



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

CNI 2.123 256

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. AMBATI ANANDAKUMAR
EC NO.	171635
DESIGNATION	BRANCH HEAD
PLACE OF WORK	HYDERABAD, MANIKONDA VB
BIRTHDATE	10-05-1988
PROPOSED DATE OF HEALTH CHECKUP	24-02-2024
BOOKING REFERENCE NO.	23M171635100093466E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **23-02-2024** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager  
HRM Department  
Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



भारत सरकार  
भारत सरकार



आधार

భారత ప్రభుత్వం  
Government of India



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ  
Unique Identification Authority of India

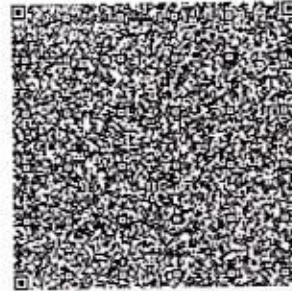
రిజిస్ట్రేషన్/ Enrolment No.: 1027/10268/03849

Download Date: 22/01/2020

To  
అంబటి ఆనంద కుమార్  
AMBATI ANANDA KUMAR  
S/O Ambati Venkatarao  
h n 8-2-3/1  
ambati appalaswamy street  
TAILOR PET  
Narasapuram  
Narsapur  
West Godavari Andhra Pradesh - 534275  
9912299306

Issue Date: 17/03/2012

Signature Not Verified  
Digitally signed by  
UNIQUE IDENTIFICATION  
AUTHORITY OF INDIA 04  
Date: 2020.01.22 12:34:01  
IST



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

**6356 3997 2309**

VID : 9111 0095 6740 1292

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం

Government of India



ఆధార్

Download Date: 22/01/2020



అంబటి ఆనంద కుమార్  
AMBATI ANANDA KUMAR  
పుట్టిన తేదీ/DOB: 10/05/1988  
పురుషుడు/ MALE

Issue Date: 17/03/2012

**6356 3997 2309**

Name: Mr AMBATI ANANDAKUMAR  
 Age/Gender: 35 Y/M  
 Address: hyd  
 Location: HYDERABAD, TELANGANA  
 Doctor:  
 Department: GENERAL  
 Rate Plan: NIZAMPET\_06042023  
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CNIZ.0000123256  
 Visit ID: CNIZOPV192229  
 Visit Date: 24-02-2024 09:25  
 Discharge Date:  
 Referred By: SELF

**Vitals:**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
24-02-2024 14:14	82 Beats/min	120/80 mmHg	18 Rate/min	98.7 F	159 cms	68 Kgs	%	%	35 Years	26.9	cms	cms	cms		AHLL09792

Patient Name : Mr AMBATI ANANDAKUMAR  
UHID : CNIZ.0000123256  
Reported By : Dr. VIKASH KUMAR SHUKLA  
Referred By : SELF

Age : 35 Y/M  
OP Visit No : CNIZOPV192229  
Conducted Date : 24-02-2024 18:45

### ECG REPORT

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 81 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 SINUS RHYTHM  
WITH IN NORMAL LIMITS**

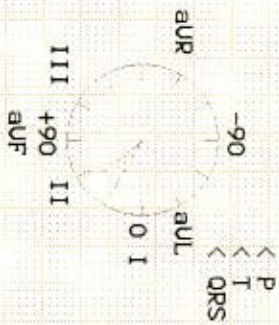
----- END OF THE REPORT -----

Dr. VIKASH KUMAR SHUKLA

AGE : 35

Measurement Results:

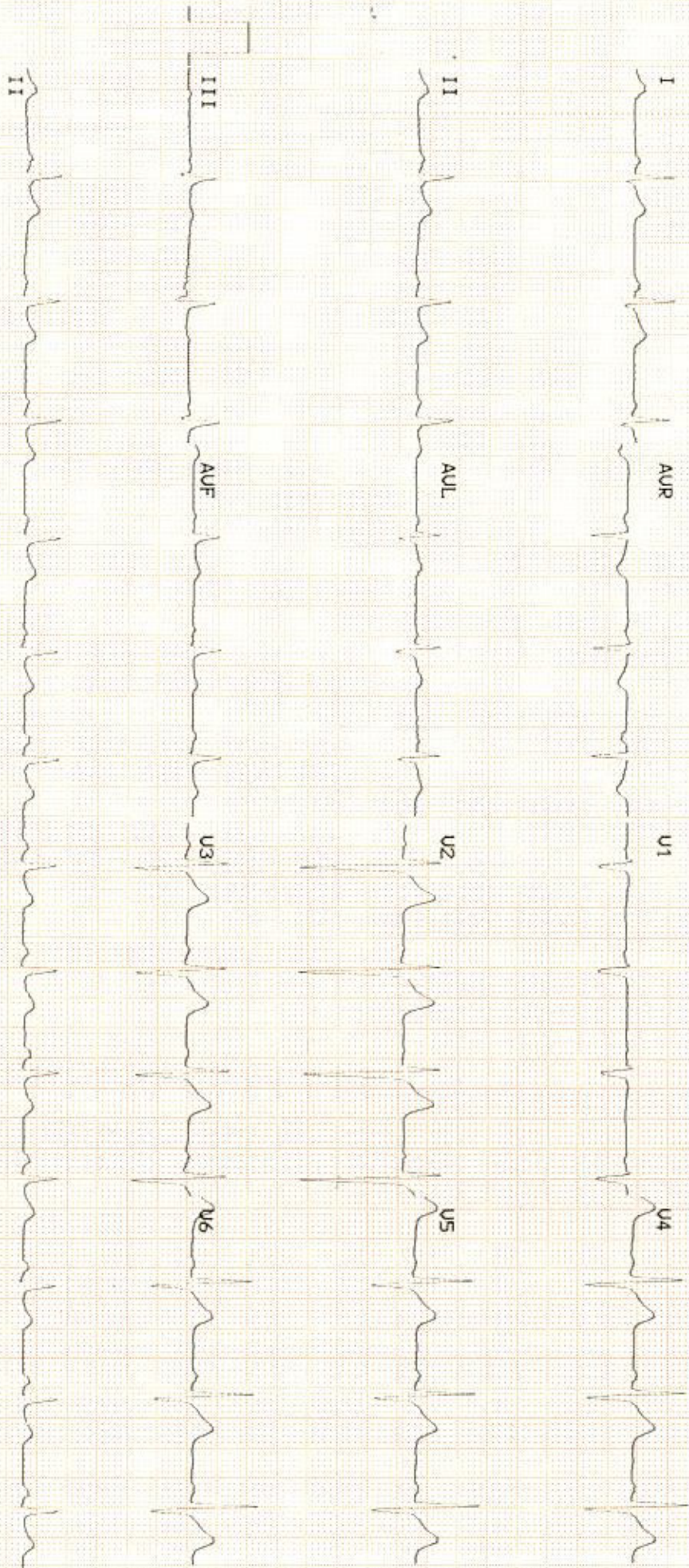
QRS	:	108 ms
QT/QTcb	:	425 ms / 366 /
PR	:	128 ms
P	:	106 ms
RR/PP	:	720 / 740 ms
P/QRS/T	:	41 / 51 / 31 degrees



Interpretation:  
 12SL - Interpretation:  
 Normal sinus rhythm  
 Normal ECG

MSR  
 DR  
 [Signature]

Unconfirmed report.



.mediawheel

Name <u>Mr. Anandakumar</u>	Date <u>24/02/24</u>
Age <u>35</u>	UHID No. <u>0012.123256</u>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Ref. Physician
Ref. Diagnosis	

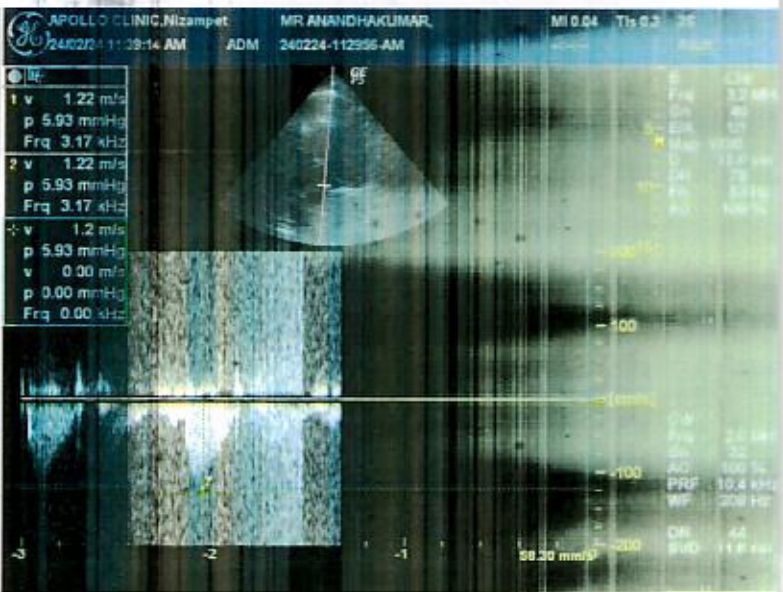
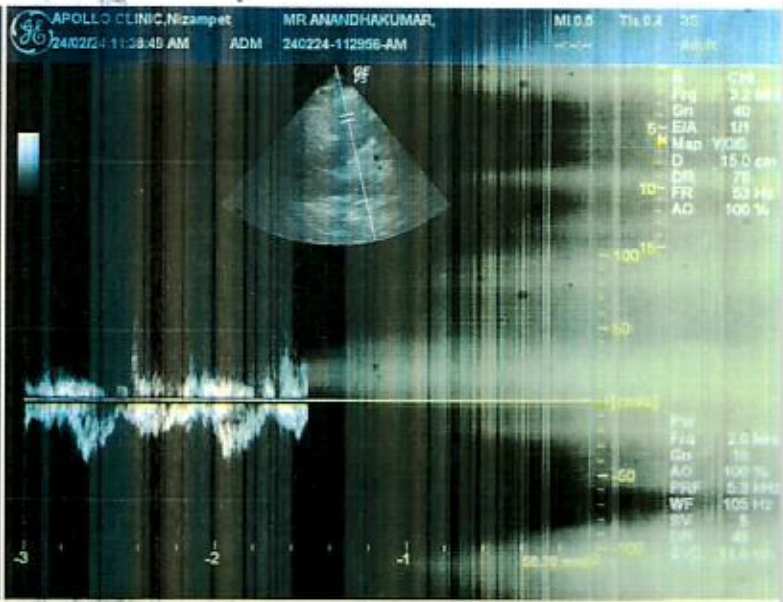
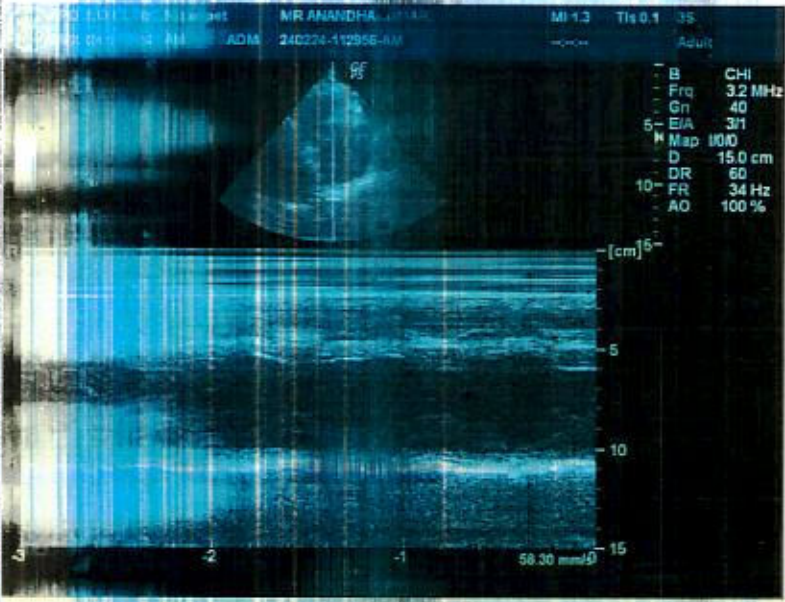
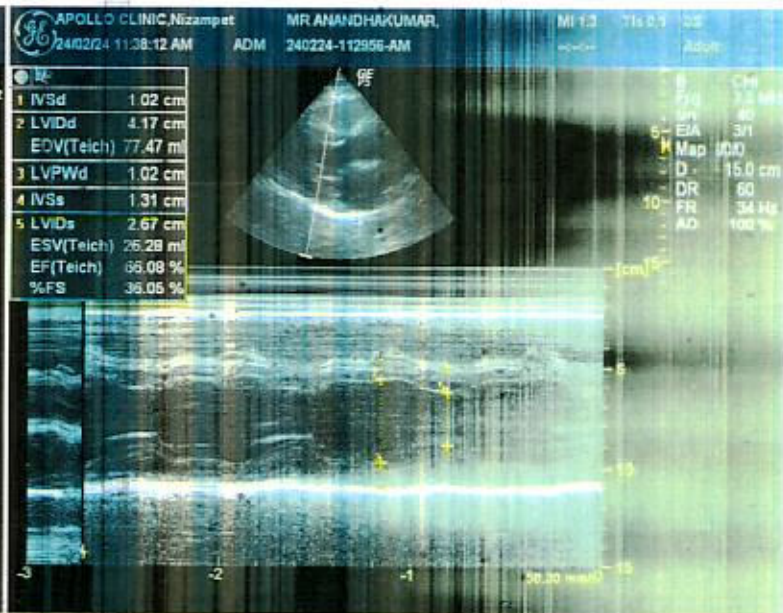
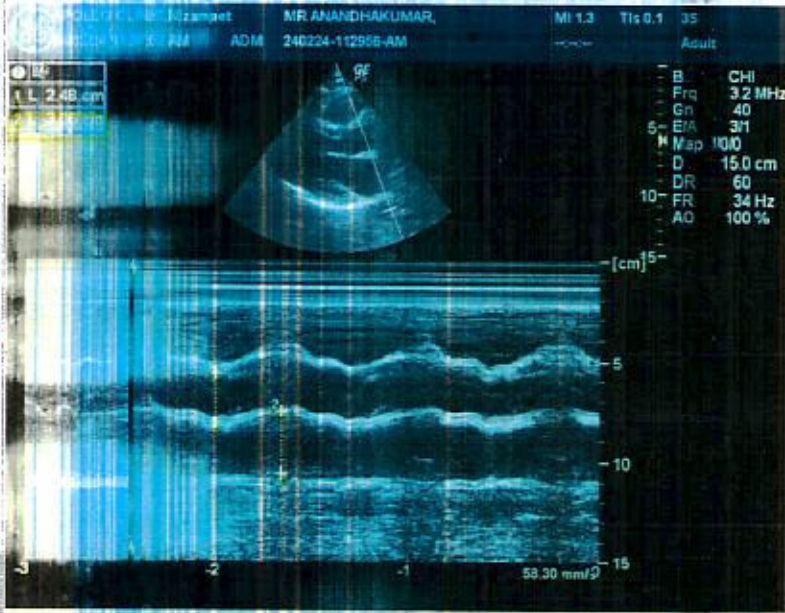
## Echocardiogram Report

Echogenicity  Poor  Adequate  Good      Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ BSA \_\_\_\_\_

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
Ao (ed) <u>2.4</u> cm	(1.5cm / m <sup>2</sup> )	IVS (Ed) <u>1.0</u> cm	(0.6 - 1.2 cm)
LA (es) <u>3.0</u> cm	(1.5cm / m <sup>2</sup> )	LVPW (Ed) <u>1.0</u> cm	(0.6 - 1.1 cm)
RVID (ed) _____ cm	(0.9 cm / m <sup>2</sup> )	EF <u>66</u>	(0.62 - 0.85)
LVID (ed) <u>4.1</u> cm	(2.6 - 3.4 cm / m <sup>2</sup> )	% FD <u>36%</u>	(2.8% - 42%)
LVID (es) <u>2.6</u>			

### MORPHOLOGICAL DATA

Mitral Valve	AML <u>✓</u>	Interatrial septum _____
	PML <u>✓</u>	Interventricular septum <u>2.4cm</u>
Aortic Valve _____		Pulmonary artery _____
Tricuspid valve _____		Aorta _____
Pulmonary valve <u>✓</u>		Right atrium _____
Right ventricle _____		Left atrium _____



Patient Name : Mr. AMBATI ANANDAKUMAR  
UHID : CNIZ.0000123256  
Conducted By : Dr VIKASH KUMAR SHUKLA  
Referred By : SELF

Age : 35 Y/M  
OP Visit No : CNIZOPV192229  
Conducted Date : 25-02-2024 09:45

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed)	2.4 CM
LA (es)	3.0 CM
LVID (ed)	4.1 CM
LVID (es)	2.6 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	66.00%
%FD	36.00%

MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	NORMAL
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL
LEFT VENTRICLE:	

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES



PJV:0.6M/SEC AJV:1.2M/SEC  
E/A-E: 0.6m/sec A: 0.5m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO  
1.0m/sec

VELOCITY ACROSS THE AV UPTO 1.3m/sec

TR VELOCITY UPTO 1.9m/sec 8.6mmHg

### **IMPRESSION:**

**NORMAL SIZED CARDIAC CHAMBERS  
NO RWMA AT REST  
GOOD LV/RV FUNCTION  
NO MR/AR/PR/TR  
NO PE/PAH**

Dr. VIKASH  
KUMAR SHUKLA

**Patient Name** : Mr. AMBATI ANANDAKUMAR

**Age/Gender** : 35 Y/M

**UHID/MR No.** : CNIZ.0000123256

**OP Visit No** : CNIZOPV192229

**Sample Collected on** :

**Reported on** : 24-02-2024 18:16

**LRN#** : RAD2246973

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 635639972309

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** : 128 mm , appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

**Gall bladder** : Contracted, lumen not clear.

**Spleen** : 92 mm , appears normal. No focal lesion seen. Splenic vein appears normal.

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

#### **Both the kidneys** :

Right kidney : 105 x 41 mm

Left kidney : 95 x 44 mm

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.

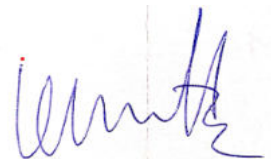
**Prostate** : Volume - 18 cc , is normal in size and echo texture.No evidence of necrosis/calcification seen.

#### **IMPRESSION:-**

**No significant abnormality detected.**

**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. REVANTH REDDY**  
**MBBS MD RD**  
Radiology

**Patient Name** : Mr. AMBATI ANANDAKUMAR

**Age/Gender** : 35 Y/M

**UHID/MR No.** : CNIZ.0000123256

**OP Visit No** : CNIZOPV192229

**Sample Collected on** :

**Reported on** : 24-02-2024 19:01

**LRN#** : RAD2246973

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 635639972309

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

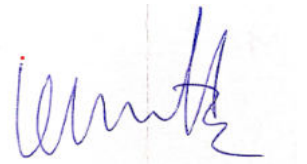
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. REVANTH REDDY**  
**MBBS MD RD**  
Radiology


Patient Name : Mr.AMBATI ANANDAKUMAR	Collected : 24/Feb/2024 12:12PM
Age/Gender : 35 Y 9 M 14 D/M	Received : 24/Feb/2024 02:00PM
UHID/MR No : CNIZ.0000123256	Reported : 24/Feb/2024 03:05PM
Visit ID : CNIZOPV192229	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 635639972309	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.1	g/dL	13-17	Spectrophotometer
PCV	41.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>5.59</b>	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	<b>74.8</b>	fL	83-101	Calculated
MCH	<b>25.3</b>	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.6</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,850	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	48.2	%	40-80	Electrical Impedence
LYMPHOCYTES	<b>41.5</b>	%	20-40	Electrical Impedence
EOSINOPHILS	1.4	%	1-6	Electrical Impedence
MONOCYTES	8.2	%	2-10	Electrical Impedence
BASOPHILS	0.7	%	0-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3301.7	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2842.75	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	95.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	561.7	Cells/cu.mm	200-1000	Calculated
BASOPHILS	47.95	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.16		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	243000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	13	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC- MICROCYTIC HYPOCHROMIC.  
WBC MILD LYMPHOCYTOSIS  
PLATELETS ARE ADEQUATE ON SMEAR

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

Page 1 of 15  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:BED240049151

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

Patient Name : Mr.AMBATI ANANDAKUMAR  
Age/Gender : 35 Y 9 M 14 D/M  
UHID/MR No : CNIZ.0000123256  
Visit ID : CNIZOPV192229  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 635639972309

Collected : 24/Feb/2024 12:12PM  
Received : 24/Feb/2024 02:00PM  
Reported : 24/Feb/2024 03:05PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN

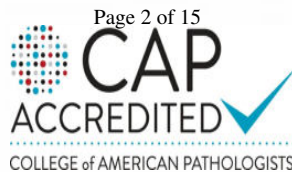
IMPRESSION: MICROCYTIC HYPOCHROMIC BLOOD PICTURE WITH MILD LYMPHOCYTOSIS



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

SIN No:BED240049151

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



Patient Name : Mr.AMBATI ANANDAKUMAR  
Age/Gender : 35 Y 9 M 14 D/M  
UHID/MR No : CNIZ.0000123256  
Visit ID : CNIZOPV192229  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 635639972309

Collected : 24/Feb/2024 12:12PM  
Received : 24/Feb/2024 02:00PM  
Reported : 24/Feb/2024 04:58PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

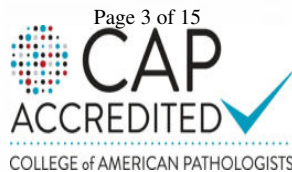
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Microplate technology
Rh TYPE	Positive			Microplate technology



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

SIN No:BED240049151

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



Patient Name : Mr.AMBATI ANANDAKUMAR	Collected : 24/Feb/2024 12:12PM
Age/Gender : 35 Y 9 M 14 D/M	Received : 24/Feb/2024 02:15PM
UHID/MR No : CNIZ.0000123256	Reported : 24/Feb/2024 04:23PM
Visit ID : CNIZOPV192229	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 635639972309	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	95	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

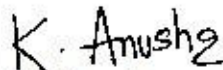
Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

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.



Dr. RAJESH BATTINA  
PhD.(Biochemistry)  
Consultant Biochemist



Dr.K.Anusha  
M.B.B.S.,M.D(Biochemistry)  
Consultant Biochemist

Page 4 of 15  
CAP  
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COLLEGE of AMERICAN PATHOLOGISTS



SIN No:PLF02112901

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

Patient Name : Mr.AMBATI ANANDAKUMAR	Collected : 24/Feb/2024 04:08PM
Age/Gender : 35 Y 9 M 14 D/M	Received : 25/Feb/2024 09:52AM
UHID/MR No : CNIZ.0000123256	Reported : 25/Feb/2024 10:21AM
Visit ID : CNIZOPV192229	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 635639972309	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	104	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.

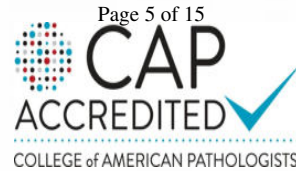
Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues,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

*K. Anusha*

Dr.K.Anusha  
M.B.B.S,M.D(Biochemistry)  
Consultant Biochemist

SIN No:PLP1423825

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





Patient Name : Mr.AMBATI ANANDAKUMAR	Collected : 24/Feb/2024 12:12PM
Age/Gender : 35 Y 9 M 14 D/M	Received : 24/Feb/2024 02:02PM
UHID/MR No : CNIZ.0000123256	Reported : 24/Feb/2024 04:27PM
Visit ID : CNIZOPV192229	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 635639972309	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>6.6</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	143	mg/dL		Calculated

**Comment:**

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

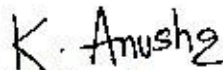
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**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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SIN No:EDT240022175

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

Patient Name : Mr.AMBATI ANANDAKUMAR  
 Age/Gender : 35 Y 9 M 14 D/M  
 UHID/MR No : CNIZ.0000123256  
 Visit ID : CNIZOPV192229  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 635639972309

Collected : 24/Feb/2024 12:12PM  
 Received : 24/Feb/2024 02:02PM  
 Reported : 24/Feb/2024 04:27PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

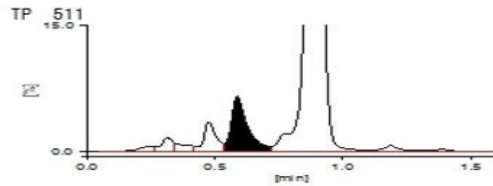
Chromatogram Report

I V5.28 I 2024-02-24 15:45:58  
 ID EDT240022175  
 Sample No. 02240179 SL 0003 - 08  
 Patient ID  
 Name  
 Comment

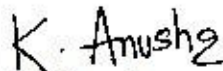
CALIB			
Name	%	Time	Area
A1A	0.4	0.24	6.86
A1B	0.9	0.31	13.47
F	0.6	0.39	9.86
LA1C+	2.1	0.48	32.80
SA1C	6.6	0.59	80.06
A0	91.4	0.88	1424.02
H-V0			
H-V1			
H-V2			

Total Area 1567.07

HbA1c 6.6 % IFCC 48 mmol/mol  
HbA1 7.9 % HbF 0.6 %




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Patient Name : Mr.AMBATI ANANDAKUMAR	Collected : 24/Feb/2024 12:12PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	209	mg/dL	<200	CHO-POD
TRIGLYCERIDES	102	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	165	mg/dL	<130	Calculated
LDL CHOLESTEROL	144.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.75		0-4.97	Calculated

**Comment:**

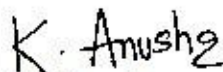
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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.



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SIN No:SE04641044

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

Patient Name : Mr.AMBATI ANANDAKUMAR	Collected : 24/Feb/2024 12:12PM
Age/Gender : 35 Y 9 M 14 D/M	Received : 24/Feb/2024 02:28PM
UHID/MR No : CNIZ.0000123256	Reported : 24/Feb/2024 04:34PM
Visit ID : CNIZOPV192229	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 635639972309	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.61	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.51	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	37.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.47	g/dL	6.6-8.3	Biuret
ALBUMIN	4.57	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		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:**

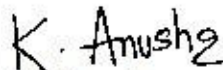
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

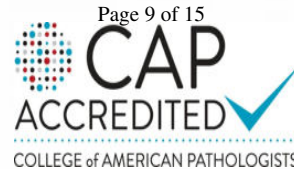
- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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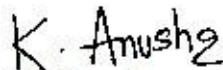
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.83	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	24.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.75	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.53	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.59	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101-109	ISE (Indirect)



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SIN No:SE04641044

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Patient Name : Mr.AMBATI ANANDAKUMAR  
Age/Gender : 35 Y 9 M 14 D/M  
UHID/MR No : CNIZ.0000123256  
Visit ID : CNIZOPV192229  
Ref Doctor : Dr.SELF  
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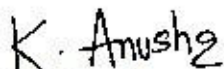
**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM</b>	25.00	U/L	<55	IFCC



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SIN No:SE04641044

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Patient Name : Mr.AMBATI ANANDAKUMAR	Collected : 24/Feb/2024 12:12PM
Age/Gender : 35 Y 9 M 14 D/M	Received : 24/Feb/2024 02:34PM
UHID/MR No : CNIZ.0000123256	Reported : 24/Feb/2024 04:48PM
Visit ID : CNIZOPV192229	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 635639972309	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.27	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.11	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.240	µIU/mL	0.38-5.33	CLIA

**Comment:**

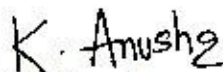
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- 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
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:SPL24032474


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

Patient Name : Mr.AMBATI ANANDAKUMAR	Collected : 24/Feb/2024 12:12PM
Age/Gender : 35 Y 9 M 14 D/M	Received : 24/Feb/2024 03:56PM
UHID/MR No : CNIZ.0000123256	Reported : 24/Feb/2024 05:58PM
Visit ID : CNIZOPV192229	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 635639972309	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - 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	1.025		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

  
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SIN No:UR2291139

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



Patient Name : Mr.AMBATI ANANDAKUMAR  
Age/Gender : 35 Y 9 M 14 D/M  
UHID/MR No : CNIZ.0000123256  
Visit ID : CNIZOPV192229  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 635639972309

Collected : 24/Feb/2024 04:08PM  
Received : 25/Feb/2024 09:39AM  
Reported : 25/Feb/2024 11:27AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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



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SIN No:UPP016798

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

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Patient Name : Mr.AMBATI ANANDAKUMAR	Collected : 24/Feb/2024 12:12PM
Age/Gender : 35 Y 9 M 14 D/M	Received : 24/Feb/2024 03:55PM
UHID/MR No : CNIZ.0000123256	Reported : 24/Feb/2024 05:51PM
Visit ID : CNIZOPV192229	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 635639972309	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

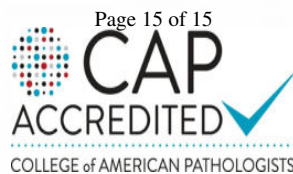
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:  
PERIPHERAL SMEAR



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SIN No:UF010815

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