

Patient Name : Mr.KRANTHI VINAY R	Collected : 16/Feb/2024 09:12AM
Age/Gender : 32 Y 11 M 18 D/M	Received : 16/Feb/2024 10:12AM
UHID/MR No : CKON.0000426859	Reported : 16/Feb/2024 11:53AM
Visit ID : CKONOPV638102	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 117628	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.5	g/dL	13-17	Spectrophotometer
PCV	43.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.46	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	97	fL	83-101	Calculated
MCH	32.6	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,900	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	55	%	40-80	Electrical Impedance
LYMPHOCYTES	35	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4895	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3115	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	178	Cells/cu.mm	20-500	Calculated
MONOCYTES	712	Cells/cu.mm	200-1000	Calculated
Neutrophil Lymphocyte ratio (NLR)	1.57		0.78- 3.53	Calculated
PLATELET COUNT	332000	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				

RBC :Normocytic Normochromic.

WBC : TLC and DLC Within normal limits.

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Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



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PLATELETS :Adequate on the smear.




Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist

Patient Name : Mr.KRANTHI VINAY R	Collected : 16/Feb/2024 09:12AM
Age/Gender : 32 Y 11 M 18 D/M	Received : 16/Feb/2024 02:06PM
UHID/MR No : CKON.0000426859	Reported : 16/Feb/2024 07:53PM
Visit ID : CKONOPV638102	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 117628	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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			Microplate technology
Rh TYPE	Negative			Microplate technology


Dr.SRINIVAS N.S.NORI
M.B.B.S,M.D(Pathology)
CONSULTANT PATHOLOGY

SIN No:HA06498223

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



Patient Name : Mr.KRANTHI VINAY R	Collected : 16/Feb/2024 11:50AM
Age/Gender : 32 Y 11 M 18 D/M	Received : 16/Feb/2024 12:42PM
UHID/MR No : CKON.0000426859	Reported : 16/Feb/2024 12:58PM
Visit ID : CKONOPV638102	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 117628	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	90	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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	106	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.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



Patient Name : Mr.KRANTHI VINAY R	Collected : 16/Feb/2024 09:12AM
Age/Gender : 32 Y 11 M 18 D/M	Received : 16/Feb/2024 12:01PM
UHID/MR No : CKON.0000426859	Reported : 16/Feb/2024 01:51PM
Visit ID : CKONOPV638102	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 117628	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	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)


Dr. RAJESH BATTINA
 PhD.(Biochemistry)
 Consultant Biochemist


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



SIN No:EDT240017294

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

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Visit ID : CKONOPV638102	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 117628	

DEPARTMENT OF BIOCHEMISTRY

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

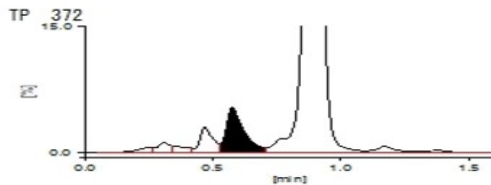
Chromatogram Report

HLC72368 V5.28.1 2024-02-16 13:30:43
 ID EDT240017294
 Sample No. 02160083 SL 0007 - 09
 Patient ID
 Name
 Comment

CALIB			
Name	%	Time	Area
A1A	0.4	0.24	7.83
A1B	0.6	0.31	12.34
F	0.5	0.39	9.97
LA1C+	1.7	0.47	34.41
SA1C	5.4	0.58	83.38
A0	93.0	0.88	1846.10
H-V0			
H-V1			
H-V2			

Total Area 1994.03

HbA1c 5.4 % **IFCC 36 mmol/mol**
 HbA1 6.4 % HbF 0.5 %



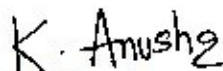
16-02-2024 13:30:43 APOLLO

APOLLO DIAGNOSTICS GLOBAL
BALANAGER

1 / 1



Dr. RAJESH BATTINA
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Consultant Biochemist

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SIN No:EDT240017294

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK

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Address:
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Patient Name : Mr.KRANTHI VINAY R	Collected : 16/Feb/2024 09:12AM
Age/Gender : 32 Y 11 M 18 D/M	Received : 16/Feb/2024 10:39AM
UHID/MR No : CKON.0000426859	Reported : 16/Feb/2024 11:02AM
Visit ID : CKONOPV638102	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 117628	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	215	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	234	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	33	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	182	mg/dL	<130	Calculated
LDL CHOLESTEROL	135.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	46.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.52		0-4.97	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



Dr. Sukumar Sannidhi
MD(Path)
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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.30	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	1.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	41	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	38.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	84.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.90	g/dL	6.3-8.2	Biuret
ALBUMIN	4.60	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		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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Dr.Sukumar Sannidhi
MD(Path)
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Patient Name : Mr.KRANTHI VINAY R	Collected : 16/Feb/2024 09:12AM
Age/Gender : 32 Y 11 M 18 D/M	Received : 16/Feb/2024 02:20PM
UHID/MR No : CKON.0000426859	Reported : 16/Feb/2024 06:32PM
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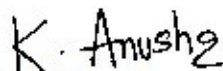
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.99	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	14.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.10	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.59	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.33	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)



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SIN No:BI18325895

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UHID/MR No : CKON.0000426859	Reported : 16/Feb/2024 10:47AM
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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	42.00	U/L	15-73	Glycylglycine Nitoranalide



Dr. Sukumar Sannidhi
MD(Path)
Consultant Pathologist



Patient Name : Mr.KRANTHI VINAY R	Collected : 16/Feb/2024 09:12AM
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UHID/MR No : CKON.0000426859	Reported : 16/Feb/2024 11:43AM
Visit ID : CKONOPV638102	Status : Final Report
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Emp/Auth/TPA ID : 117628	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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)	1.02	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.79	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.533	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	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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MD(Path)
Consultant Pathologist



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Age/Gender : 32 Y 11 M 18 D/M	Received : 16/Feb/2024 10:49AM
UHID/MR No : CKON.0000426859	Reported : 16/Feb/2024 11:15AM
Visit ID : CKONOPV638102	Status : Final Report
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Emp/Auth/TPA ID : 117628	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	4-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 12 of 13




Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
SIN No: UR2283881
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Address:
The Apollo Medical Centre, 2-20/6/A, Kothaguda X Roads, Kondapur,
Hyderabad, Telangana, India - 500032


1860 500 7788
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APOLLO CLINICS NETWORK
Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Patient Name : Mr.KRANTHI VINAY R	Collected : 16/Feb/2024 09:12AM
Age/Gender : 32 Y 11 M 18 D/M	Received : 16/Feb/2024 10:49AM
UHID/MR No : CKON.0000426859	Reported : 16/Feb/2024 11:54AM
Visit ID : CKONOPV638102	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 117628	

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

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

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

Result/s to Follow:
PERIPHERAL SMEAR



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



Patient Name	: Mr. KRANTHI VINAY R	Age/Gender	: 32 Y/M
UHID/MR No.	: CKON.0000426859	OP Visit No	: CKONOPV638102
Sample Collected on	:	Reported on	: 16-02-2024 12:10
LRN#	: RAD2237968	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 117628		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and mild increased in echotexture. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals.

Gall bladder is distended normal. 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 calculus / hydronephrosis seen on either side.

Right kidney measures 98 x 48 mm.

Left kidney measures 105 x 44 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 measures 30 x 30 x 28mm,Volume--16cc.

IMPRESSION:-

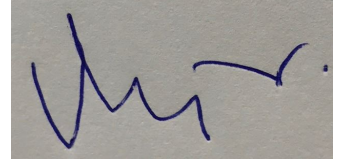
****MILD FATTY CHANGES IN LIVER.**

Suggest – clinical correlation.

Patient Name : Mr. KRANTHI VINAY R

Age/Gender : 32 Y/M

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



Dr. VIJAYA KUMAR M
MBBS, DMRD
Consultant Radiologist

Patient Name : Mr. KRANTHI VINAY R

Age/Gender : 32 Y/M

UHID/MR No. : CKON.0000426859

OP Visit No : CKONOPV638102

Sample Collected on :

Reported on : 16-02-2024 17:42

LRN# : RAD2237968

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 117628

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

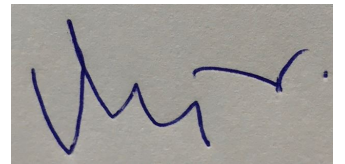
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. VIJAYA KUMAR M
MBBS, DMRD
Consultant Radiologist

Name	Mr. Kyanthi Vinayar	Date	16/2/24
Age	32y	UHID No.	426859
<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Ref. Physician	Dr. Ramu.A
Ref. Diagnosis			

Echocardiogram Report

Echogenicity Poor Adequate Good Ht. _____ Wt. _____ BSA _____

DIMENSIONS		NORMAL	DIMENSIONS		NORMAL
Ao (ed)	3.1	cm (1.5cm / m2)	IVS (Ed)	1.1	cm (0.6 - 1.2 cm)
LA (es)	3.3	cm (1.5cm / m2)	LVPW (Ed)	1.1	cm (0.6 - 1.1 cm)
RVID (ed)	3.2	cm (0.9 cm / m2)	EF	65	(0.62 - 0.85)
LVID (ed)	4.3	cm (2.6 - 3.4 cm / m2)	% FD	35	(2.8% - 42%)
LVID (es)	2.7				

MORPHOLOGICAL DATA

Mitral Valve	AML	2	Interatrial septum	Normal
	PML	2	Interventricular septum	Normal
Aortic Valve		2	Pulmonary artery	2
Tricuspid valve		2	Aorta	2
Pulmonary valve		2	Right atrium	2
Right ventricle		2	Left atrium	2

A: 0.6 m/s

IMPRESSION:-
NORMAL CHAMBERS
NO RWMA
GOOD LV/ RV FUNCTION
NO MR/ AR/ TR/ PAH
NO CLOT/ PE



Dr. RAMU
ANKAM

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana.

APOLLO CLINICS NETWORK

Andhra Pradesh: Tirupati (Sankarambadi Circle) **Vizag** (Seethamma Peta)

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Nallakunta | Nizampet | SR Nagar | Vanasthalipuram)

Online appointments: www.apolloedoc.in | Online reports: <https://phr.apolloclinic.com> | www.apolloclinic.com

TO BOOK AN APPOINTMENT



1860 500 7788

Patient Name	: Mr. KRANTHI VINAY R	Age	: 32 Y/M
UHID	: CKON.0000426859	OP Visit No	: CKONOPV638102
Reported By:	: Dr. VENKATA RAYUDU NEKKANTI	Conducted Date	: 16-02-2024 16:45
Referred By	: SELF		

ECG REPORT

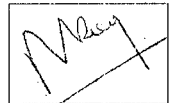
Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 81 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen

Impression:

NORMAL SINUS RHYTHM
CORRELATE CLINICALLY

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



Dr. VENKATA RAYUDU NEKKANTI

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana.

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Name: Mr. KRANTHI VINAY R
 Age/Gender: 32 Y/M
 Address: HYD
 Location: HYDERABAD, TELANGANA
 Doctor: GENERAL
 Department: GENERAL
 Rate Plan: KONDAPUR_06042023
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CKON.0000426859
 Visit ID: CKONOPV638102
 Visit Date: 16-02-2024 08:46
 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
16-02-2024 13:34	81 Beats/min	130/80 mmHg	Rate/min	F	178 cms	88.5 Kgs	%	%	Years	27.93	98 cms	101 cms	98 cms		AHLL09485

Mr kranthikumur
ID: 42859

16.02.2024 11:17:45
APOLLO MEDICAL CENTRE

Room:

81 bpm

32 Years

Male

HYDERABAD

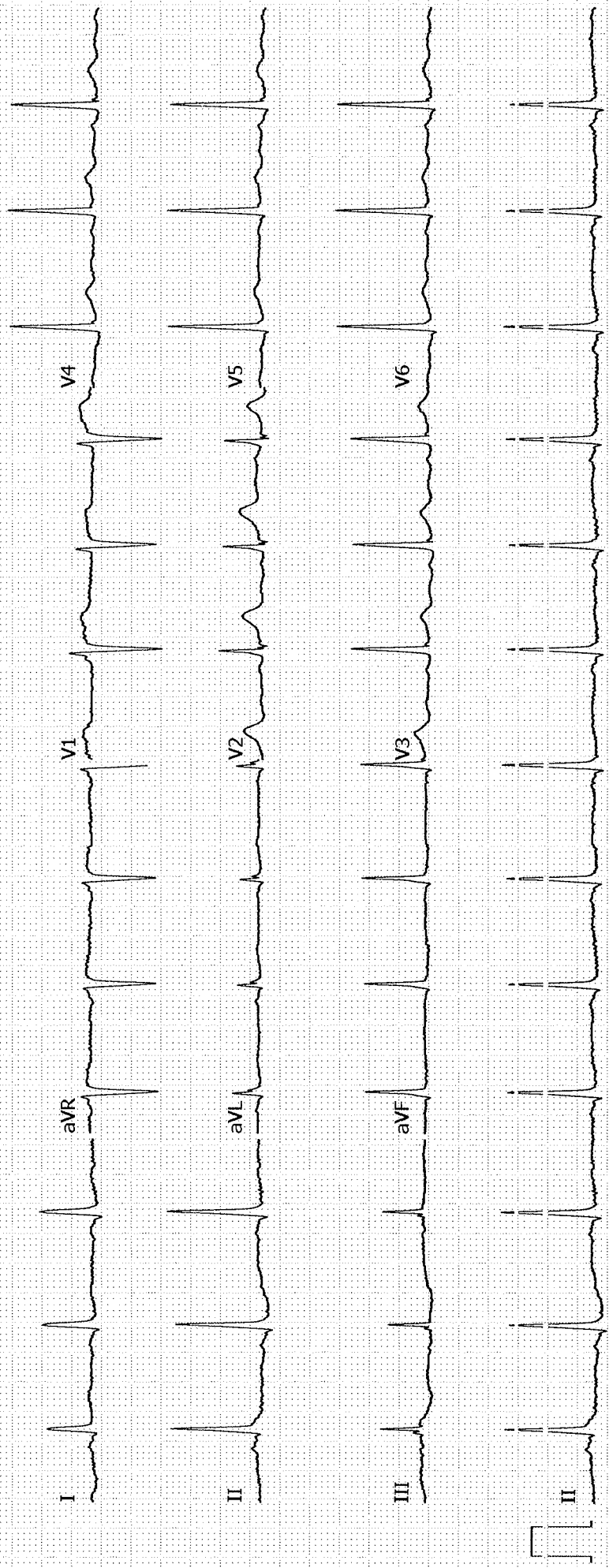
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 90 ms
QT / QTcBaz : 370 / 429 ms
PR : 116 ms
P : 76 ms
RR / PP : 738 / 740 ms
P / QRS / T : 22 / 60 / -24 degrees

Normal sinus rhythm
Abnormal QRS-T angle, consider primary I wave abnormality
~~Abnormal ECG~~

Dr. Srinivasulu



GLASS PRESCRIPTION

DATE: 16/02/2024.

UHID: 426859.

PATIENT NAME: Mr. *Kranthi Varun* AGE/ GENDER:
32/M.
R.

	UAVA	SPH	CYL	AXIS	ADD	BCVA
OD	6/6 6/6	2	—		2	6/6
OS	6/6 6/6	2	—		2	6/6

COLOR VISION: *BB normal.*

INSTRUCTIONS: * Bluray glasses here.

[Signature]
SIGNATURE

