

Patient Name : Mr. Bathula Prazwal Age/Gender : 32 Y/M

UHID/MR No.

: CINR.0000163735

OP Visit No

: CINROPV220896

Sample Collected on

: RAD2255435

Reported on Specimen

: 03-03-2024 12:24

Ref Doctor

LRN#

SELF

**Emp/Auth/TPA ID** : 9052106854

# 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. RAMESH G
MBBS DMRD
RADIOLOGY



: 03-03-2024 12:26

Patient Name: Mr. Bathula PrazwalAge/Gender: 32 Y/M

**UHID/MR No.** : CINR.0000163735 **OP Visit No** : CINROPV220896

Ref Doctor : SELF

**Emp/Auth/TPA ID** : 9052106854

Sample Collected on

# DEPARTMENT OF RADIOLOGY

Reported on

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

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended.

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 10.0x4.4 cm.

Left kidney measures 10.6x5.6 cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in size and echo-pattern.

No free fluid is seen.

**IMPRESSION:** 

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY







Patient Name : Mr.BATHULA PRAZWAL

Age/Gender : 32 Y 8 M 8 D/M UHID/MR No : CINR.0000163735 Visit ID : CINROPV220896

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9052106854 Collected : 03/Mar/2024 09:35AM Received : 03/Mar/2024 01:37PM

: 03/Mar/2024 03:31PM Reported

: Final Report Status : ARCOFEMI HEALTHCARE LIMITED Sponsor Name

### **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	14.8	g/dL	13-17	Spectrophotometer
PCV	43.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.82	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	90.4	fL	83-101	Calculated
MCH	30.7	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	14.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,260	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (	DLC)			
NEUTROPHILS	47.2	%	40-80	Electrical Impedance
LYMPHOCYTES	45	%	20-40	Electrical Impedance
EOSINOPHILS	2.2	%	1-6	Electrical Impedance
MONOCYTES	5.2	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2954.72	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2817	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	137.72	Cells/cu.mm	20-500	Calculated
MONOCYTES	325.52	Cells/cu.mm	200-1000	Calculated
BASOPHILS	25.04	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.05		0.78- 3.53	Calculated
PLATELET COUNT	267000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

DR.Aditi Parkhe MBBS, MD(PATHOLOGY) Consultant Pathologist

Dr Priya Murthy M.B.B.S,M.D(Pathology)

Consultant Pathologist

SIN No:BED240056681

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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323/100/123, Doddathangur Village, Neeladri Main Road, Neeladri Nagar, Electronic city, Bengaluru, Karnataka- 560034

Page 1 of 14











: Mr.BATHULA PRAZWAL

Age/Gender

: 32 Y 8 M 8 D/M

UHID/MR No

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: Dr.SELF : 9052106854 Collected

: 03/Mar/2024 09:35AM

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: 03/Mar/2024 03:31PM

Status

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Sponsor Name

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#### **DEPARTMENT OF HAEMATOLOGY**

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

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

Page 2 of 14

DR.Aditi Parkhe MBBS,MD(PATHOLOGY) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist

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#### **DEPARTMENT OF HAEMATOLOGY**

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

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

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Page 3 of 14









Patient Name : Mr.BATHULA PRAZWAL

Age/Gender : 32 Y 8 M 8 D/M UHID/MR No : CINR.000016373

UHID/MR No : CINR.0000163735 Visit ID : CINROPV220896

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9052106854 Collected : 03/Mar/2024 09:35AM

Received : 03/Mar/2024 01:53PM Reported : 03/Mar/2024 06:00PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

### **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	94	mg/dL	70-100	HEXOKINASE

## **Comment:**

As per American Diabetes Guidelines, 2023

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

#### Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN), W	HOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	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	

Page 4 of 14

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

SIN No:EDT240025584

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APOLLO CLINICS NETWORK









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#### **DEPARTMENT OF BIOCHEMISTRY**

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

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)

Page 5 of 14



DR.SHIVARAJA SHETTY
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Patient Name : Mr.BATHULA PRAZWAL

Age/Gender : 3
UHID/MR No : 0

: 32 Y 8 M 8 D/M

Visit ID

: CINR.0000163735 : CINROPV220896

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 9052106854 Collected : 03/Mar/2024 09:35AM

Received : 03/Mar/2024 01:52PM Reported : 03/Mar/2024 05:58PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

### **DEPARTMENT OF BIOCHEMISTRY**

## 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	211	mg/dL	<200	CHO-POD
TRIGLYCERIDES	197	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	169	mg/dL	<130	Calculated
LDL CHOLESTEROL	129.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	39.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.02		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.

Page 6 of 14



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

SIN No:SE04649049

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APOLLO CLINICS NETWORK









: Mr.BATHULA PRAZWAL

Age/Gender

: 32 Y 8 M 8 D/M

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Reported Status : 03/Mar/2024 05:58PM

Sponsor Name

: Final Report : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

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

Page 7 of 14



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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.57	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.49	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	85.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.48	g/dL	6.6-8.3	Biuret
ALBUMIN	4.63	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.85	g/dL	2.0-3.5	Calculated
A/G RATIO	1.62		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.

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SEF	RUM		
CREATININE	0.91	mg/dL	0.67-1.17	Jaffe's, Method
UREA	21.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.17	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	10.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.50	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.48	g/dL	6.6-8.3	Biuret
ALBUMIN	4.63	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.85	g/dL	2.0-3.5	Calculated
A/G RATIO	1.62		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	25.00	U/L	<55	IFCC

Page 10 of 14



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: CINROPV220896

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF : 9052106854 Collected

: 03/Mar/2024 09:35AM

Received

: 03/Mar/2024 01:51PM

Reported

: 03/Mar/2024 05:49PM

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
HYROID PROFILE TOTAL (T3, T4, TSH)	, SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	0.8	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	3.60	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.554	μIU/mL	0.34-5.60	CLIA

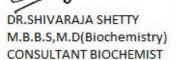
### **Comment:**

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:SPL24037476

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

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Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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









: Mr.BATHULA PRAZWAL

Age/Gender

: 32 Y 8 M 8 D/M

UHID/MR No

: CINR.0000163735

Visit ID

: CINROPV220896

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#### **DEPARTMENT OF IMMUNOLOGY**

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

Page 12 of 14



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

SIN No:SPL24037476

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APOLLO CLINICS NETWORK









Patient Name : Mr.BATHULA PRAZWAL

Age/Gender : 32 Y 8 M 8 D/M UHID/MR No : CINR.0000163735 Visit ID : CINROPV220896

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9052106854 Collected : 03/Mar/2024 09:35AM Received : 03/Mar/2024 02:00PM

: 03/Mar/2024 03:22PM Reported

: Final Report Status : ARCOFEMI HEALTHCARE LIMITED Sponsor Name

### **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	1.020		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

DR.Aditi Parkhe MBBS, MD(PATHOLOGY) Consultant Pathologist

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

SIN No:UR2296581

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE

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

323/100/123, Doddathangur Village, Neeladri Main Road,



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: Mr.BATHULA PRAZWAL

Age/Gender

: 32 Y 8 M 8 D/M

UHID/MR No

: CINR.0000163735

Visit ID

: CINROPV220896

Ref Doctor Emp/Auth/TPA ID

: 9052106854

: Dr.SELF

Collected Received

: 03/Mar/2024 09:35AM

: 03/Mar/2024 02:00PM

Reported

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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
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:

PERIPHERAL SMEAR, GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL), GLUCOSE (POST PRANDIAL) - URINE

DR.Aditi Parkhe MBBS, MD(PATHOLOGY) Consultant Pathologist

M.B.B.S, M.D (Pathology) Consultant Pathologist

SIN No:UF010878

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

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323/100/123, Doddathangur Village, Neeladri Main Road, Neeladri Nagar, Electronic city, Bengaluru, Karnataka- 560034

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