

Physical Medical Examination Format

NAME:- K. Mahalakshmi Naidu	DATE:- 5/02/2024
DESIGNATION:-	AGE:- 55/M
EMP CODE:-	UNIT/DEPARTMENT:-
BLOOD GROUP:-	MARTIAL STATUS:- MARRIED/UNMARRIED

MEDICAL EXAMINATION

Complaints (if any)	DM ⁺ , HTN ⁺ , Acidity.
Personal /family history	NO
Past Medical /Surgical	NO
Sensitivity/Allergy (if any)	NO
Habits	NO
Occupational History	NO

Height:- 162	Weight:- 65	BMI 24	Pulse 72
Temp:- 98.6	SPO2 99%	Resp:- 18	B.P 110/70

Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms. K. Mahalakshmi Naidu for pre-employment /periodical medical examination, I have found / not found any disease, illness, contagious illness

I Certify That Employee Is Medically.....

Fit

Unfit

Signature Of Employee



Signature & Seal Of Medical Examiner With

Registration No:-.....

Apollo Health and Lifestyle Limited

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

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

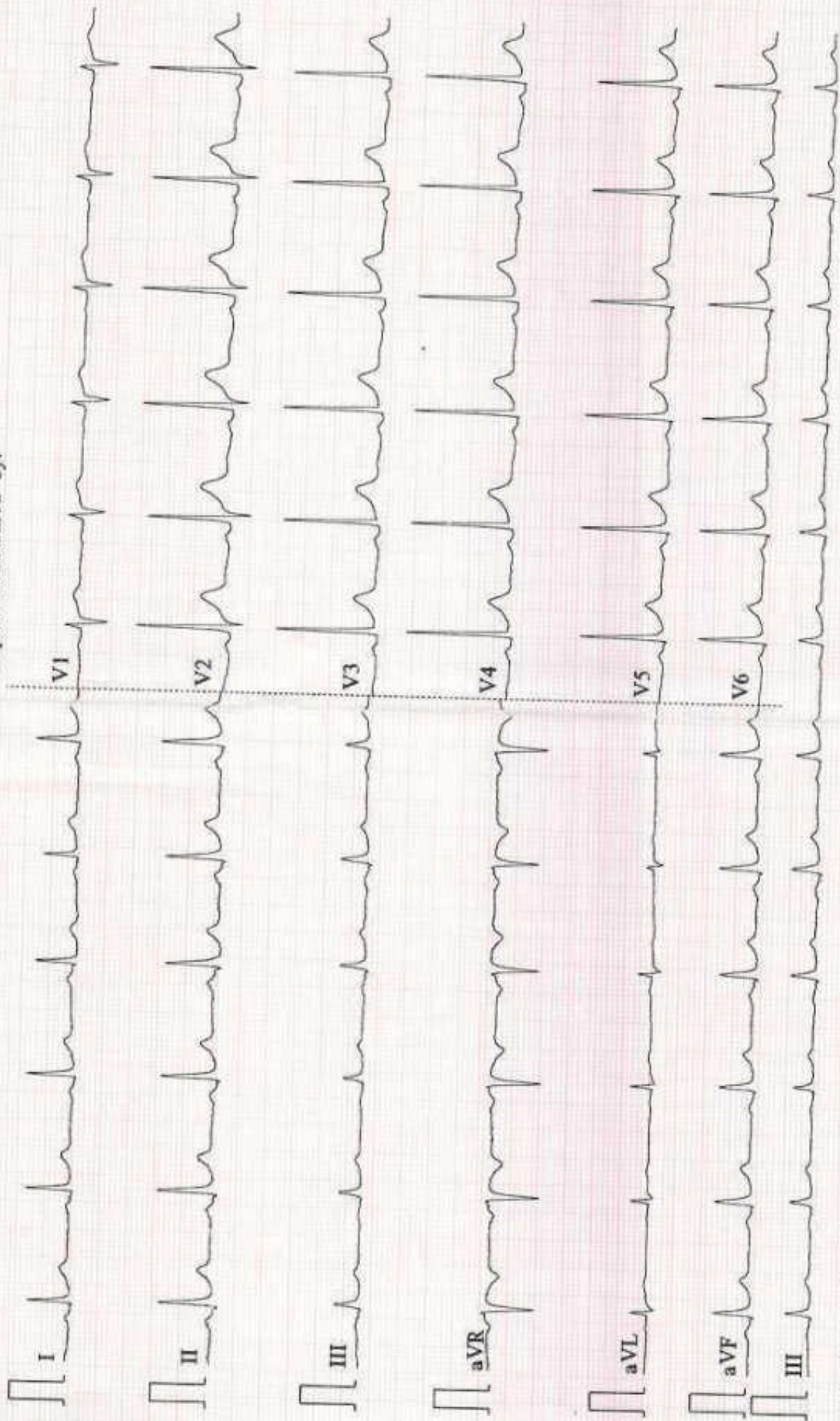
 **1860 500 7788**

k mahalakshmi naidu
Male 55Years
Req. No. :

HR : 72 bpm
P : 128 ms
PR : 162 ms
QRS : 98 ms
QT/QTcBz : 372/408 ms
P/QRS/T : 53/49/55 °
RV5/SV1 : 1.529/0.431 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



Patient Name	: Mr. KONATHALA MAHALAKSHMI NAIDU	Age	: 55 Y/M
UHID	: CVIS.0000123494	OP Visit No	: CVISOPV12E110
Reported By:	: Dr. SHASHANKA CHUNDURI	Conducted Date	: 05-02-2024 14:16
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 72 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 seen.

Impression:

NORMAL RESTING ECG.

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

Dr. SHASHANKA CHUNDURI

UNION BANK

NAME : M.V. K. MAHALAKSHMI NASDU GENDER : M
 AGE : 55 DATE : 5/2/24

OPHTHALMOLOGY SCREENING REPORT

VISION : 6/6 6/6 (MS) 6/6
 DISTANCE : 26 26
 NEAR VISION :
 COLOUR VISION : - CMC -
ANT.SEGMENT : - 26 -
 CONJUNCTIVA : - 26 -
 CORNEA : - RHM -
 PUPIL :
 FUNDUS :
 IMPRESSION : CMC

H. Khan
SIGNATURE

Patient Name	: Mr. KONATHALA MAHALAKSHMI NAIDU.	Age	: 55 Y/M
UHD	: CVIS.0000123494	OP Visit No	: CVISOPV121110
Conducted By:	: Dr. SHASHANKA CHUNDURI	Conducted Date	: 05-02-2024 14:17
Referred By	: SELF		

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (cd)	2.9 CM
LA (cs)	3.4 CM
LVID (cd)	4.0 CM
LVID (cs)	2.7 CM
IVS (Ed)	1.2 CM
LVPW (Ed)	1.3 CM
EF	62.00%
%ED	35.00%

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:

MILD CONCENTRIC LEFT VENTRICULAR HYPERTROPHY+

NO REGIONAL WALL MOTION ABNORMALITY

COLOUR AND DOPPLER STUDIES:

PF:0.8 m/sec.
MF:E>A.
AF:0.9 m/sec.

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IMPRESSION :
NO RWMA.
MILD CONCENTRIC LEFT VENTRICULAR HYPERTROPHY+
GOOD LV FUNCTION.
LVEF:62%

Dr. SHASHANKA
CHUNDURI

Patient Name : Mr. KONATHALA MAHALAKSHMI NAIDU . Age : 55 Y M
UHID : CVIS.0000123494 OP Visit No : CVISOPV121110
Reported on : 05-02-2024 11:18 Printed on : 05-02-2024 16:06
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

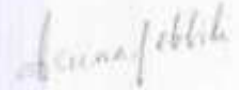
Both lung fields and hila are normal .
No obvious active pleuro-parenchymal lesion seen .
Both costophrenic and cardiophrenic angles are clear .
Both diaphragms are normal in position and contour .
Thoracic wall and soft tissues appear normal .

CONCLUSION :

No obvious abnormality seen.

Printed on:05-02-2024 11:18

---End of the Report---



Dr. ARUNA PEBBILI
DMRD Radiology
Radiology

Name: Mr. KONATHALA MAHALAKSHMI NAIDU
 Age/Gender: 55 Y/M
 Address: VISAKHAPATNAM, ANDHRA PRADESH
 Location: VISAKHAPATNAM, ANDHRA PRADESH
 Doctor:
 Department: LABORATORY
 Rate Plan: VISHAKAPATNAM_06042023
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000123494
 Visit ID: CVISOPV121110
 Visit Date: 05-02-2024 08:20
 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
05-02-2024 16:13	72 Beats/min	110/70 mmHg	18 Rate/min	98.6 F	162 cms	65 Kgs	%	%	Years	24.77	cms	cms	cms		AHLI,077,30

Patient Name	: Mr. KONATHALA MAHALAKSHMI NAIDU .	Age	: 55 Y M
UHID	: CVIS.0000123494	OP Visit No	: CVISOPV121110
Reported on	: 05-02-2024 17:10	Printed on	: 05-02-2024 17:12
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : 12.6cm.appears normal in size and 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.

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

Right kidney : 9.1 x 4.6 cm **4 mm calculus in lowerpole.**

Left kidney : 9.6 x 4.3 cm **4 mm calculus in midpole.**

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 :Normal in size and echo texture.No evidence of necrosis/calcification seen. its volume 12 cc

There is no evidence of ascites/ pleural effusion seen.

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IMPRESSION:-

***BILATERAL RENAL CALCULI.**

For clinico-lab correlation / follow - up / further work up.

This is only a screening test.

Printed on:05-02-2024 17:10

---End of the Report---

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

MC-2373

Patient Name : Mr.KONATHALA MAHALAKSHMI NAIDU .	Collected : 05/Feb/2024 08:54AM
Age/Gender : 55 Y 6 M 0 D/M	Received : 05/Feb/2024 01:11PM
UHID/MR No : CVIS.0000123494	Reported : 05/Feb/2024 04:34PM
Visit ID : CVISOPV121110	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 345425	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



V. Sneh

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No: DFD240027904

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	125	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	7.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	169	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

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V. Snehal

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No: EDP240012177

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DEPARTMENT OF BIOCHEMISTRY

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

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

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



V. Sneh

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Consultant Pathologist

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MC-2373

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	230	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	122	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	35	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	194	mg/dL	<130	Calculated
LDL CHOLESTEROL	170.08	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.42	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.56		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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V. Snehal

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SPN No: SI-04619376

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Ref Doctor	: Dr. SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 345425		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19.84	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.9	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	71.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.16	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.56	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.27		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:

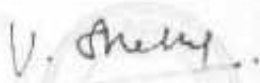
1. Hepatocellular Injury:

- 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 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 PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.36	mg/dL	0.7-1.2	Jaffe
UREA	21.43	mg/dL	18-55	Urease with GLDH
BLOOD UREA NITROGEN	10.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.07	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	9.32	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	4.29	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE

V. Sneh

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SP04619126

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 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE, SERUM	96.00	U/L	38-126	p-nitrophenyl phosphate



V. Sneh

DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist

SIN No: S204019376

Apollo Health and Lifestyle Limited Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

(CIN - U65110TG2000PLC046009) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohi.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

1860 500 7788

Patient Name : Mr.KONATHALA MAHALAKSHMI NAIDU .	Collected : 05/Feb/2024 08:54AM
Age/Gender : 55 Y 6 M 0 D/M	Received : 05/Feb/2024 12:00PM
UHID/MR No : CVIS.0000123494	Reported : 05/Feb/2024 04:39PM
Visit ID : CVISOPV121110	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 345425	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	33.10	U/L	0-55	IFCC

V. Snehal

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SE04619376

Apollo Health and Lifestyle Limited Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

(CIN - U65110TG2000PLC040089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohi.com

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TO BOOK AN APPOINTMENT

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Age/Gender : 55 Y 6 M 0 D/M
UHID/MR No : CVIS.0000123494
Visit ID : CVISOPV121110
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 345425

Collected : 05/Feb/2024 08:54AM
Received : 05/Feb/2024 12:00PM
Reported : 05/Feb/2024 05:23PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.45	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	82.20	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	1.120	µIU/mL	0.3-4.5	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	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



V. Snehal
DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No: SPL2408470

Apollo Health and Lifestyle Limited Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

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

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TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mr.KONATHALA MAHALAKSHMI NAIDU .
 Age/Gender : 55 Y 6 M 0 D/M
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	13.5	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

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

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

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

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

Increased levels:

- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	369	pg/mL	197-771	

Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception,

V. Snehal
 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SNL No: SPL24010070

Apollo Health and Lifestyle Limited Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

(CIN - U83110TG2000PLC048089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohi.com

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

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 Age/Gender : 55 Y 6 M 0 D/M
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DEPARTMENT OF IMMUNOLOGY

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

poor coordination, and affective behavioral changes.

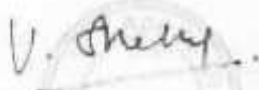
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12.
- The most sensitive 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.

*** End Of Report ***

Result/s to Follow:

COMPLETE URINE EXAMINATION (CUE), HEMOGRAM, PROSTATIC SPECIFIC ANTIGEN - TOTAL (PSA), PERIPHERAL SMEAR

Page 11 of 11



DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SNV No: SPL24018470

Apollo Health and Lifestyle Limited Health and Lifestyle Ltd/Vizag Lab - Vizag-530017

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**



INDIAN UNION DRIVING LICENSE
ANDHRA PRADESH



AP03120060851337

Issue Date : 17-11-2006 Validity (NT) : 27-11-2028 Validity (TR) :

Name : MAHALAKSHMINARAYAN
Date of Birth : 01-07-1984
Son/Daughter/Wife of : SATYANARAYAN
Present Address :
34, 66, 130,
BARPUJI NAGAR,
VISAKHAPATNAM (RURAL), VISAKHAPATNAM, 530008



Organ Donor: No

Date of Issue: 17-11-2006

Health checkup at tie-up Ctr

Health Checkup Authorisation letter



Union Bank of India

RC - VISHAKHAPATNAM
D. No. 47-7-30/2, Mohan Mansion, 2nd
Floor, 4th Lane, Dwarkanagar,
Visakhapatnam, A.P., Pin - 530 011

To,

The Chief Medical Officer

M/S Mediwheel
<https://mediwheel.in/signup011-41195959>(A brand name of
Arcofemi Healthcare Ltd),
Mumbai 400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup 50-60 Male

Shri/Smt./Kum. MAHALAKSHMI NAIDU, KONATHALA

P.F. No. 677764

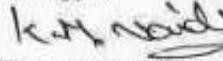
Designation : Single Window Operator - A

Checkup for Financial Year 2023-2024 Approved Charges Rs. 4000.00

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

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

Thanking you,


(Signature of the Employee)

Yours Faithfully,


BRANCH MANAGER/SENIOR MANAGER



PS. : Status of the application- Submitted

UNFIT EXPLANATION

Date: 5/2/24
Patient Name: L. Mahalaxmi NREU
UHID: 123456
Corporate Name: Apollo

The above-mentioned client unfit given due to Adult physical exam test

As per physician advice it was hold not given FIT, once client met with Physician, we will update closure remarks.

Regards,

Apollo clinic,

Vizag

Ph:0891-2585511/12.

Physical Medical Examination Format

NAME:- <u>K. Mahalakshmi Naidu</u>	DATE:- <u>5/02/2024</u>
DESIGNATION:- <u>-</u>	AGE:- <u>55/M</u>
EMP CODE:- <u>-</u>	UNIT/DEPARTMENT:- <u>-</u>
BLOOD GROUP:- <u>-</u>	MARTIAL STATUS:- <u>MARRIED/UNMARRIED</u>

MEDICAL EXAMINATION

Complaints (if any)	<u>DMT, HTN, Acidity.</u>
Personal /family history	<u>NO</u>
Past Medical /Surgical	<u>NO</u>
Sensitivity/Allergy (if any)	<u>NO</u>
Habits	<u>NO</u>
Occupational History	<u>NO</u>

Height:- <u>162</u>	Weight:- <u>65</u>	BMI <u>24</u>	Pulse <u>72</u>
Temp:- <u>98.6</u>	SPO2 <u>99%</u>	Resp:- <u>18</u>	B.P <u>110/70</u>

Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms. K. Mahalakshmi Naidu for pre-employment /periodical medical examination, I have found / not found any disease, illness, contagious illness

I Certify That Employee Is Medically..... fit

Fit

Unfit

Signature Of Employee



Dr.G. INDIRA PRIYADARSHINI
MBBS

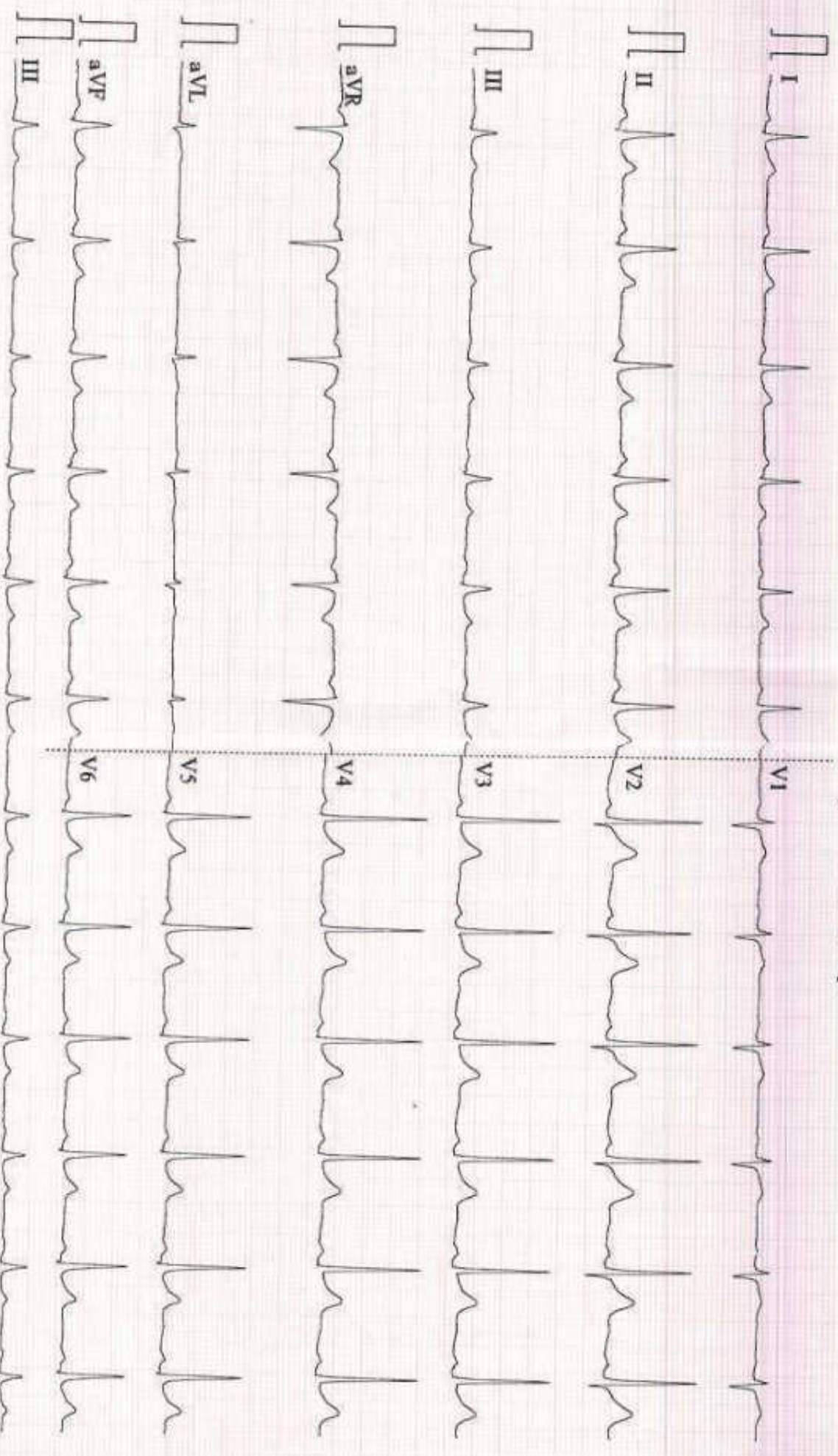
Signature & Seal Of Medical Examiner With
Apollo Family Physician
Apollo Clinic, Seethammapur, Vizag

ID: 123494
k mahalakshmi naidu
Male 55Years
Req. No. :

05-02-2024 10:53:37
HR : 72 bpm
P : 128 ms
PR : 162 ms
QRS : 98 ms
QT/QTcBz : 372/408 ms
P/QRS/T : 53/49/55 °
RV5/SV1 : 1.529/0.431 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



Patient Name	: Mr. KONATHALA MAHALAKSHMI NAIDU.	Age	: 55 Y/M
UHID	: CVIS.0000123494	OP Visit No	: CVISOPV121110
Reported By:	: Dr. SHASHANKA CHUNDURI	Conducted Date	: 05-02-2024 14:16
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 72 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 seen.

Impression:

NORMAL RESTING ECG.

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

Dr. SHASHANKA CHUNDURI

UNSON BANK

NAME : *MV. K. MAHALAKSHMI NAIDU* GENDER : *M*
AGE : *53* DATE : *5/2/24*

OPHTHALMOLOGY SCREENING REPORT

VISION : *6/6* *(ns) 6/6*
DISTANCE : *26* *26*
NEAR VISION : *unc*
COLOUR VISION :
ANT.SEGMENT : *unc*
CONJUNCTIVA : *clear*
CORNEA : *RHM*
PUPIL :
FUNDUS :
IMPRESSION : *unc*



Patient Name	: Mr. KONATHALA MAHALAKSHMI NAIDU .	Age	: 55 Y/M
UHID	: CVIS.0000123494	OP Visit No	: CVISOPV121110
Conducted By:	: Dr. SHASHANKA CHUNDURI	Conducted Date	: 05-02-2024 14:17
Referred By	: SELF		

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.9 CM
LA (cs)	3.4 CM
LVID (ed)	4.0 CM
LVID (cs)	2.7 CM
IVS (Ed)	1.2 CM
LVPW (Ed)	1.3 CM
EF	62.00%
%FD	33.00%

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:

MILD CONCENTRIC LEFT VENTRICULAR HYPERTROPHY+

NO REGIONAL WALL MOTION ABNORMALITY

COLOUR AND DOPPLER STUDIES:

PF:0.8 m/sec.
MF:E>A.
AF:0.9 m/sec.

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

IMPRESSION :

NO RWMA.

MILD CONCENTRIC LEFT VENTRICULAR HYPERTROPHY ✓

GOOD LV FUNCTION.

LVEF:62%



Patient Name : Mr. KONATHALA MAHALAKSHMI NAIDU . Age : 55 Y M
UHID : CVIS.0000123494 OP Visit No : CVISOPV121110
Reported on : 05-02-2024 11:18 Printed on : 05-02-2024 16:06
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

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.

Printed on:05-02-2024 11:18

---End of the Report---



Dr. ARUNA PEBBILI
DMRD Radiology
Radiology

Name: Mr. KONATHALA MAHALAKSHMI NAIDU
 Age/Gender: 55 Y/M
 Address:
 Location: VISAKHAPATNAM, ANDHRA PRADESH
 Doctor:
 Department: LABORATORY
 Rate Plan: VISHAKAPATNAM_06042023
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000123494
 Visit ID: CVISOPV121110
 Visit Date: 05-02-2024 08:20
 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
05-02-2024 16:13	72 Beats/min	110/70 mmHg	18 Rate/min	98.6 F	162 cms	65 Kgs	%	%	Years	24.77	cms	cms	cms		AHLL07730



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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr. KONATHALA MAHALAKSHMI NAIDU . Age : 55 Y M
UHID : CVIS.0000123494 OP Visit No : CVISOPV121110
Reported on : 05-02-2024 17:10 Printed on : 05-02-2024 17:12
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : 12.6cm.appears normal in size and 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.

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

Right kidney : 9.1 x 4.6 cm **4 mm calculus in lowerpole.**

Left kidney : 9.6 x 4.3 cm **4 mm calculus in midpole.**

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 :Normal in size and echo texture.No evidence of necrosis/calcification seen. its volume 12 cc

There is no evidence of ascites/ pleural effusion seen.

Patient Name	: Mr. KONATHALA MAHALAKSHMI NAIDU .	Age	: 55 Y M
UHID	: CVIS.0000123494	OP Visit No	: CVISOPV121110
Reported on	: 05-02-2024 17:10	Printed on	: 05-02-2024 17:12
Adm/Consult Doctor	:	Ref Doctor	: SELF

IMPRESSION:-

***BILATERAL RENAL CALCULI.**

For clinico-lab correlation / follow - up / further work up.

This is only a screening test.

Printed on:05-02-2024 17:10

---End of the Report---





MC-2373

Patient Name : Mr.KONATHALA MAHALAKSHMI NAIDU .	Collected : 05/Feb/2024 08:54AM
Age/Gender : 55 Y 6 M 0 D/M	Received : 05/Feb/2024 01:11PM
UHID/MR No : CVIS.0000123494	Reported : 05/Feb/2024 04:34PM
Visit ID : CVISOPV121110	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 345425	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

V. Snehal

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

Page 1 of 11



SIN No: BEE240027964

Apollo Health and Lifestyle Clinic Ltd Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

MC-2373

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Age/Gender : 55 Y 6 M 0 D/M
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	125	mg/dL	70-100	GOD - POD

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 \geq or \approx 126 mg/dL and/or a random / 2 hr post glucose value of \geq or \approx 200 mg/dL on at least 2 occasions.
- Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA	7.5	%		HPLC
HBA1C, GLYCATED HEMOGLOBIN ESTIMATED AVERAGE GLUCOSE (eAG)	169	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	\geq 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



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TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mr.KONATHALA MAHALAKSHMI NAIDU .
Age/Gender : 55 Y 6 M 0 D/M
UHID/MR No : CVIS.0000123494
Visit ID : CVISOPV121110
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 345425

Collected : 05/Feb/2024 08:54AM
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ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

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

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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TO BOOK AN APPOINTMENT

 **1860 500 7788**

MC-2373

Patient Name : Mr.KONATHALA MAHALAKSHMI NAIDU ,	Collected : 05/Feb/2024 08:54AM
Age/Gender : 55 Y 6 M 0 D/M	Received : 05/Feb/2024 12:00PM
UHID/MR No : CVIS.0000123494	Reported : 05/Feb/2024 04:39PM
Visit ID : CVISOPV121110	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 345425	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	230	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	122	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	35	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	194	mg/dL	<130	Calculated
LDL CHOLESTEROL	170.08	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.42	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.56		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	130 - 159	160 - 189	≥ 190
	Near Optimal 100-129			
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130;	160-189	190-219	>220
	Above Optimal 130-159			

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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MC-2373

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 Emp/Auth/TPA ID : 345425

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19.84	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.9	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	71.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.16	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.56	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.27		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:

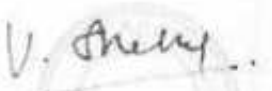
- AST - Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT - Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI
- 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 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 PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.36	mg/dL	0.7-1.2	Jaffe
UREA	21.43	mg/dL	18-55	Urease with GLDH
BLOOD UREA NITROGEN	10.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.07	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	9.32	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	4.29	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE



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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	96.00	U/L	38-126	p-nitrophenyl phosphate



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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	33.10	U/L	0-55	IFCC

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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.45	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	82.20	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	1.120	µIU/mL	0.3-4.5	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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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	13.5	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

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

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

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

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

Increased levels:

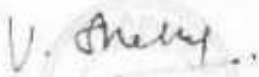
- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	369	pg/mL	197-771	

Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception.

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DEPARTMENT OF IMMUNOLOGY

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

poor coordination, and affective behavioral changes.

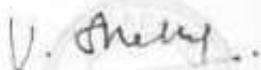
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12.
- The most sensitive 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.

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

Result/s to Follow:

COMPLETE URINE EXAMINATION (CUE), HEMOGRAM, PROSTATIC SPECIFIC ANTIGEN - TOTAL (PSA), PERIPHERAL SMEAR

Page 11 of 11



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 **1860 500 7788**



INDIAN UNION DRIVING LICENSE
ANDHRA PRADESH



AP03120060051337

Issue Date : 17-11-2006 Validity (NT) : 27-11-2028 Validity (TR) :

Name :

Date Of Birth : 01-07-1966

Sex : M

Signature/Wife of : SATYANARAYAN

Postal Address :

34-96-130

BA PULE NAGAR,

VISAKHAPATNAM (RURAL), VISAKHAPATNAM, 520008



Signature of Licensee

Organ Donor: No.

Date of Issue: 17-11-2006

Health checkup at tie-up Ctr

HealthCheckup Authorisatn letter



Union Bank of India

RO - VISHAIGHAPATNAM
D. No. 47-7-30/2, Mohan Mansion, 2nd
Floor, 4th Lane, Dwarkanagar,
Visakhapatnam, A.P., Pin - 530 01.

To,

The Chief Medical Officer

M/S Mediwheel
<https://mediwheel.in/signup011-41185959>(A brand name of
Arcofem Healthcare Ltd),
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup 50-60 Male

Shri/Smt./Kum. MAHALAKSHMI NAIDU, KONATHALA

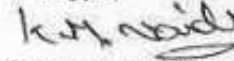
P.F. No. 577764 Designation : Single Window Operator - A

Checkup for Financial Year 2023-2024 Approved Charges Rs. 4000.00


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

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

Thanking you,


(Signature of the Employee)

Yours Faithfully,


BRANCH MANAGER/SENIOR MANAGER



PS. : Status of the application- Sanctioned

Established Patient: No

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
05-02-2024 16:13	72 Beats/min	110/70 mmHg	18 Rate/min	98.6 F	162 cms	65 Kgs	%	%	Years	24.77	cms	cms	cms		AHLL07730

Established Patient: No

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
05-02-2024 16:13	72 Beats/min	110/70 mmHg	18 Rate/min	98.6 F	162 cms	65 Kgs	%	%	Years	24.77	cms	cms	cms		AHLL07730

Name: Mr. KONATHALA MAHALAKSHMI NAIDU .
Age/Gender: 55 Y/M
Address: .
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. A Srikanth Aryasri

MR No: CVIS.0000123494
Visit ID: CVISOPV121110
Visit Date: 05-02-2024 08:20
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mr. KONATHALA MAHALAKSHMI NAIDU .
Age/Gender: 55 Y/M
Address: .
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. N MUKUNDA RAO

MR No: CVIS.0000123494
Visit ID: CVISOPV121110
Visit Date: 05-02-2024 08:20
Discharge Date:
Referred By: SELF

Doctor's Signature

Established Patient: No

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
05-02-2024 16:13	72 Beats/min	110/70 mmHg	18 Rate/min	98.6 F	162 cms	65 Kgs	%	%	Years	24.77	cms	cms	cms		AHLL07730

Established Patient: No

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
05-02-2024 16:13	72 Beats/min	110/70 mmHg	18 Rate/min	98.6 F	162 cms	65 Kgs	%	%	Years	24.77	cms	cms	cms		AHLL07730

Name: Mr. KONATHALA MAHALAKSHMI NAIDU .
Age/Gender: 55 Y/M
Address: .
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. GOLI INDIRA PRIYADARSHINI

MR No: CVIS.0000123494
Visit ID: CVISOPV121110
Visit Date: 05-02-2024 08:20
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

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PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mr. KONATHALA MAHALAKSHMI NAIDU .
Age/Gender: 55 Y/M
Address: .
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. R ABHISHEK

MR No: CVIS.0000123494
Visit ID: CVISOPV121110
Visit Date: 05-02-2024 08:20
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Patient Name	: Mr. KONATHALA MAHALAKSHMI NAIDU .	Age/Gender	: 55 Y/M
UHID/MR No.	: CVIS.0000123494	OP Visit No	: CVISOPV121110
Sample Collected on	:	Reported on	: 05-02-2024 11:19
LRN#	: RAD2226179	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 345425		

DEPARTMENT OF RADIOLOGY

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. ARUNA PEBBILI
DMRD Radiology
Radiology

Patient Name	: Mr. KONATHALA MAHALAKSHMI NAIDU .	Age/Gender	: 55 Y/M
UHID/MR No.	: CVIS.0000123494	OP Visit No	: CVISOPV121110
Sample Collected on	:	Reported on	: 05-02-2024 17:12
LRN#	: RAD2226179	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 345425		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : 12.6cm.appears normal in size and 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.

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

Right kidney : 9.1 x 4.6 cm **4 mm calculus in lowerpole.**

Left kidney : 9.6 x 4.3 cm **4 mm calculus in midpole.**

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 :Normal in size and echo texture.No evidence of necrosis/calcification seen. its volume 12 cc

There is no evidence of ascites/ pleural effusion seen.

IMPRESSION:-

***BILATERAL RENAL CALCULI.**

For clinico-lab correlation / follow - up / further work up.

This is only a screening test.



Patient Name : Mr. KONATHALA MAHALAKSHMI NAIDU .

Age/Gender : 55 Y/M

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology


Patient Name : Mr.KONATHALA MAHALAKSHMI NAIDU .	Collected : 05/Feb/2024 08:54AM
Age/Gender : 55 Y 6 M 0 D/M	Received : 05/Feb/2024 01:11PM
UHID/MR No : CVIS.0000123494	Reported : 05/Feb/2024 06:40PM
Visit ID : CVISOPV121110	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 345425	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI MEDICALS FULL BODY BLOOD ANNUAL CHECK ADVANCED HC MALE 65 FOLIO BANINDIA EV0004

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:BED240027964

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mr.KONATHALA MAHALAKSHMI NAIDU .	Collected : 05/Feb/2024 08:54AM
Age/Gender : 55 Y 6 M 0 D/M	Received : 05/Feb/2024 01:11PM
UHID/MR No : CVIS.0000123494	Reported : 05/Feb/2024 06:40PM
Visit ID : CVISOPV121110	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 345425	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.4	g/dL	13-17	Spectrophotometer
PCV	40.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.41	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	84	fL	83-101	Calculated
MCH	27.3	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,700	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54.7	%	40-80	Electrical Impedance
LYMPHOCYTES	32.1	%	20-40	Electrical Impedance
EOSINOPHILS	5.2	%	1-6	Electrical Impedance
MONOCYTES	7.9	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3117.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1829.7	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	296.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	450.3	Cells/cu.mm	200-1000	Calculated
BASOPHILS	5.7	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	276000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				




DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No:BED240027964


This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mr.KONATHALA MAHALAKSHMI NAIDU .	Collected : 05/Feb/2024 08:54AM
Age/Gender : 55 Y 6 M 0 D/M	Received : 05/Feb/2024 01:11PM
UHID/MR No : CVIS.0000123494	Reported : 05/Feb/2024 04:34PM
Visit ID : CVISOPV121110	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 345425	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:BED240027964

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mr.KONATHALA MAHALAKSHMI NAIDU .	Collected : 05/Feb/2024 08:54AM
Age/Gender : 55 Y 6 M 0 D/M	Received : 05/Feb/2024 01:11PM
UHID/MR No : CVIS.0000123494	Reported : 05/Feb/2024 04:41PM
Visit ID : CVISOPV121110	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 345425	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	125	mg/dL	70-100	GOD - POD


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. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:PLF02100306

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mr.KONATHALA MAHALAKSHMI NAIDU .
 Age/Gender : 55 Y 6 M 3 D/M
 UHID/MR No : CVIS.0000123494
 Visit ID : CVISOPV121110
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 345425

Collected : 08/Feb/2024 09:50AM
 Received : 08/Feb/2024 12:16PM
 Reported : 08/Feb/2024 03:13PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY


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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	198	mg/dL	70-140	GOD - POD

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. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:PLP1416316

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mr.KONATHALA MAHALAKSHMI NAIDU .	Collected : 05/Feb/2024 08:54AM
Age/Gender : 55 Y 6 M 0 D/M	Received : 05/Feb/2024 01:11PM
UHID/MR No : CVIS.0000123494	Reported : 05/Feb/2024 04:18PM
Visit ID : CVISOPV121110	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 345425	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	7.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	169	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:EDT240012177

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mr.KONATHALA MAHALAKSHMI NAIDU .	Collected : 05/Feb/2024 08:54AM
Age/Gender : 55 Y 6 M 0 D/M	Received : 05/Feb/2024 12:00PM
UHID/MR No : CVIS.0000123494	Reported : 05/Feb/2024 04:39PM
Visit ID : CVISOPV121110	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 345425	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	230	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	122	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	35	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	194	mg/dL	<130	Calculated
LDL CHOLESTEROL	170.08	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.42	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.56		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

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.



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SE04619376

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mr.KONATHALA MAHALAKSHMI NAIDU .	Collected : 05/Feb/2024 08:54AM
Age/Gender : 55 Y 6 M 0 D/M	Received : 05/Feb/2024 12:00PM
UHID/MR No : CVIS.0000123494	Reported : 05/Feb/2024 04:39PM
Visit ID : CVISOPV121110	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 345425	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19.84	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.9	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	71.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.16	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.56	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.27		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

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

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



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SE04619376

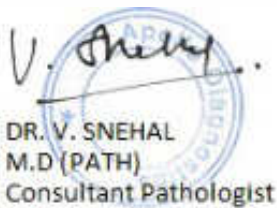
This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mr.KONATHALA MAHALAKSHMI NAIDU .	Collected : 05/Feb/2024 08:54AM
Age/Gender : 55 Y 6 M 0 D/M	Received : 05/Feb/2024 12:00PM
UHID/MR No : CVIS.0000123494	Reported : 05/Feb/2024 04:39PM
Visit ID : CVISOPV121110	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 345425	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.36	mg/dL	0.7-1.2	Jaffe
UREA	21.43	mg/dL	18-55	Urease with GLDH
BLOOD UREA NITROGEN	10.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.07	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	9.32	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	4.29	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SE04619376

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017


Patient Name : Mr.KONATHALA MAHALAKSHMI NAIDU .
 Age/Gender : 55 Y 6 M 0 D/M
 UHID/MR No : CVIS.0000123494
 Visit ID : CVISOPV121110
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 345425

Collected : 05/Feb/2024 08:54AM
 Received : 05/Feb/2024 12:00PM
 Reported : 05/Feb/2024 04:52PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	96.00	U/L	38-126	p-nitrophenyl phosphate



DR. V. SNEHAL
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Consultant Pathologist



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Age/Gender : 55 Y 6 M 0 D/M	Received : 05/Feb/2024 12:00PM
UHID/MR No : CVIS.0000123494	Reported : 05/Feb/2024 04:39PM
Visit ID : CVISOPV121110	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 345425	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	33.10	U/L	0-55	IFCC



DR. V. SNEHAL
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Patient Name : Mr.KONATHALA MAHALAKSHMI NAIDU .	Collected : 05/Feb/2024 08:54AM
Age/Gender : 55 Y 6 M 0 D/M	Received : 05/Feb/2024 12:00PM
UHID/MR No : CVIS.0000123494	Reported : 05/Feb/2024 05:23PM
Visit ID : CVISOPV121110	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 345425	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.45	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	82.20	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	1.120	µIU/mL	0.3-4.5	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	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



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SPL24018470

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mr.KONATHALA MAHALAKSHMI NAIDU .	Collected : 05/Feb/2024 08:54AM
Age/Gender : 55 Y 6 M 0 D/M	Received : 05/Feb/2024 12:00PM
UHID/MR No : CVIS.0000123494	Reported : 05/Feb/2024 05:23PM
Visit ID : CVISOPV121110	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 345425	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	13.5	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

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

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

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

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

Increased levels:

- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	369	pg/mL	197-771	

Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception,



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SPL24018470

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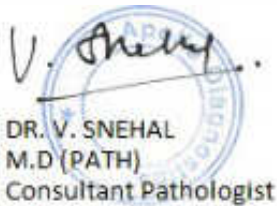
Patient Name : Mr.KONATHALA MAHALAKSHMI NAIDU .	Collected : 05/Feb/2024 08:54AM
Age/Gender : 55 Y 6 M 0 D/M	Received : 05/Feb/2024 12:00PM
UHID/MR No : CVIS.0000123494	Reported : 05/Feb/2024 05:23PM
Visit ID : CVISOPV121110	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 345425	

DEPARTMENT OF IMMUNOLOGY

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

poor coordination, and affective behavioral changes.

- 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.



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SPL24018470

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mr.KONATHALA MAHALAKSHMI NAIDU .	Collected : 05/Feb/2024 08:54AM
Age/Gender : 55 Y 6 M 0 D/M	Received : 06/Feb/2024 12:28PM
UHID/MR No : CVIS.0000123494	Reported : 06/Feb/2024 01:54PM
Visit ID : CVISOPV121110	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 345425	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.720	ng/mL	0-4	CLIA

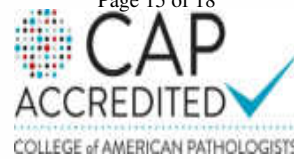


Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist

SIN No:IM06917561

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

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Patient Name : Mr.KONATHALA MAHALAKSHMI NAIDU .	Collected : 05/Feb/2024 08:54AM
Age/Gender : 55 Y 6 M 0 D/M	Received : 05/Feb/2024 01:55PM
UHID/MR No : CVIS.0000123494	Reported : 05/Feb/2024 05:49PM
Visit ID : CVISOPV121110	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 345425	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY




DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No:UR2275353

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

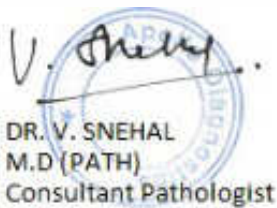
Patient Name : Mr.KONATHALA MAHALAKSHMI NAIDU .
 Age/Gender : 55 Y 6 M 3 D/M
 UHID/MR No : CVIS.0000123494
 Visit ID : CVISOPV121110
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 345425

Collected : 08/Feb/2024 09:50AM
 Received : 08/Feb/2024 01:18PM
 Reported : 08/Feb/2024 04:16PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:UPP016439

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

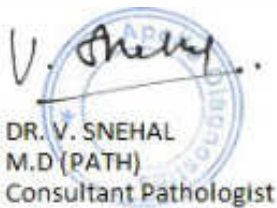
Patient Name : Mr.KONATHALA MAHALAKSHMI NAIDU .	Collected : 05/Feb/2024 08:54AM
Age/Gender : 55 Y 6 M 0 D/M	Received : 05/Feb/2024 01:55PM
UHID/MR No : CVIS.0000123494	Reported : 05/Feb/2024 05:48PM
Visit ID : CVISOPV121110	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 345425	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:UF010443

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017