


Patient Name : Mr.KANKIPATI SURYA CHANDRA
 Age/Gender : 33 Y 7 M 25 D/M
 UHID/MR No : CASR.0000190326
 Visit ID : CASROPV233244
 Ref Doctor : Self
 Emp/Auth/TPA ID : 22E34240

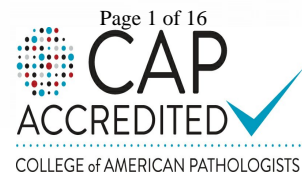
Collected : 02/Oct/2024 09:15AM
 Received : 02/Oct/2024 02:39PM
 Reported : 02/Oct/2024 03:49PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.7	g/dL	13-17	Spectrophotometer
PCV	45.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.22	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	86.7	fL	83-101	Calculated
MCH	30.1	pg	27-32	Calculated
MCHC	34.7	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,370	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	52	%	40-80	Flow cytometry
LYMPHOCYTES	41	%	20-40	Flow cytometry
EOSINOPHILS	2	%	1-6	Flow cytometry
MONOCYTES	5	%	2-10	Flow cytometry
BASOPHILS	0	%	0-2	Flow cytometry
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2792.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2201.7	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	107.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	268.5	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.27		0.78- 3.53	Calculated
PLATELET COUNT	236000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC RELATIVE LYMPHOCYTOSIS				
PLATELETS ARE ADEQUATE ON SMEAR				
NO HEMOPARASITES SEEN				
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE				


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



SIN No: ASR241000094

Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

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

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



APOLLO CLINICS NETWORK

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) | Tamil Nadu: 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)

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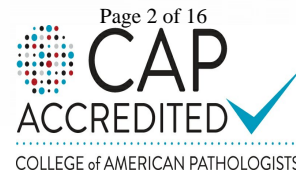
DEPARTMENT OF HAEMATOLOGY

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



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

SIN No:ASR241000094



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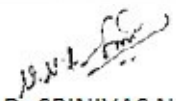
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Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate technology
Rh TYPE	Positive			Microplate technology



Dr. SRINIVAS N.S. NORI
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CONSULTANT PATHOLOGY

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Age/Gender : 33 Y 7 M 25 D/M	Received : 02/Oct/2024 03:05PM
UHID/MR No : CASR.0000190326	Reported : 02/Oct/2024 03:48PM
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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. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	84	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)	91	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



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Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated


Comment:

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

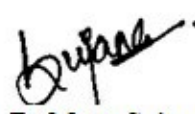
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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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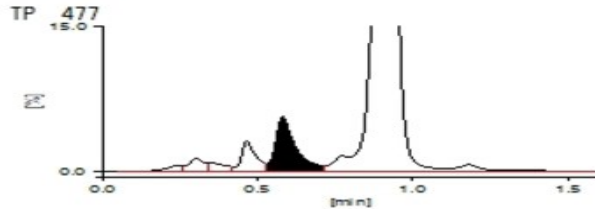
Chromatogram Report

HLC72368 V5.28 1 2024-10-02 15:36:31
 ID ASR241000099
 Sample No. 10020133 SL 0002 - 10
 Patient ID
 Name
 Comment

CALIB	Y = 1.1973X + 0.5953		
Name	%	Time	Area
A1A	0.4	0.24	6.18
A1B	0.8	0.30	12.35
F	0.5	0.39	8.72
LA1C+	1.7	0.47	27.24
SA1C	5.7	0.58	67.35
AO	92.9	0.90	1478.58
H-V0			
H-V1			
H-V2			

Total Area 1600.42

HbA1c 5.7 % IFCC 38 mmol/mol
HbA1 6.8 % HbF 0.5 %



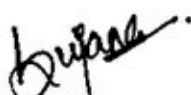
02-10-2024 15:36:32 APOLLO

APOLLO DIAGNOSTICS GLOBAL
BALANAGER

1 / 1



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 M.B.B.S., M.D.(Biochemistry)
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Patient Name : Mr.KANKIPATI SURYA CHANDRA	Collected : 02/Oct/2024 09:15AM
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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. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	180	mg/dL	<200	CHO-POD
TRIGLYCERIDES	145	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	40	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	140	mg/dL	<130	Calculated
LDL CHOLESTEROL	111	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.50		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.20		<0.11	Calculated

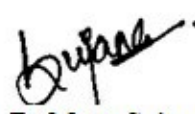
Comment:

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



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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.90	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	37	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.7		<1.15	Calculated
ALKALINE PHOSPHATASE	62.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.57	g/dL	6.6-8.3	Biuret
ALBUMIN	4.56	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.01	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		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, Wilsons’s diseases, Cirrhosis, but the increase is usually not >2.

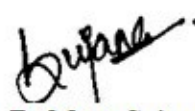
2. Cholestatic Patten:*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

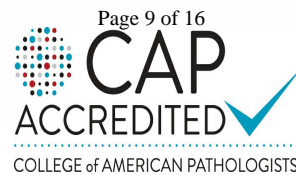
4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.99	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	20.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.14	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.86	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.17	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.57	g/dL	6.6-8.3	Biuret
ALBUMIN	4.56	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.01	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	23.00	U/L	<55	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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)	1.05	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11.79	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.328	µIU/mL	0.38-5.33	CLIA

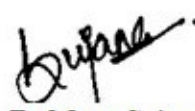
Comment:

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


 Dr. RAJESH BATTINA
 PhD.(Biochemistry)
 Consultant Biochemist


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



Patient Name : Mr.KANKIPATI SURYA CHANDRA
 Age/Gender : 33 Y 7 M 25 D/M
 UHID/MR No : CASR.0000190326
 Visit ID : CASROPV233244
 Ref Doctor : Self
 Emp/Auth/TPA ID : 22E34240

Collected : 02/Oct/2024 09:15AM
 Received : 02/Oct/2024 03:07PM
 Reported : 02/Oct/2024 04:46PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

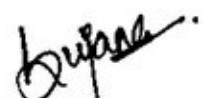
DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



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

Page 13 of 16
CAP
 ACCREDITED
 COLLEGE of AMERICAN PATHOLOGISTS



Patient Name : Mr.KANKIPATI SURYA CHANDRA	Collected : 02/Oct/2024 09:15AM
Age/Gender : 33 Y 7 M 25 D/M	Received : 02/Oct/2024 03:46PM
UHID/MR No : CASR.0000190326	Reported : 02/Oct/2024 05:00PM
Visit ID : CASROPV233244	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34240	


DEPARTMENT OF CLINICAL PATHOLOGY

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

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	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		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.


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

SIN No:ASR241000097



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

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

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



APOLLO CLINICS NETWORK

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.KANKIPATI SURYA CHANDRA
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 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. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

M. Muttavarapu Viswanath

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



Patient Name : Mr.KANKIPATI SURYA CHANDRA
 Age/Gender : 33 Y 7 M 25 D/M
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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



Patient Name : Mr.KANKIPATI SURYA CHANDRA
Age/Gender : 33 Y 7 M 25 D/M
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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



Patient Name	: Mr. KANKIPATI SURYA CHANDRA	Age	: 33Yrs 7Mths 27Days
UHID	: CASR.0000190326	OP Visit No.	: CASROPV233244
Printed On	: 02-10-2024 09:35 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E34240		

DEPARTMENT OF RADIOLOGY

ULTASOUND 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 peri GB collection. No evidence of focal lesion is seen.

Spleen 12.9cm Mild Enlarged in size and shows normal echotexture.

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

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

Right kidney measures : 100x42mm. , Left kidney measures : 104x44 mm .

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality.

Prostate is normal in size and echo texture. No evidence of necrosis/calcification seen.

IMPRESSION:- Mild Fatty Liver

Mild Splenomegaly.

Suggested clinical correlation and further evaluation if necessary .

---End Of The Report---



Dr.K PRAVEEN BABU

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Radiology

Patient Name	: Mr. KANKIPATI SURYA CHANDRA	Age	: 33Yrs 7Mths 27Days
UHID	: CASR.0000190326	OP Visit No.	: CASROPV233244
Printed On	: 02-10-2024 06:22 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E34240		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

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

---End Of The Report---



Dr.K PRAVEEN BABU

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Radiology

Patient Name : Mr. KANKIPATI SURYA CHANDRA Age : 33Yrs 7Mths 27Days
UHID : CASR.0000190326 OP Visit No. : CASROPV233244
Printed On : 02-10-2024 09:53 AM Advised/Pres Doctor : --
Department : Cardiology Qualification : --
Reffered By : Self Registration No. : --
Employeer Id : 22E34240

DEPARTMENT OF CARDIOLOGY

Dimensions:

Ao (ed)	2.3 CM
LA (es)	2.4 CM
LVID (ed)	3.9 CM
LVID (es)	2.6 CM
IVS (Ed)	1.3 CM
LVPW (Ed)	1.1 CM
EF	62 %
%FD	33 %
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	NORMAL
INTER VENTRICULAR SEPTUM	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL
LEFT VENTRICLE:	NO EFFUSION

COLOUR AND DOPPLER STUDIES

E: 0.8 m/sec A: 0.5 m/sec

PJV: 0.8 m/sec

AJV: 0.9 m/sec

IMPRESSION:-

NO RWMA.

NORMAL LV FUNCTION.

LV EF;62 %

NO MR / TR/ PAH.

NO CLOTS/VEGETATION.

NO PERICARDIAL EFFUSION.

---End Of The Report---

Dr. VAMSHI KRISHNA MAMIDELA
MBBS, MD GENERAL MEDICINE, DM CARDIOLOGY.
TSMC/FMR/11506
Cardiology

Patient Name	: Mr. KANKIPATI SURYA CHANDRA	Age	: 33Yrs 7Mths 28Days
UHID	: CASR.0000190326	OP Visit No.	: CASROPV233244
Printed On	: 03-10-2024 10:35 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E34240		

DEPARTMENT OF CARDIOLOGY

Observation :-

1. Sinus Rhythm.
2. Heart rate is 68 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 .

MBBS, DIPCARD member of American college of Cardiology
58051
Cardiology



बैंक ऑफ़ बड़ौदा
Bank of Baroda

नाम

कनकिकाण्टि सूर्य चंद्रा

Name

KANKIPATI SURYA CHANDRA

ECC No. 176414

जारीकर्ता प्राधिकारी
Issuing Authority



धारक क हस्ताक्षर

Signature of Holder

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of K. Surya chandra on 3/10/24.

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	
<ul style="list-style-type: none"> • Unfit 	

Dr. _____
Medical Officer

This certificate is not meant for medico-legal purposes

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

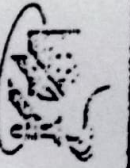
APOLLO CLINICS NETWORK TELANGANA & AP

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

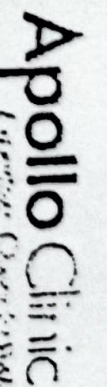
TO BOOK AN APPOINTMENT

1860 500 7788



Apollo Clinic

PHYSICAL EXAMINATION FORM



Date 21/10/24

UHID 190326

Name Mr. Sangeet Chaudhary

Age 33y 1m

Height cms

Kgs

~~(68kgs)~~

Chest Measurement (in)cm (out)cm

Waist cm HIP

Pulse Bt/Min BMI kgs/cm²

BP mm/Hg SpO₂ %

POWER PRESCRIPTION

NAME: K. Surya Chandri

GENDER: M/F

DATE:

02/10/2024

AGE: 33 years

UHID:

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-4.50	-	-	6/6
NEAR	-	-	-	nb

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-4.50	-0.50	180	6/6
NEAR	-	-	-	nb

COLOUR VISION :

DIAGNOSIS : Normal

OTHER FINDINGS :

INSTRUCTIONS :

[Signature]
SIGNATURE

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

APOLLO CLINICS NETWORK TELANGANA

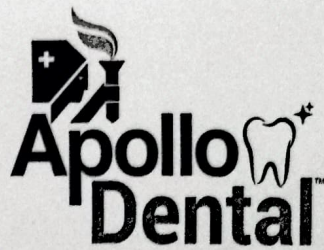
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TO BOOK AN APPOINTMENT

appointments: www.apolloclinic.com

ORAL EXAMINATION FORM



Date: 03/10/2024

Patient ID: _____ MHC

Patient Name: Kankipati Surya Chandra Age: 33 Sex: Male Female

Chief Complaint: Pt. Came for general dental check up.

Medical History: NRH

Drug Allergy: NRH

Medication currently taken by the Guest: -

Initial Screenign Findings:

- | | |
|-----------------------------|--|
| Dental Caries: <u>-</u> | Missing Teeth: <u>-</u> |
| Impacted Teeth: <u>-</u> | Attrition / Abrasion: <u>-</u> |
| Bleeding: <u>-</u> | Pockets / Recession: <u>-</u> |
| Calculus / Stains: <u>-</u> | Mobility: <u>-</u> |
| Restored Teeth: <u>-</u> | Non - restorable Teeth for extraction /
Root Stumps: <u>-</u> |
| Malocclusion: <u>-</u> | Others: <u>-</u> |

Advice:- Advised regular dental check up every 6 months once.

Doctor Name & Signature: Dr. Kalai Selvi.