



बैंक ऑफ बड़ोदा
Bank of Baroda


नाम के. राजमोहन रेड्डी

Name K. Rajamohan Reddy

EC No 168536



कार्यवाही प्रमाणिका
Working Account


आपके के हस्ताक्षर
Signature of Member

CORPORATE BOOKINGS

#	PHASORZ TECHNOLOGIES P	Aravindh Kumar M	PHASORZ STANDARD AHC CREDIT PAN I	PHASORZ - STANDARD EHC - PAN INDIA -	9344762743
#	PHASORZ TECHNOLOGIES P	Sai Srinivas Keshetti	PHASORZ STANDARD HC PACKS 45 TO 4	PHASORZ - STANDARD HC PACKS 45 - PA	8019862216
#	PHASORZ TECHNOLOGIES P	Akuthota Syed Mahammad	PHASORZ BANK OF AMERICA CONTINUU	PHASORZ - BANK OF AMERICA CONTINUU	9962978690
#	PHASORZ TECHNOLOGIES P	A S Haleema	PHASORZ BANK OF AMERICA CONTINUU	PHASORZ - BANK OF AMERICA CONTINUU	9962978690
#	PHASORZ TECHNOLOGIES P	Praveen Kumar Reddy	PHASORZ STANDARD HC PACKS 75 TO 8	PHASORZ - STANDARD HC PACKS 75 - PA	8096867273
#	PHASORZ TECHNOLOGIES P	Gopala Pavan Sai	PHASORZ IBM INDIVIDUAL TESTS CREDIT	Check Authorisation letter	9515081474
#	HEALTH WEALTH MANAGEN	Gopal Ghodke .	HEALTH WEALTH NOVATEUR PMC CREDIT	HEALTH WEALTH - NOVATEUR - PMC - PA	8275387745
#	PHASORZ TECHNOLOGIES P	Diwya Pentakota	PHASORZ COGNIZANT AHC CREDIT PAN	PHASORZ - COGNIZANT - AHC PACK I BEL	9000679144
#	APOLLO HEALTHCO LIMITED	Kranthi Kumar Kollu	APOLLO HEALTHCO URLIFE NOVARTIS IN	APOLLO HEALTHCO - URLIFE - NOVARTIS	8143101382
#	CIPLA LIMITED	Mahender Reddy thummala	CIPLA BAJAJ FINSERV AHC CREDIT PAN I	CIPLA - BAJAJ FINSERV - AHC BELOW 40Y	9959204009
#	CARRIER TECHNOLOGIES IN	SRINU SANDEEP GALI	CARRIER TECHNOLOGIES AHC CREDIT PA	CARRIER TECHNOLOGIES - AHC MALE - PA	9989016293
#	AVYUKT HEALTHCARE SOLU	Tripti Sahu	AVYUKT HEALTHCARE SANO PMC CREDIT	AVYUKT HEALTHCARE - SANO - PMC BEL	9777688059
#	ACCENTURE SOLUTIONS PRI	ivasanth kumar	ACCENTURE SOLUTIONS AHC PACK 1 TO	ACEN - AHC PACK 5 MALE - PAN INDIA - F	9494961522
#	CARRIER TECHNOLOGIES IN	Ashutosh Sharma	CARRIER TECHNOLOGIES AHC CREDIT PA	CARRIER TECHNOLOGIES - AHC MALE - PA	9560361376
#	QIKWELL TECHNOLOGIES IN	Ramya veeranjanya	QIKWELL LAND T GROUP 22LT-10198 AH	QIKWELL - L AND T GROUP - 22LT-10198	9110234242
#	ARCOFEMI HEALTHCARE LIN	Kesamreddy Ramanamma	ARCOFEMI MEDIWHEEL FEMALE AHC CH	ARCOFEMI - MEDIWHEEL - FULL BODY HE	9573033262
#	ARCOFEMI HEALTHCARE LIN	MR. KESAMREDDY RAJAMOHAN	ARCOFEMI MEDIWHEEL MALE AHC CREDIT	ARCOFEMI - MEDIWHEEL - FULL BODY AN	9573033262
#	CARRIER TECHNOLOGIES IN	Syed Abdul Khader .	CARRIER TECHNOLOGIES AHC CREDIT PA	CARRIER TECHNOLOGIES - AHC MALE - PA	8801501649
#	HEALTHASSURE PRIVATE LIN	Amer Ahmed Khan	HEALTH ASSURE NEW LORL AND UBS HQ	HEALTH ASSURE - UBS - ADVANCE PLAN 4	9885776641
#	VISIT HEALTH PRIVATE LIMIT	Bhuma Devi	VISIT HEALTH NB DIAGNOSTICS TESTS	VISIT HEALTH - NB DIAGNOSTIC TESTS PA	9133084013
#	NOVOCURA TECH HEALTH S	Deepayan Ghosh	NOVOCURA MFCCH 808 HC CREDIT PA	NOVOCURA - MFCCH 808 PACK 2 BELOW	7019449052
#	PHASORZ TECHNOLOGIES P	Navya	PHASORZ INDIVIDUAL TESTS CREDIT PAN	PHASORZ - INDIVIDUAL TESTS - USG WHC	7989098358
#	APOLLO HEALTHCO LIMITED	Keertana Vijay Kumar	APOLLO HEALTHCO URLIFE NOVARTIS IN	APOLLO HEALTHCO - URLIFE - NOVARTIS	9177909923
#	NOVOCURA TECH HEALTH S	Garvit Tyagi	NOVOCURA MFCCH 808 HC CREDIT PA	NOVOCURA - MFCCH 808 PACK 2 BELOW	6363615590
#	CONNECT AND HEAL PRIMA	Katravath Sandeep	CONNECT AND HEAL COLT HC CREDIT PA	CONNECT AND HEAL - COLT - CLT PACK M	9542878485
#	CONNECT AND HEAL PRIMA	Iffat Jahan Afreen	CONNECT AND HEAL OPEN TEXT CN-OP	CONNECT AND HEAL - CN-OPT-ST1- STAN	9652875492
#	CONNECT AND HEAL PRIMA	Jyoti Ranjan Das	CONNECT AND HEAL SVN IC HC CREDIT	CONNECT AND HEAL - CNH-SVN-IC-ADV-N	7749899171
#	CONNECT AND HEAL PRIMA	M Soumya Prakashsahoo	CONNECT AND HEAL SVN IC HC CREDIT	CONNECT AND HEAL - CNH-SVN-IC-ADV-N	8117026572
#	CONNECT AND HEAL PRIMA	Aman Kumar	CONNECT AND HEAL SVN IC HC CREDIT	CONNECT AND HEAL - CNH-SVN-IC-ADV-N	8292933300
#	ARCOFEMI HEALTHCARE LIN	MR. THOTA SRIDHAR	ARCOFEMI MEDIWHEEL MALE AHC CREDIT	ARCOFEMI - MEDIWHEEL - FULL BODY AN	9480658678
#	CONNECT AND HEAL PRIMA	Kapu Ganga Bhavani	CONNECT AND HEAL SE SCREENING HC	CONNECT AND HEAL - SE - SCREENING HC	7076315068
#	CONNECT AND HEAL PRIMA	Kapu Yatish	CONNECT AND HEAL SE SCREENING HC	CONNECT AND HEAL - SE - SCREENING HC	7076315068

Patient Name : Mr. Rajamohan Reddy K

Age/Gender : 34 Y/M

UHID/MR No. : CMAN.0000096069

OP Visit No : CMANOPV195688

Sample Collected on :

Reported on : 24-02-2024 19:16

LRN# : RAD2246380

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 365995

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Cardiac is normal.

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. MD RAHEEMUDDIN QURESHI
Radiology

Patient Name	: Mr. Rajamohan Reddy K	Age/Gender	: 34 Y/M
UHID/MR No.	: CMAN.0000096069	OP Visit No	: CMANOPV195688
Sample Collected on	:	Reported on	: 24-02-2024 20:26
LRN#	: RAD2246380	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 365995		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size 14.14 cm and increased 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 in size 9.43 cm. 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 : 9.59 x 4.04 cm.

Left Kidney : 10.25 x 4.84 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 is normal in size 2.24 x 3.28 x 2.89 cm and echo texture. Volume measuring 11.13 ml.

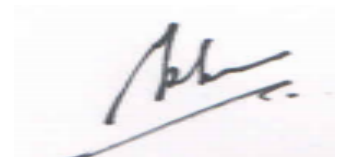
No evidence of necrosis/calcification seen.

IMPRESSION:-

- FATTY LIVER.

Suggest – clinical correlation.

(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. MD RAHEEMUDDIN QURESHI



Patient Name : Mr. Rajamohan Reddy K

Age/Gender : 34 Y/M

Radiology


Patient Name : Mr.RAJAMOHAN REDDY K	Collected : 24/Feb/2024 08:34AM
Age/Gender : 34 Y 8 M 15 D/M	Received : 24/Feb/2024 02:03PM
UHID/MR No : CMAN.0000096069	Reported : 24/Feb/2024 04:14PM
Visit ID : CMANOPV195688	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 365995	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.3	g/dL	13-17	Spectrophotometer
PCV	43.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.21	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83.9	fL	83-101	Calculated
MCH	29.3	pg	27-32	Calculated
MCHC	34.9	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,620	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51	%	40-80	Electrical Impedance
LYMPHOCYTES	38.1	%	20-40	Electrical Impedance
EOSINOPHILS	4.5	%	1-6	Electrical Impedance
MONOCYTES	6	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3886.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2903.22	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	342.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	457.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	30.48	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.34		0.78- 3.53	Calculated
PLATELET COUNT	344000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR


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

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SIN No:BED240047747

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

Patient Name	: Mr.RAJAMOHAN REDDY K	Collected	: 24/Feb/2024 08:34AM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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

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Age/Gender : 34 Y 8 M 15 D/M	Received : 24/Feb/2024 02:03PM
UHID/MR No : CMAN.0000096069	Reported : 24/Feb/2024 05:43PM
Visit ID : CMANOPV195688	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate technology
Rh TYPE	Positive			Microplate technology



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Consultant Pathologist



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	94	mg/dL	70-100	Hexokinase

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)	113	mg/dL	70-140	HEXOKINASE

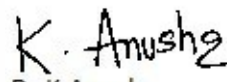
Comment:


It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each 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	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated


Dr. RAJESH BATTINA
 PhD.(Biochemistry)
 Consultant Biochemist


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

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SIN No:EDT240021308

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Patient Name : Mr.RAJAMOHAN REDDY K	Collected : 24/Feb/2024 08:34AM
Age/Gender : 34 Y 8 M 15 D/M	Received : 24/Feb/2024 02:02PM
UHID/MR No : CMAN.0000096069	Reported : 24/Feb/2024 04:26PM
Visit ID : CMANOPV195688	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Comment:

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

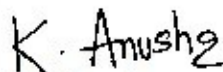
REFERENCE GROUP	HbA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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

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SIN No:EDT240021308

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Patient Name : Mr.RAJAMOHAN REDDY K
 Age/Gender : 34 Y 8 M 15 D/M
 UHID/MR No : CMAN.0000096069
 Visit ID : CMANOPV195688
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 365995

Collected : 24/Feb/2024 08:34AM
 Received : 24/Feb/2024 02:02PM
 Reported : 24/Feb/2024 04:26PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

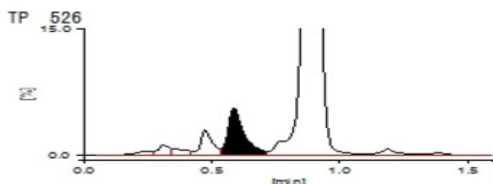
Chromatogram Report

1 V5.28 1 2024-02-24 15:16:59
 ID EDT240021308
 Sample No. 02240161 SL 0001 - 10
 Patient ID
 Name
 Comment

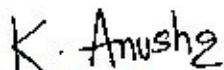
CALIB Name	%	Time	Area
ATA	0.4	0.25	6.47
A1B	0.6	0.31	10.77
F	0.5	0.39	8.86
LA1C+	1.7	0.47	29.47
SA1C	5.7	0.59	74.65
AO	92.9	0.88	1588.81
H-V0			
H-V1			
H-V2			

Total Area 1719.03

HbA1c 5.7 % **IFCC 38 mmol/mol**
 HbA1 6.7 % HbF 0.5 %




Dr. RAJESH BATTINA
 PhD.(Biochemistry)
 Consultant Biochemist



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

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Age/Gender : 34 Y 8 M 15 D/M
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Visit ID : CMANOPV195688
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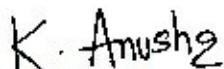
Collected : 24/Feb/2024 08:34AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324



Dr.RAJESH BATTINA
PhD.(Biochemistry)
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M.B.B.S.,M.D(Biochemistry)
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Patient Name : Mr.RAJAMOCHAN REDDY K	Collected : 24/Feb/2024 08:34AM
Age/Gender : 34 Y 8 M 15 D/M	Received : 24/Feb/2024 02:17PM
UHID/MR No : CMAN.0000096069	Reported : 24/Feb/2024 06:24PM
Visit ID : CMANOPV195688	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 365995	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	203	mg/dL	<200	CHO-POD
TRIGLYCERIDES	238	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	41	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	162	mg/dL	<130	Calculated
LDL CHOLESTEROL	114.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	47.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.95		0-4.97	Calculated

Comment:

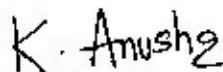
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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.



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



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

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SIN No:SE04639589

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.91	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.19	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.72	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	46	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	34.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	84.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.26	g/dL	6.6-8.3	Biuret
ALBUMIN	4.67	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.59	g/dL	2.0-3.5	Calculated
A/G RATIO	1.3		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:

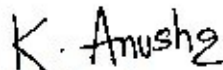
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



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

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SIN No:SE04639589

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

Patient Name : Mr.RAJAMOHAN REDDY K	Collected : 24/Feb/2024 08:34AM
Age/Gender : 34 Y 8 M 15 D/M	Received : 24/Feb/2024 02:17PM
UHID/MR No : CMAN.0000096069	Reported : 24/Feb/2024 04:34PM
Visit ID : CMANOPV195688	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 365995	

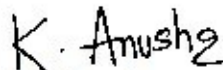
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.76	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	15.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.58	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.75	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.95	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101-109	ISE (Indirect)



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



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

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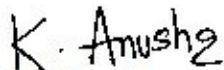
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	63.00	U/L	<55	IFCC



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



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

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Age/Gender : 34 Y 8 M 15 D/M	Received : 24/Feb/2024 02:30PM
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Visit ID : CMANOPV195688	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 365995	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.3	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.37	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.868	µIU/mL	0.38-5.33	CLIA

Comment:

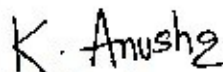
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



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

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SIN No:SPL24031368

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Patient Name : Mr.RAJAMOHAN REDDY K
Age/Gender : 34 Y 8 M 15 D/M
UHID/MR No : CMAN.0000096069
Visit ID : CMANOPV195688
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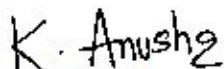
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Reported : 24/Feb/2024 04:48PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



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

SIN No:SPL24031368

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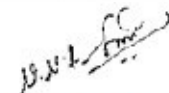


Patient Name : Mr.RAJAMOHAN REDDY K	Collected : 24/Feb/2024 08:34AM
Age/Gender : 34 Y 8 M 15 D/M	Received : 24/Feb/2024 04:55PM
UHID/MR No : CMAN.0000096069	Reported : 24/Feb/2024 08:02PM
Visit ID : CMANOPV195688	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 365995	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		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


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

SIN No:UR2289886

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Patient Name	: Mr.RAJAMOHAN REDDY K	Collected	: 24/Feb/2024 08:34AM
Age/Gender	: 34 Y 8 M 15 D/M	Received	: 24/Feb/2024 01:33PM
UHID/MR No	: CMAN.0000096069	Reported	: 24/Feb/2024 08:31PM
Visit ID	: CMANOPV195688	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 365995		

DEPARTMENT OF CLINICAL PATHOLOGY


ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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.SRINIVAS N.S.NORI
M.B.B.S,M.D(Pathology)
CONSULTANT PATHOLOGY

SIN No:UF010696

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