT OF RADIOLOGY

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

LIVER: Normal in size (13.5 cm) and shows increased in echotexture. No focal lesion seen.

No intra hepatic biliary / venous radicular dilation.

CBD and Main Portal vein appear normal.

GALL BLADDER: Partially distended. Normal in internal contents. Wall Thickness is normal.

SPLEEN: Normal in size (11.5cm) and echotexture. No focal lesion was seen.

PANCREAS: Appeared normal to the visualized extent.

KIDNEYS: Both kidneys are normal in size, shape and outlines Cortico medullary delineation is

maintained. No Hydronephrosis / No calculi.

Right kidney measures: 9.5 x 4.0 cm. Left kidney measures: 9.5 x 4.5 cm.

URINARY BLADDER: Well distended. Normal in internal contents. Wall thickness is normal.

PROSTATE: Normal in size and echotexture.

Prostate measures :3.0 x 3.5 x 2.7 cms. Volume-15 cc.

No free fluid is seen in the peritoneum. No lymphadenopathy.

# IMPRESSION: GRADE I FATTY LIVER.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Age/Gender **Patient Name** : Mr. BATTULA BRAHMAREDDY

: 33 Y/M

Dr. JYOTI PRIYADARSHINI MBBS, MD



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UHID/MR No. :
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1180,0011401

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: 26-02-2024 16:02

Specimen :

# DEPARTMENT OF RADIOLOGY

# X-RAY CHEST PA

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

# **CONCLUSION:**

No obvious abnormality seen.

Dr. JYOTI PRIYADARSHINI MBBS, MD

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Patient Name : Mr.BATTULA BRAHMAREDDY

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Received : 26/Feb/2024 12:01PM Reported : 26/Feb/2024 01:12PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

## **DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM, WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.8	g/dL	13-17	Spectrophotometer
PCV	45.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.43	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	84.4	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	15.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,810	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (	DLC)			
NEUTROPHILS	49.8	%	40-80	Electrical Impedance
LYMPHOCYTES	38.4	%	20-40	Electrical Impedance
EOSINOPHILS	4	%	1-6	Electrical Impedance
MONOCYTES	7.4	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2893.38	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2231.04	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	232.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	429.94	Cells/cu.mm	200-1000	Calculated
BASOPHILS	23.24	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.3		0.78- 3.53	Calculated
PLATELET COUNT	278000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

RBC NORMOCYTIC NORMOCHROMIC WBC WITHIN NORMAL LIMITS

Dr.Shobha Emmanuel M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist

Page 1 of 14

SIN No:BED240050005

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Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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PLATELETS ARE ADEQUATE ON SMEAR NO HEMOPARASITES SEEN

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Dr.Shobha Emmanuel M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACT	<b>OR</b> , WHOLE BLOOD EDTA			
BLOOD GROUP TYPE	В			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Dr.Shobha Emmanuel M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy
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## **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING, NAF PLASMA	93	mg/dL	70-100	HEXOKINASE

## **Comment:**

As per American Diabetes Guidelines, 2023

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

#### Note:

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

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

# **Comment:**

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN),	VHOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC

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DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:EDT240022530

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

AROOI EIIII IIIEDIIVIILEE	RAGE GLUCOSE 120 mg/dL Calculated			
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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)

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	168	mg/dL	<200	CHO-POD
TRIGLYCERIDES	164	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	124	mg/dL	<130	Calculated
LDL CHOLESTEROL	90.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.74		0-4.97	Calculated

#### **Comment:**

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

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

- 1. Measurements in the same patient on different days can show physiological and analytical variations.
- 2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- **4.** Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

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DR.SHIVARAJA SHETTY
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CONSULTANT BIOCHEMIST

SIN No:SE04641976

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#### **DEPARTMENT OF BIOCHEMISTRY**

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.04	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.18	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.86	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	40	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	49.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.83	g/dL	6.6-8.3	Biuret
ALBUMIN	4.31	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.52	g/dL	2.0-3.5	Calculated
A/G RATIO	1.71		0.9-2.0	Calculated

## **Comment:**

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

Common patterns seen:

#### 1. Hepatocellular Injury:

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

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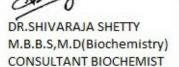
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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SEF	RUM		
CREATININE	0.74	mg/dL	0.67-1.17	Jaffe's, Method
UREA	12.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.75	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	6.83	g/dL	6.3-8.2	Biuret
ALBUMIN	4.31	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.52	g/dL	2.0-3.5	Calculated
A/G RATIO	1.71		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	33.00	U/L	<55	IFCC

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Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK









: Mr.BATTULA BRAHMAREDDY

Age/Gender

: 33 Y 8 M 14 D/M

UHID/MR No

: CJPN.0000092196

Visit ID

: CJPNOPV189177

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF : bobE10231 Collected

: 26/Feb/2024 08:49AM

Received

: 26/Feb/2024 11:59AM

Reported

: 26/Feb/2024 12:54PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF IMMUNOLOGY**

#### ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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)	1.4	ng/mL	0.7-2.04	CLIA	
THYROXINE (T4, TOTAL)	10.70	μg/dL	5.48-14.28	CLIA	
THYROID STIMULATING HORMONE (TSH)	2.331	μIU/mL	0.34-5.60	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	Т3	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

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SIN No:SPL24033044

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: Mr.BATTULA BRAHMAREDDY

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#### **DEPARTMENT OF IMMUNOLOGY**

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

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DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24033044

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APOLLO CLINICS NETWORK









Patient Name : Mr.BATTULA BRAHMAREDDY

Age/Gender : 33 Y 8 M 14 D/M
UHID/MR No : CJPN.0000092196
Visit ID : CJPNOPV189177

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : bobE10231 Collected : 26/Feb/2024 08:49AM Received : 26/Feb/2024 12:36PM

Reported : 26/Feb/2024 01:01PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

## **DEPARTMENT OF CLINICAL PATHOLOGY**

# ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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
рН	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	1		
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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Dr. Chinki Anupam M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist



SIN No:UR2291614

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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: Mr.BATTULA BRAHMAREDDY

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UHID/MR No

: CJPN.0000092196

Visit ID

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Ref Doctor Emp/Auth/TPA ID : Dr.SELF : bobE10231 Collected

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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

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

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

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

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

Result/s to Follow: PERIPHERAL SMEAR

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Dr.Shobha Emmanuel M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist

SIN No:UF010820

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