







Age/Gender : 34 Y 5 M 12 D/M
UHID/MR No : CASR.0000183460
Visit ID : CASROPV215026

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 179562 Collected : 28/Oct/2023 11:38AM

Received : 28/Oct/2023 02:44PM Reported : 28/Oct/2023 05:11PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BOI	OY ADVANCED AHC	AND VITAMIN	MALE - 2D ECHO - PAN	I INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

HAEMOGLOBIN	15	g/dL	13-17	Spectrophotometer
PCV	44.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.81	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	91.5	fL	83-101	Calculated
MCH	31.2	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	15.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,630	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	61.1	%	40-80	Electrical Impedance
LYMPHOCYTES	28.2	%	20-40	Electrical Impedance
EOSINOPHILS	2	%	1-6	Electrical Impedance
MONOCYTES	8.4	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4050.93	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1869.66	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	132.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	556.92	Cells/cu.mm	200-1000	Calculated
BASOPHILS	19.89	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	245000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-15	Modified Westergre

RBC NORMOCYTIC NORMOCHROMIC

WBC WITHIN NORMAL LIMITS

PLATELETS ARE ADEQUATE ON SMEAR

NO HEMOPARASITES SEEN

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Page 1 of 17



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

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

A-12, # 1-9-71/A/12/b, Rishab Heights, Rukminipuri Ho A S Rao Nagar, Hyderabad, Telangana, India - 500062











Patient Name Age/Gender : Mr.JAYANTHI ADITYA ABHIRAM

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ARCOFEMI - MEDIWHEEL FULL B	ODY ADVANCED AHC A	AND VITAMIN MALE - 2	2D ECHO - PAN INDIA - FY2324

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

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BOI	DY ADVANCED AHC	AND VITAMIN	MALE - 2D ECHO - PAN	I INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

GLUCOSE, FASTING , NAF PLASMA	81	mg/dL	70-100	GOD - POD
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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.

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GLUCOSE, POST PRANDIAL (PP), 2	106	mg/dL	70-140	HEXOKINASE
HOURS , SODIUM FLUORIDE PLASMA (2 HR)				

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.

HBA1C, GLYCATED HEMOGLOBIN,	5.8	%	HPLC
WHOLE BLOOD EDTA			
ESTIMATED AVERAGE GLUCOSE (eAG),	120	mg/dL	Calculated
WHOLE BLOOD EDTA			

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.

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

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Test Name Result Unit Bio. Ref. Range Method

A: HbF > 25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)









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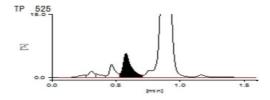
Test Name Result Unit Bio. Ref. Range Method

Chromatogram Report

HLC723G8 2023-10-28 15:49:15 EDT230098542 ID Sample No. Patient ID 10280157 SL 0008 - 05

CAL IB Y = 1 1738X + 0 5562Area Time A1A 0. 4 0. 24 6. 92 A1B F 0.8 0.31 12.95 0. 5 1. 8 5. 8 92. 3 0. 39 0. 46 0. 58 8. 34 27. 97 LA1C+ SA1C 70 40 AO H-VO 0.88 H-V1 H-V2

1550.29 Total Area HbA1c 5.8 % IFCC 40 mol/mol HbA1 7.1 % HbF 0.5 %



28-10-2023 15:49:16 APOLLO

APOLLO DIAGNOSTICS GLOBAL BALANAGER

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1/1









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Test Name	Result	Unit	Bio. Ref. Range	Method

LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	178	mg/dL	<200	CHO-POD
TRIGLYCERIDES	228	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	41	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	137	mg/dL	<130	Calculated
LDL CHOLESTEROL	91.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	45.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.34		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			
INON-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.

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DEPARTMENT OF BIOCHEMISTRY ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324 Result Unit Bio. Ref. Range Method

: 28/Oct/2023 11:38AM

: 28/Oct/2023 03:21PM

DILIBURIN TOTAL	4.00		0.0.4.0	DDD
BILIRUBIN, TOTAL	1.39	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.19	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	84.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.93	g/dL	6.6-8.3	Biuret
ALBUMIN	4.51	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.42	g/dL	2.0-3.5	Calculated
A/G RATIO	1.32		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
- · Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP Disproportionate increase in ALP compared with AST, ALT.
- · 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.

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ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name

Result

Unit

Bio. Ref. Range

Method

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Test Name	Result	Unit	Bio. Ref. Range	Method

IVER FUNCTION TEST (LFT) WITH GGT , SE	ERUM			
BILIRUBIN, TOTAL	1.39	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.19	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	84.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.93	g/dL	6.6-8.3	Biuret
ALBUMIN	4.51	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.42	g/dL	2.0-3.5	Calculated
A/G RATIO	1.32		0.9-2.0	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	35.00	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.
- · Bilirubin may be elevated.
- AST: ALT (ratio) In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

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- 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.

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RENAL PROFILE/KIDNEY FUNCTION T	EST (RFT/KFT) , SERU	IM		
CREATININE	0.87	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	9.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	4.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.00	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.64	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.66	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)

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ALKALINE PHOSPHATASE, SERUM	84.00	U/L	30-120	IFCC	
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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

SIN No:SE04524285









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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BOI	DY ADVANCED AHO	AND VITAMIN	MALE - 2D ECHO - PAN	I INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

THYROID PROFILE TOTAL (T3, T4, TSH),	SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	1.18	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11.44	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.942	μIU/mL	0.38-5.33	CLIA

Comment:

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

- 1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- 2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- 3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- 4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	Т3	Т4	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	rimary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy	
Low	N	N	N	abclinical 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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This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

APOLLO CLINICS NETWORK

A-12, #1-9-71/A/12/b, Rishab Heights, Rukminipuri Housing Colony, A S Rao Nagar, Hyderabad, Telangana, India - 500062











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APCOFEMI - MEDIWHEEL EIII I BOI	DV ADVANCED AHC	MIMATIV CIAA	MALE - 2D ECHO - DAN	I INDIA - EV2324	
AICOI LINII - MILDIVITILLE I OLL DOI	ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Pio Pof Pango	Method	
i est Naille	Result	Onit	Bio. Ref. Range	Wethou	

VITAMIN D (25 - OH VITAMIN D), SERUM CLIA 12.3 ng/mL 30 - 100

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:

Vitamin D intoxication.

VITAMIN B12 , SERUM	72.8	pg/mL	107.2-653.3	CLIA
Result Rechecked				

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.

Page 15 of 17











Age/Gender : 34 Y 5 M 12 D/M UHID/MR No : CASR.0000183460

Visit ID : CASROPV215026

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 179562

Collected : 28/Oct/2023 11:38AM

Received : 28/Oct/2023 03:21PM Reported : 28/Oct/2023 04:21PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BOI	DY ADVANCED AHC	AND VITAMIN	MALE - 2D ECHO - PAN	I INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. 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.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

TOTAL PROSTATIC SPECIFIC ANTIGEN	0.730	ng/mL	0-4	CLIA
(tPSA), SERUM				

Page 16 of 17









SIN No:SPL23153321









Patient Name Age/Gender

: Mr.JAYANTHI ADITYA ABHIRAM

UHID/MR No

: 34 Y 5 M 12 D/M : CASR.0000183460

Visit ID

: CASROPV215026

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 179562 Collected : 28/Oct/2023 11:38AM

Received : 28/Oct/2023 03:18PM

Reported : 28/Oct/2023 05:04PM

Status : Final Report Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO) - PAN INDIA - FY2324
--	------------------------

Test Name Result Unit Bio. Ref. Range Method

URINE GLUCOSE(FASTING) **NEGATIVE** **NEGATIVE** Dipstick

*** End Of Report ***

Result/s to Follow:

COMPLETE URINE EXAMINATION (CUE), PERIPHERAL SMEAR

Dr. RAJESH BATTINA PhD.(Biochemistry)

Consultant Biochemist

M.B.B.S,M.D(Pathology) Consultant Pathologist

Dr.E.Maruthi Prasad Msc,PhD(Biochemistry) Consultant Biochemist

Siddentho.k. Dr.KASULA SIDDARTHA

M.B.B.S, DNB (Pathology) Consultant Pathologist

Page 17 of 17











CONSENT FORM

MR/MRS/MISS Doyonthis Adity Abhiron I AM NOT INTRESTED TO GIVE THE STOOL/URINE

SAMPLE IN THE GIVEN HEALTH CHECK PACKAGE

UHID:

183460.

CORPORATE NAME:

SIGNATURE: 28/10/23





CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of After reviewing the service of the conducted the clinical examination of	s ys
After reviewing the medical history and on clinical examination it has been he/ she is`	found that
Medically Fit	Tick
Fit with Restrictions/ Recommendations	· ·
Though following restrictions have been revealed in my opinion, these are not impediments to the job.	
1. Vitamin deficiency noted. Adv. Johnney	
3	
However the candidate should follow the advice medication that has been communicated to him/her.	*
Review after	
• Currently Unfit.	
Review afterrecommended.	
• Unfit	
	I OF



CDE Vivek Belde Reg No :24141 Consultant physician Apollo Clinic AS Rao Nagar

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal) Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

Patient Name : Mr. JAYANTHI ADITYA ABHIRAM Age : 34 Y/M

UHID : CASR.0000183460 OP Visit No : CASROPV215026 Conducted By: : Dr. MRINAL . Conducted Date : 30-10-2023 12:58

Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed) 3.0 CM LA (es) 3.1 CM LVID (ed) 4.8 CM LVID (es) 3.0 CM IVS (Ed) 1.1 CM LVPW (Ed) 1.1 CM EF 63 % 32 % %FD

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

MITRAL -E: 0.7 m/sec A: 0.6 m/sec

PJV- 0.8 m/sec AJV- 1.3 m/sec Patient Name : Mr. JAYANTHI ADITYA ABHIRAM Age : 34 Y/M

UHID : CASR.0000183460 OP Visit No : CASROPV215026 Conducted By: : Dr. MRINAL . Conducted Date : 30-10-2023 12:58

Referred By : SELF

IMPRESSION;

NORMAL CHAMBERS.

NO RWMA.

GOOD LV FUNCTION.

NO MR/AR/TR/PAH.

NO LA /LV CLOTS.

NO PERICARDIAL EFFUSION.



Dr. MRINAL.



Patient Name : Mr. JAYANTHI ADITYA ABHIRAM Age/Gender : 34 Y/M

UHID/MR No. : CASR.0000183460

OP Visit No : CASROPV215026

Sample Collected on : 29-10-2023 12:06 Reported on LRN# : RAD2136394 Specimen

Ref Doctor : SELF Emp/Auth/TPA ID : 179562

X-RAY CHEST PA

DEPARTMENT OF RADIOLOGY

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen.

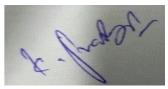
Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

CONCLUSION:

No obvious abnormality seen



Dr. PRAVEEN BABU KAJA Radiology

ORAL EXAMINATION FORM



Date: 28/10/2023	1
Patient ID :	
	MHC
Patient Name: Non Aduly	ja Abhrian Age:
Chief Complaint: Cvenuo	Ja Abhrian Age: 34 Sex: Male Female
Medical History: -NAD-	
Drug Allergy :	
Medication currently taken by the C	Guest :
Initial Screenign Findings :	
Dental Caries :	Missing Teeth:
Impacted Teeth:	Attrition / Abrasion :
Bleeding: + Ne	Pockets / Recession:
Calculus / Stains:	Mobility:
Restored Teeth:	Non - restorable Teeth for extraction /
Malocclusion:	Root Stumps:
	Others:
Advice: 1 Dalvise	d Old prophersonie of

Advice: - (1)

follow up

Doctor

Name & Signature: D'Mounila.





POWER PRESCRIPTION

NAME: Aditya Abhiran Jayanthi GENDER: M/F

DATE: 28-10-2023

AGE: 34 Years

UHID:

RIGHT EYE

		T	han han	
Tri	SPH	CYL	AXIS	VISION
DISTANCE	649,			6/6
NEAR				N6

LEFT EYE

The state of the s			
SPH	CYL	AXIS	VISION
	075	180	6/6
		~	N6

COLOUR VISION: NOTTO

DIAGNOSIS

OTHER FINDINGS:

INSTRUCTIONS

Apollo Health and Lifestyle Limited (CIN - U85110TN2000PLC046089) Regd. Office: 19 Bishop Gardens, R A Puram, Chennai 600 028, Tamil Nadu, India | Email ID: info@apollohl.com Patient Name : Mr. JAYANTHI ADITYA ABHIRAM Age : 34 Y/M

UHID : CASR.0000183460 OP Visit No : CASROPV215026 Reported By: : Dr. MRINAL . Conducted Date : 29-10-2023 08:46

Referred By : SELF

ECG REPORT

Observation:-

- 1. Normal 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:

NORMAL RESTING ECG.

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



Dr. MRINAL .



: Mr. JAYANTHI ADITYA ABHIRAM Age/Gender : 34 Y/M **Patient Name**

UHID/MR No. : CASR.0000183460

OP Visit No : CASROPV215026 Reported on : 28-10-2023 18:22

: RAD2136394 Specimen

Ref Doctor : SELF Emp/Auth/TPA ID : 179562

Sample Collected on

LRN#

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size with 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. No evidence of focal lesion is seen.

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.

Right kidney:99x42 mm Left kidney:106x47 mm

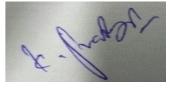
Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

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 and echo texture. No evidence of necrosis/calcification seen.

IMPRESSION:-Grade I Fatty Liver.

Suggested clinical correlation and further evaluation if necessary.



Dr. PRAVEEN BABU KAJA Radiology

Asraonagar Apolloclinic

From: Jayanthi Aditya Abhiram <abhi.jayanthi18@gmail.com>

Sent: 28 October 2023 10:45
To: Asraonagar Apolloclinic

Subject: Fwd: Health Check up Booking Confirmed Request(bobE49224), Package Code-PKG10000309, Beneficiary Code-76284

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

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

Date: Fri, Oct 27, 2023, 4:47 PM

Subject: Health Check up Booking Confirmed Request(bobE49224), Package Code-PKG10000309, Beneficiary Code-76284

To: <abhi.jayanthi18@gmail.com> Cc: <customercare@mediwheel.in>



011-41195959 Email:wellness@mediwheel.in

Dear MR. JAYANTHI ADITYA ABHIRAM,

Please find the confirmation for following request.

Booking Date :26-10-2023

Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO **Package Name**

(Metro)

Name of

Diagnostic/Hospital: Apollo Clinic - A.S Rao Nagar

Address of Apollo Clinic, A-12, 1-9-71/A/12/B, Rishab heights, above

Diagnostic/Hospital vodafone store, beside KFC, A S Rao Nagar -500062

Contact Details :(040) 48522317/6309034666

City :Hyderabad

:Telangana State

:500062 Pincode

Appointment Date :28-10-2023

Confirmation

:Confirmed **Status**

Preferred Time :8:00am-9:00am

Comment :APPOINTMENT TIME 9:00AM

Instructions to undergo 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 medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- 3. Bring urine sample in a container if possible (containers are available at the Health Check centre).

- 4. Please bring all your medical prescriptions and previous health medical records with you.
- 5. Kindly inform the health check reception in case 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.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

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