

Patient Name : Mr.NARESH REDDY KATIPALLY	Collected : 28/Aug/2023 08:07AM
Age/Gender : 36 Y 6 M 14 D/M	Received : 28/Aug/2023 12:48PM
UHID/MR No : CCHA.0000171916	Reported : 28/Aug/2023 02:37PM
Visit ID : CCHAOPV305890	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 1000003090	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**HEMOGRAM , WHOLE BLOOD EDTA**

HAEMOGLOBIN	16.1	g/dL	13-17	Spectrophotometer
PCV	47.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.94	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	96.1	fL	83-101	Calculated
MCH	<b>32.7</b>	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.2</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,010	cells/cu.mm	4000-10000	Electrical Impedence

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	46.6	%	40-80	Electrical Impedence
LYMPHOCYTES	<b>41.6</b>	%	20-40	Electrical Impedence
EOSINOPHILS	2.1	%	1-6	Electrical Impedence
MONOCYTES	9.5	%	2-10	Electrical Impedence
BASOPHILS	0.2	%	<1-2	Electrical Impedence

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	4198.66	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	<b>3748.16</b>	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	189.21	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	855.95	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	18.02	Cells/cu.mm	0-100	Electrical Impedence

<b>PLATELET COUNT</b>	303000	cells/cu.mm	150000-410000	Electrical impedence
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<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	2	mm at the end of 1 hour	0-15	Modified Westergren
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**PERIPHERAL SMEAR**

RBC NORMOCYTIC NORMOCHROMIC

WBC LYMPHOCYTOSIS

PLATELETS ARE ADEQUATE ON SMEAR

NO HEMOPARASITES SEEN

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



SIN No:BED230205379

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

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UHID/MR No : CCHA.0000171916	Reported : 28/Aug/2023 05:10PM
Visit ID : CCHAOPV305890	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 1000003090	

**DEPARTMENT OF HAEMATOLOGY**

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

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



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Age/Gender : 36 Y 6 M 14 D/M	Received : 28/Aug/2023 01:11PM
UHID/MR No : CCHA.0000171916	Reported : 28/Aug/2023 02:37PM
Visit ID : CCHAOPV305890	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 1000003090	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , NAF PLASMA</b>	89	mg/dL	70-100	GOD - POD
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**Comment:**

As per American Diabetes Guidelines

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.

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	130	mg/dL	70-140	HEXOKINASE
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**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.

Ref: Marks medical biochemistry and clinical approach

<b>HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA</b>	5.4	%		HPLC
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	108	mg/dL		Calculated

**Comment:**

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

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

Note: Dietary preparation or fasting is not required.

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

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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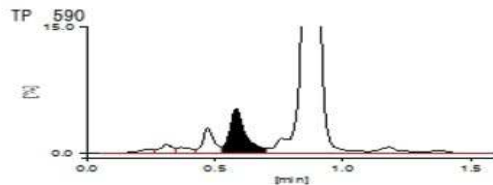
Chromatogram Report

1 V5.28 1 2023-08-28 14:29:16  
 ID EDT230079103  
 Sample No. 08280080 SL 0001 - 08  
 Patient ID  
 Name  
 Comment

CALIB Name	%	Time	Area
ATA	0.4	0.24	7.07
A1B	0.7	0.31	13.33
F	0.5	0.37	9.22
LA1C+	1.7	0.47	31.67
SA1C	5.4	0.58	78.85
AO	92.8	0.87	1696.93
H-V0			
H-V1			
H-V2			

Total Area 1837.07

HbA1c 5.4 % IFCC 35 mmol/mol  
HbA1 6.5 % HbF 0.5 %



SIN No:PLF02019707,PLP1363348,EDT230079103

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Age/Gender : 36 Y 6 M 14 D/M	Received : 28/Aug/2023 01:16PM
UHID/MR No : CCHA.0000171916	Reported : 28/Aug/2023 02:45PM
Visit ID : CCHAOPV305890	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 1000003090	

**DEPARTMENT OF BIOCHEMISTRY**

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

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**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	<b>210</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	105	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	<b>162</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>141</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.38		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.

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**DEPARTMENT OF BIOCHEMISTRY**

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6.VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



SIN No:SE04464699

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.87	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.71	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	36	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	90.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.01	g/dL	6.6-8.3	Biuret
ALBUMIN	4.41	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.7		0.9-2.0	Calculated



SIN No:SE04464699

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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM**

CREATININE	0.89	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	25.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.60	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.32	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.56	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	34.00	U/L	<55	IFCC



SIN No:SE04464699

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Age/Gender : 36 Y 6 M 14 D/M	Received : 28/Aug/2023 01:17PM
UHID/MR No : CCHA.0000171916	Reported : 28/Aug/2023 02:57PM
Visit ID : CCHAOPV305890	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 1000003090	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM**

Test Name	Result	Unit	Bio. Ref. Range	Method
TRI-iodothyronine (T3, TOTAL)	1.23	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.28	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.475	µIU/mL	0.38-5.33	CLIA

**Comment:**

**Note:**

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



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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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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



SIN No:SPL23122414

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

Patient Name : Mr.NARESH REDDY KATIPALLY	Collected : 28/Aug/2023 08:07AM
Age/Gender : 36 Y 6 M 14 D/M	Received : 28/Aug/2023 01:50PM
UHID/MR No : CCHA.0000171916	Reported : 28/Aug/2023 03:03PM
Visit ID : CCHAOPV305890	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 1000003090	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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**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	1.025		1.002-1.030	Bromothymol Blue

**BIOCHEMICAL EXAMINATION**

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

**Comment:**

- 1.Biochemical Examination of urine sample was performed by reflectance photometry and confirmed by alternative methods.
- 2.The samples are assessed for integrity and adequacy before processing.



SIN No:UR2173770

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

Patient Name : Mr.NARESH REDDY KATIPALLY	Collected : 28/Aug/2023 08:07AM
Age/Gender : 36 Y 6 M 14 D/M	Received : 28/Aug/2023 01:52PM
UHID/MR No : CCHA.0000171916	Reported : 28/Aug/2023 03:01PM
Visit ID : CCHAOPV305890	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 1000003090	


**DEPARTMENT OF CLINICAL PATHOLOGY**

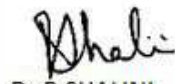
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**


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


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

Result/s to Follow:  
PERIPHERAL SMEAR

  
Dr. Shalini Singh  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist

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

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

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



**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination of

Mr. Naresh Reddy Kati Pally on 28/08/23 After reviewing the medical history on clinical examination it has been found that he/she is

Medically Fit	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---------------	---	-----------------------------

**Fit with restrictions/recommendations**

Though following restrictions have been revealed, in my opinion, these are not impediments to the job.

1.....

2.....

3.....

However the employee should follow the advice/medication that has been communicated to him/her.

Review after

Currently Unfit.

Review after.....

Recommended Unfit

Dr.  **Dr. BOLLINI MAANASA JAYARA**  
Reg No: TSMC/FMR/00039  
Qualification: M.B.B.S, M.Sc (Perfusion,  
Medical Officer  
The Apollo Clinic, Chandanagar

This certificate is not meant for medico-legal purposes



# PRESCRIPTION

Besaid Bata Show Room ,Madinaguda opp SBI Bank Hyderabad .040-23046745

Name: NARESH REDDY Date: 28-08-2023

Age: 36

UHID: \_\_\_\_\_ PH NO \_\_\_\_\_

	SPHE	CYL	AXIS	ADD	CVA
RIGHT	PL				20/20
LEFT	PL				20/20

Single Vision

Biofocal

Progressive

Glass

K-Biofocal

Normal Progressive

CR-39

D- Biofocal

Internal Progressive

Polycarbonate

(Glass/CR)

ARC

High Index

Photochromic

**Contact Lenses:**

Daily Disposables

Yearly DM

Monthly Disposables

Tori- ca BP

Quarterly Disposables

Cosmetics

Colour Vision Test:

RE: NORMAL

LE NORMAL

NEXT EXAMINATIONS : 1 YEAR

Month / Year

Signature

Name <u>Mr. Nareesh Reddy. K</u>	Date <u>28/8/23</u>
Age <u>36y</u>	UHID No. <u>171916</u>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Ref. Physician <u>Arcofemi</u>
Ref. Diagnosis	

## Echocardiogram Report

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

DIMENSIONS		NORMAL	DIMENSIONS		NORMAL
Ao (ed)	<u>2.4</u> cm	(1.5cm / m <sup>2</sup> )	IVS (Ed)	<u>1.0</u> cm	(0.6 - 1.2 cm)
LA (es)	<u>2.9</u> cm	(1.5cm / m <sup>2</sup> )	LVPW (Ed)	<u>1.0</u> cm	(0.6 - 1.1 cm)
RVID (ed)	_____ cm	(0.9 cm / m <sup>2</sup> )	EF	<u>65%</u>	(0.62 - 0.85)
LVID (ed)	<u>4.0</u> cm	(2.6 - 3.4 cm / m <sup>2</sup> )	% FD	_____	(28% - 42%)
LVID (es)	<u>2.4</u> _____				

### MORPHOLOGICAL DATA

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

THE APOLLO CLINIC  
PHYSICAL EXAMINATION FORM

ARCOFEMI

BILL DATE : 28/8/23, UHID: 171916,

BILL NO:

PATIENT NAME : Mr. Nareesh Reddy. K AGE: 36 y.

Weight : 68.2 Kgs

Height : 165 Cms

Chest Measurement :

(in)

(out)

Abdomen :

Pulse : 68 / bpm

B.P : 110/70 / mm Hg

SpO<sub>2</sub> - 99.1.

waist. 98 cm.

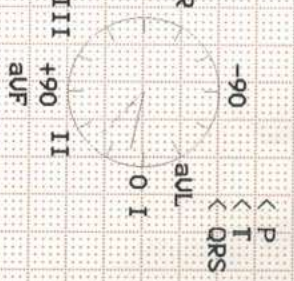
hip - 100.

BMI - 24.7



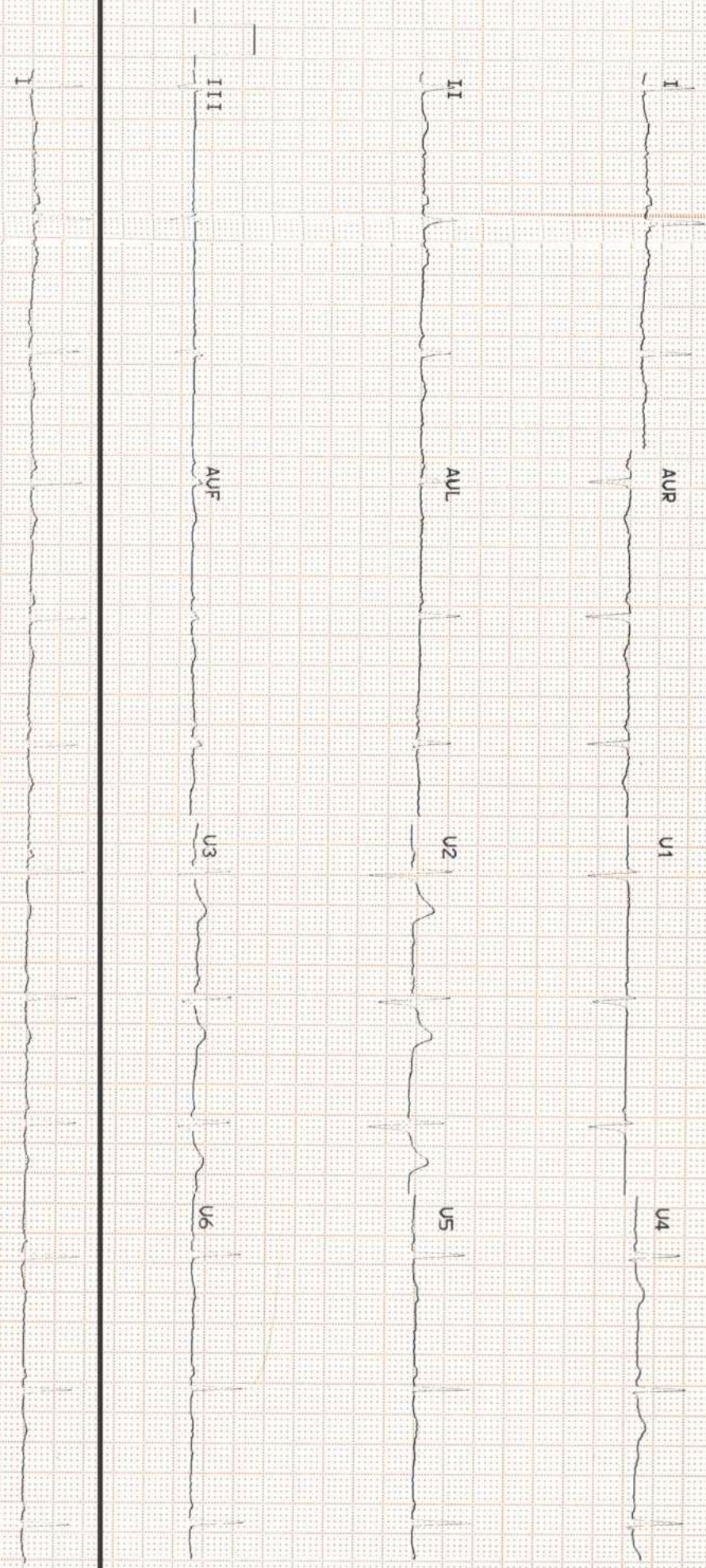
Measurement Resu I%:

QRS	88 ms
QT/QTcB	410 ms
PR	128 ms
P	96 ms
RR/PP	872 / 880 ms
P/QRS/T	42/ 1%/ 45 degrees



Interpretation:  
 12SL - Interpretation:  
 Normal sinus rhythm  
 Nonspecific T wave abnormality  
 Abnormal ECG

Unconfirmed report.





<b>Patient Name</b>	: Mr. NARESH REDDY KATIPALLY	<b>Age/Gender</b>	: 36 Y/M
<b>UHID/MR No.</b>	: CCHA.0000171916	<b>OP Visit No</b>	: CCHAOPV305890
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 28-08-2023 12:08
<b>LRN#</b>	: RAD2083943	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 1000003090		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size .**Increased Echogenicity** . No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals. **Liver measures : 13 cm .**

**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.  
**Spleen measures : 7 cm .**

**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 calculus / hydronephrosis seen on either side.  
**Right kidney measures : 95 x 40 mm . , Left kidney measures : 99 x 45 mm .**

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

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

### **IMPRESSION:-**

**1 . GRADE - I FATTY LIVER .**

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

**Patient Name** : Mr. NARESH REDDY KATIPALLY

**Age/Gender** : 36 Y/M



**Dr. G HEMALATHA**  
MBBS,DNB  
Radiology

**Patient Name** : Mr. NARESH REDDY KATIPALLY

**Age/Gender** : 36 Y/M

**UHID/MR No.** : CCHA.0000171916

**OP Visit No** : CCHAOPV305890

**Sample Collected on** :

**Reported on** : 28-08-2023 10:53

**LRN#** : RAD2083943

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 1000003090

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

**Elevated Right Dome of Diaphragm .**

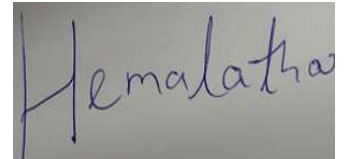
No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Left diaphragm are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**Rest normal .**



**Dr. G HEMALATHA**  
MBBS,DNB  
Radiology

Fwd: Health Check up Booking Confirmed Request(bobE45143),Package Code-  
PKG10000309, Beneficiary Code-41768

naresh reddy katipally <nareshreddy49@gmail.com>

Mon 8/28/2023 7:52 AM

To:Chandanagar Apolloclinic <chandanagar@apolloclinic.com>

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

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

Date: Sat, 26 Aug, 2023, 5:12 PM

Subject: Health Check up Booking Confirmed Request(bobE45143),Package Code-PKG10000309,  
Beneficiary Code-41768

To: <nareshreddy49@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

[Email:wellness@mediwheel.in](mailto:wellness@mediwheel.in)

Dear **MR. KATIPALLY NARESH REDDY,**

Please find the confirmation for following request.

**Booking Date** : 25-08-2023  
**Package Name** : Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO (Metro)  
**Name of Diagnostic/Hospital** : Apollo Clinic - Chandanagar  
**Address of Diagnostic/Hospital** : Suresh Square, Opposite SBI Bank, Madeenaguda, Serilingampally Mandal, Chanda Nagar -500050  
**Contact Details** : (040) 2304 6744 - 45,46,48/6309937232  
**City** : Hyderabad  
**State** : Telangana  
**Pincode** : 500050  
**Appointment Date** : 28-08-2023  
**Confirmation Status** : Confirmed  
**Preferred Time** : 8:00am-8:30am  
**Comment** : APPOINTMENT TIME 9:00AM

**Instructions to undergo Health Check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.





భారత ప్రభుత్వం  
Government of India



కటిపల్లి నరేష్ రెడ్డి  
Katipally Naresh Reddy

పుట్టిన సంవత్సరం / Year of Birth: 1987  
పురుషుడు / Male



2811 6604 4717



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ  
Unique Identification Authority of India

చిరునామా: S/O: కటిపల్లి బాల్  
రెడ్డి, 3-55, సదాశివనగర్ మండల్  
కుప్రియల్, కుప్రియల్, నిజామాబాదు  
ఆంధ్ర ప్రదేశ్, 503145

Address: S/O: Katipally Bal  
Reddy, House/Bldg./Apt.:  
3-55, Area/Locality/Sector:  
Sadasivanagar Mandi,  
Village/Town/City: Kuprial,  
District: Nizamabad, P.O.:  
Kupriyal, State: Andhra  
Pradesh, PinCode: 503145

2811 6604 4717

ఆధార్ - సామానుని హక్కు

1947  
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

Patient Name	: Mr. NARESH REDDY KATIPALLY	Age	: 36 Y/M
UHID	: CCHA.0000171916	OP Visit No	: CCHAOPV305890
Reported By:	: Dr. A RAVINDRA	Conducted Date	: 28-08-2023 11:48
Referred By	: SELF		

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### **ECG REPORT**

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 68 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

#### **Impression:**

NORMAL RESTING ECG.

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



Dr. A RAVINDRA

Patient Name : Mr. NARESH REDDY KATIPALLY Age : 36 Y/M  
UHID : CCHA.0000171916 OP Visit No : CCHAOPV305890  
Conducted By: : Dr. A RAVINDRA Conducted Date : 28-08-2023 12:36  
Referred By : SELF

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**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed)	2.4 CM
LA (es)	2.9 CM
LVID (ed)	4.0 CM
LVID (es)	2.4 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	65.00%
%FD	33.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NO EFFUSION
LEFT VENTRICLE: NO RWMA	



Patient Name : Mr. NARESH REDDY KATIPALLY Age : 36 Y/M  
UHID : CCHA.0000171916 OP Visit No : CCHAOPV305890  
Conducted By: : Dr. A RAVINDRA Conducted Date : 28-08-2023 12:36  
Referred By : SELF

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COLOUR AND DOPPLER STUDIES:- TRIVIAL MR/ TR/ NO AR/PR

PWD: E>A AT MITRAL INFLOW

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

VELOCITY ACROSS THE PULMONIC VALVE UPTO  
0.9m/sec

VELOCITY ACROSS THE AV UPTO 1.0m/sec

**IMPRESSION:-**


**NORMAL CARDIAC CHAMBERS,**

**NO RWMA,**

**GOOD LV FUNCTION,**

**TRIVIAL MR/ TR/ NO AR/ PR,**

**NO PE/ CLOT/ VEGS.**



Dr. A  
RAVINDRA

Patient Name : Mr. NARESH REDDY KATIPALLY Age : 36 Y/M  
UHID : CCHA.0000171916 OP Visit No : CCHAOPV305890  
Conducted By: : Dr. A RAVINDRA Conducted Date : 28-08-2023 12:36  
Referred By : SELF

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