

Name

: Mr. Jaganmohan Reddy Veluri

Age: 51 Y

Sex: M

2000

NR - 0 0 0 0 0 7 3 5 3 5 4

OF Number:CINKOPVZIS

UHID:CINR.0000073535

Bill No :CINR-OCR-94272

Date : 24.02.2024 10:20

Address: Ulsoor

Plan : ARC

: ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN

INDIA OP AGREEMENT

		te : 24.02.2024 10:20
	Serive Type/ServiceName	Department
	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE -	2D ECHO - PAN INDIA - FY2324
	GAMMA GLUTAMYL TRANFERASE (GGT)	
	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
	2DECHO (
	LIVER FUNCTION TEST (LFT)	
	GLUCOSE, FASTING	
-6	HEMOGRAM + PERIPHERAL SMEAR	
7	DIET CONSULTATION	
_8	COMPLETE URINE EXAMINATION	
	URINE GLUCOSE(POST PRANDIAL)	
$\overline{10}$	PERIPHERAL SMEAR	
	ECG - O	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
	DENTAL CONSULTATION —	
_14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
15	URINE GLUCOSE(FASTING)	
	HbAle, GLYCATED HEMOGLOBIN	
<u>V</u> 7	X-RAY CHEST PA — 10	
V18	ENT CONSULTATION —	
19	FITNESS BY GENERAL PHYSICIAN	
20	BLOOD GROUP ABO AND RH FACTOR	
-21	LIPID PROFILE	
£ 2	BODY MASS INDEX (BMI)	
23	OPTHAL BY GENERAL PHYSICIAN -5	
-24	ULTRASOUND - WHOLE ABDOMEN — 9	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	



24-02-2024

CINR.0000073535

Department

: GENERAL

Doctor

.

Name

Mr. Jaganmohan Reddy Veluri

Registration No

Age/ Gender

: 51 Y / Male

Qualification

Consultation Timing: 10:20

Height:	Weight:	BMI :	Waist Circum :
Temp :	Pulse :	Resp:	B.P :

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

Apollo Clinic, Indiranagar

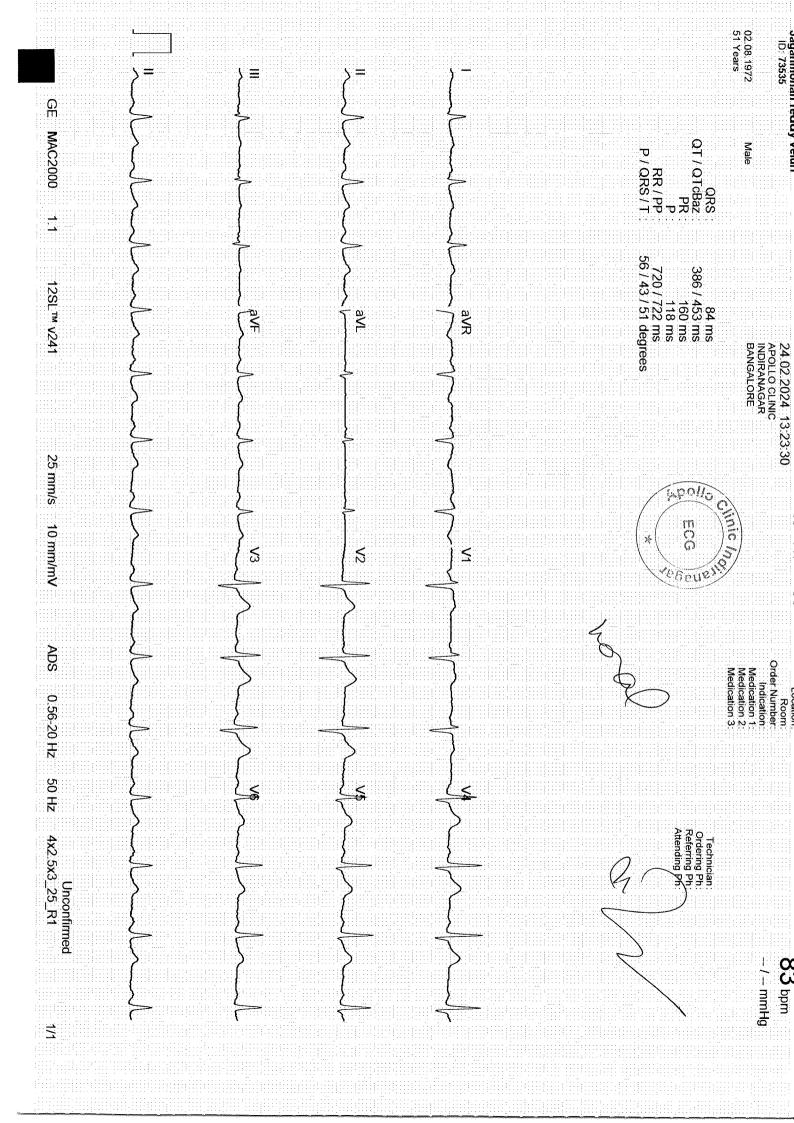
#2012, 1st Floor, 100 Feet Road, HAL 2nd Stage, Indiranagar - 560038

Phone: (080) 2521 4614/15

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Toll Number Website : 1860 500 7788 : www.apolloclinic.com







NAME: MR JAGANMOHAN R V	AGE/SEX: 51Y/Y	OP NUMBER: 73535
Ref By: SELF	DATE: 24-02-2024	
A AVAILABLE OF THE PROPERTY OF	<u> </u>	

M mode and doppler measurements:

CM	CM	M/sec	
AO: 3.1	IVS(D): 1.3	MV: E Vel: 0.9	A Vel : 0.7
LA: 3.9	LVIDD(D): 4.5	AV Peak: 0.8	
	LVPW(D): 1.4	PV peak: 1.1	
	IVS(S): 1.6		
	LVID(S): 3.1		
***************************************	LVEF: 55%		
	LVPW(S): 1.7		
and and the state of the state			

Descriptive findings:

Left Ventricle	Concentric LVH+		
Right Ventricle:	Normal		
Left Atrium:	Normal		
Right Atrium:	Normal		
Mitral Valve:	Normal		
Aortic Valve:	Normal		
Tricuspid Valve:	Normal		
IAS:	Normal		
IVS:	Paradoxical Septal Motion+		
Pericardium: Health and Lifestyle Limited	Normal		

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com





IVC:	Normal
Others	
The state of the s	

IMPRESSION:

Concentric LVH+

No Regional wall motion abnormality

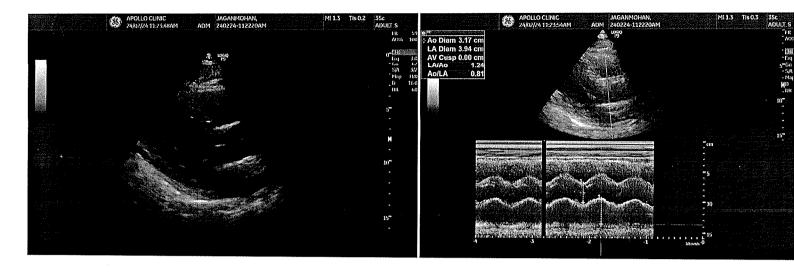
Normal PA Pressure

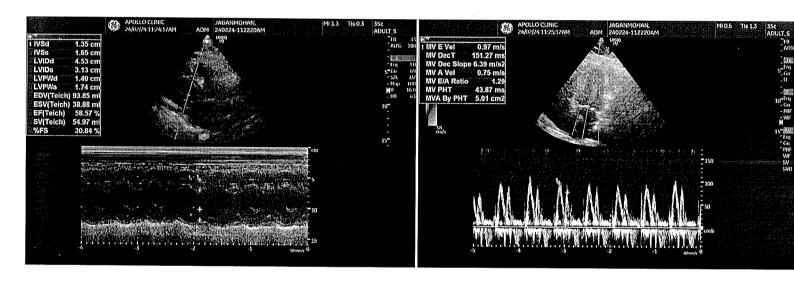
No clot/vegetation/pericardial effusion

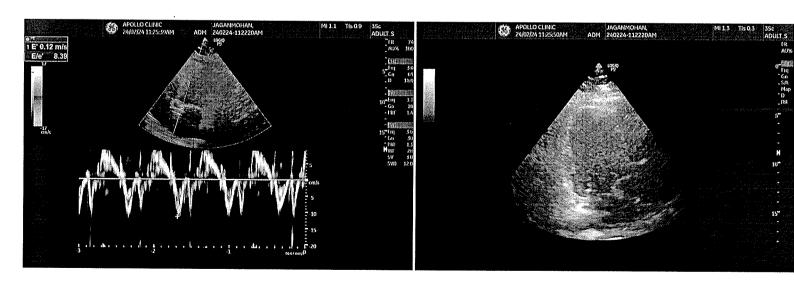
Normal LV systolic function - LVEF= 55%

DR JAGADEESH H V MD, DM

CONSULTANT CARDIOLOGIST







OPTHAL PRESCRIPTION

PATIENT NAME: Nep.	Jag a	uniohain	nedoy DATE:	24/21	211.
	()		$I^{*}I^{-1}$		

UHID NO: 73335

OPTOMETRIST NAME: Ms.Swathi

This is to certify that I have examined

years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	2-25		2		2-25			
Add								

PD-RE: 3/1-LE: 3/1 -

Remarks: Starfly windon (BO) / blue out i'any fear aft. ohrops

Apollo clinic Indiranagar





24.02.2024

Mr. Jagartohan Ruddy

51 ym / M

Height:	1850	Weight:	20.36	BMI:	36.149102	Waist Circum :	124-
Temp :	98.E	Pulse :	86/m)	Resp:	18 C/2	B.P: 130 (85

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Arcofran - A He.

Ears: May

NOSI; MAS

Throat: my

This

Follow up date:

Dr. RAVINDRANATH **566th/Asignature** M.B.B.S., D.L.O.



LETTER OF APPROVAL / RECOMMENDATION

To,

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

Dear Sir / Madam,

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

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

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. REDDY VELURI JAGANMOHAN
EC NO.	158636
DESIGNATION	CENTRALIZED TRANSACTION MONITORING
	UNIT
PLACE OF WORK	BENGALURU,ZO BENGALURU
BIRTHDATE	02-08-1972
PROPOSED DATE OF HEALTH	24-02-2024
CHECKUP	
BOOKING REFERENCE NO.	23M158636100084936E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from 19-01-2024 till 31-03-2024 The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a cashless facility as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

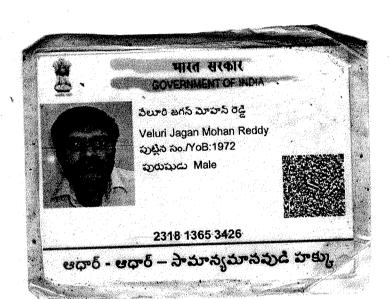
We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager HRM Department Bank of Baroda

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





Patient Name : Mr. Jaganmohan Reddy Veluri Age/Gender : 51 Y/M

UHID/MR No.

: CINR.0000073535

OP Visit No

Specimen

: CINROPV219933

Sample Collected on

: RAD2247414

Reported on

: 24-02-2024 18:43

Ref Doctor

Emp/Auth/TPA ID

LRN#

: 918125889106

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. RAMESH G MBBS DMRD RADIOLOGY



: 24-02-2024 16:30

Patient Name : Mr. Jaganmohan Reddy Veluri Age/Gender : 51 Y/M

UHID/MR No. : CINR.0000073535 **OP Visit No** : CINROPV219933

LRN# : RAD2247414 Specimen

Ref Doctor

Emp/Auth/TPA ID : 918125889106

: SELF

Sample Collected on

DEPARTMENT OF RADIOLOGY

Reported on

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and show mild diffusely increased echogenicity. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in size and echo-pattern.

No free fluid or lymphadenopathy is seen.

IMPRESSION:

GRADE I FATTY LIVER.

Dr. DHANALAKSHMI B MBBS, DMRD Radiology







Patient Name : Mr.JAGANMOHAN REDDY VELURI

Age/Gender : 51 Y 6 M 22 D/M
UHID/MR No : CINR.0000073535
Visit ID : CINROPV219933

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 918125889106 Collected : 24/Feb/2024 10:21AM Received : 24/Feb/2024 01:04PM

Reported : 24/Feb/2024 04:29PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.8	g/dL	13-17	Spectrophotometer
PCV	40.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.45	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	91.1	fL	83-101	Calculated
MCH	30.9	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	15.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,510	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	56.9	%	40-80	Electrical Impedance
LYMPHOCYTES	30.8	%	20-40	Electrical Impedance
EOSINOPHILS	3.5	%	1-6	Electrical Impedance
MONOCYTES	8.2	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3135.19	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1697.08	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	192.85	Cells/cu.mm	20-500	Calculated
MONOCYTES	451.82	Cells/cu.mm	200-1000	Calculated
BASOPHILS	33.06	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.85		0.78- 3.53	Calculated
PLATELET COUNT	211000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	32	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

Dr. Chinki Anupam M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist

SIN No:BED240048711

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE

Page 1 of 15









: Mr.JAGANMOHAN REDDY VELURI

Age/Gender

: 51 Y 6 M 22 D/M

UHID/MR No

: CINR.0000073535

Visit ID

: CINROPV219933

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 918125889106

Collected

: 24/Feb/2024 10:21AM

: 24/Feb/2024 01:04PM

Received Reported

: 24/Feb/2024 04:29PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Page 2 of 15

Dr. Chinki Anupam M.B.B.S,M.D(Pathology) Consultant Pathologist

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



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Age/Gender

: 51 Y 6 M 22 D/M

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: 24/Feb/2024 10:21AM

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Reported

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Status : Final Report

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACT	OR , WHOLE BLOOD EDTA			
BLOOD GROUP TYPE	В			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Dr. Chinki Anupam M.B.B.S,M.D(Pathology) Consultant Pathologist

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

Page 3 of 15



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: Mr.JAGANMOHAN REDDY VELURI

Age/Gender

: 51 Y 6 M 22 D/M

UHID/MR No Visit ID

: CINR.0000073535

Ref Doctor

: CINROPV219933

· Dr SELE

Emp/Auth/TPA ID : 918125889106 Collected

: 24/Feb/2024 10:21AM

Received

: 24/Feb/2024 03:08PM

Reported

Status

: 24/Feb/2024 07:26PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING, NAF PLASMA	106	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

F ,		
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
- 2. 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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	201	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

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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , V	WHOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	6.8	%		HPLC

Page 4 of 15



DR. SHIVARAJA SHETTY M.B.B.S, M.D(Biochemistry) CONSULTANT BIOCHEMIST

SIN No:EDT240021953

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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: Mr.JAGANMOHAN REDDY VELURI

Age/Gender

: 51 Y 6 M 22 D/M

UHID/MR No

: CINR.0000073535

Visit ID

: CINROPV219933

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF : 918125889106

Collected : 24/Feb/2024 10:21AM

: 24/Feb/2024 03:08PM

Received Reported : 24/Feb/2024 07:26PM

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

ESTIMATED AVERAGE GLUCOSE	148	mg/dL	Calculated
(eAG)			

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

Page 5 of 15



DR. SHIVARAJA SHETTY M.B.B.S, M.D(Biochemistry) CONSULTANT BIOCHEMIST

SIN No:EDT240021953

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: Mr.JAGANMOHAN REDDY VELURI

Age/Gender

: 51 Y 6 M 22 D/M

UHID/MR No

: CINR.0000073535

Visit ID

: CINROPV219933

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF : 918125889106 Collected

: 24/Feb/2024 10:21AM

Received

: 24/Feb/2024 12:56PM

Reported

: 24/Feb/2024 05:42PM

Status : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	120	mg/dL	<200	CHO-POD
TRIGLYCERIDES	95	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	32	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	88	mg/dL	<130	Calculated
LDL CHOLESTEROL	68.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.73		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

Page 6 of 15



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04640598

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK









: Mr.JAGANMOHAN REDDY VELURI

Age/Gender

: 51 Y 6 M 22 D/M

UHID/MR No

: CINR.0000073535

Visit ID

: CINROPV219933

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 918125889106

Collected

: 24/Feb/2024 10:21AM

Received

: 24/Feb/2024 12:56PM

Reported Status : 24/Feb/2024 05:42PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Page 7 of 15



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04640598

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APOLLO CLINICS NETWORK









Patient Name : Mr.JAGANMOHAN REDDY VELURI

Age/Gender : 51 Y 6 M 22 D/M
UHID/MR No : CINR.0000073535
Visit ID : CINROPV219933

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 918125889106 Collected : 24/Feb/2024 10:21AM

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Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.79	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.19	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	86.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.59	g/dL	6.6-8.3	Biuret
ALBUMIN	4.46	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.13	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.
- 2. Cholestatic Pattern:
- ALP Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.• ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.
- 3. Synthetic function impairment: Albumin- Liver disease reduces albumin levels. Correlation with PT (Prothrombin Time) helps.

Page 8 of 15



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04640598

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK









: Mr.JAGANMOHAN REDDY VELURI

Age/Gender

: 51 Y 6 M 22 D/M

UHID/MR No

: CINR.0000073535

Visit ID

: CINROPV219933

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 918125889106

Collected

: 24/Feb/2024 10:21AM

Received

: 24/Feb/2024 12:56PM

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: 24/Feb/2024 05:42PM

Status

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SEF	RUM		
CREATININE	0.84	mg/dL	0.67-1.17	Jaffe's, Method
UREA	23.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.81	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	10.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL	17.00	U/L	<55	IFCC
TRANSPEPTIDASE (GGT), SERUM				

Page 10 of 15



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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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)	0.88	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.09	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.503	μIU/mL	0.34-5.60	CLIA

Comment:

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

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

TSH	Т3	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

Page 11 of 15

DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24032157

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Page 12 of 15



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC	<0.008	ng/mL	0-4	CLIA
ANTIGEN (tPSA), SERUM				

Comment:

Disclaimer: *The results determined by assays using different manufacturers or methods may not be comparable.

Manufacturer: BECKMAN COULTER

Page 13 of 15



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

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Age/Gender

: 51 Y 6 M 22 D/M

UHID/MR No Visit ID : CINR.0000073535 : CINROPV219933

Ref Doctor

: CINKOPV21993

Emp/Auth/TPA ID

: Dr.SELF : 918125889106 Collected

: 24/Feb/2024 10:21AM

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: 24/Feb/2024 03:37PM

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: 24/Feb/2024 09:02PM

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: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
OMPLETE URINE EXAMINATION (CUE), URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
рН	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				-
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE ++++		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE	b :	NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRLICH
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	•		
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Dr. Chinki Anupam M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 14 of 15



SIN No:UR2290782

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE









: Mr.JAGANMOHAN REDDY VELURI

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: 24/Feb/2024 10:21AM

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

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

*** End Of Report ***

Result/s to Follow: PERIPHERAL SMEAR

Page 15 of 15

Dr. Chinki Anupam M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist

SIN No:UF010780

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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