


Patient Name : Mr.KOLA SUNIL KUMAR	Collected : 13/Jan/2024 08:15AM
Age/Gender : 30 Y 8 M 17 D/M	Received : 13/Jan/2024 10:41AM
UHID/MR No : CUPP.0000085160	Reported : 13/Jan/2024 12:28PM
Visit ID : CUPPOPV128293	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 177907	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	14.8	g/dL	13-17	Spectrophotometer
PCV	43.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>5.65</b>	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	<b>77.3</b>	fL	83-101	Calculated
MCH	<b>26.2</b>	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.7</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,480	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	62	%	40-80	Electrical Impedance
LYMPHOCYTES	25	%	20-40	Electrical Impedance
EOSINOPHILS	<b>07</b>	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5877.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2370	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	<b>663.6</b>	Cells/cu.mm	20-500	Calculated
MONOCYTES	568.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	28.44	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	377000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC NORMOCYTIC NORMOCHROMIC  
WBC - MILD EOSINOPHILIA  
PLATELETS ARE ADEQUATE ON SMEAR  
NO HEMOPARASITES SEEN  
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD EOSINOPHILIA

  
Dr.KASULA SIDDARTHA  
M.B.B.S,DNB(Pathology)  
Consultant Pathologist



SIN No:BED240008897

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

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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Microplate technology
Rh TYPE	Positive			Microplate technology



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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	104	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)	219	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	7.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	160	mg/dL		Calculated



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**Comment:**

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

REFERENCE GROUP	HbA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

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



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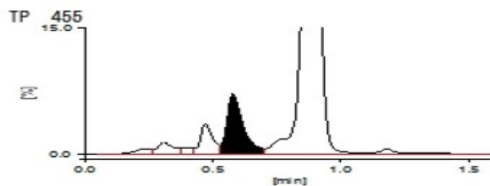
Chromatogram Report

V5.28 1 2024-01-13 11:09:24  
 ID EDT240003731  
 Sample No. 01130017 SL 0002 - 03  
 Patient ID  
 Name  
 Comment

CALIB Name	%	Time	Area
A1A	0.5	0.24	7.71
A1B	1.1	0.31	15.76
F	0.4	0.40	6.07
LA1C+	2.2	0.47	30.94
SA1C	7.2	0.58	82.50
AO	90.3	0.88	1272.82
H-V0			
H-V1			
H-V2			

Total Area 1415.80

HbA1c 7.2 % IFCC 55 mmol/mol  
 HbA1 8.9 % HbF 0.4 %



13-01-2024 11:09:24 APOLLO

APOLLO DIAGNOSTICS GLOBAL  
BALNAGAR

1 / 1



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	144	mg/dL	<200	CHO-POD
TRIGLYCERIDES	67	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	32	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	112	mg/dL	<130	Calculated
LDL CHOLESTEROL	98.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.50		0-4.97	Calculated

**Comment:**

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.44	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.36	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	68.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.21	g/dL	6.6-8.3	Biuret
ALBUMIN	4.21	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:**

- Albumin- Liver disease reduces albumin levels.



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- Correlation with PT (Prothrombin Time) helps.



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.76	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	17.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.80	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.72	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.73	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	31.00	U/L	<55	IFCC

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.33	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11.19	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.934	µIU/mL	0.38-5.33	CLIA

Comment:

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324



Dr. RAJESH BATTINA  
PhD.(Biochemistry)  
Consultant Biochemist

SIN No:SPL24005908

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

Page 15 of 17  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS




Patient Name : Mr.KOLA SUNIL KUMAR	Collected : 13/Jan/2024 08:15AM
Age/Gender : 30 Y 8 M 17 D/M	Received : 13/Jan/2024 10:46AM
UHID/MR No : CUPP.0000085160	Reported : 13/Jan/2024 12:38PM
Visit ID : CUPPOPV128293	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 177907	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr.R.SHALINI  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

SIN No:UR2261655

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





Patient Name : Mr.KOLA SUNIL KUMAR	Collected : 13/Jan/2024 08:15AM
Age/Gender : 30 Y 8 M 17 D/M	Received : 13/Jan/2024 10:47AM
UHID/MR No : CUPP.0000085160	Reported : 13/Jan/2024 12:37PM
Visit ID : CUPPOPV128293	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 177907	

**DEPARTMENT OF CLINICAL PATHOLOGY**


**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE (+)		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



**Dr.R.SHALINI**  
**M.B.B.S,M.D(Pathology)**  
**Consultant Pathologist**

SIN No:UF010151

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

Page 17 of 17  
**CAP**  
**ACCREDITED**  
COLLEGE of AMERICAN PATHOLOGISTS



**Patient Name** : Mr. KOLA SUNIL KUMAR

**Age/Gender** : 30 Y/M

**UHID/MR No.** : CUPP.0000085160

**OP Visit No** : CUPPOPV128293

**Sample Collected on** :

**Reported on** : 13-01-2024 14:05

**LRN#** : RAD2207056

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 177907

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver** appears normal in size 145 mm and **increased echotexture**. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is partially distended.

**Spleen** appears normal in size 105 mm. 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** : 100 x 42 mm.

**Left kidney** : 100 x 50 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.

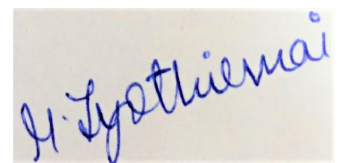
**Prostate** is normal in size 33 x 22 x 21 mm and echo texture. Volume measure 10 cc. No evidence of necrosis/calcification seen.

**IMPRESSION:-**

\* **GRADE I FATTY LIVER.**

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. MATTA JYOTHIRMAI**  
**MBBS, MDRD**  
Radiology

**Patient Name** : Mr. KOLA SUNIL KUMAR

**Age/Gender** : 30 Y/M

**UHID/MR No.** : CUPP.0000085160

**OP Visit No** : CUPPOPV128293

**Sample Collected on** :

**Reported on** : 13-01-2024 12:26

**LRN#** : RAD2207056

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 177907

**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. MATTA JYOTHIRMAI**  
**MBBS, MDRD**  
Radiology



The Apollo Clinic  
PHYSICAL EXAMINATION FORM

Apollo Clinic  
Established 1983

Date 13/1/24

Age 30y/m

Name Mr. X. Sunil Kumar

UHID: 85160

Height

165 Cms

BMI

29.1

Weight

79.2 Kgs

BP

130/80

Apollo Clinic, H NO.6-48/3, PEERZADIGUDA, BESIDE RAMRAJ  
COTTONS, BODUPPAL, R RDISTRCT, HYD PH. NO.04049503373/74

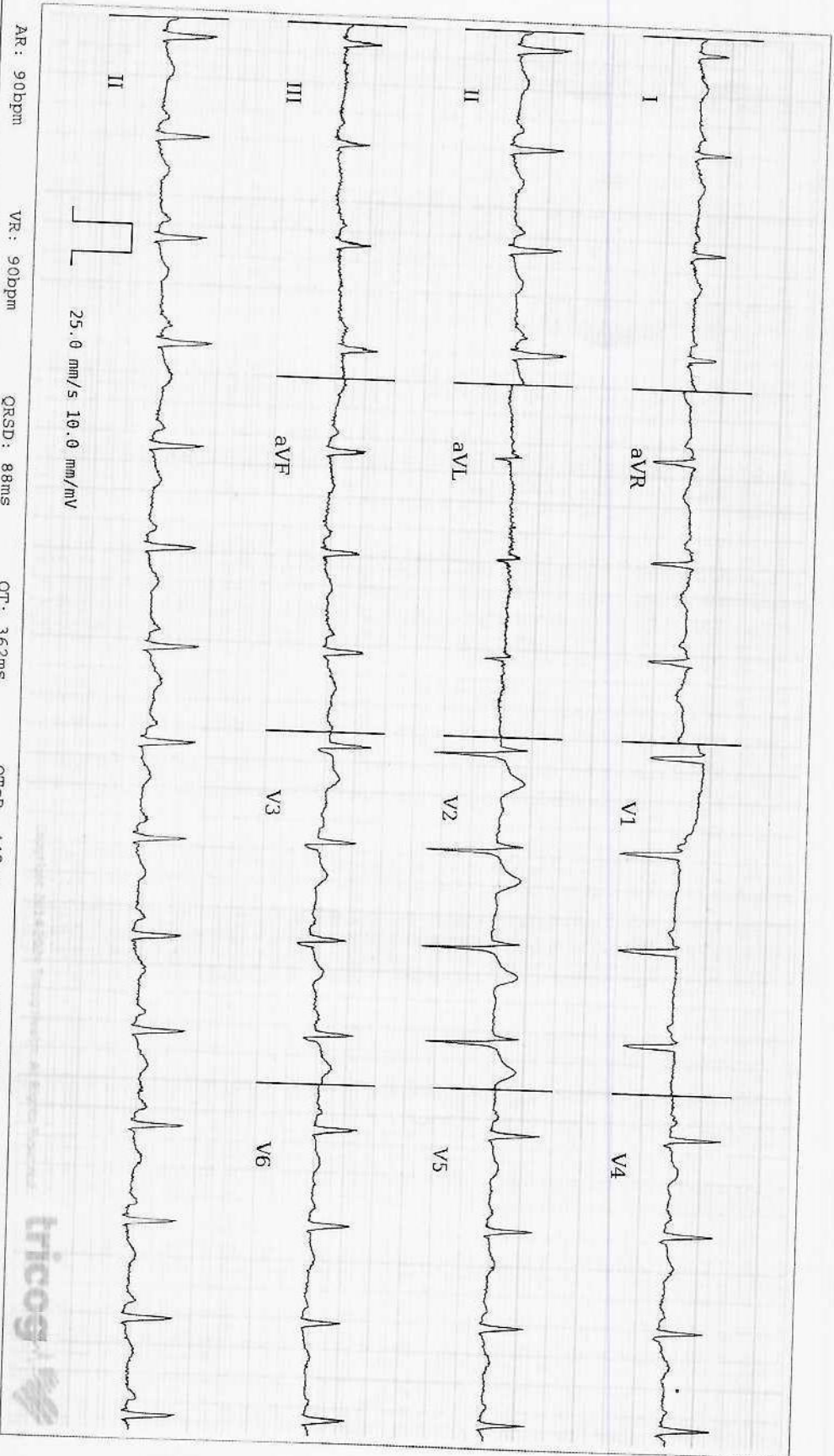




**Apollo clinic Boduppal**

Age / Gender: 30/Male  
Patient ID: 0000085160  
Patient Name: Mr K Sunil Kumar

Date and Time: 13th Jan 24 8:57 AM



**ECG Within Normal Limits: Sinus rhythm, Normal ECG, correlate clinically. Please correlate clinically.**

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician

REPORTED BY

DR VINAY  
72045

**CERTIFICATE OF MEDICAL FITNESS**

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

M. K. Sunil Kumar on 16/1/24.

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

<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<p>Tick</p>
<ul style="list-style-type: none"> <li>• Fit with Restrictions/ Recommendations</li> </ul> <p>Though following restrictions have been revealed in my opinion, these are not impediments to the job.</p> <ol style="list-style-type: none"> <li>1. <u>Urine protein (+)</u></li> <li>2. ....</li> <li>3. ....</li> </ol> <p>However the candidate should follow the advice medication that has been communicated to him/her.</p> <p>Review after .....</p>	<p>✓</p>
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after.....recommended.</p>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

*[Signature]*  
**Dr. Koppula Triveni**  
 Reg No :05078  
 Consultant physician  
 Apollo Clinic  
 Uppal



Name: Mr. KOLA SUNIL KUMAR  
Age/Gender: 30 Y/M  
Address: HYD  
Location: HYDERABAD, TELANGANA  
Doctor:  
Department: GENERAL  
Rate Plan: UPPAL\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. KOPPULA TRIVENI

MR No: CUPP.0000085160  
Visit ID: CUPPOPV128293  
Visit Date: 13-01-2024 08:13  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**



Name: Mr. KOLA SUNIL KUMAR  
Age/Gender: 30 Y/M  
Address: HYD  
Location: HYDERABAD, TELANGANA  
Doctor:  
Department: GENERAL  
Rate Plan: UPPAL\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. AYYAPPA SWAMY AMARA

MR No: CUPP.0000085160  
Visit ID: CUPPOPV128293  
Visit Date: 13-01-2024 08:13  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: Mr. KOLA SUNIL KUMAR  
Age/Gender: 30 Y/M  
Address: HYD  
Location: HYDERABAD, TELANGANA  
Doctor:  
Department: GENERAL  
Rate Plan: UPPAL\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. KOPPULA TRIVENI

MR No: CUPP.0000085160  
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Visit Date: 13-01-2024 08:13  
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**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

Name: Mr. KOLA SUNIL KUMAR  
Age/Gender: 30 Y/M  
Address: HYD  
Location: HYDERABAD, TELANGANA  
Doctor:  
Department: GENERAL  
Rate Plan: UPPAL\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. AYYAPPA SWAMY AMARA

MR No: CUPP.0000085160  
Visit ID: CUPPOPV128293  
Visit Date: 13-01-2024 08:13  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
13-01-2024 15:01	96 Beats/min	130/80 mmHg	22 Rate/min	98.6 F	165 cms	79 Kgs	%	%	Years	29.02	cms	cms	cms		AHLL09781



Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Established Patient: No

**Vitals**

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Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Patient Name	: Mr. KOLA SUNIL KUMAR	Age	: 30 Y/M
UHID	: CUPP.0000085160	OP Visit No	: CUPPOPV128293
Reported By:	: Dr. VINAY KUMAR GUPTA	Conducted Date	: 13-01-2024 10:31
Referred By	: SELF		

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### **ECG REPORT**

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 90 beats 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 see

#### **Impression:**

NORMAL ECG.

CORRELATE CLINICALLY.

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

Dr. VINAY KUMAR GUPTA



Patient Name : Mr. KOLA SUNIL KUMAR Age : 30 Y/M  
UHID : CUPP.0000085160 OP Visit No : CUPPOPV128293  
Conducted By: : Dr. CH VENKATESHAM Conducted Date : 13-01-2024 16:47  
Referred By : SELF

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**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed)	2.9 CM
LA (es)	3.1 CM
LVID (ed)	4.6 CM
LVID (es)	2.8 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	67.00%
%FD	34.00%
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

Patient Name	: Mr. KOLA SUNIL KUMAR	Age	: 30 Y/M
UHID	: CUPP.0000085160	OP Visit No	: CUPPOPV128293
Conducted By:	: Dr. CH VENKATESHAM	Conducted Date	: 13-01-2024 16:47
Referred By	: SELF		

---

#### COLOUR AND DOPPLER STUDIES

AJV - 1.3

PJV - 0.9

E - 0.8

A - 0.6

#### IMPRESSION :

NORMAL SIZED CARDIAC CHAMBERS & VALVES

NORMAL BLOOD FLOW

NO RWMA / LVH

GOOD LV AND RV FUNCTION

NO CLOT / P- E



Dr. CH  
VENKATESHAM