


Patient Name : Mr.VADAPALLI RAJESH	Collected : 26/Jan/2024 08:30AM
Age/Gender : 30 Y 6 M 0 D/M	Received : 26/Jan/2024 01:39PM
UHID/MR No : CVIS.0000123179	Reported : 26/Jan/2024 05:16PM
Visit ID : CVISOPV120670	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 333263	

DEPARTMENT OF HAEMATOLOGY

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:BED240018592

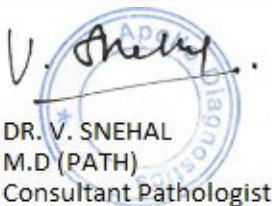
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DEPARTMENT OF HAEMATOLOGY

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	16.2	g/dL	13-17	Spectrophotometer
PCV	48.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	6.01	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	84	fL	83-101	Calculated
MCH	27.3	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	53.1	%	40-80	Electrical Impedance
LYMPHOCYTES	37.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.6	%	1-6	Electrical Impedance
MONOCYTES	7	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3239.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2269.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	158.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	427	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6.1	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	291000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				



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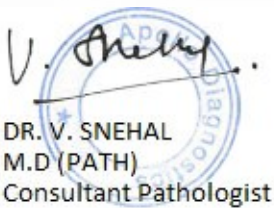
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DEPARTMENT OF HAEMATOLOGY

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	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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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
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)	101	mg/dL	70-140	GOD - POD

Comment:

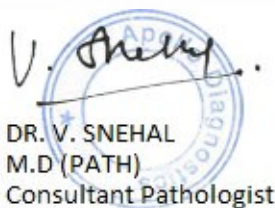
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	mg/dL		Calculated

Comment:

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DEPARTMENT OF BIOCHEMISTRY

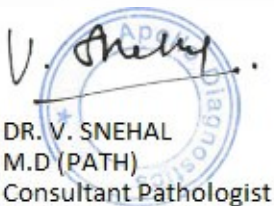
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Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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

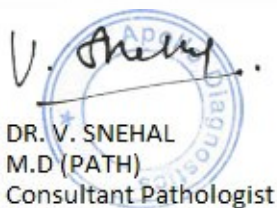
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	225	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	124	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	41	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	184	mg/dL	<130	Calculated
LDL CHOLESTEROL	159.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.50		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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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	0.90	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.75	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	36.67	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.7	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	114.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.20	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.35	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.85	g/dL	2.0-3.5	Calculated
A/G RATIO	1.13		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.

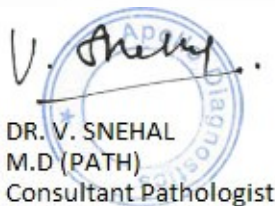
2. Cholestatic Pattern:

- 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.

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DEPARTMENT OF BIOCHEMISTRY

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



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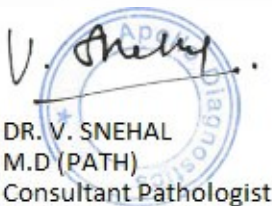
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.19	mg/dL	0.7-1.2	Jaffe
UREA	15.75	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	7.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.83	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	10.12	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	2.16	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	136	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.30	U/L	0-55	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

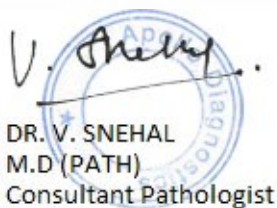
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.53	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	102.00	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	5.410	µIU/mL	0.3-4.5	CLIA

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



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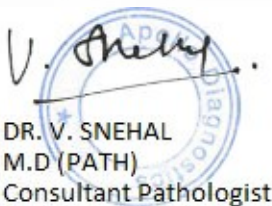
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DEPARTMENT OF CLINICAL PATHOLOGY

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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	6.0		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	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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SIN No:UR2268393

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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. 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 ***



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



SIN No:UF010286

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

Date :- 26/1/24,

Vizakhapatnam,

Dear Sir, Madam ;

This is to Inform . Today 26-01-2024
Republic day PH. So today doctor are
not available and lab reports are not released
due to this , we upload documents Tomorrow
after doctor consultation and Signature.

Thanks & regards,

Apollo Clinic, Vizag.

Patient Name	: Mr. VADAPALLI RAJESH	Age/Gender	: 30 Y/M
UHID/MR No.	: CVIS.0000123179	OP Visit No	: CVISOPV120670
Sample Collected on	:	Reported on	: 26-01-2024 12:19
LRN#	: RAD2216977	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 333263		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : 11.1cm. 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 calculus/ hydronephrosis seen on either side.

Right kidney : 9.1 x 4.1 cm

Left kidney : 9.6 x 4.4 cm

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:-

***No significant abnormality detected.**

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



Patient Name : Mr. VADAPALLI RAJESH

Age/Gender : 30 Y/M

This is only a screening test.

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Patient Name : Mr. VADAPALLI RAJESH

Age/Gender : 30 Y/M

UHID/MR No. : CVIS.0000123179

OP Visit No : CVISOPV120670

Sample Collected on :

Reported on : 26-01-2024 09:13

LRN# : RAD2216977

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 333263

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

Name: Mr. VADAPALLI RAJESH
Age/Gender: 30 Y/M
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. GOLI INDIRA PRIYADARSHINI

MR No: CVIS.0000123179
Visit ID: CVISOPV120670
Visit Date: 26-01-2024 08:26
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. VADAPALLI RAJESH
Age/Gender: 30 Y/M
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ANCHAL KAPOOR

MR No: CVIS.0000123179
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Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. N MUKUNDA RAO

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Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ABHIJEET SINGH SACHAN

MR No: CVIS.0000123179
Visit ID: CVISOPV120670
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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
26-01-2024 13:28	84 Beats/min	120/80 mmHg	18 Rate/min	98.6 F	177 cms	72 Kgs	%	%	Years	22.98	cms	cms	cms		AHLL07730

Established Patient: No

Vitals

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