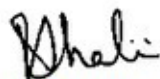


Patient Name	: Mr.S KRISHNA REDDY	Collected	: 14/Sep/2024 08:24AM
Age/Gender	: 52 Y 3 M 8 D/M	Received	: 14/Sep/2024 11:43AM
UHID/MR No	: CUPP.0000091415	Reported	: 14/Sep/2024 01:40PM
Visit ID	: CUPPOPV139214	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9920144559		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.3	g/dL	13-17	Spectrophotometer
PCV	36.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.55	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	79.9	fL	83-101	Calculated
MCH	27.1	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	16.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,810	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	69	%	40-80	Flow cytometry
LYMPHOCYTES	20	%	20-40	Flow cytometry
EOSINOPHILS	3	%	1-6	Flow cytometry
MONOCYTES	8	%	2-10	Flow cytometry
BASOPHILS	0	%	0-2	Flow cytometry
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3318.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	962	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	144.3	Cells/cu.mm	20-500	Calculated
MONOCYTES	384.8	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	3.45		0.78- 3.53	Calculated
PLATELET COUNT	220000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	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. R. SHALINI
M.B.B.S., M.D (Pathology)
Consultant Pathologist

SIN No: UPP240900684

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




Patient Name : Mr.S KRISHNA REDDY
Age/Gender : 52 Y 3 M 8 D/M
UHID/MR No : CUPP.0000091415
Visit ID : CUPPOPV139214
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Emp/Auth/TPA ID : 9920144559

Collected : 14/Sep/2024 08:24AM
Received : 14/Sep/2024 11:43AM
Reported : 14/Sep/2024 01:40PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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

SIN No:UPP240900684

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Patient Name : Mr.S KRISHNA REDDY	Collected : 14/Sep/2024 08:24AM
Age/Gender : 52 Y 3 M 8 D/M	Received : 14/Sep/2024 11:43AM
UHID/MR No : CUPP.0000091415	Reported : 14/Sep/2024 04:00PM
Visit ID : CUPPOPV139214	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

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



Dr.KASULA SIDDARTHA
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Consultant Pathologist

SIN No:UPP240900684

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Patient Name : Mr.S KRISHNA REDDY	Collected : 14/Sep/2024 10:37AM
Age/Gender : 52 Y 3 M 8 D/M	Received : 14/Sep/2024 02:22PM
UHID/MR No : CUPP.0000091415	Reported : 14/Sep/2024 03:04PM
Visit ID : CUPPOPV139214	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	104	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

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

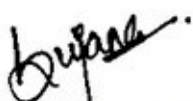
Note:

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

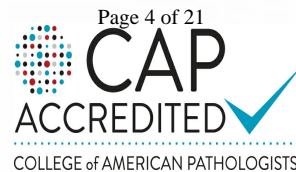
Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	170	mg/dL	70-140	HEXOKINASE

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.Matta Sujana Reddy
M.B.B.S,M.D(Biochemistry)
Consultant Biochemist



SIN No:UPP240900807

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UHID/MR No : CUPP.0000091415	Reported : 14/Sep/2024 01:37PM
Visit ID : CUPPOPV139214	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	151	mg/dL		Calculated


Comment:

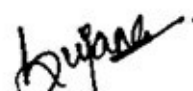
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

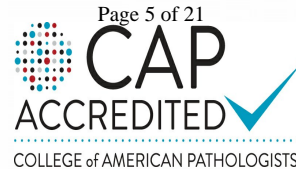
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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)


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 PhD (Biochemistry)
 Consultant biochemist


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 M.B.B.S., M.D (Biochemistry)
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SIN No: UPP240900687

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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

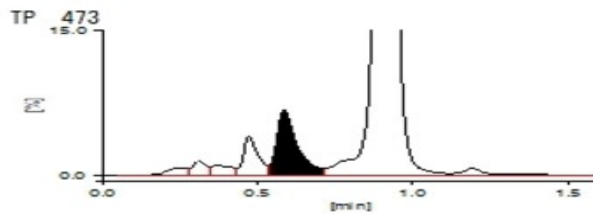
Chromatogram Report

HLC72368 V5.28 1 2024-09-14 12:18:13
 ID UPP240900687
 Sample No. 09140047 SL 0002 - 05
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.6	0.23	9.77
A1B	0.8	0.31	11.98
F	0.8	0.37	12.56
LA1C+	2.3	0.47	35.62
SA1C	6.9	0.59	83.70
AO	90.7	0.91	1376.36
H-V0			
H-V1			
H-V2			

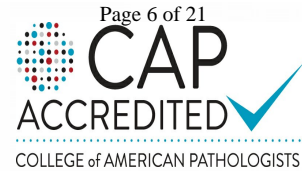
Total Area 1529.99

HbA1c 6.9 % IFCC 51 mmol/mol
HbA1 8.3 % HbF 0.8 %



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

Sujana...
Dr.Matta Sujana Reddy
 M.B.B.S.,M.D(Biochemistry)
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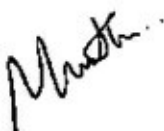
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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

14-09-2024 12:59:03 APOLLO

APOLLO DIAGNOSTICS GLOBAL
BALANAGER

1 / 1


Dr.E.Maruthi Prasad
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Dr.Matta Sujana Reddy
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Patient Name : Mr.S KRISHNA REDDY	Collected : 14/Sep/2024 08:24AM
Age/Gender : 52 Y 3 M 8 D/M	Received : 14/Sep/2024 12:45PM
UHID/MR No : CUPP.0000091415	Reported : 14/Sep/2024 03:38PM
Visit ID : CUPPOPV139214	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	94	mg/dL	<200	CHO-POD
TRIGLYCERIDES	70	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	37	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	57	mg/dL	<130	Calculated
LDL CHOLESTEROL	43	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.54		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated


Comment:

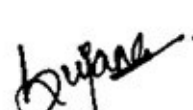
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

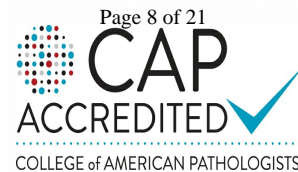
	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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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 PhD (Biochemistry)
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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.64	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.48	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.3		<1.15	Calculated
ALKALINE PHOSPHATASE	63.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.95	g/dL	6.6-8.3	Biuret
ALBUMIN	4.61	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.34	g/dL	2.0-3.5	Calculated
A/G RATIO	1.97		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:

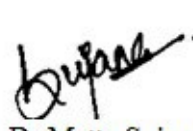
*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 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. 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:


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 PhD (Biochemistry)
 Consultant biochemist


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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Patient Name : Mr.S KRISHNA REDDY
 Age/Gender : 52 Y 3 M 8 D/M
 UHID/MR No : CUPP.0000091415
 Visit ID : CUPPOPV139214
 Ref Doctor : Self
 Emp/Auth/TPA ID : 9920144559

Collected : 14/Sep/2024 08:24AM
 Received : 14/Sep/2024 12:45PM
 Reported : 14/Sep/2024 03:38PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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*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.

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

Sujana...
Dr.Matta Sujana Reddy
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SIN No:UPP240900683

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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) WITH GGT , SERUM				
BILIRUBIN, TOTAL	0.64	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.48	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.3		<1.15	Calculated
ALKALINE PHOSPHATASE	63.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.95	g/dL	6.6-8.3	Biuret
ALBUMIN	4.61	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.34	g/dL	2.0-3.5	Calculated
A/G RATIO	1.97		0.9-2.0	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	14.00	U/L	<55	IFCC

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:

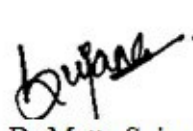
1. Hepatocellular Injury:

*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 > 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. 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.


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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

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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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.31	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	26.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.66	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.49	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.90	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.95	g/dL	6.6-8.3	Biuret
ALBUMIN	4.61	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.34	g/dL	2.0-3.5	Calculated
A/G RATIO	1.97		0.9-2.0	Calculated

Reconfirmation in fresh specimen is suggested in case the reported value does not correlate clinically.


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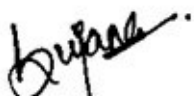
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Test Name	Result	Unit	Bio. Ref. Interval	Method
ALKALINE PHOSPHATASE , SERUM	63.00	U/L	30-120	IFCC

Test Name	Result	Unit	Bio. Ref. Interval	Method
CALCIUM , SERUM	9.49	mg/dL	8.8-10.6	Arsenazo III



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.75	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.35	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.129	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

- 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

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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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Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	33.8	ng/mL	30 -100	CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

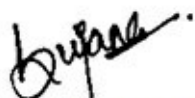
The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:



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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	118	pg/mL	190-900	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.880	ng/mL	0-4	CLIA



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Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.009		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	ABSENT	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT	/hpf	Occasional-Few	Microscopy

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.

M. Muttavarapu Viswanath

Dr. Muttavarapu Viswanath
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Age/Gender : 52 Y 3 M 8 D/M	Received : 14/Sep/2024 03:02PM
UHID/MR No : CUPP.0000091415	Reported : 14/Sep/2024 04:15PM
Visit ID : CUPPOPV139214	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

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

M. Muttavarapu Viswanath

Dr. Muttavarapu Viswanath
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:UPP240900806

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



Patient Name : Mr.S KRISHNA REDDY
Age/Gender : 52 Y 3 M 8 D/M
UHID/MR No : CUPP.0000091415
Visit ID : CUPPOPV139214
Ref Doctor : Self
Emp/Auth/TPA ID : 9920144559

Collected : 14/Sep/2024 08:24AM
Received : 14/Sep/2024 03:01PM
Reported : 14/Sep/2024 04:11PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

M. Muttavarapu Viswanath

Dr. Muttavarapu Viswanath
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:UPP240900681

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

Page 21 of 21
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



Patient Name : Mr.S KRISHNA REDDY
Age/Gender : 52 Y 3 M 8 D/M
UHID/MR No : CUPP.0000091415
Visit ID : CUPPOPV139214
Ref Doctor : Self
Emp/Auth/TPA ID : 9920144559

Collected : 14/Sep/2024 08:24AM
Received : 14/Sep/2024 03:01PM
Reported : 14/Sep/2024 04:11PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

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.

M. Muttavarapu Viswanath

Dr. Muttavarapu Viswanath
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



SIN No:UPP240900681

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

Patient Name	: Mr. S Krishna Reddy	Age	: 52Yrs 3Mths 9Days
UHID	: CUPP.0000091415	OP Visit No.	: CUPPOPV139214
Printed On	: 14-09-2024 07:12 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 9920144559		

DEPARTMENT OF RADIOLOGY

Liver appears normal in size 118 mm and **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 peri GB collection. No evidence of focal lesion is seen.

Spleen appears normal in size 100 mm. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echo pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Right kidney : 91 x 46 mm.

Left kidney : 97 x 48 mm.

Both the kidneys appear normal in size, shape and echo pattern. Cortical thickness and CM differentiation are maintained. No calculus / hydro nephrosis seen on either side.

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 35 x 35 x 51 mm and echo texture. Volume measure 35 cc.

IMPRESSION :

GRADE I FATTY LIVER.

GRADE I PROSTATOMEGALY.

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.

---End Of The Report---

Jyothirmai

Dr. MATTA JYOTHIRMAI
MBBS, MDRD
APMC/FMR/74706
Radiology

Patient Name	: Mr. S Krishna Reddy	Age	: 52Yrs 3Mths 9Days
UHID	: CUPP.0000091415	OP Visit No.	: CUPPOPV139214
Printed On	: 14-09-2024 10:17 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 9920144559		

DEPARTMENT OF CARDIOLOGY

Observation :-

1. Sinus Rhythm.
2. Heart rate is 69 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

SINUS RHYTHM, 'T ' INVERSIONS IN III, aVF , NEEDS ECHO,
CORRELATE CLINICALLY.

---End Of The Report---

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Cardiology

Patient Name	: Mr. S Krishna Reddy	Age	: 52Yrs 3Mths 9Days
UHID	: CUPP.0000091415	OP Visit No.	: CUPPOPV139214
Printed On	: 14-09-2024 01:05 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 9920144559		

DEPARTMENT OF RADIOLOGY

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

For clinical correlation.

---End Of The Report---

Jyothirmai

Dr. MATTA JYOTHIRMAI
MBBS, MDRD
APMC/FMR/74706
Radiology

Apollo Clinic Uppal

From: noreply@apolloclinics.info
Sent: Friday, September 13, 2024 11:52 AM
To: Krishna.reddy@jmfl.com
Cc: Apollo Clinic Uppal; Nishanth Reddy; Syamsunder M
Subject: Your appointment is confirmed



Dear S Krishna,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **UPPAL** clinic on **2024-09-14** at **07:00-07:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: APOLLO CLINIC NEAR PILLAR NO 91, BESIDE RAMRAJ COTTON SHOWROOM,CANARA NAGAR BUS STOP, WARANGAL HIGHWAY,.

Contact No: (040) 49503373 -74/.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic



భారత ప్రభుత్వం
GOVERNMENT OF INDIA

Download Date: 27/02/2021



శాతినేని కృష్ణ రెడ్డి
Sathineni Krishna Reddy
పుట్టిన తేదీ/DOB: 06/06/1972
పురుషుడు/ MALE

Issue Date: 09/11/2018

3580 3292 9525
VID : 9131 9926 6199 2948

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