



Physical Medical Examination Format

NAME:- <u>P. Ravi Kumar</u>	DATE:- <u>24/2/24</u>
DESIGNATION:-	AGE:- <u>41/10</u>
EMP CODE:-	UNIT/DEPARTMENT:-
BLOOD GROUP:-	MARTIAL STATUS:- MARRIED/UNMARRIED

MEDICAL EXAMINATION

Complaints (if any)	<u>Nil</u>
Personal /family history	<u>M/Dmt, HPT, F/Dmt</u>
Past Medical /Surgical	<u>Nil</u>
Sensitivity/Allergy (if any)	<u>Nil</u>
Habits	<u>Nil</u>
Occupational History	<u>Nil</u>

Height: <u>172</u>	Weight: <u>67</u>	BMI:	Pulse:
Temp: <u>98.6</u>	Spo2: <u>99.1</u>	Resp: <u>18</u>	B.P: <u>120/80</u>

Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms. P. Ravi Kumar for pre-employment

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

I Certify That Employee Is Medically.....

fit
Dr.G. INDIRA PRIYADARSHINI
MBBS

Fit
P. Ravi Kumar
Signature Of Employee

Unfit

Regd. No. 63148
Apollo Family Physician
Apollo Clinic, Seetharampet, Vizag
Signature & Seal Of Medical Examiner with

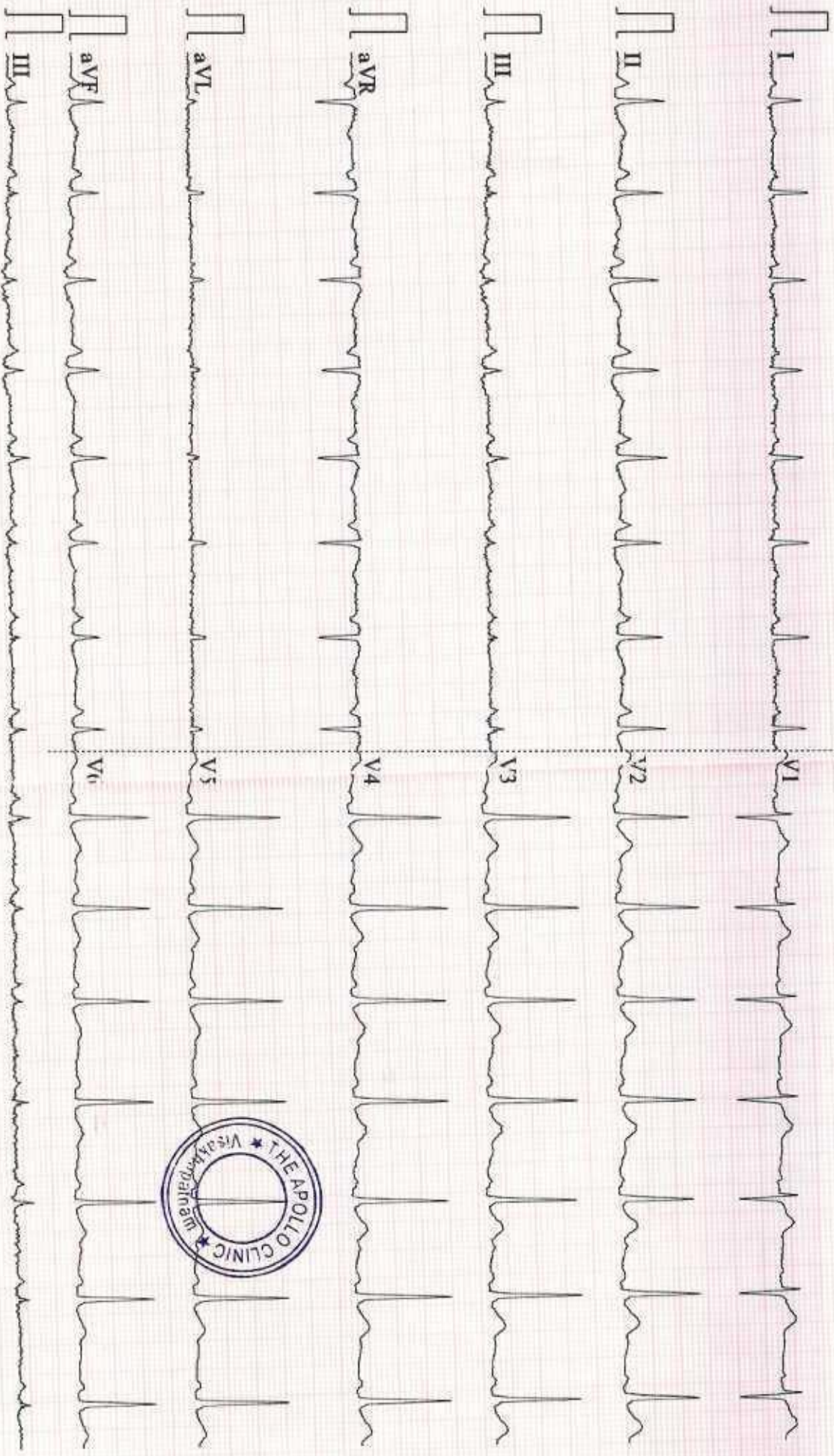
Registration No:.....

LV: 124009
p ravi kumar
Male 41Years
Req. No. :

24-02-2024 12:32:51
HR : 90 bpm
P : 94 ms
PR : 144 ms
QRS : 82 ms
QT/QTcBz : 332/407 ms
P/QRS/T : 64/47/52 °
RV5/SV1 : 1.634/0.720 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



UNION BANK

NAME : MR. P. RAVI KUMAR GENDER : M
 AGE : 41 DATE : 24/2/24

OPHTHALMOLOGY SCREENING REPORT

VISION : (OD) 6/6 (OS) 6/6

DISTANCE : NB NB

NEAR VISION :

COLOUR VISION : - WNL -

ANT.SEGMENT :

CONJUNCTIVA :

CORNEA :

PUPIL :

FUNDUS :

IMPRESSION : WNL

— Swift —
 — clear —
 — R/R/R —



H. Kan
SIGNATURE

Patient Name : Mr. P RAVI KUMAR
UHID : CVIS.0000124069
Reported on : 24-02-2024 14:10
Adm/Consult Doctor :

Age : 41 Y M
OP Visit No : CVISOPV121832
Printed on : 24-02-2024 14:11
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .
No obvious active pleuro-parenchymal lesion seen .
Both costophrenic and cardiophrenic angles are clear .
Both diaphragms are normal in position and contour .
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Printed on:24-02-2024 14:10

---End of the Report---



Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Patient Name	: Mr. P RAVI KUMAR	Age	: 41 Y/M
UHID	: CVIS.0000124069	OP Visit No	: CVISOPV121832
Reported By:	: Dr. SHASHANKA CHUNDURI	Conducted Date	: 24-02-2024 15:20
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 90beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

----- END OF THE REPORT -----

Dr. SHASHANKA CHUNDURI



Name: Mr. P RAVI KUMAR
 Age/Gender: 41 Y/M
 Address: VSKP
 Location: VISAKHAPATNAM, ANDHRA PRADESH
 Doctor:
 Department: LABORATORY
 Rate Plan: VISHAKAPATNAM_06042023
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000124069
 Visit ID: CVISOPV121832
 Visit Date: 24-02-2024 09:29
 Discharge Date:
 Referred By: SELF

Vitals:

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
24-02-2024 15:21	90 Beats/min	120/80 mmHg	18 Rate/min	98.6 F	172 cms	67 Kgs	%	%	Years	22.65	cms	cms	cms		AHLL06520



Patient Name : Mr. P RAVI KUMAR
UHID : CVIS.0000124069
Reported on : 24-02-2024 15:59
Adm/Consult Doctor :

Age : 41 Y M
OP Visit No : CVISOPV121832
Printed on : 24-02-2024 16:01
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : 12.2cm. appears normal in size and 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 : 9.2 x 4.5 cm

Left kidney : 9.6 x 5.0 cm

Urinary Bladder :Empty.

Prostate : Poor window.

There is no evidence of ascites/ pleural effusion seen.



IMPRESSION:-

***No significant abnormality detected.**

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**For clinico-lab correlation / follow - up / further work up.
This is only a screening test.**

Printed on: 24-02-2024 15:59

---End of the Report---

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology



Patient Name : Mr. P RAVI KUMAR
 UHID : CVIS.0000124069
 Conducted By : Dr. SHASHANKA CHUNDURI
 Referred By : SELF

Age : 41 Y/M
 OP Visit No : CVISOPV121832
 Conducted Date : 24-02-2024 17:47

2D-ECHO WITH COLOUR DOPPLER

Dimensions:	
Ao (cd)	2.4 CM
LA (es)	2.5 CM
LVID (cd)	3.9 CM
LVID (es)	2.5 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	0.9 CM
EF	64.00%
%FD	33.00%
MITRAL VALVE:	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL
LEFT VENTRICLE:	

NO REGIONAL WALL MOTION ABNORMALITY
 NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES
 PF: 0.9 m/sec.
 MF: A > E
 AF: 1.2 m/sec.



IMPRESSION:

NORMAL CARDIAC SIZE.
NO RWMA.
NORMAL LV SYSTOLIC FUNCTION.
NO PERICARDIAL EFFUSION.
GRADE - I DIASTOLIC DYSFUNCTION.
LVEF:64%

Dr. SHASHANKA
CHUNDURI



Patient Name : Mr.P RAVI KUMAR
Age/Gender : 41 Y 6 M 0 D/M
UHID/MR No : CVIS.0000124069
Visit ID : CVISOPV121832
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 360067

Collected : 24/Feb/2024 10:17AM
Received : 24/Feb/2024 12:28PM
Reported : 24/Feb/2024 02:53PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



V. Snehal

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

SIN No:BED240048696

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

(CIN - U65110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apoliohl.com

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16.4	g/dL	13-17	Spectrophotometer
PCV	47.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.07	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	93	fL	83-101	Calculated
MCH	31.3	pg	27-32	Calculated
MCHC	34.9	g/dL	31.5-34.5	Calculated
R.D.W	12.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59.6	%	40-80	Electrical Impedance
LYMPHOCYTES	26	%	20-40	Electrical Impedance
EOSINOPHILS	6	%	1-6	Electrical Impedance
MONOCYTES	8.3	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4887.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2132	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	492	Cells/cu.mm	20-500	Calculated
MONOCYTES	680.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	8.2	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.29		0.78- 3.53	Calculated
PLATELET COUNT	207000	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				



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

SIN No:BED240048696

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(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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 Vizag (Seethamma Peta)
 Online appointments: www.apolloclinic.com

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Emp/Auth/TPA ID : 360067	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , <i>WHOLE BLOOD EDTA</i>				
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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 M.D (PATH)
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	99	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 $> \text{or} = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{or} = 200 \text{ mg/dL}$ on at least 2 occasions
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	114	mg/dL	70-140	GOD - POD

Comment:

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

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



SIN No: FDT240021944

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1860 500 7788

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DEPARTMENT OF BIOCHEMISTRY

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

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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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 M.D (PATH)
 Consultant Pathologist

SIN No: EDT240021944

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	178	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	108	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	41	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	137	mg/dL	<130	Calculated
LDL CHOLESTEROL	115.15	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.66	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.34		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

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



SIN No:SE04640582

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TO BOOK AN APPOINTMENT

1860 500 7788

MC-2373

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.47	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.34	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18.68	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.6	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	98.00	U/L	53-128	IFCC
PROTEIN, TOTAL	7.15	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.60	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	2.55	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.



V. Snehal

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

SIN No:SF04640582

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

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP
 Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)
 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

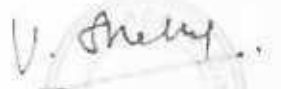
Patient Name : Mr.P RAVI KUMAR
 Age/Gender : 41 Y.6.M 0 D/M
 UHID/MR No : CVIS.0000124069
 Visit ID : CVISOPV121832
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 360067

Collected : 24/Feb/2024 10:18AM
 Received : 24/Feb/2024 02:06PM
 Reported : 24/Feb/2024 05:37PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.93	mg/dL	0.7-1.2	Jaffe
UREA	18.49	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.48	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	9.47	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.63	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	136	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98 - 107	Direct ISE


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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr.P RAVI KUMAR
 Age/Gender : 41 Y 6 M 0 D/M
 UHID/MR No : CVIS.0000124069
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	98.00	U/L	53-128	IFCC



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

SIN No:SE04640582

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

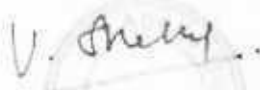
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 Age/Gender : 41 Y 6 M 0 D/M
 UHID/MR No : CVIS.0000124069
 Visit ID : CVISOPV121832
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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.00	U/L	0-55	IFCC

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

SIN No: SE04640582

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr.P RAVI KUMAR
 Age/Gender : 41 Y 6 M 0 D/M
 UHID/MR No : CVIS.0000124069
 Visit ID : CVISOPV121832
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 360067

Collected : 24/Feb/2024 10:18AM
 Received : 24/Feb/2024 03:13PM
 Reported : 24/Feb/2024 03:48PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No:UR2290770

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

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohi.com

APOLLO CLINICS NETWORK TELANGANA & AP
 Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)
 Vizag (Seethamma-Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name	: Mr.P RAVI KUMAR	Collected	: 24/Feb/2024 10:18AM
Age/Gender	: 41 Y 6 M 0 D/M	Received	: 24/Feb/2024 03:13PM
UHID/MR No	: CVIS.0000124069	Reported	: 24/Feb/2024 05:11PM
Visit ID	: CVISOPV121832	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 360067		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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:
 PROSTATIC SPECIFIC ANTIGEN - TOTAL (PSA), VITAMIN B12, THYROID PROFILE TOTAL (T3, T4, TSH), 25-HYDROXY VITAMIN D (D2+D3)



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

SIN No:UF010778

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

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Union Bank



नाम : श्री. रावी कुमार
Name : P. RAVI KUMAR

पदनाम / Designation : SWO-B


कर्मचारी क्र. / Employee No. : 758048


जन्म तिथि / Birth Date : 15-01-1983

रक्त समूह / Blood Group : O+ve

काँ काँ स्थान / Place of Issue : Duvvada Br., VSP

जारी तिथि / Date of Issue : 01.05.2023


शानक का हस्ताक्षर
Staff Signature


जारीकर्ता अधिकारी
Issuing Authority

011-41195959

Dear **P RAVI KUMAR**,

We are pleased to confirm your health checkup booking request with the following details.

Booking Date : 15-02-2024

Hospital Package Name: Mediwheel Full Body Annual Plus Above 50 Male

Patient Package Name : MediWheel Full Body Health Checkup Male 40 To 50

Name of Diagnostic/Hospital : Apollo Clinic

Address of Diagnostic/Hospital- : Apollo Clinic, 50, Plot 5, Sheethammapeta, Beside BVK college, Dwaraka Nagar, Vishakapatnam-530016

City : Visakhapatnam

State :

Pincode : 530016

Appointment Date : 24-02-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:00am

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
P RAVI KUMAR	41 year	Male

Note - Please note to not pay any amount .

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

Exception Letter for CAP

Date: 24/12/21

Client Name: P Ravi Kumar

Gender - M

UHID: 124569

We are Not delivered service due to he will come another day

SERVICE ENT Consultation

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

Regards,

EMP Name: H. Syle

Apollo clinic,

Vizag.

Client Name:

Signature:

Ph no:

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
24-02-2024 15:21	90 Beats/min	120/80 mmHg	18 Rate/min	98.6 F	172 cms	67 Kgs	%	%	Years	22.65	cms	cms	cms		AHLL06520

Name: Mr. P RAVI KUMAR
Age/Gender: 41 Y/M
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. N MUKUNDA RAO

MR No: CVIS.0000124069
Visit ID: CVISOPV121832
Visit Date: 24-02-2024 09:29
Discharge Date:
Referred By: SELF

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
24-02-2024 15:21	90 Beats/min	120/80 mmHg	18 Rate/min	98.6 F	172 cms	67 Kgs	%	%	Years	22.65	cms	cms	cms		AHLL06520

Established Patient: No

Vitals

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24-02-2024 15:21	90 Beats/min	120/80 mmHg	18 Rate/min	98.6 F	172 cms	67 Kgs	%	%	Years	22.65	cms	cms	cms		AHLL06520

Name: Mr. P RAVI KUMAR
Age/Gender: 41 Y/M
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. R ABHISHEK

MR No: CVIS.0000124069
Visit ID: CVISOPV121832
Visit Date: 24-02-2024 09:29
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mr. P RAVI KUMAR
Age/Gender: 41 Y/M
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. GOLI INDIRA PRIYADARSHINI

MR No: CVIS.0000124069
Visit ID: CVISOPV121832
Visit Date: 24-02-2024 09:29
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

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Doctor's Signature

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Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
24-02-2024 15:21	90 Beats/min	120/80 mmHg	18 Rate/min	98.6 F	172 cms	67 Kgs	%	%	Years	22.65	cms	cms	cms		AHLL06520

Name: Mr. P RAVI KUMAR
Age/Gender: 41 Y/M
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. DEEPANKAR SETH

MR No: CVIS.0000124069
Visit ID: CVISOPV121832
Visit Date: 24-02-2024 09:29
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

Patient Name : Mr. P RAVI KUMAR

Age/Gender : 41 Y/M

UHID/MR No. : CVIS.0000124069

OP Visit No : CVISOPV121832

Sample Collected on :

Reported on : 24-02-2024 16:01

LRN# : RAD2247020

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 360067

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : 12.2cm. appears normal in size and 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 : 9.2 x 4.5 cm

Left kidney : 9.6 x 5.0 cm

Urinary Bladder :Empty.

Prostate : Poor window.

There is no evidence of ascites/ pleural effusion seen.

IMPRESSION:-

***No significant abnormality detected.**

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

This is only a screening test.



Patient Name : Mr. P RAVI KUMAR

Age/Gender : 41 Y/M

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Patient Name : Mr. P RAVI KUMAR

Age/Gender : 41 Y/M

UHID/MR No. : CVIS.0000124069

OP Visit No : CVISOPV121832

Sample Collected on :

Reported on : 24-02-2024 14:11

LRN# : RAD2247020

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 360067

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. KARROTU SUDHA
MD RADIOLOGY
Radiology

Patient Name : Mr.P RAVI KUMAR	Collected : 24/Feb/2024 10:17AM
Age/Gender : 41 Y 6 M 0 D/M	Received : 24/Feb/2024 12:28PM
UHID/MR No : CVIS.0000124069	Reported : 24/Feb/2024 02:53PM
Visit ID : CVISOPV121832	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 360067	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



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



SIN No:BED240048696

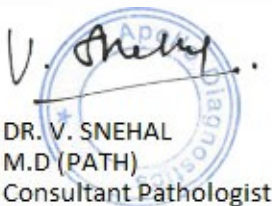
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16.4	g/dL	13-17	Spectrophotometer
PCV	47.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.07	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	93	fL	83-101	Calculated
MCH	31.3	pg	27-32	Calculated
MCHC	34.9	g/dL	31.5-34.5	Calculated
R.D.W	12.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59.6	%	40-80	Electrical Impedance
LYMPHOCYTES	26	%	20-40	Electrical Impedance
EOSINOPHILS	6	%	1-6	Electrical Impedance
MONOCYTES	8.3	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4887.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2132	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	492	Cells/cu.mm	20-500	Calculated
MONOCYTES	680.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	8.2	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.29		0.78- 3.53	Calculated
PLATELET COUNT	207000	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				



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



SIN No:BED240048696

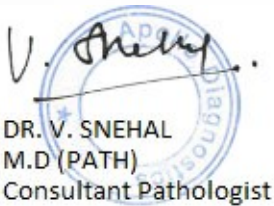
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 360067	

DEPARTMENT OF HAEMATOLOGY

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

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



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



SIN No:BED240048696

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

Patient Name : Mr.P RAVI KUMAR	Collected : 24/Feb/2024 10:18AM
Age/Gender : 41 Y 6 M 0 D/M	Received : 24/Feb/2024 12:28PM
UHID/MR No : CVIS.0000124069	Reported : 24/Feb/2024 01:21PM
Visit ID : CVISOPV121832	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 360067	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	99	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

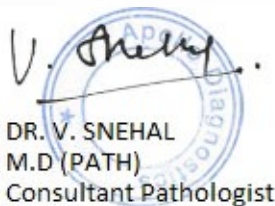
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	114	mg/dL	70-140	GOD - POD

Comment:

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated



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



SIN No:EDT240021944

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DEPARTMENT OF BIOCHEMISTRY

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

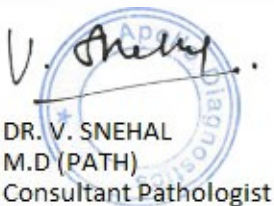
Comment:

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

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

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



DR. V. SNEHAL
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SIN No:EDT240021944

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DEPARTMENT OF BIOCHEMISTRY

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

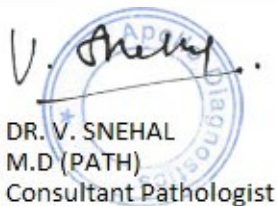
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	178	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	108	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	41	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	137	mg/dL	<130	Calculated
LDL CHOLESTEROL	115.15	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.66	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.34		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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



SIN No:SE04640582

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.47	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.34	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18.68	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.6	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	98.00	U/L	53-128	IFCC
PROTEIN, TOTAL	7.15	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.60	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	2.55	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:

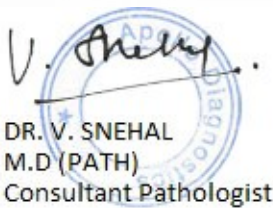
1. Hepatocellular Injury:

- 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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons’s diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



DR. V. SNEHAL
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SIN No:SE04640582

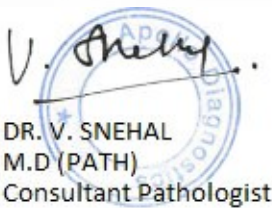
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.93	mg/dL	0.7-1.2	Jaffe
UREA	18.49	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.48	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	9.47	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.63	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	136	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98 - 107	Direct ISE



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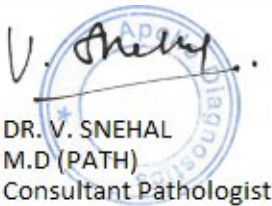
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	98.00	U/L	53-128	IFCC



DR. V. SNEHAL
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.00	U/L	0-55	IFCC



DR. V. SNEHAL
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SIN No:SE04640582

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Age/Gender : 41 Y 6 M 0 D/M	Received : 24/Feb/2024 02:06PM
UHID/MR No : CVIS.0000124069	Reported : 24/Feb/2024 06:21PM
Visit ID : CVISOPV121832	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

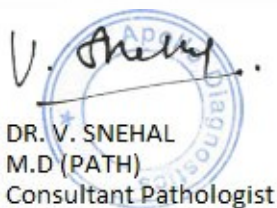
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.33	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	47.00	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	3.490	µIU/mL	0.3-4.5	CLIA

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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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



SIN No:SPL24032146

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

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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	20.1	ng/mL	30-100	CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.


Increased levels:

- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	248	pg/ml	200-1100	CLIA

Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception,



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M.D (PATH)
Consultant Pathologist



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DEPARTMENT OF IMMUNOLOGY

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

poor coordination, and affective behavioral changes.

- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 .
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.



DR. V. SNEHAL
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Consultant Pathologist



SIN No:SPL24032146

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Patient Name : Mr.P RAVI KUMAR	Collected : 24/Feb/2024 10:18AM
Age/Gender : 41 Y 6 M 0 D/M	Received : 25/Feb/2024 11:47AM
UHID/MR No : CVIS.0000124069	Reported : 25/Feb/2024 12:41PM
Visit ID : CVISOPV121832	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.780	ng/mL	0-4	CLIA

K. Anusha

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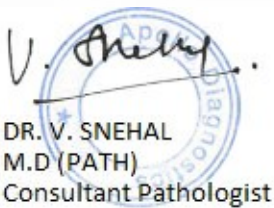
This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mr.P RAVI KUMAR	Collected : 24/Feb/2024 10:18AM
Age/Gender : 41 Y 6 M 0 D/M	Received : 24/Feb/2024 03:13PM
UHID/MR No : CVIS.0000124069	Reported : 24/Feb/2024 03:48PM
Visit ID : CVISOPV121832	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



SIN No:UR2290770

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

Patient Name : Mr.P RAVI KUMAR	Collected : 24/Feb/2024 10:18AM
Age/Gender : 41 Y 6 M 0 D/M	Received : 24/Feb/2024 03:13PM
UHID/MR No : CVIS.0000124069	Reported : 24/Feb/2024 05:11PM
Visit ID : CVISOPV121832	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 360067	

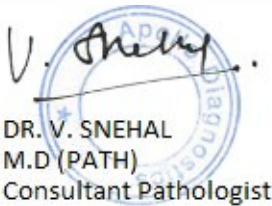
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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 ***



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



SIN No:UF010778

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