PLEASE SCAN QR CODE

Name	**: Mr . UDAYA SRINIVASA RAO L**	TID	: UMR1167380
Age/Gender	: 41 Years/Male	Registered On	: 16-Sep-2024 09:17 AM
Ref By	: Self	Reported On	: 16-Sep-2024 10:51 AM
Reg.No	: BIL4717678	Reference	: Arcofemi Health Care Ltd - Medi Whe

DEPARTMENT OF CARDIOLOGY
2D Echo/Doppler Study

MITRAL VALVE : Normal.

AORTIC VALVE : Normal.

TRICUSPID VALVE : Normal.

PULMONARY VALVE : Normal.

RIGHT ATRIUM : Normal.

RIGHT VENTRICLE : Normal.

LEFT ATRIUM : 3.6 cms.

LEFT VENTRICLE : EDD : 4.1 cm IVS (d) : 0.9 cm LVEF : 65%
ESD : 2.6 cm PW (d) : 0.9 cm FS : 35%
NO RWMA

IAS : Intact.

IVS : Intact.

AORTA : 2.8 cms.

PULMONARY ARTERY : Normal

PERICARDIUM : Normal.

IVC / SVC / CS : Normal.

PULMONARY VEINS : Normal.

INTRA - CARDIAC MASSES : No.

PLEASE SCAN QR CODE

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Age/Gender	: 41 Years/Male	Registered On	: 16-Sep-2024 09:17 AM
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Reg.No	: BIL4717678	Reference	: Arcofemi Health Care Ltd - Medi Whe

DOPPLER STUDY

MITRAL FLOW : E > A

AORTIC FLOW : 1.0 m/s

PULMONARY FLOW : 0.8 m/s

TRICUSPID FLOW : Normal

COLOUR FLOW MAPPING

MR : NIL
AR : NIL
TR : TRIVIAL
PR : NIL

IMPRESSION:

*** NO LV RWMA**

*** GOOD LV / RV FUNCTION**

*** NORMAL SIZED CARDIAC CHAMBERS**

*** TRIVIAL TR; NO PAH**

*** NO PE / CLOT / VEGETATION**

- To correlate clinically

*** End Of Report ***

Dr.C Santosh kumar
M.D.D.M
Consultant Cardiologist

r. UDAYA SRINIVASA RAO
D: 4717678

Male
Years

16 09 2024 10:00:08
TENET DIAGNOSTIC CENTER
KOTHAPET
HYDERABAD

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

60 bpm
--- / --- mmHg

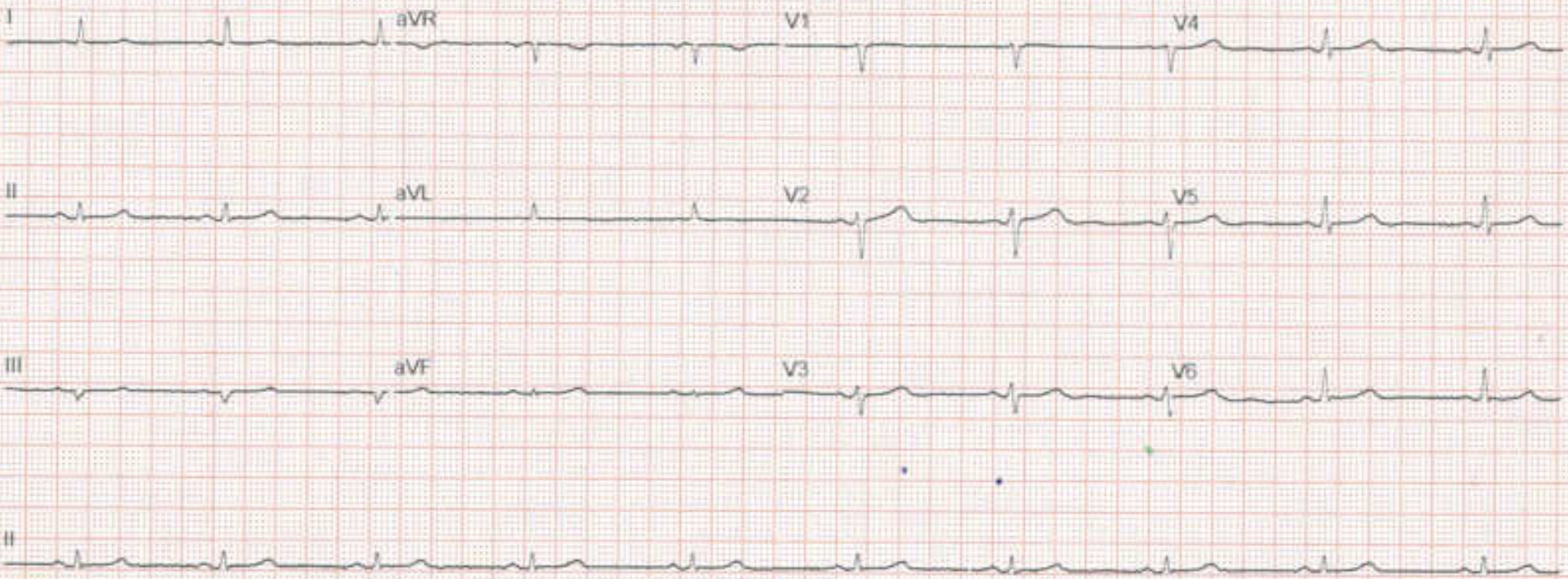
QRS	68 ms
QT / QTcBaz	408 / 408 ms
PR	128 ms
P	96 ms
RR / PP	1002 / 1000 ms
P / QRS / T	44 / 9 / 62 degrees

Normal sinus rhythm
Cannot rule out Inferior infarct , age undetermined
Abnormal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

With in Normal limits

Dr. V. VISHWAKRANTH KUMAR
MBBS, MD (Gold Medal), DNB (Cardiology)
CONSULTANT CARDIOLOGIST
Regd. No. 51251



GE MAC2000 11 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1

Unconfirmed

1/1

PLEASE SCAN QR CODE

Name	**: Mr . UDAYA SRINIVASA RAO L**	TID	: UMR1167380
Age/Gender	: 41 Years/Male	Registered On	: 16-Sep-2024 09:17 AM
Ref By	: Self	Reported On	: 16-Sep-2024 12:33 PM
Reg.No	: BIL4717678	Reference	: Arcofemi Health Care Ltd - Medi Whe

DEPARTMENT OF CARDIOLOGY

ECG(Electrocardiogram)

WITH IN NORMAL LIMITS

*** End Of Report ***

Dr V Vishwakranth Kumar
Consultant Cardiologist

Name	: **MR.UDAYA SRINIVASA RAO L**	TID/SID	: UMR1167380/ 28257875
Age / Gender	: 41 Years / Male	Registered on	: 16-Sep-2024 / 09:17 AM
Ref.By	: SELF	Collected on	: 16-Sep-2024 / 12:06 PM
Req.No	: BIL4717678	Reported on	: 16-Sep-2024 / 16:31 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Result	Biological Reference Intervals
Physical Examination		
Colour Method:Physical	LightYellow	Straw to Yellow
Appearance Method:Physical	Clear	Clear
Chemical Examination		
Reaction and pH Method:Indicator	Acidic (5.0)	4.6-8.0
Specific gravity Method:Refractometry	1.010	1.000-1.035
Protein Method:Protein Error of pH indicators	Negative	Negative
Glucose Method:Glucose oxidase/Peroxidase	Negative	Negative
Blood Method:Peroxidase	Negative	Negative
Ketones Method:Sodium Nitroprusside	Negative	Negative
Bilirubin Method:Diazonium salt	Negative	Negative
Leucocytes Method:Esterase reaction	Negative	Negative
Nitrites Method:Modified Griess reaction	Negative	Negative
Urobilinogen Method:Diazonium salt	Negative	Up to 1.0 mg/dl (Negative)
Microscopic Examination		
Pus cells (leukocytes) Method:Flow Digital Imaging/Microscopy	1-2	2 - 3 /hpf
Epithelial cells Method:Flow Digital Imaging/Microscopy	1-2	2 - 5 /hpf
RBC (erythrocytes) Method:Flow Digital Imaging/Microscopy	Absent	Absent
Casts Method:Flow Digital Imaging/Microscopy	Absent	Occasional hyaline casts may be seen

Name	: **MR.UDAYA SRINIVASA RAO L**	TID/SID	: UMR1167380/ 28257875
Age / Gender	: 41 Years / Male	Registered on	: 16-Sep-2024 / 09:17 AM
Ref.By	: SELF	Collected on	: 16-Sep-2024 / 12:06 PM
Req.No	: BIL4717678	Reported on	: 16-Sep-2024 / 16:31 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

Crystals Method:Flow Digital Imaging/Microscopy	Absent	Phosphate, oxalate, or urate crystals may be seen
Others Method:Flow Digital Imaging/Microscopy	Nil	Nil

Method: Semi Quantitative test ,For CUE

Reference: Godkar Clinical Diagnosis and Management by Laboratory Methods, First South Asia edition. Product kit literature.

Interpretation:

The complete urinalysis provides a number of measurements which look for abnormalities in the urine. Abnormal results from this test can be indicative of a number of conditions including kidney disease, urinary tract infecation or elevated levels of substances which the body is trying to remove through the urine . A urinalysis test can help identify potential health problems even when a person is asymptomatic. All the abnormal results are to be correlated clinically.

* Sample processed at National Reference Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr Shruti Reddy
Consultant Pathologist
Reg No.TSMC/FMR/22656

tenet DIAGNOSTICS
It's Good to Know

MC-2977

PLEASE SCAN QR CODE
TO VERIFY THE REPORT ONLINE

Name	: **MR.UDAYA SRINIVASA RAO L**	TID/SID	: UMR1167380/ 28256588
Age / Gender	: 41 Years / Male	Registered on	: 16-Sep-2024 / 09:17 AM
Ref.By	: SELF	Collected on	: 16-Sep-2024 / 09:22 AM
Req.No	: BIL4717678	Reported on	: 16-Sep-2024 / 14:14 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF HEMATOPATHOLOGY

Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	O
Rh Typing (D)	Positive
Method:Hemagglutination Tube Method by Forward & Reverse Grouping	

Method: Hemagglutination Tube Method by Forward & Reverse Grouping

Reference: Tulip kit literature

Interpretation: The ABO grouping and Rh typing test determines blood type grouping (A,B, AB, O) and the Rh factor (positive or negative). A person's blood type is based on the presence or absence of certain antigens on the surface of their red blood cells and certain antibodies in the plasma. ABO antigens are poorly expresses at birth, increase gradually in strength and become fully expressed around 1 year of age.
In case of Rh(D) - Du(weak positive) or Weak D positive, the individual must be considered as Rh positive as donor and Rh negative as recipient.

Note: Records of previous blood grouping/Rh typing not available. Please verify before transfusion.

* Sample processed at National Reference Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr Reenaz Shaik
Consultant Pathologist

Name	: **MR.UDAYA SRINIVASA RAO L**	TID/SID	: UMR1167380/ 28256588
Age / Gender	: 41 Years / Male	Registered on	: 16-Sep-2024 / 09:17 AM
Ref.By	: SELF	Collected on	: 16-Sep-2024 / 09:22 AM
Req.No	: BIL4717678	Reported on	: 16-Sep-2024 / 12:04 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF HEMATOPATHOLOGY

Erythrocyte Sedimentation Rate (ESR), Whole Blood

Investigation	Observed Value	Biological Reference Intervals
ESR 1st Hour Method:Westergren/Vesmatic	8	<=10 mm/hour

Complete Blood Count (CBC), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Intervals
Hemoglobin Method:Cyanide Free Lyse Hemoglobin	15.4	13.0-17.0 g/dL
PCV/HCT Method:Calculated	45.2	40.0-50.0 vol%
Total RBC Count Method:Electrical Impedance	4.97	4.50-5.50 mill /cu.mm
MCV Method:Calculated	90.9	83.0-101.0 fL
MCH Method:Calculated	31.0	27.0-32.0 pg
MCHC Method:Calculated	34.1	31.5-34.5 g/dL
RDW (CV) Method:Calculated	**14.2**	11.6-14.0 %
MPV Method:Calculated	7.7	7.0-10.0 fL
Total WBC Count Method:Electrical Impedance	5970	4000-10000 cells/cumm
Platelet Count Method:Electrical Impedance	2.55	1.50-4.10 lakhs/cumm
Differential count		
Neutrophils Method:Microscopy	52.5	40.0-80.0 %
Lymphocytes Method:Microscopy	34.1	20.0-40.0 %
Eosinophils	4.0	1.0-6.0 %
Monocytes	8.8	2.0-10.0 %
Basophils Method:Microscopy	**0.6**	< 1.0-2.0 %

tenet DIAGNOSTICS
It's Good to Know

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Name	: **MR.UDAYA SRINIVASA RAO L**	TID/SID	: UMR1167380/ 28256588
Age / Gender	: 41 Years / Male	Registered on	: 16-Sep-2024 / 09:17 AM
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TEST REPORT

Absolute Neutrophil Count Method:Calculated	3134	2000-7000 cells/cumm
Absolute Lymphocyte Count (ALC)	2036	1000-3000 cells/cumm
Absolute Eosinophil Count (AEC)	239	20-500 cells/cumm
Absolute Monocyte Count Method:Calculated	525	200-1000 cells/cumm
Absolute Basophil Count Method:Calculated	36	20-100 cells/cumm
Neutrophil - Lymphocyte Ratio(NLR) Method:Calculated	1.54	0.78-3.53

Method: Automated Hematology Cell Counter, Microscopy

Reference: Dacie and Lewis Practical Hematology,12th Edition.
Wallach's interpretation of diagnostic tests, Soth Asian Edition.

Interpretation: A Complete Blood Picture (CBP) is a screening test which can aid in the diagnosis of a variety of conditions and diseases such as anemia, leukemia, bleeding disorders and infections. This test is also useful in monitoring a person's reaction to treatment when a condition which affects blood cells has been diagnosed. All the abnormal results are to be correlated clinically.

Note: These results are generated by a fully automated hematology analyzer and the differential count is computed from a total of several thousands of cells. Therefore the differential count appears in decimalised numbers and may not add upto exactly 100. It may fall between 99 and 101.

* Sample processed at National Reference Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr Shruti Reddy
Consultant Pathologist
Reg No.TSMC/FMR/22656

Name	: **MR.UDAYA SRINIVASA RAO L**	TID/SID	: UMR1167380/ 28256590F
Age / Gender	: 41 Years / Male	Registered on	: 16-Sep-2024 / 09:17 AM
Ref.By	: SELF	Collected on	: 16-Sep-2024 / 09:22 AM
Req.No	: BIL4717678	Reported on	: 16-Sep-2024 / 12:45 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Biological Reference Interval
Blood Urea Nitrogen. Method:Calculated	6	6-20 mg/dL
Urea. Method:Urease/UV	13.3	12.8-42.8 mg/dL

Interpretation: Urea is a waste product formed in the liver when protein is metabolized. Urea is released by the liver into the blood and is carried to the kidneys, where it is filtered out of the blood and released into the urine. Since this is a continuous process, there is usually a small but stable amount of urea nitrogen in the blood. However, when the kidneys cannot filter wastes out of the blood due to disease or damage, then the level of urea in the blood will rise. The blood urea nitrogen (BUN) evaluates kidney function in a wide range of circumstances, to diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. It also may be used to evaluate a person's general health status as well.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics

Creatinine, Serum

Investigation	Observed Value	Biological Reference Interval
Creatinine. Method:Alkaline Picrate	0.87	0.70-1.20 mg/dL

Interpretation:

Creatinine is a nitrogenous waste product produced by muscles from creatine. Creatinine is majorly filtered from the blood by the kidneys and released into the urine, so serum creatinine levels are usually a good indicator of kidney function. Serum creatinine is more specific and more sensitive indicator of renal function as compared to BUN because it is produced from muscle at a constant rate and its level in blood is not affected by protein catabolism or other exogenous products. It is also not reabsorbed and very little is secreted by tubules making it a reliable marker. Serum creatinine levels are increased in pre renal, renal and post renal azotemia, active acromegaly and gigantism. Decreased serum creatinine levels are seen in pregnancy and increasing age.

Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Fasting Method:Hexokinase	96	Normal: <100 mg/dL Impaired FG: 100-125 mg/dL Diabetes mellitus: >/=126 mg/dL

Interpretation: It measures the Glucose levels in the blood with a prior fasting of 9-12 hours. The test helps screen a symptomatic/ asymptomatic person who is at risk for Diabetes. It is also used for regular monitoring of glucose levels in people with Diabetes.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2022

Name	: **MR.UDAYA SRINIVASA RAO L**	TID/SID	: UMR1167380/ 28256589
Age / Gender	: 41 Years / Male	Registered on	: 16-Sep-2024 / 09:17 AM
Ref.By	: SELF	Collected on	: 16-Sep-2024 / 09:22 AM
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		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Post Prandial Method:Hexokinase	**89**	Normal : <140 mg/dL Impaired PG: 140-199 mg/dL Diabetes mellitus: >/=200 mg/dL
Note	The discordant post prandial blood glucose values levels are observed in some of the conditions related to defective absorption, insufficient dietary intake, endocrine disorders, hypoglycemic drug overdose and reactive hypoglycemia etc.	

Interpretation: This test measures the blood sugar levels 2 hours after a normal meal. Abnormally high blood sugars 2 hours after a meal reflect that the body is not producing sufficient insulin which is indicative of Diabetes.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2022

Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Interval
Glycosylated Hemoglobin (HbA1c) Method:High-Performance Liquid Chromatography	5.6	Non-diabetic: <= 5.6 % Pre-diabetic: 5.7 - 6.4 % Diabetic: >= 6.5 %
Estimated Average Glucose (eAG) Method:Calculated	114	mg/dL

Interpretation:

It is an index of long-term blood glucose concentrations and a measure of the risk for developing microvascular complications in patients with diabetes. Absolute risks of retinopathy and nephropathy are directly proportional to the mean HbA1c concentration. In persons without diabetes, HbA1c is directly related to risk of cardiovascular disease.

1) Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.

2) Interference of Hemoglobinopathies in HbA1c estimatiion:
A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
C. Heterozygous state detected (D10 is corrected for HbS and HbC trait).
3) In known diabetic patients, HbA1c can be considered as a tool for monitoring the glycemic control.
Excellent Control - 6 to 7 %,
Fair to Good Control - 7 to 8 %,
Unsatisfactory Control - 8 to 10 %
and Poor Control - More than 10 %.
Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2022.

Bun/Creatinine Ratio, Serum

Investigation	Observed Value	
BUN/Creatinine Ratio Method:Calculated	**7**	10-20

Name	: **MR.UDAYA SRINIVASA RAO L**	TID/SID	: UMR1167380/ 28256589
Age / Gender	: 41 Years / Male	Registered on	: 16-Sep-2024 / 09:17 AM
Ref.By	: SELF	Collected on	: 16-Sep-2024 / 09:22 AM
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	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

Interpretation:
The BUN/Creatinine ratio blood test is used to diagnose acute or chronic renal disease. BUN (blood urea nitrogen) and creatinine are both filtered in the kidneys and excreted in urine. The two together are used to measure overall kidney function

1. Increased ratio (>20) with normal creatinine occurs in the following conditions:
a) Increased BUN (prerenal azotemia), heart failure, salt depletion, dehydration
b) Catabolic states with tissue breakdown
c) GI hemorrhage
d) Impaired renal function plus excess protein intake, production, or tissue breakdown
2. Increased ratio (>20) with elevated creatinine occurs in the following conditions:
a) Obstruction of urinary tract
b) Prerenal azotemia with renal disease

3. Decreased ratio (<10) with decreased BUN occurs in the following conditions:
a) Acute tubular necrosis
b) Decreased urea synthesis as in severe liver disease or starvation
c) Repeated dialysis
d) SIADH
e) Pregnancy

4. Decreased ratio (<10) with increased creatinine occurs in the following conditions:
a) Phenacemide therapy (accelerates conversion of creatine to creatinine)
b) Rhabdomyolysis (releases muscle creatinine)
c) Muscular patients who develop renal failure

* Sample processed at National Reference Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr.Abdur Rehman Asif
Consultant Biochemist
Reg.No - APMC/FMR/78102

tenet DIAGNOSTICS
It's Good to Know

PLEASE SCAN QR CODE
TO VERIFY THE REPORT ONLINE

Name	: **MR.UDAYA SRINIVASA RAO L**	TID/SID	: UMR1167380/ 28256589
Age / Gender	: 41 Years / Male	Registered on	: 16-Sep-2024 / 09:17 AM
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TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile, Serum

Investigation	Observed Value	Biological Reference Interval
Total Cholesterol Method:Cholesterol Oxidase	173	Desirable: <200 mg/dL Borderline: 200-239 mg/dL High: >/=240 mg/dL
HDL Cholesterol Method:Direct Measurement	45	Low: <40 mg/dL High: >/=60 mg/dL
VLDL Cholesterol Method:Calculated	20.40	6.0-38.0 mg/dL
LDL Cholesterol Method:Calculated	107.6	Optimum: <100 mg/dL Near/above optimum: 100-129 mg/dL Borderline: 130-159 mg/dL High: 160-189 mg/dL Very high: >/=190 mg/dL
Triglycerides Method:Glycerol LPL/GK	102	Normal:<150 mg/dL Borderline: 150-199 mg/dL High: 200-499 mg/dL Very high: >/=500 mg/dL
Chol/HDL Ratio Method:Calculated	3.84	Low Risk: 3.3-4.4 Average Risk: 4.5-7.1 Moderate Risk: 7.2-11.0
LDL Cholesterol/HDL Ratio Method:Calculated	2.39	Desirable: 0.5-3.0 Borderline Risk: 3.0-6.0 High Risk: >6.0

Interpretation: Lipids are fats and fat-like substances which are important constituents of cells and are rich sources of energy. A lipid profile typically includes total cholesterol, high density lipoproteins (HDL), low density lipoprotein (LDL), chylomicrons, triglycerides, very low density lipoproteins (VLDL), Cholesterol/HDL ratio .The lipid profile is used to assess the risk of developing a heart disease and to monitor its treatment. The results of the lipid profile are evaluated along with other known risk factors associated with heart disease to plan and monitor treatment. Treatment options require clinical correlation.

Reference: Third Report of the National Cholesterol Education program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III), JAMA 2001.

* Sample processed at National Reference Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr.Abdur Rehman Asif
Consultant Biochemist
Reg.No - APMC/FMR/78102

Name	: **MR.UDAYA SRINIVASA RAO L**	TID/SID	: UMR1167380/ 28256589
Age / Gender	: 41 Years / Male	Registered on	: 16-Sep-2024 / 09:17 AM
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TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT), Serum

Investigation	Observed Value	Biological Reference Interval
Total Bilirubin. Method:Diazo method	0.55	<1.2 mg/dL
Direct Bilirubin. Method:Diazo method	0.26	<0.30 mg/dL
Indirect Bilirubin. Method:Calculated	0.29	<0.9 mg/dL
Alanine Aminotransferase ,(ALT/SGPT) Method:UV wtihout P5P	14	<45 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:UV wtihout P5P	15	<35 U/L
ALP (Alkaline Phosphatase). Method:PNPP-AMP Buffer	78	40-129 U/L
Gamma GT. Method:Gamma-Glutamyl - 3 - Carbossi - 4 - Nitroanilide (GCNA)	15	10-71 U/L
Total Protein. Method:Biuret	6.8	6.6-8.7 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.3	3.5-5.2 g/dL
Globulin. Method:Calculated	2.50	1.8-3.8 g/dL
A/GRatio. Method:Calculated	1.72	0.8-2.0

Interpretation: Liver functions tests help to identify liver disease, its severity, and its type. Generally these tests are performed in combination, are abnormal in liver disease, and the pattern of abnormality is indicative of the nature of liver disease. An isolated abnormality of a single liver function test usually means a non-hepatic cause. If several liver function tests are simultaneously abnormal, then hepatic etiology is likely.

* Sample processed at National Reference Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr.Abdur Rehman Asif
Consultant Biochemist
Reg.No - APMC/FMR/78102

Name	: **MR.UDAYA SRINIVASA RAO L**	TID/SID	: UMR1167380/ 28256589
Age / Gender	: 41 Years / Male	Registered on	: 16-Sep-2024 / 09:17 AM
Ref.By	: SELF	Collected on	: 16-Sep-2024 / 09:22 AM
Req.No	: BIL4717678	Reported on	: 16-Sep-2024 / 12:45 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Prostate Specific Antigen (PSA) Total, Serum

Investigation	Observed Value	Biological Reference Interval
Prostate Specific Antigen (PSA). Total Method:ECLIA	0.568	<4.4 ng/mL **Note:** Biological Reference Ranges are changed due to change in method of testing.

Interpretation: PSA is a protein produced by cells in the prostate and is used to screen men for prostate cancer. PSA levels are elevated in Prostate cancer, and other conditions such as benign prostatic hyperplasia (BPH) and inflammation of the prostate. An elevated PSA may be followed by a biopsy and other tests like urinalysis and ultrasound to rule out urinary tract infections and for an accurate diagnosis. PSA levels are vital to determine the effectiveness of treatment and to detect recurrence in diagnosed cases of prostate cancer.

* Sample processed at National Reference Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr.Abdur Rehman Asif
Consultant Biochemist
Reg.No - APMC/FMR/78102

Name	: **MR.UDAYA SRINIVASA RAO L**	TID/SID	: UMR1167380/ 28256589
Age / Gender	: 41 Years / Male	Registered on	: 16-Sep-2024 / 09:17 AM
Ref.By	: SELF	Collected on	: 16-Sep-2024 / 09:22 AM
Req.No	: BIL4717678	Reported on	: 16-Sep-2024 / 12:45 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Biological Reference Interval
Triiodothyronine Total (T3) Method:ECLIA	1.05	0.80-2.00 ng/mL
Thyroxine Total (T4) Method:ECLIA	8.8	5.1-14.1 µg/dL
Thyroid Stimulating Hormone (TSH) Method:ECLIA	2.22	0.27-4.20 µIU/mL

Interpretation:

A thyroid profile is used to evaluate thyroid function and/or help diagnose hypothyroidism and hyperthyroidism due to various thyroid disorders. T4 and T3 are hormones produced by the thyroid gland. They help control the rate at which the body uses energy, and are regulated by a feedback system. TSH from the pituitary gland stimulates the production and release of T4 (primarily) and T3 by the thyroid. Most of the T4 and T3 circulate in the blood bound to protein. A small percentage is free (not bound) and is the biologically active form of the hormones.

Reference: Tietz textbook of Clinial Chemistry and Molecular Diagnostics, Nader Rifia, Andrea Ritas Horvath, Carl T. Wittwer.

* Sample processed at National Reference Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr.Abdur Rehman Asif
Consultant Biochemist
Reg.No - APMC/FMR/78102

Name	: **MR.UDAYA SRINIVASA RAO L**	TID/SID	: UMR1167380/ 28256589
Age / Gender	: 41 Years / Male	Registered on	: 16-Sep-2024 / 09:17 AM
Ref.By	: SELF	Collected on	: 16-Sep-2024 / 09:22 AM
Req.No	: BIL4717678	Reported on	: 16-Sep-2024 / 12:45 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Biological Reference Interval
Uric Acid. Method:Uricase	4.6	3.4-7.0 mg/dL

Interpretation

It is the major product of purine catabolism. Hyperuricemia can result due to increased formation or decreased excretion of uric acid which can be due to several causes like metabolic disorders, psoriasis, tissue hypoxia, pre-eclampsia, alcohol, lead poisoning, acute or chronic kidney disease, etc. Hypouricemia may be seen in severe hepato cellular disease and defective renal tubular reabsorption of uric acid.

* Sample processed at National Reference Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr.Abdur Rehman Asif
Consultant Biochemist
Reg.No - APMC/FMR/78102

tenet®
DIAGNOSTICS
It's Good to Know

MEDICAL FITNESS REPORT

I hereby certified that I have physically examined

Mr./Ms./Mrs./Dr. Udaya Bhaskar Rao L. M/44

On Date 16.09.24 is medically ~~Fit~~/Unfit to carry on the work.

The Annexed medical reports, Physical & Systemic examination of the Employee was taken into consideration for ~~his~~/her current status of Health.

Doctor's Notes (Overview of the Medical Report's)

He clinically & medically fit.

Doctor's Signature & Seal Stamp

Dr. SAMSON VARA PRASAD
M.B.B.S.
Reg. No: 35719

PLEASE SCAN QR CODE

Name	: Mr . UDAYA SRINIVASA RAO L	TID	: UMR1167380
Age/Gender	: 41 Years/Male	Registered On	: 16-Sep-2024 09:17 AM
Ref By	: Self	Reported On	: 16-Sep-2024 10:33 AM
Reg.No	: BIL4717678	Reference	: Arcofemi Health Care Ltd - Medi Whe

DEPARTMENT OF ULTRASOUND
Ultrasound Whole Abdomen

LIVER is normal shape, size (14.6 cms) and increaed echopattern.
No evidence of focal lesion. No intrahepatic biliary ductal dilatation.
Hepatic and portal vein radicals are normal.

GALL BLADDER shows normal shape and has clear contents.
Gall bladder wall is of normal thickness.
CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern.
No evidence of ductal dilatation or calcification.

SPLEEN shows normal shape, size (10.2 cms) and echopattern.

KIDNEYS move well with respiration and have normal shape, size and echopattern.
Cortico- medullary differentiations are well madeout.
No evidence of calculus or hydronephrosis.
Right kidney measures - 10.5 x 5.0 cms, Left kidney measures - 10.5 x 5.1 cms.

URINARY BLADDER shows normal shape and wall thickness.
It has clear contents. No evidence of diverticula.

PROSTATE shows normal shape, size and echopattern.

No evidence of free fluid in the abdomen and pelvis.

IMPRESSION:

*** Grade - I fatty liver.**

Suggested clinical correlation and follow up

*** End Of Report ***

Dr. S SUCHARITHA
Consultant Radiologist

PLEASE SCAN QR CODE

Name	**: Mr . UDAYA SRINIVASA RAO L**	TID	: UMR1167380
Age/Gender	: 41 Years/Male	Registered On	: 16-Sep-2024 09:17 AM
Ref By	: Self	Reported On	: 16-Sep-2024 12:02 PM
Reg.No	: BIL4717678	Reference	: Arcofemi Health Care Ltd - Medi Whe

DEPARTMENT OF X-RAY

X-Ray Chest PA View

Lung fields appear normal.

Cardiac size is within normal limits.

Aorta and pulmonary vasculature is normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

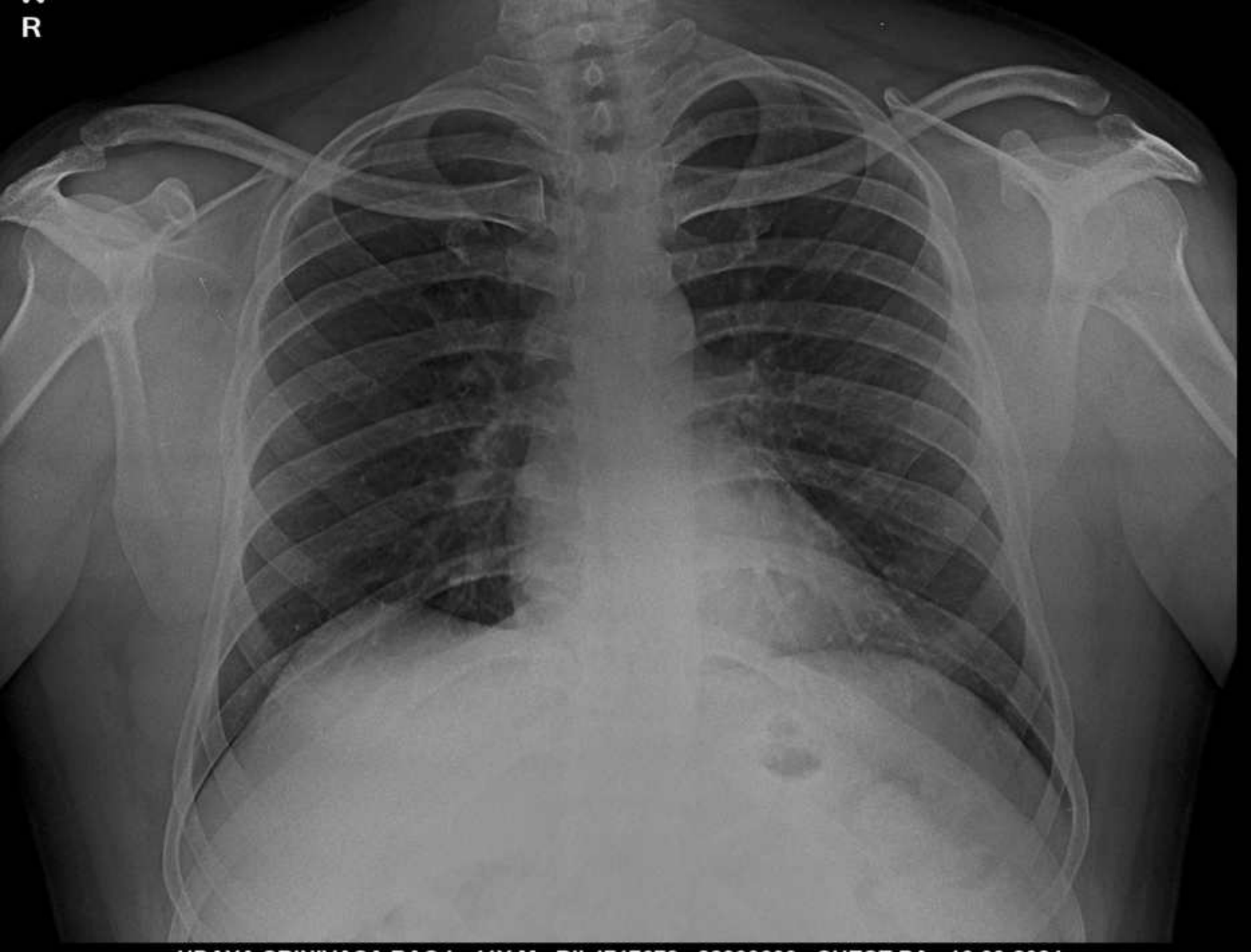
IMPRESSION:

*** Normal study.**

Suggested clinical correlation and follow up.

*** End Of Report ***

Dr. S SUCHARITHA
Consultant Radiologist



UDAYA SRINIVASA RAO L 41Y M BIL4717678 22833600 CHEST PA 16-09-2024

TENET DIAGNOSTICS KOTHAPET.

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Advanced Diagnostics Powered by AI

Echocardiography Report

Name: **Bebi Singh**
Age/Sex: **52Yrs/F**
Date: **16.09.2024**

Summary of 2D echo

Baseline echocardiography revealed:

- No chamber enlargement seen.
- No RWMA.
- LVEF - 60%
- Normal Diastolic function (E>A)
- Good RV function
- No MR
- Trace TR
- No thrombus detected.
- No Pericardial effusion seen.
- IVC shows normal inspiratory collapse

Observations:-Dimensions

LVID d=	35.5	(35-55mm)
LV IVS=	9.6	(06-11mm)
Pwd =	10.4	(06-11mm)
Ao =	23.7	(20-37mm)
LA =	34	(21-37mm)
LVEF =	60%	(55 +6.2%)

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New Delhi - 110005. Contact Number 011- 40393610 / Helpline No: 1860 500 7788
Emergency: 1066 / Email: ApolloOnePusaRoad@apolloclinic.com

Registered Office: Apollo Health and Lifestyle Limited
7-1-617/A, 615 and 616, Imperial Towers, 7th Floor,
Ameerpet, Hyderabad-500038, U85110TG2000PLC115819

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Mitral Valve - Normal

No MR

Aortic valve- sclerotic

No AR

Tricuspid Valve - Normal

Trace TR

Pulmonary Valve-Norm

No PR

Impression:

- Normal Chamber dimentions
- No RWMA
- Normal LV systolic function (EF= 60%)
- Normal Diastolic function
- No PAH

Dr. RAJNI SHARMA
MBBS, MD, DM Cardiology
Senior Consultant- Cardiology
Regn. No. DMC-22672

DR. RAJNI SHARMA (DM CARDIOLOGY)

SR. CONSULTANT

Ultrasound Image Report

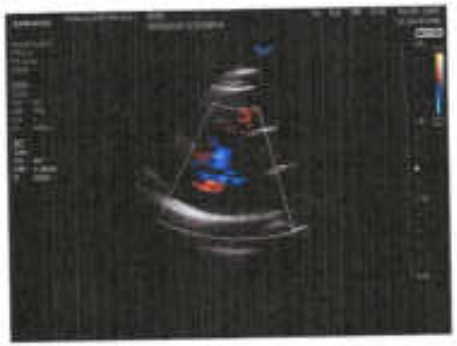
Patient

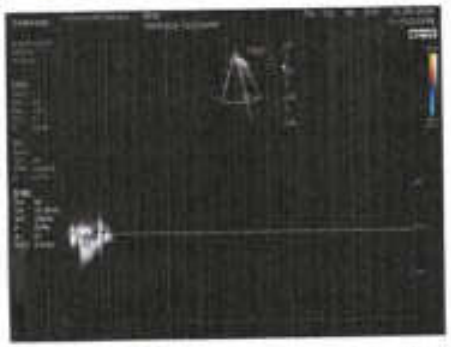
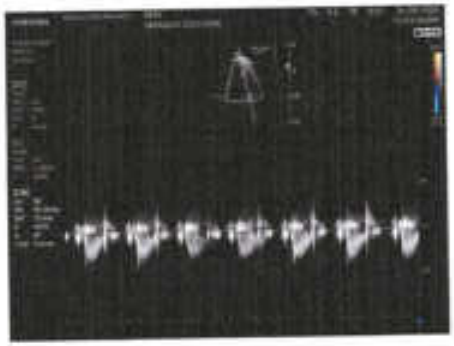
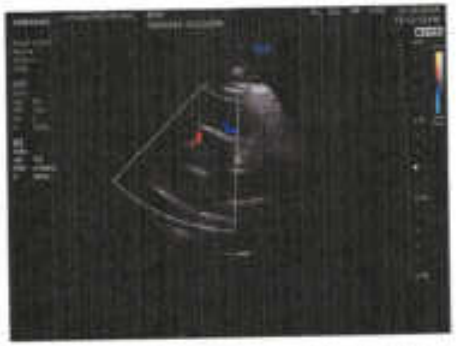
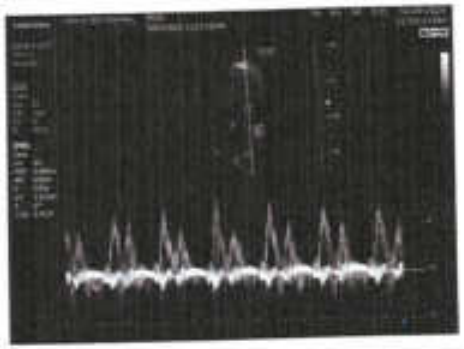
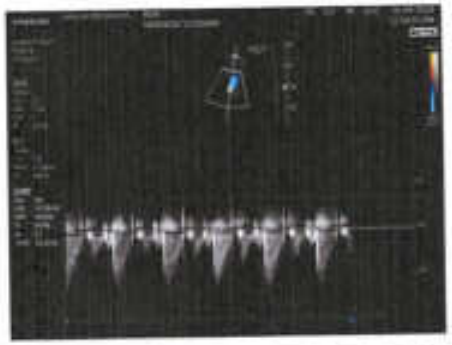
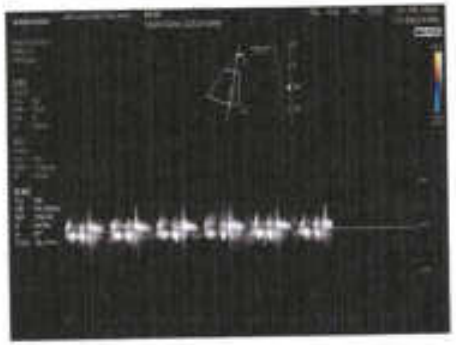
ID 16092024-123334PM
Name BEBI
Birth Date
Gender

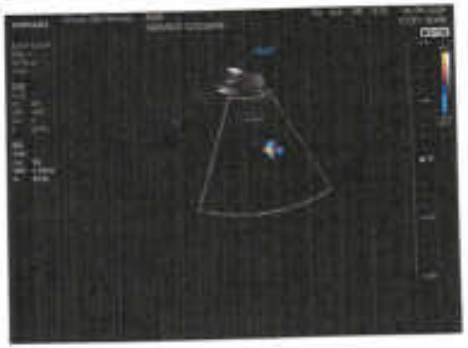
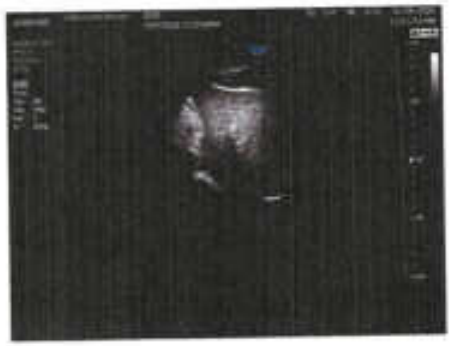
Exam

Accession #
Exam Date 16-09-2024
Description
Operator





Apollo ONE
Advanced Diagnostics Powered by

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of

Beli Singh on 16/9/24

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

	Tick
Medically Fit	✓
It Wit Restrictions Recommendations Though following restrictions have been revealed, in my opinion, these are not impediments to the job. 1. General physician consultation in view of uncontrolled diabetes 2. 3. However, the employee should follow the advice/medication that has been communicated to him/her. Review after	
Current Unfit. Review after recommended	
Unfit	

Height: 159 cm
Weight. 71 kg
Blood Pressure : 110/74 mmHg

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APOLLO ONE
Plot No. 3, Block No. 34, Metro Pillar No. 77
Pusa Road, WEA Karol Bagh
New Delhi-110005

Dr. _____
Medical Officer

This certificate is not meant for medico-legal purposes

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Apollo ONE

mrs Boki singh
Age - 52Y/F

Height : 159 cm	Weight : 71 kg	BMI : 28.8	Waist Circum :
Temp : 98.1°F	Pulse : 82/min	Resp : 20/min	B.P : 130/74

General Examination / Allergies History	Clinical Diagnosis & Management Plan
Past h/o:- K/c/o DM T2 T. Megasliptin M+F 500 mg x OD Sx h/o:- Ø Tubectomy x 18 yrs Allergy:- NO Diet:- mixed Habits:- NO Married:- 3 kids Physical:- Sedentary diet Covid vaccine:- 2 doses	General health Checkup CVS :- / RS :- / CNS :- WNL P/A :- soft NT BS(+) Adv - Review with Reports - Lifestyle modifications

Follow up date:

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Doctor Signature

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Echocardiography Report

Name: **Bebi Singh**
Age/Sex: **52Yrs/F**
Date: **16.09.2024**

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Ao =	23.7	(20-37mm)
LA =	34	(21-37mm)
LVEF =	60%	(55 +6.2%)

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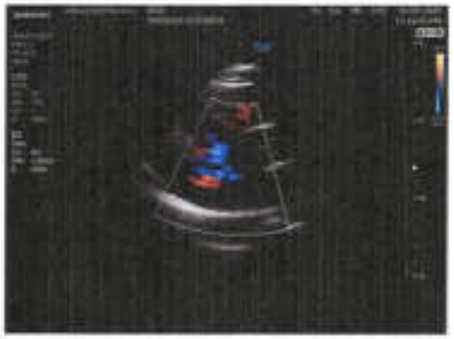
Patient

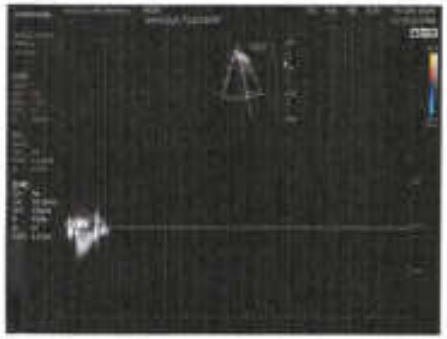
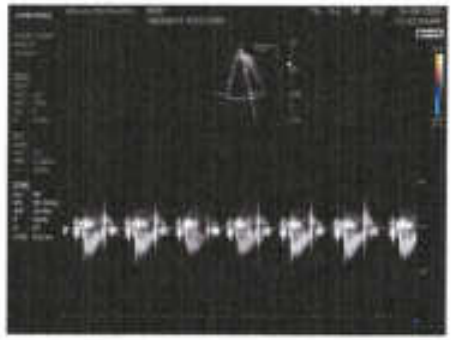
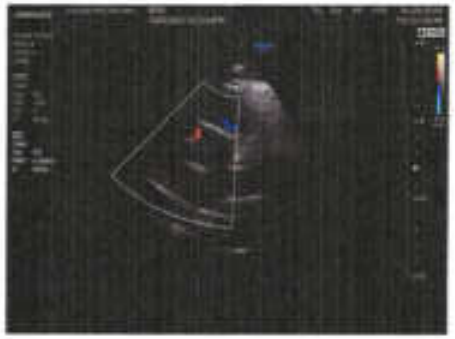
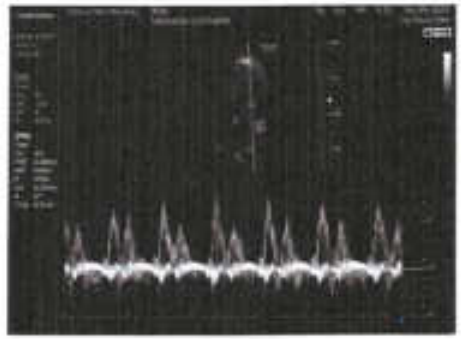
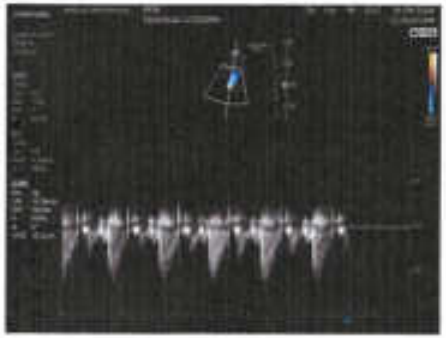
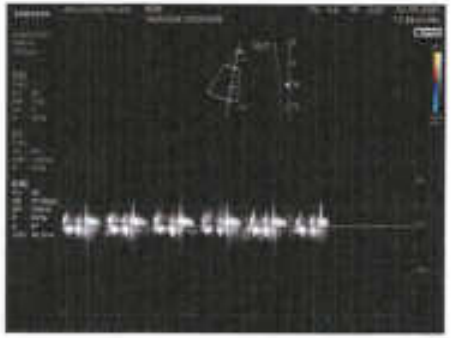
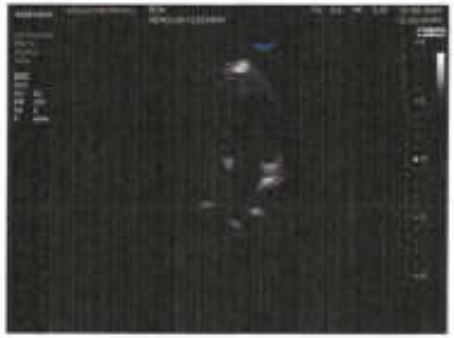
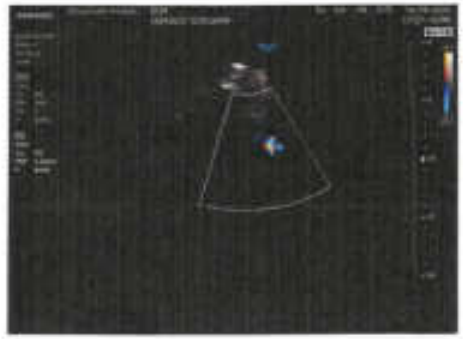
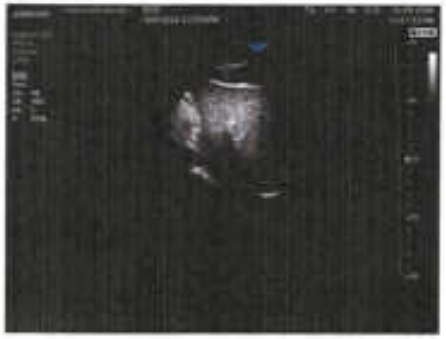
ID	16092024-123334PM
Name	BEBI
Birth Date	
Gender	

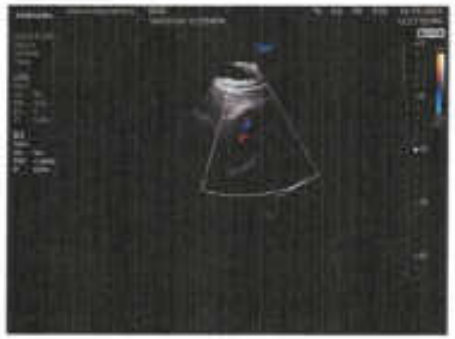
Exam

Accession #	
Exam Date	16-09-2024
Description	
Operator	







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Advanced Diagnostics Powered by AI

NAME: BEBI SINGH
DATE: 14.09.2024
REF. BY:- HEALTH CHECKUP

AGE : 52Y/SEX/F
MR. NO:- CAOP.0000001232
S.NO. :- 2418

X-RAY CHEST PA VIEW

Both lung fields and hila are normal

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Please correlate clinically and with lab. Investigations

DR. KAWAL DEEP DHAM
CONSULTANT RADIOLOGIST

Note: It is only a professional opinion. Kindly correlate clinically.

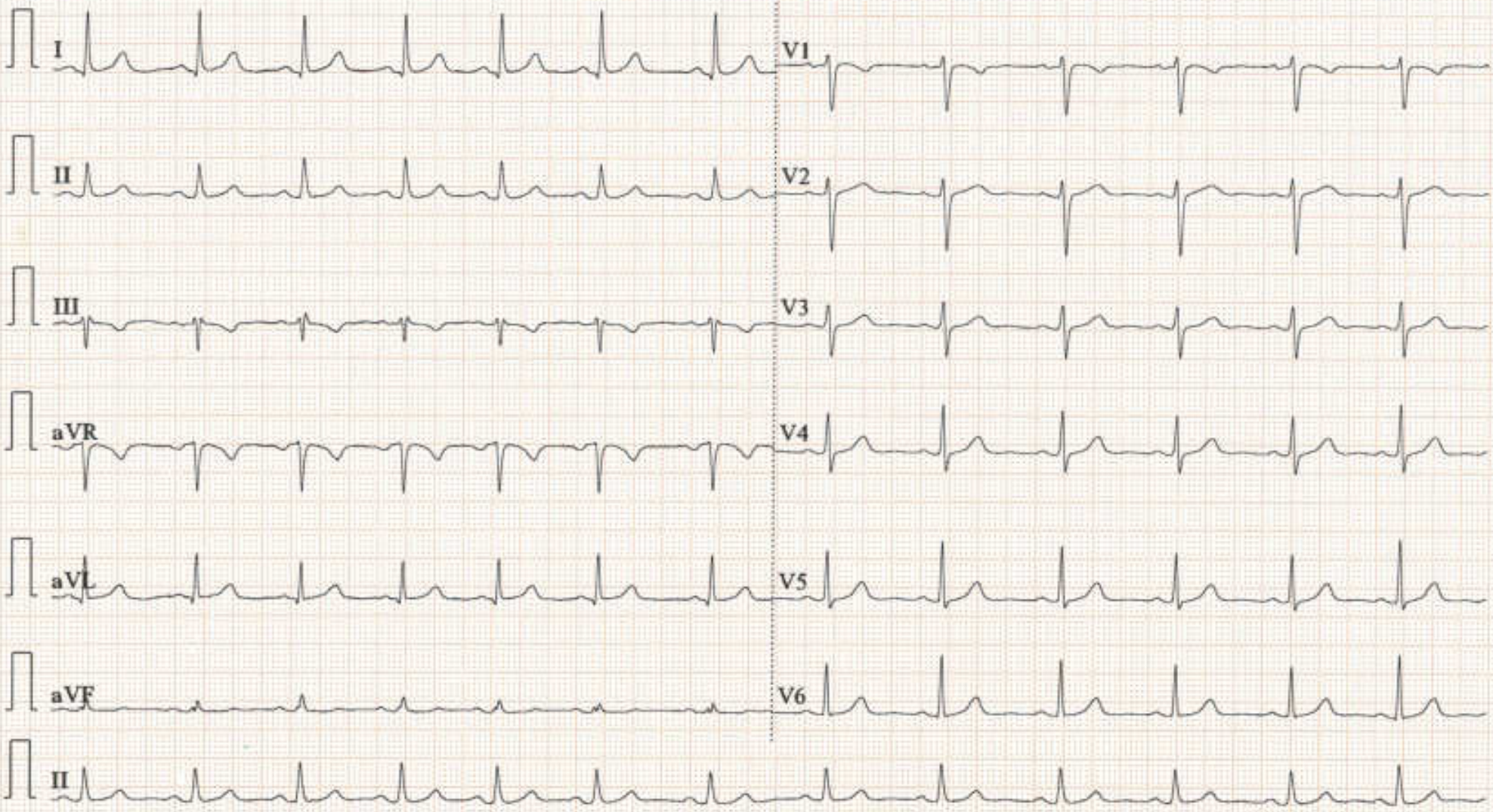
ID: 0000001232
MR BEBI SINGH
Male 52Years
Req. No. :

14-09-2024 12:44:34 PM

HR	: 77	bpm
P	: 100	ms
PR	: 139	ms
QRS	: 91	ms
QT/QTcBz	: 368/419	ms
P/QRS/T	: 17/17/6	°
RV5/SV1	: 0.955/0.810	mV

Diagnosis Information:
Sinus Arrhythmia

Report Confirmed by:



0.67~25Hz AC50 25mm/s 10mm/mV 2*5.0s+1r V2.23 SEMIP V1.92 APOLLO HEALTH & LIFESTYLE LIMITED

InBody

[InBody370S]

ID	Height	Age	Gender	Test Date / Time
caop0000090123	159cm	72	Female	14.09.2024. 12:50

Body Composition Analysis

	Values	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	26.1 (27.0~33.0)	26.1			
Protein (kg)	6.9 (7.3~8.9)		33.4 (34.7~42.5)		
Minerals (kg)	2.62 (2.50~3.06)			35.6 (36.8~45.0)	71.0 (45.1~61.1)
Body Fat Mass (kg)	35.4 (10.6~17.0)				

Muscle-Fat Analysis

	Under	Normal	Over
Weight (kg)	55 70 85 100 115 130 145 160 175 190 205 %		71.0
SMM (kg)	70 80 90 100 110 120 130 140 150 160 170 %	18.8	
Body Fat Mass (kg)	40 60 80 100 160 220 280 340 400 460 520 %		35.4

Obesity Analysis

	Under	Normal	Over
BMI (kg/m²)	10.0 15.0 18.5 21.0 25.0 30.0 35.0 40.0 45.0 50.0 55.0	28.1	
PBF (%)	8.0 13.0 18.0 23.0 28.0 33.0 38.0 43.0 48.0 53.0 58.0		49.9

Segmental Lean Analysis

Lean Mass % Evaluation

	Left	Right
Arm	1.86kg, 86.5%, Normal	1.94kg, 90.5%, Normal
Trunk	18.1kg, 93.8%, Normal	
Leg	5.62kg, 83.1%, Under	5.65kg, 83.6%, Under

Segmental Fat Analysis

Fat Mass % Evaluation

	Left	Right
Arm	3.1kg, 344.5%, Over	3.0kg, 335.7%, Over
Trunk	18.0kg, 360.9%, Over	
Leg	5.0kg, 220.9%, Over	5.0kg, 222.0%, Over

* Segmental fat is estimated.

Body Composition History

		14.09.24. 12:50
Weight	(kg)	71.0
SMM (Skeletal Muscle Mass)	(kg)	18.8
PBF (Percent Body Fat)	(%)	49.9

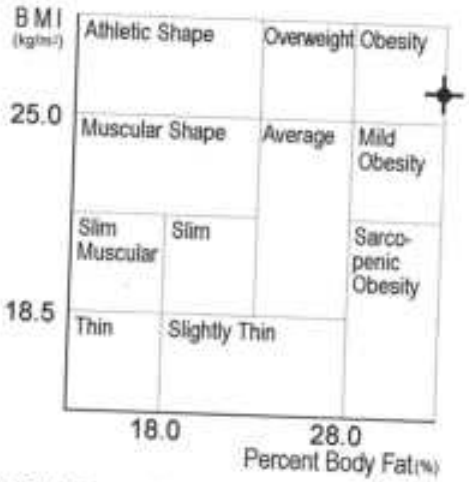
☑ Recent ☐ Total

InBody Score

51 /100 Points

* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

Body Type



Weight Control

Target Weight	53.1	kg
Weight Control	- 17.9	kg
Fat Control	- 23.2	kg
Muscle Control	+ 5.3	kg

Obesity Evaluation

BMI	☐ Normal	☐ Under	☑ Slightly Over ☐ Over
PBF	☐ Normal	☐ Slightly Over	☑ Over

Body Balance Evaluation

Upper	☑ Balanced	☐ Slightly Unbalanced	☐ Extremely Unbalanced
Lower	☑ Balanced	☐ Slightly Unbalanced	☐ Extremely Unbalanced
Upper-Lower	☐ Balanced	☑ Slightly Unbalanced	☐ Extremely Unbalanced

Research Parameters

Basal Metabolic Rate	1138 kcal	(1433~1669)	
Waist-Hip Ratio	1.03	(0.75~0.85)	
Visceral Fat Level	20	(1~9)	
Obesity Degree	134 %	(90~110)	
Bone Mineral Content	2.18 kg	(2.06~2.52)	
SMI	6.0 kg/m²		
Recommended calorie intake	1847 kcal		

Impedance

Z(Ω)	RA	LA	TR	RL	LL
5 kHz	468.8	492.1	29.4	352.4	356.1
50 kHz	428.0	453.7	26.9	324.6	328.9
250 kHz	384.7	411.5	23.8	294.9	299.7

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Eye Checkup

NAME:- MRS. BEBI SINGH

Age:- 52

Date: 14/9/24

SELF / CORPORATE:-

	Right Eye	Left Eye
Distant Vision	Same vision (G/C)	Same vision (G/C)
Near vision	Same vision (G/C)	Same vision (G/C)
Color vision	OK	OK
Fundus examination	/	/
Intraocular pressure		
Slit lamp exam		

Signature

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Advanced Diagnostics Powered by AI

NAME: BEBI SINGH	**AGE: 52/ SEX: F**
DATE: September 14, 2024	**REF.BY: - HEALTH CHECKUP**
S.NO.:-	**UHID NO.: - CAOP.1232**

SONOMAMMOGRAPHY

Ultrasound of both the breasts performed with high frequency probe using radial, antiradial, transverse and longitudinal scanning planes.

Right breast shows normal parenchymal pattern.
No evidence of any focal solid or cystic mass lesion seen.
No evidence of any ductal dilatation.
No evidence of axillary lymphadenopathy.

Left breast shows normal parenchymal pattern.
No evidence of any focal solid or cystic mass lesion seen.
No evidence of any ductal dilatation.
No evidence of axillary lymphadenopathy.

IMPRESSION: NORMAL STUDY

Please correlate clinically.

DR. SEEMA PRAJAPATI
SENIOR RESIDENT
RADIODAIGNOSIS

This report is only a professional opinion and it is not valid for medico-legal purposes.

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Advanced Diagnostics Powered by AI

NAME: BEBI SINGH	AGE: 52/ SEX: F
DATE: September 14, 2024	REF.BY: - HEALTH CHECKUP
S.NO.:-	UHID NO.: - CAOP.1232

ULTRASOUND WHOLE ABDOMEN

Liver is borderline enlarged in size(16cm) and shows diffuse increase in echotexture with partially loss of portal vein echogenicity suggestive of Grade I – II fatty infiltration. There is liver parenchyma seen in anterior to spleen likely beaver's tail liver. Intrahepatic bile ducts and portal radicals are normal in caliber.

Gall bladder is partially contracted, does not show any evidence of cholecystitis or cholelithiasis.
CBD is not dilated.
Portal vein is normal in caliber.

Both kidneys are of normal size (RK 13 x 4.0cm, LK x 12.2x6.2cm),), shape and echo pattern. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained. **Right kidney shows focal scarring at upper pole.**

Spleen is normal in size (12.2cm) and echotexture.
Pancreas visualized part appears normal.
No free fluid seen in the peritoneal cavity.

Urinary bladder is partially filled and shows no mural or intraluminal pathology.
Uterus is anteverted, normal in size(5.8x4.7x3.3cm), shape and echo pattern.**There is a calcified fibroid of size~21x18mm is noted in posterior wall of myometrium. Endometrium** echo is 5.9mm thick. **(post-menopausal status)**
Bilateral adnexa are clear
No free fluid seen in the peritoneal cavity

IMPRESSION: -Borderline hepatomegaly with grade I-II fatty liver.
Calcified uterine fibroid

Please correlate clinically.

DR. SEEMA PRAJAPATI
SENIOR RESIDENT
RADIODIAGNOSIS

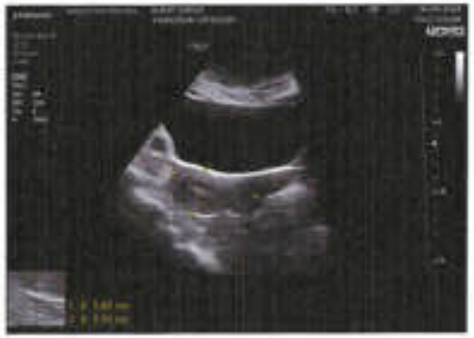
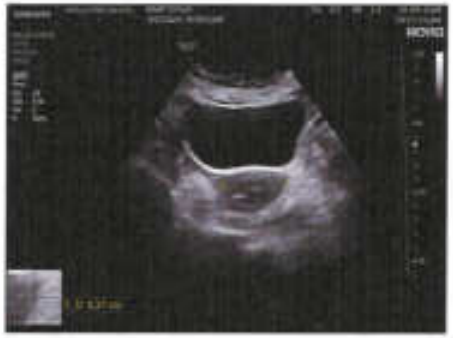
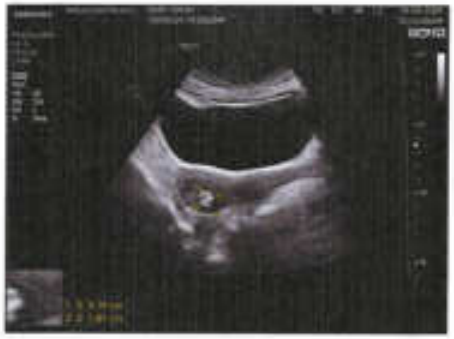
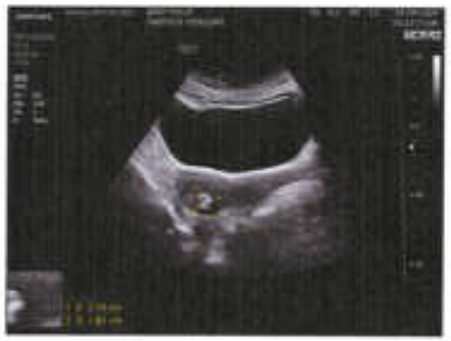
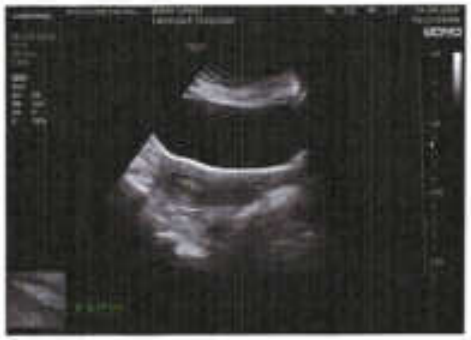
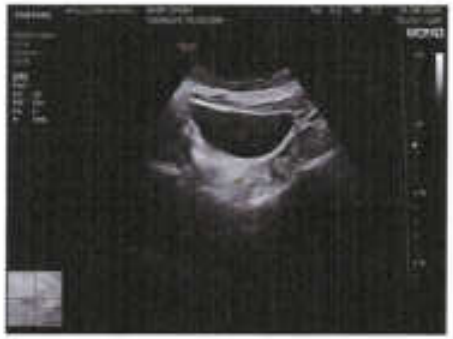
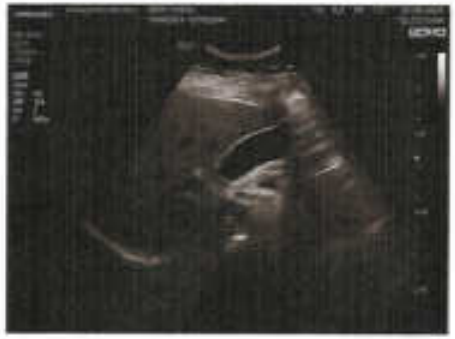
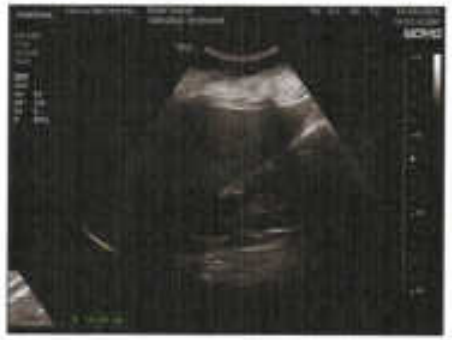
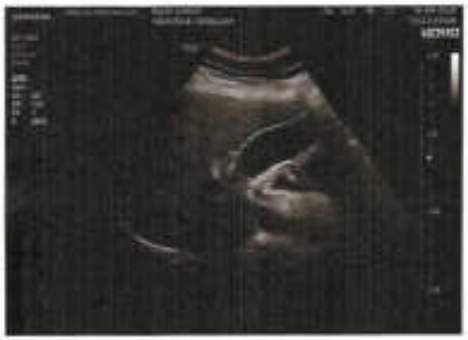
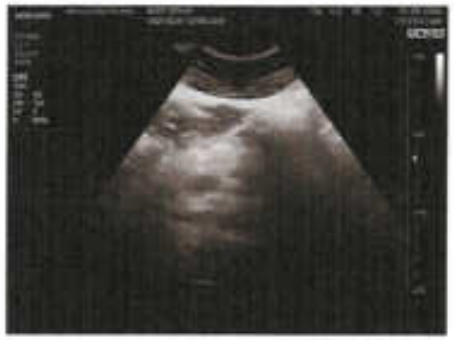
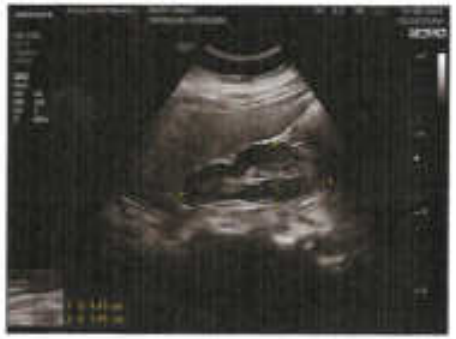
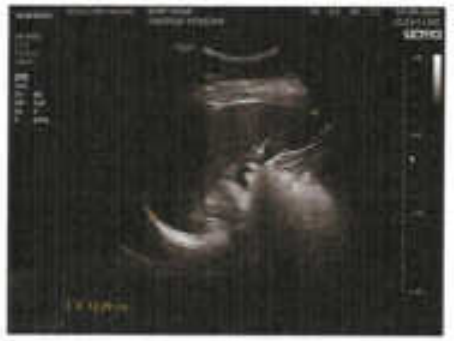
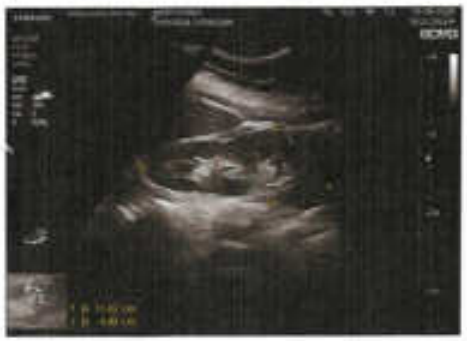
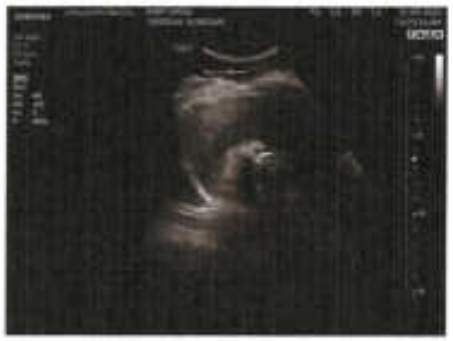
Ultrasound Image Report

Patient

ID	14092024-101652AM
Name	BABY SINGH
Birth Date	
Gender	

Exam

Accession #	
Exam Date	14-09-2024
Description	
Operator	

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Patient Name	: Ms.BEBI SINGH	Collected	: 14/Sep/2024 10:44AM
Age/Gender	: 52 Y 8 M 13 D/F	Received	: 14/Sep/2024 12:36PM
UHID/MR No	: CAOP.0000001232	Reported	: 14/Sep/2024 02:08PM
Visit ID	: CAOPOPV01618	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S33047		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

RBCs	Show mild anisocytosis, are predominantly Normocytic Normochromic .
WBCs	Normal in number and morphology Differential count is within normal limits
Platelets	Adequate in number, verified on smear
	No Hemoparasites seen in smears examined.
Impression	Normal peripheral smear study
Advice	Clinical correlation

Dr.Shivangi Chauhan
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:AOP240900223

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	**11.7**	g/dL	12-15	Spectrophotometer
PCV	**35.90**	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.52	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	**79.0**	fL	83-101	Calculated
MCH	**25.9**	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	**15.3**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,300	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	65	%	40-80	Electrical Impedance
LYMPHOCYTES	30	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5395	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2490	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	83	Cells/cu.mm	20-500	Calculated
MONOCYTES	332	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.17		0.78- 3.53	Calculated
PLATELET COUNT	187000	cells/cu.mm	150000-410000	Electrical Impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , *WHOLE BLOOD EDTA*				
BLOOD GROUP TYPE	O			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination

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Age/Gender	: 52 Y 8 M 13 D/F	Received	: 14/Sep/2024 02:30PM
UHID/MR No	: CAOP.0000001232	Reported	: 14/Sep/2024 03:39PM
Visit ID	: CAOPOPV01618	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , *NAF PLASMA*	133	mg/dL	70-100	GOD - POD

Please correlate with clinical and fasting details and other relevant investigations

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. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				
HBA1C, GLYCATED HEMOGLOBIN	6.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	140	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

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

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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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	192	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	79	mg/dL	<150	
HDL CHOLESTEROL	58	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	**134**	mg/dL	<130	Calculated
LDL CHOLESTEROL	**118.2**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.31		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

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

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

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

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

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.30	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	**53**	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	**42.0**	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	**167.00**	U/L	32-111	IFCC
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		0.9-2.0	Calculated

Comment:

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

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries. *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 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. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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

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

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.58	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	22.00	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	10.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	**7.70**	mg/dL	3.0-5.5	URICASE
CALCIUM	9.10	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	37.00	U/L	16-73	Glycylglycine Kinetic method

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Consultant Pathologist

SIN No:AOP240900219

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com

Patient Name	: Ms.BEBI SINGH	Collected	: 14/Sep/2024 10:44AM
Age/Gender	: 52 Y 8 M 13 D/F	Received	: 14/Sep/2024 02:28PM
UHID/MR No	: CAOP.0000001232	Reported	: 14/Sep/2024 03:51PM
Visit ID	: CAOPOPV01618	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S33047		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.5	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	**15.22**	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.884	µIU/mL	0.38-5.33	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.

2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.

3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

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

Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.5		5-7.5	Double Indicator
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modifed Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	6-8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-5	/hpf	<10	Microscopy
RBC	NIL	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

Kindly correlate clinically.

Comment:

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

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

Dr.Shivangi Chauhan
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Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Dr.Shivangi Chauhan
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TERMS AND CONDITIONS GOVERNING THIS REPORT

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

Dr.Shivangi Chauhan
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Patient Name	: Ms.BEBI SINGH	Collected	: 16/Sep/2024 10:53AM
Age/Gender	: 52 Y 8 M 13 D/F	Received	: 16/Sep/2024 01:11PM
UHID/MR No	: CAOP.0000001232	Reported	: 16/Sep/2024 01:26PM
Visit ID	: CAOPOPV01618	Status	: Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

*** End Of Report ***

Result/s to Follow:
LBC PAP SMEAR

Dr.Shivangi Chauhan
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Consultant Pathologist

SIN No:AOP240900404

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Patient Name	: Ms.BEBI SINGH	Collected	: 16/Sep/2024 10:53AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	190	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.

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Dr. Pakhee Aggarwal

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UICC Fellow Robotic Gynae-Oncology (McGill, Canada)
ESGO-SERGS trained in Robotic Gynae & Oncology (ORSI, Belgium)
Former Senior Resident, AIIMS, Former Assistant Professor, LHMC
Senior Consultant, Gynae-Oncology & Robotic Surgery
Contact: 9868602466, DMC No.-R/2512

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BEST SINGH 52/F 16/9/24

Perimenopausal ?
LMP. 22.1.24
P_3L_3, all NVD

NO BPV

Sonomammo (N)

USG Abd
UL RIV
calc. fibroid
21×18 mm
ET 5.9 mm
Bladder (N)

G/E P/A Soft P/S ____ PIV. UL
Cx / V (N) RIV
bulky
B/L fornices free

Adv.
/ LBC [illegible]
✓ TVS pelvis to be done.

- F/U c report

DR. ALVEEN KAUR
Senior Consultant – Dental
BDS, MIDA, REG NO- A-12249
Specialized in Surgical, & Cosmetic procedures & Trauma
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Days: - Mon to Sat
10AM to 5PM

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Ms. Bebi Singh.
52/F.

O/E:- Missing int 6. | 56.
deposits++

℞ Adv.
→ Replacement of missing teeth.
→ Oral prophylaxis

Dr. Alveen.
Signature: -

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Apollo ONE

DR. RAJEEV NANGIA

MBBS, MS (ENT)
Senior Consultant
Contact: 8929440195

MS. BEBI SINGH
52Y/ Fe

Height : 5'4"	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Mild fever

Follow up date:

Doctor Signature

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