

AGE: 37

Measurement Results:

QRS: 86 ms

QT/QTcB: 370 / 413 ms

PR: 154 ms

P: 108 ms

RR/PP: 792 / 800 ms

P/QRS/T: 66 / 50 / 43 degrees

< p

< T

< QRS

< aVF

< -D I

Interpretation:

12SL Interpretation:

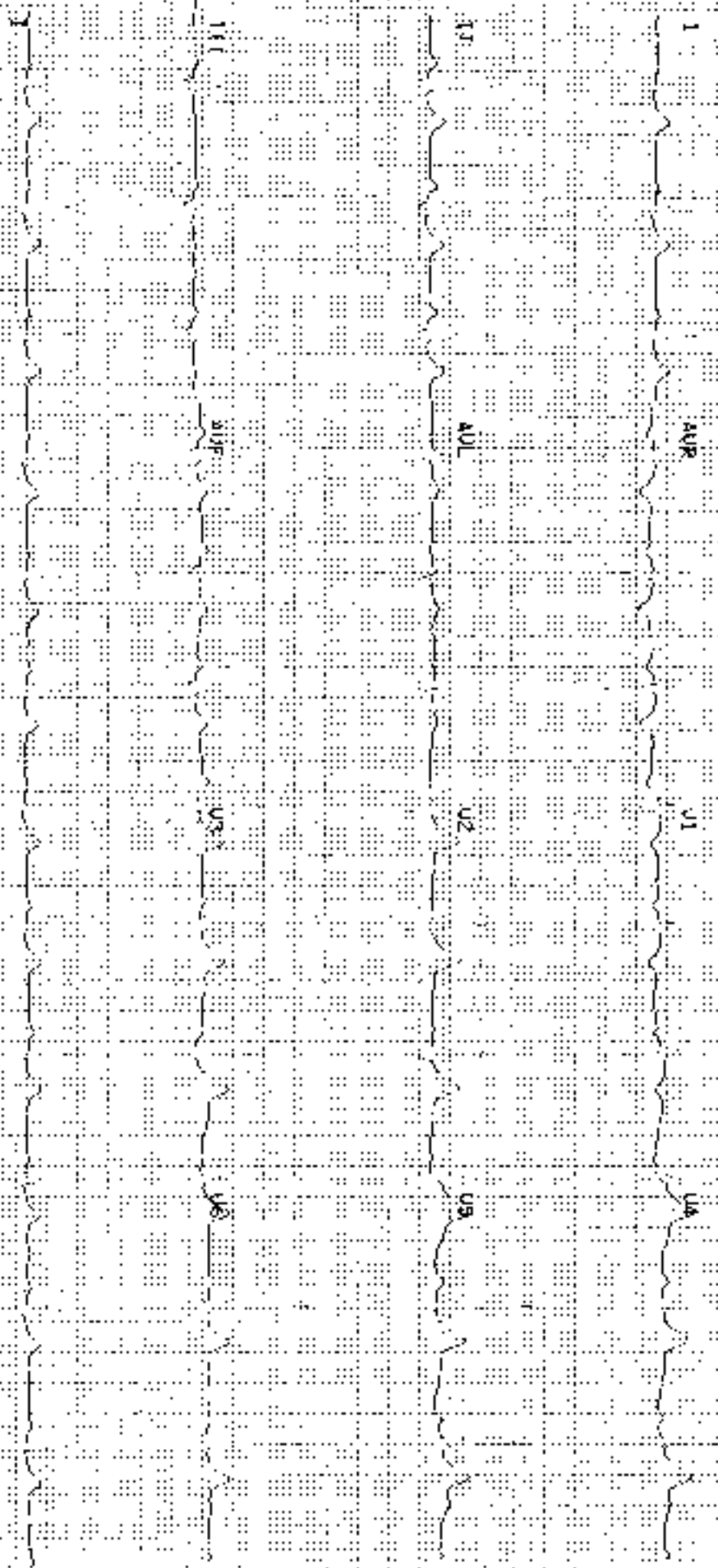
Sinus rhythm with ~~sinus arrhythmia~~

Normal ECG

314 +90 II

aVF

Unconfirmed report



Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India
RO - CHENNAI SOUTH
38 & 39, WHITES ROAD, CHENNAI 600
014, Tamil Nadu, - 0

To,
The Chief Medical Officer
M/S Mediwheel
https://mediwheel.in/signup011-
41190959(A Brand name of
Arcofemi Healthcare Ltd),
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup 35-40 Male

Srni/Smt./Kum. RAMAKRISHNARAO SURISETTI,
P.F. No. 690355 Designation: Manager (Branch Head)

Checkup for Financial Year 2023-2024 Approved Charges Rs. 2200.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

(Signature of the Employee)

Yours Faithfully,

BRANCH MANAGER/SENIOR MANAGER

PS: Status of the application - **Approved**



View Worklist

Previous in Worklist

Next in Worklist

Health checkup of tie-up Ctr | HealthChkup Authorisatn letter




భారత ప్రభుత్వం
 Government of India

Issue Date: 12/11/2011



పేరు/నామం
 Suriseti Ramakrishnarao
 పుట్టిన తేదీ/DOB: 25/06/1986
 లింగం/ GENDER: MALE

8383 6208 8913

VID : 9149 5075 7549 1691

నా ఆధార్, నా గుర్తింపు




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 Unique Identification Authority of India

Download Data
 2013031003

చిరునామా:
 S/O Venkateswara Rao, 1-147/A, మేన్ రోడ్, తూర్పు
 మాధవారం, కృష్ణా (తూర్పు), ఆంధ్రప్రదేశ్
 పోస్టాఫీసు - 521227



8383 6208 8913

VID : 9149 5075 7549 1691

1947 | help@uidai.gov.in | www.uidai.gov.in

Raw

Patient Name : Mr. Ramakrishnarao Suriseti Age : 37 Y/M
UHID : CTNA.0000205980 OP Visit No : CTNAOPV194918
Reported By: : Dr. HARI K Conducted Date : 02-03-2024 15:15
Referred By : SELF

ECG REPORT

Impression:

NORMAL SINUS RHYTHM

NORMAL ECG.

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



Dr. HARI K

Patient Name : Mr. Ramakrishnarao Suriseti

Age/Gender : 37 Y/M

UHID/MR No. : CTNA.0000205980

OP Visit No : CTNAOPV194918

Sample Collected on :

Reported on : 02-03-2024 20:04

LRN# : RAD2254722

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : UBOIE3848

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

Normal study.



Dr. RASHEED ARAFATH HIDAYATHULLAH

MBBS, DNB (RD)

Radiology

Patient Name : Mr.RAMAKRISHNARAO SURISETTI	Collected : 02/Mar/2024 10:36AM
Age/Gender : 37 Y 8 M 7 D/M	Received : 02/Mar/2024 12:50PM
UHID/MR No : CTNA.0000205980	Reported : 02/Mar/2024 03:25PM
Visit ID : CTNAOPV194918	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE3848	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



Dr.MARQUESS RAJ
M.D,DipRCPath,D.N.B(PATH)
Consultant Pathologist

SIN No:BED240056015

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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Patient Name : Mr.RAMAKRISHNARAO SURISSETTI	Collected : 02/Mar/2024 10:36AM
Age/Gender : 37 Y 8 M 7 D/M	Received : 02/Mar/2024 12:50PM
UHID/MR No : CTNA.0000205980	Reported : 02/Mar/2024 03:25PM
Visit ID : CTNAOPV194918	Status : Final Report
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Emp/Auth/TPA ID : UBOIE3848	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.2	g/dL	13-17	Spectrophotometer
PCV	44.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.3	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83.2	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54.6	%	40-80	Electrical Impedance
LYMPHOCYTES	33.7	%	20-40	Electrical Impedance
EOSINOPHILS	2.7	%	1-6	Electrical Impedance
MONOCYTES	8.7	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3166.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1954.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	156.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	504.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.4	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.62		0.78- 3.53	Calculated
PLATELET COUNT	180000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.



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Consultant Pathologist

SIN No:BED240056015

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Patient Name : Mr.RAMAKRISHNARAO SURISETTI	Collected : 02/Mar/2024 10:36AM
Age/Gender : 37 Y 8 M 7 D/M	Received : 02/Mar/2024 12:50PM
UHID/MR No : CTNA.0000205980	Reported : 02/Mar/2024 03:25PM
Visit ID : CTNAOPV194918	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE3848	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
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PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



Dr. MARQUESS RAJ
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Patient Name : Mr.RAMAKRISHNARAO SURISETTI	Collected : 02/Mar/2024 10:36AM
Age/Gender : 37 Y 8 M 7 D/M	Received : 03/Mar/2024 07:28AM
UHID/MR No : CTNA.0000205980	Reported : 03/Mar/2024 10:26AM
Visit ID : CTNAOPV194918	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE3848	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate technology
Rh TYPE	Positive			Microplate technology

Siddhartha.k.

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

SIN No:HA06581997

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

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Patient Name : Mr.RAMAKRISHNARAO SURISETTI	Collected : 02/Mar/2024 12:44PM
Age/Gender : 37 Y 8 M 7 D/M	Received : 02/Mar/2024 04:52PM
UHID/MR No : CTNA.0000205980	Reported : 02/Mar/2024 07:06PM
Visit ID : CTNAOPV194918	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE3848	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	112	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

- 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)	103	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.



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:PLP1426453

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Patient Name : Mr.RAMAKRISHNARAO SURISETTI	Collected : 02/Mar/2024 10:36AM
Age/Gender : 37 Y 8 M 7 D/M	Received : 02/Mar/2024 01:07PM
UHID/MR No : CTNA.0000205980	Reported : 02/Mar/2024 03:20PM
Visit ID : CTNAOPV194918	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE3848	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

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

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:EDT240025302

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Patient Name : Mr.RAMAKRISHNARAO SURISETTI	Collected : 02/Mar/2024 10:36AM
Age/Gender : 37 Y 8 M 7 D/M	Received : 02/Mar/2024 01:45PM
UHID/MR No : CTNA.0000205980	Reported : 02/Mar/2024 06:50PM
Visit ID : CTNAOPV194918	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE3848	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	154	mg/dL	<200	CHO-POD
TRIGLYCERIDES	177	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	32	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	122	mg/dL	<130	Calculated
LDL CHOLESTEROL	86.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	35.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.81		0-4.97	Calculated

Comment:

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:SE04648308

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Patient Name : Mr.RAMAKRISHNARAO SURISETTI	Collected : 02/Mar/2024 10:36AM
Age/Gender : 37 Y 8 M 7 D/M	Received : 02/Mar/2024 01:45PM
UHID/MR No : CTNA.0000205980	Reported : 02/Mar/2024 06:50PM
Visit ID : CTNAOPV194918	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE3848	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.03	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.25	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.78	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	109.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.90	g/dL	6.6-8.3	Biuret
ALBUMIN	4.80	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		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. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:SE04648308

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Patient Name : Mr.RAMAKRISHNARAO SURISSETTI	Collected : 02/Mar/2024 10:36AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.89	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	23.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.90	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	10.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.80	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.90	g/dL	6.6-8.3	Biuret
ALBUMIN	4.80	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	33.00	U/L	<55	IFCC



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Patient Name : Mr.RAMAKRISHNARAO SURISETTI	Collected : 02/Mar/2024 10:36AM
Age/Gender : 37 Y 8 M 7 D/M	Received : 02/Mar/2024 02:02PM
UHID/MR No : CTNA.0000205980	Reported : 02/Mar/2024 11:18PM
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE3848	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.3	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	18.01	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.590	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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SIN No: SPL24036996

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Patient Name	: Mr.RAMAKRISHNARAO SURISETTI	Collected	: 02/Mar/2024 10:36AM
Age/Gender	: 37 Y 8 M 7 D/M	Received	: 02/Mar/2024 02:02PM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No: SPL24036996

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Patient Name : Mr.RAMAKRISHNARAO SURISSETTI	Collected : 02/Mar/2024 10:35AM
Age/Gender : 37 Y 8 M 7 D/M	Received : 02/Mar/2024 04:41PM
UHID/MR No : CTNA.0000205980	Reported : 02/Mar/2024 05:16PM
Visit ID : CTNAOPV194918	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***



Dr. MARQUESS RAJ
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Consultant Pathologist

SIN No:UR2296145

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