

Patient Name	: Mr. Basavaraja K	Age	: 37 Y/M
UHID	: CMAR.0000216224	OP Visit No	: CKONOPV633143
Reported By:	: Dr. RAMU ANKAM	Conducted Date	: 26-01-2024 13:36
Referred By	: SELF		

ECG REPORT

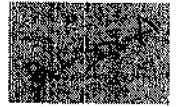
Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 83beats 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:

WITH IN NORMAL LIMITS.

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



Dr. RAMU ANKAM

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana.

APOLLO CLINICS NETWORK

Andhra Pradesh: **Tirupati** (Sankarambadi Circle) **Vizag** (Seethamma Peta)

Telangana: **Hyderabad** (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Nallakunta | Nizampet | SR Nagar | Vanasthalipuram)

Online appointments: www.apolloedoc.in | Online reports: <https://phr.apolloclinic.com> | www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Name: Mr. Basavaraja K
 Age/Gender: 37 Y/M
 Address: bangalore
 Location: BANGALORE, KARNATAKA
 Doctor: GENERAL
 Department: KONDAPUR_06042023
 Rate Plan: ARCOFEMI HEALTHCARE LIMITED
 Sponsor:

MR No: CMAR.0000216224
 Visit ID: CKONOPV633143
 Visit Date: 26-01-2024 08:42
 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
26-01-2024 13:58	83	120/80		F	169	78.5	%	%	Years	27.49	98 cms	103 cms	97 cms		AHILL09485

Mr. basavaraja.k
ID: 216224

37 Years
Male

26.01.2024 9:43:19
APOLLO MEDICAL CENTRE
HYDERABAD

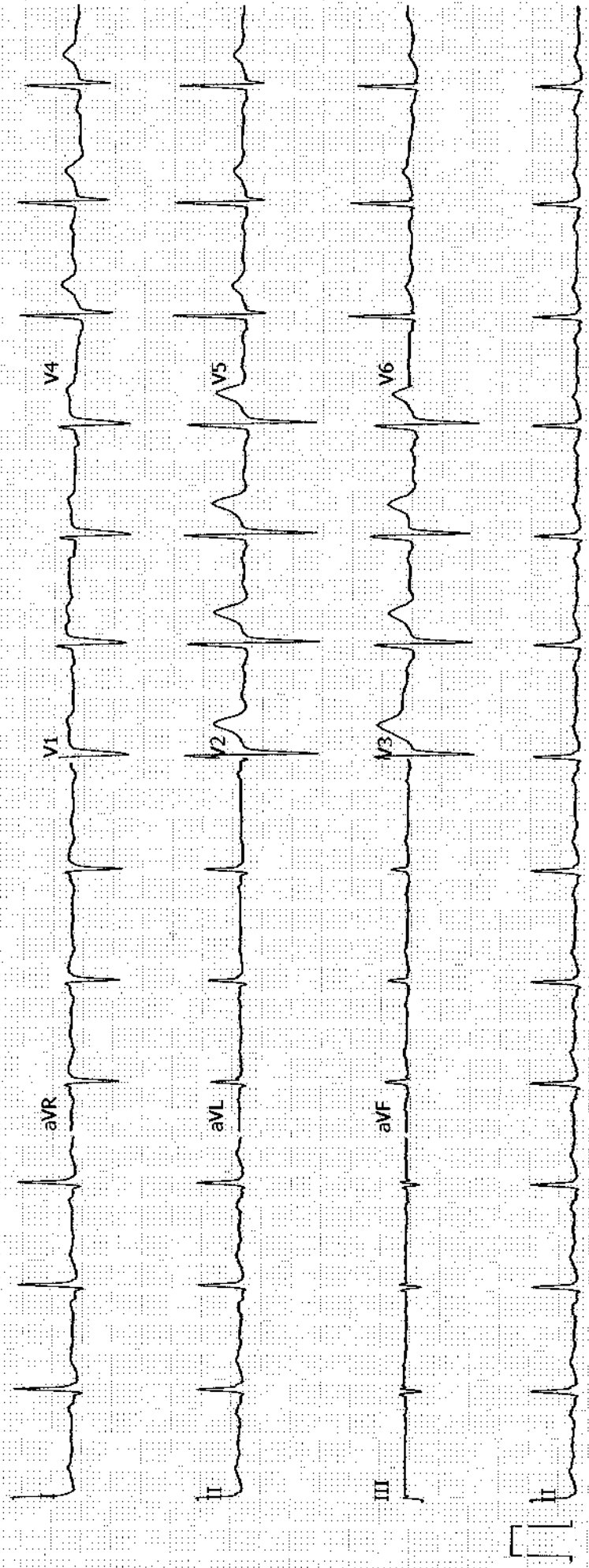
Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

83 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Normal sinus rhythm
Normal ECG
QRS : 86 ms
QT / QTcBaz : 350 / 411 ms
PR : 154 ms
P : 110 ms
RR / PP : 726 / 722 ms
P / QRS / T : 39 / 24 / 51 degrees

HRM 87



Patient Name : Mr. Basavaraja K
UHID : CMAR.0000216224
Conducted By: : Dr. VENKATA RAYUDU NEKKANTI
Referred By : SELF
Age : 37 Y/M
OP Visit No : CKONOPV633143
Conducted Date : 26-01-2024 13:32

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed) 3.5 CM
LA (es) 3.7 CM
LVID (ed) 4.5 CM
LVID (es) 2.9 CM
IVS (Ed) 1.1 CM
LVPW (Ed) 1.1 CM
EF 65.00%
%FD 35.00%

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

COLOUR AND DOPPLER STUDIES

PJV: 0.8

AJV 1.0

E: 0.9 m/s

A: 0.6 m/s

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TO BOOK AN APPOINTMENT

1860 500 7788

IMPRESSION:-
NORMAL CHAMBERS
NO RWMA
GOOD LV/ RV FUNCTION
NO MR/ TR/ AR/ PAH
NO CLOT/ NO PE



Dr. VENKATA
RAYUDU
NEKKANTI

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana.

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Name	Mr Balavaraiah K	Date	26/1/24
Age	37y	UHID No.	216224
<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Ref. Physician	Dr. Ramu A
Ref. Diagnosis			

Echocardiogram Report

Echogenicity Poor Adequate Good Ht. Wt. BSA

DIMENSIONS		NORMAL	DIMENSIONS		NORMAL
Ao (ed)	3.5	cm (1.5cm / m2)	IVS (Ed)	1.1	cm (0.6 - 1.2 cm)
LA (es)	3.7	cm (1.5cm / m2)	LVPW (Ed)	1.1	cm (0.6 - 1.1 cm)
RVID (ed)	3.2	cm (0.9 cm / m2)	EF	67%	(0.62 - 0.85)
LVID (ed)	4.5	cm (2.6 - 3.4 cm / m2)	% FD	31%	(2.8% - 42%)
LVID (es)	2.9				

MORPHOLOGICAL DATA

Mitral Valve	AML	2	Interatrial septum	Known
	PML	2	Interventricular septum	Known
Aortic Valve		2	Pulmonary artery	2
Tricuspid valve		2	Aorta	2
Pulmonary valve		2	Right atrium	2
Right ventricle		2	Left atrium	2

Fwd: Reminder your health checkup booking is tomorrow

Basavaraja K <basavaraja595@gmail.com>

Fri 1/26/2024 8:30 AM

To:Hitechcity Apolloclinic <hitechcity@apolloclinic.com>

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Fri, Jan 26, 2024, 12:35 AM

Subject: Reminder your health checkup booking is tomorrow

To: <basavaraja595@gmail.com>

Cc: <customercare@mediwheel.in>

Dear **Basavaraja k**,

This is a gentle reminder that your health checkup is scheduled for tomorrow as per the below particular. Please visit the center at any time.

Please follow the following instructions. Please call us at 011-41195959 if you face any issues.

Booking Date : 24/01/2024**Health Check up Name** : Mediwheel Full Body Annual Plus**Health Check Code** : PKG10000366**Name of Diagnostic/Hospital** : Apollo Medical Centre - Kondapur - Hyderabad**Address of Diagnostic/Hospital** : Apollo Medical centre, Kothaguda X Roads, Beside Swagth De-Royal Restaurants , Kondapur - 500084**Appointment Date** : 26/01/2024**Preferred Time** : 09:00 am - 09:30 am**Package Name** : Mediwheel Full Body Annual Plus**Tests included in this Package**

- Bmi Check
- Ent Consultation
- Dietician Consultation
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen



बैंक ऑफ बरोडा
Bank of Baroda

नाम
Name

बसवराज के
Basavaraj K.

E.C No.

160103



जारीकर्ता प्राधिकारी
Issuing Authority

बसवराज के
Signature of Issuer



बैंक ऑफ बरोडा
Bank of Baroda

नाम
Name

बसवराज के
Basavaraja K.

E.C. No

160103



जारीकर्ता प्राधिकारी
Issuing Authority


जारीकर्ता प्राधिकारी
Issuing Authority

Customer Pending Tests
PATIENT YET TO VISIT THE CENTER FOR FITNESS EVALUATION
OPHTHAL TEST PENDING DUE TO PUBLIC HOLIDAY

Patient Name	: Mr. Basavaraja K	Age/Gender	: 37 Y/M
UHID/MR No.	: CMAR.0000216224	OP Visit No	: CKONOPV633143
Sample Collected on	:	Reported on	: 27-01-2024 08:24
LRN#	: RAD2217018	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 160103		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and Mild Increased 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. **Two to Three polyps noted largest measuring 3.8 mm.**

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 Measures : 99 x 43 mm. Left Kidney Measures : 115 x 46 mm.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate is normal in size and echo texture.No evidence of necrosis/calcification seen. Prostate measures 28 x 32 x 32mm,Volume--16cc.

IMPRESSION:-

**** MILD FATTY CHANGES IN LIVER.**

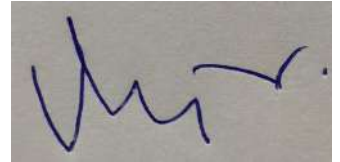
Patient Name : Mr. Basavaraja K

Age/Gender : 37 Y/M

**** GALL BLADDER POLYPS.**

Suggest – clinical correlation.

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



Dr. VIJAYA KUMAR M
MBBS, DMRD
Consultant Radiologist

Patient Name	: Mr. Basavaraja K	Age/Gender	: 37 Y/M
UHID/MR No.	: CMAR.0000216224	OP Visit No	: CKONOPV633143
Sample Collected on	:	Reported on	: 26-01-2024 15:23
LRN#	: RAD2217018	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 160103		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

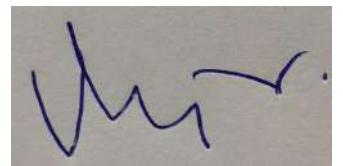
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.



Dr. VIJAYA KUMAR M
MBBS, DMRD
Consultant Radiologist

Patient Name : Mr.BASAVARAJA K	Collected : 26/Jan/2024 08:52AM
Age/Gender : 37 Y 0 M 25 D/M	Received : 26/Jan/2024 11:19AM
UHID/MR No : CMAR.0000216224	Reported : 26/Jan/2024 12:49PM
Visit ID : CKONOPV633143	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 160103	

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	16	g/dL	13-17	Spectrophotometer
PCV	48.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.06	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	95	fL	83-101	Calculated
MCH	31.5	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	11.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,600	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	62	%	40-80	Electrical Impedance
LYMPHOCYTES	28	%	20-40	Electrical Impedance
EOSINOPHILS	06	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5952	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2688	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	576	Cells/cu.mm	20-500	Calculated
MONOCYTES	384	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	223000	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				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				
NO HEMOPARASITES SEEN				




Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist

Patient Name : Mr.BASAVARAJA K	Collected : 26/Jan/2024 08:52AM
Age/Gender : 37 Y 0 M 25 D/M	Received : 26/Jan/2024 11:19AM
UHID/MR No : CMAR.0000216224	Reported : 26/Jan/2024 01:32PM
Visit ID : CKONOPV633143	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 160103	

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 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.Sukumar Sannidhi
MD(Path)
Consultant Pathologist

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Age/Gender : 37 Y 0 M 25 D/M	Received : 26/Jan/2024 11:32AM
UHID/MR No : CMAR.0000216224	Reported : 26/Jan/2024 12:10PM
Visit ID : CKONOPV633143	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 160103	

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	122	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)	133	mg/dL	70-140	HEXOKINASE

Comment:

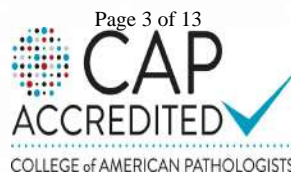
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated

Maruthi

Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist



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DEPARTMENT OF BIOCHEMISTRY

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

Comment:

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

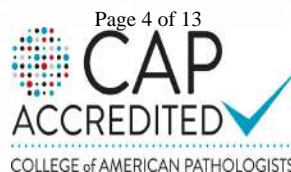
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Maruthi

Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist



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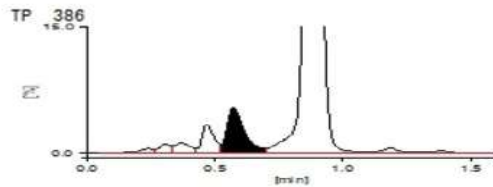
Chromatogram Report

V5.28 I 2024-01-26 11:47:50
 ID EDT240007841
 Sample No. 01260017 SL 0002 - 02
 Patient ID
 Name
 Comment

GALIB Name	%	Time	Area
A1A	0.4	0.24	5.59
A1B	0.6	0.31	7.28
F	0.9	0.37	11.47
LA1C+	1.9	0.47	24.64
SA1C	5.5	0.57	57.29
A0	92.8	0.87	1227.24
H-V0			
H-V1			
H-V2			

Total Area 1333.51

HbA1c 5.5 % IFCC 36 mmol/mol
 HbA1 6.4 % HbF 0.9 %



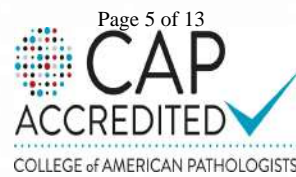
26-01-2024 12:03:39 APOLLO

APOLLO DIAGNOSTICS GLOBAL
BALNAGAR

1 / 1

Maruthi

Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist



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Age/Gender : 37 Y 0 M 25 D/M	Received : 26/Jan/2024 11:19AM
UHID/MR No : CMAR.0000216224	Reported : 26/Jan/2024 11:57AM
Visit ID : CKONOPV633143	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 160103	

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	170	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	128	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	31	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	139	mg/dL	<130	Calculated
LDL CHOLESTEROL	113.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	25.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.48		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



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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	1.00	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.70	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	49	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	32.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	115.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.00	g/dL	6.3-8.2	Biuret
ALBUMIN	5.00	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.67		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



Patient Name	: Mr.BASAVARAJA K	Collected	: 26/Jan/2024 08:52AM
Age/Gender	: 37 Y 0 M 25 D/M	Received	: 26/Jan/2024 11:19AM
UHID/MR No	: CMAR.0000216224	Reported	: 26/Jan/2024 11:57AM
Visit ID	: CKONOPV633143	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 160103		

DEPARTMENT OF BIOCHEMISTRY

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



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist

Patient Name : Mr.BASAVARAJA K	Collected : 26/Jan/2024 08:52AM
Age/Gender : 37 Y 0 M 25 D/M	Received : 26/Jan/2024 02:37PM
UHID/MR No : CMAR.0000216224	Reported : 26/Jan/2024 06:13PM
Visit ID : CKONOPV633143	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 160103	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.86	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	21.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.27	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.55	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.38	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101-109	ISE (Indirect)



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist

SIN No:BI17996347

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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

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Address: The Apollo Medical Centre, 2-20/5/A, Kothaguda X Roads, Kondapur, Hyderabad, Telangana, India - 500032

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CAP
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Patient Name : Mr.BASAVARAJA K	Collected : 26/Jan/2024 08:52AM
Age/Gender : 37 Y 0 M 25 D/M	Received : 26/Jan/2024 11:19AM
UHID/MR No : CMAR.0000216224	Reported : 26/Jan/2024 11:44AM
Visit ID : CKONOPV633143	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 160103	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	30.00	U/L	15-73	Glycylglycine Nitoranalide




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Patient Name : Mr.BASAVARAJA K	Collected : 26/Jan/2024 08:52AM
Age/Gender : 37 Y 0 M 25 D/M	Received : 26/Jan/2024 11:19AM
UHID/MR No : CMAR.0000216224	Reported : 26/Jan/2024 11:54AM
Visit ID : CKONOPV633143	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 160103	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.16	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.91	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.411	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

- 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



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Patient Name : Mr.BASAVARAJA K	Collected : 26/Jan/2024 08:52AM
Age/Gender : 37 Y 0 M 25 D/M	Received : 26/Jan/2024 11:53AM
UHID/MR No : CMAR.0000216224	Reported : 26/Jan/2024 12:37PM
Visit ID : CKONOPV633143	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 160103	

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
pH	5.5		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	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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Patient Name : Mr.BASAVARAJA K	Collected : 26/Jan/2024 08:52AM
Age/Gender : 37 Y 0 M 25 D/M	Received : 26/Jan/2024 11:53AM
UHID/MR No : CMAR.0000216224	Reported : 26/Jan/2024 12:38PM
Visit ID : CKONOPV633143	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 160103	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

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

Result/s to Follow:
PERIPHERAL SMEAR




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