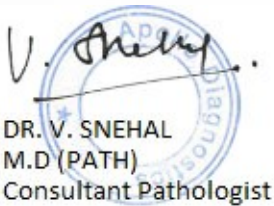


Patient Name : Mr.PARUPUDI SASIDHARA RAMAM	Collected : 09/Mar/2024 08:29AM
Age/Gender : 50 Y 6 M 0 D/M	Received : 09/Mar/2024 12:13PM
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Visit ID : CVISOPV122225	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9573758753	

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



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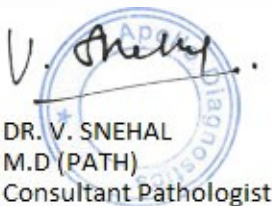
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	17	g/dL	13-17	Spectrophotometer
PCV	48.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.72	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	84	fL	83-101	Calculated
MCH	29.7	pg	27-32	Calculated
MCHC	35.2	g/dL	31.5-34.5	Calculated
R.D.W	12.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,600	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51.8	%	40-80	Electrical Impedance
LYMPHOCYTES	39.1	%	20-40	Electrical Impedance
EOSINOPHILS	2.2	%	1-6	Electrical Impedance
MONOCYTES	6.9	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2382.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1798.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	101.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	317.4	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.32		0.78- 3.53	Calculated
PLATELET COUNT	194000	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				



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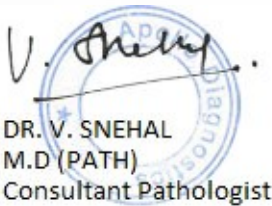
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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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UHID/MR No : CVIS.0000124322	Reported : 09/Mar/2024 01:04PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	108	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.

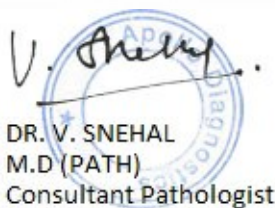
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	122	mg/dL	70-140	GOD - POD

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



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DEPARTMENT OF BIOCHEMISTRY

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

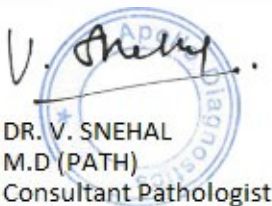
Comment:

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)



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DEPARTMENT OF BIOCHEMISTRY

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

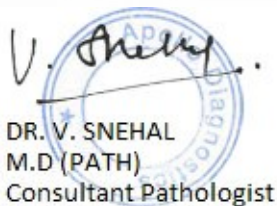
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	232	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	164	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	49	mg/dL	30-70	Direct
NON-HDL CHOLESTEROL	183	mg/dL	<130	Calculated
LDL CHOLESTEROL	150.66	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.73	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.74		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.



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.38	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.33	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	1.05	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11.71	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.8	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	103.90	U/L	56-119	IFCC
PROTEIN, TOTAL	8.04	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.79	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.25	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

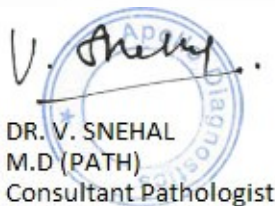
1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons’s diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

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

3. Synthetic function impairment: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



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M.D (PATH)
Consultant Pathologist



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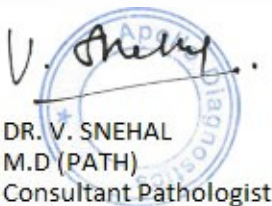
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.11	mg/dL	0.7-1.2	Jaffe
UREA	21.25	mg/dL	18-55	Urease with GLDH
BLOOD UREA NITROGEN	9.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.96	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	10.24	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.08	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	3.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.04	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.79	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.25	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		0.9-2.0	Calculated



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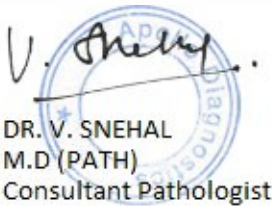
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ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	103.90	U/L	56-119	IFCC



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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	27.20	U/L	0-55	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

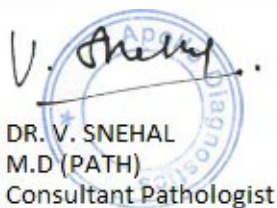
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.36	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	10.5	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	0.888	µIU/mL	0.3-4.5	CLIA

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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M.D (PATH)
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SIN No:SPL24041267

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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	19.1	ng/mL	30-100	CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

Inadequate exposure to sunlight.

Dietary deficiency.

Vitamin D malabsorption.

Severe Hepatocellular disease.

Drugs like Anticonvulsants.

Nephrotic syndrome.


Increased levels:

Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	160	pg/ml	200-1100	CLIA

Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception,



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



SIN No:SPL24041267

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

Patient Name : Mr.PARUPUDI SASIDHARA RAMAM
 Age/Gender : 50 Y 6 M 0 D/M
 UHID/MR No : CVIS.0000124322
 Visit ID : CVISOPV122225
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9573758753


Collected : 09/Mar/2024 08:30AM
 Received : 09/Mar/2024 11:42AM
 Reported : 09/Mar/2024 02:20PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

poor coordination, and affective behavioral changes.

- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 .
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.



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



SIN No:SPL24041267

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

Patient Name : Mr.PARUPUDI SASIDHARA RAMAM
 Age/Gender : 50 Y 6 M 0 D/M
 UHID/MR No : CVIS.0000124322
 Visit ID : CVISOPV122225
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9573758753

Collected : 09/Mar/2024 08:30AM
 Received : 10/Mar/2024 12:02PM
 Reported : 10/Mar/2024 01:04PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.400	ng/mL	0-4	CLIA

K. Anusha

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

SIN No:IM07119449

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

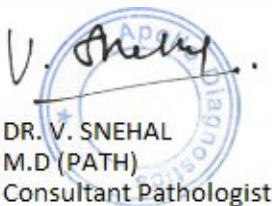


Patient Name : Mr.PARUPUDI SASIDHARA RAMAM	Collected : 09/Mar/2024 08:30AM
Age/Gender : 50 Y 6 M 0 D/M	Received : 09/Mar/2024 12:55PM
UHID/MR No : CVIS.0000124322	Reported : 09/Mar/2024 03:02PM
Visit ID : CVISOPV122225	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9573758753	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	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	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



SIN No:UR2300610

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

Patient Name : Mr.PARUPUDI SASIDHARA RAMAM	Collected : 09/Mar/2024 08:30AM
Age/Gender : 50 Y 6 M 0 D/M	Received : 09/Mar/2024 12:55PM
UHID/MR No : CVIS.0000124322	Reported : 09/Mar/2024 03:02PM
Visit ID : CVISOPV122225	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9573758753	

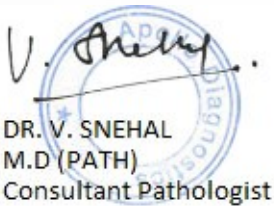
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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:UF011007

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

Patient Name : Mr. PARUPUDI SASIDHARA RAMAM

Age/Gender : 50 Y/M

UHID/MR No. : CVIS.0000124322

OP Visit No : CVISOPV122225

Sample Collected on :

Reported on : 09-03-2024 16:37

LRN# : RAD2260884

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9573758753

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. KARROTU SUDHA
MD RADIOLOGY
Radiology

Patient Name : Mr. PARUPUDI SASIDHARA RAMAM

Age/Gender : 50 Y/M

UHID/MR No. : CVIS.0000124322

OP Visit No : CVISOPV122225

Sample Collected on :

Reported on : 09-03-2024 15:37

LRN# : RAD2260884

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9573758753

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : 13.2cm. 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 : 10.2 x 5.0 cm

Left kidney : 10.4 x 4.9 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 15 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. PARUPUDI SASIDHARA RAMAM

Age/Gender : 50 Y/M

This is only a screening test.

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Physical Medical Examination Format

NAME:- P. SAIDHARA RAMAM	DATE:- 09-03-24
DESIGNATION:-	AGE:- 50
EMP CODE:-	UNIT/DEPARTMENT:-
BLOOD GROUP:-	MARTIAL STATUS:- MARRIED/UNMARRIED

MEDICAL EXAMINATION

Complaints (if any)	No
Personal /family history	No
Past Medical /Surgical	No
Sensitivity/Allergy (if any)	No
Habits	No
Occupational History	

Height:- 180	Weight:- 81	BMI 25.00	Pulse 90
Temp:- 98.6	SPO2 99	Resp:- 18	B.P 110/80

Remarks:

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms. P. Saidhara Ramam for pre-employment /periodical medical examination, I have found / not found any disease, illness, contagious illness

I Certify That Employee Is Medically.....

Fit

Unfit

Signature Of Employee



Dr.G. INDIRA PRIYADARSHINI
 Signature & Seal Of Medical Examiner With MBBS
 Regd.No. 63148
 Registration No. Family Physician
 Apollo Clinic, Seethammampet, Vizag

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

UNION BANK

NAME : MV. P. S. A STHARA RAMAN
GENDER : M
AGE : 50
DATE : 9/3/24
pgl n n n 20

OPHTHALMOLOGY SCREENING REPORT

VISION : (OD) 6/6 (OS) 6/6 egl
DISTANCE : 26 26
NEAR VISION : - WNL -
COLOUR VISION :
ANT.SEGMENT : - Quad -
CONJUNCTIVA : - less -
CORNEA : - R/L M -
PUPIL :
FUNDUS :
IMPRESSION : WNL

A. Rao
SIGNATURE

ID: 124322

sasidhara ramam

Male 50Years

Req. No. :

09-03-2024 10:45:22

HR : 90 bpm

P : 110 ms

PR : 162 ms

QRS : 80 ms

QT/QTcBz : 330/404 ms

P/QRS/T : 68/53/45 °

RV5/SV1 : 1.620/0.000 mV

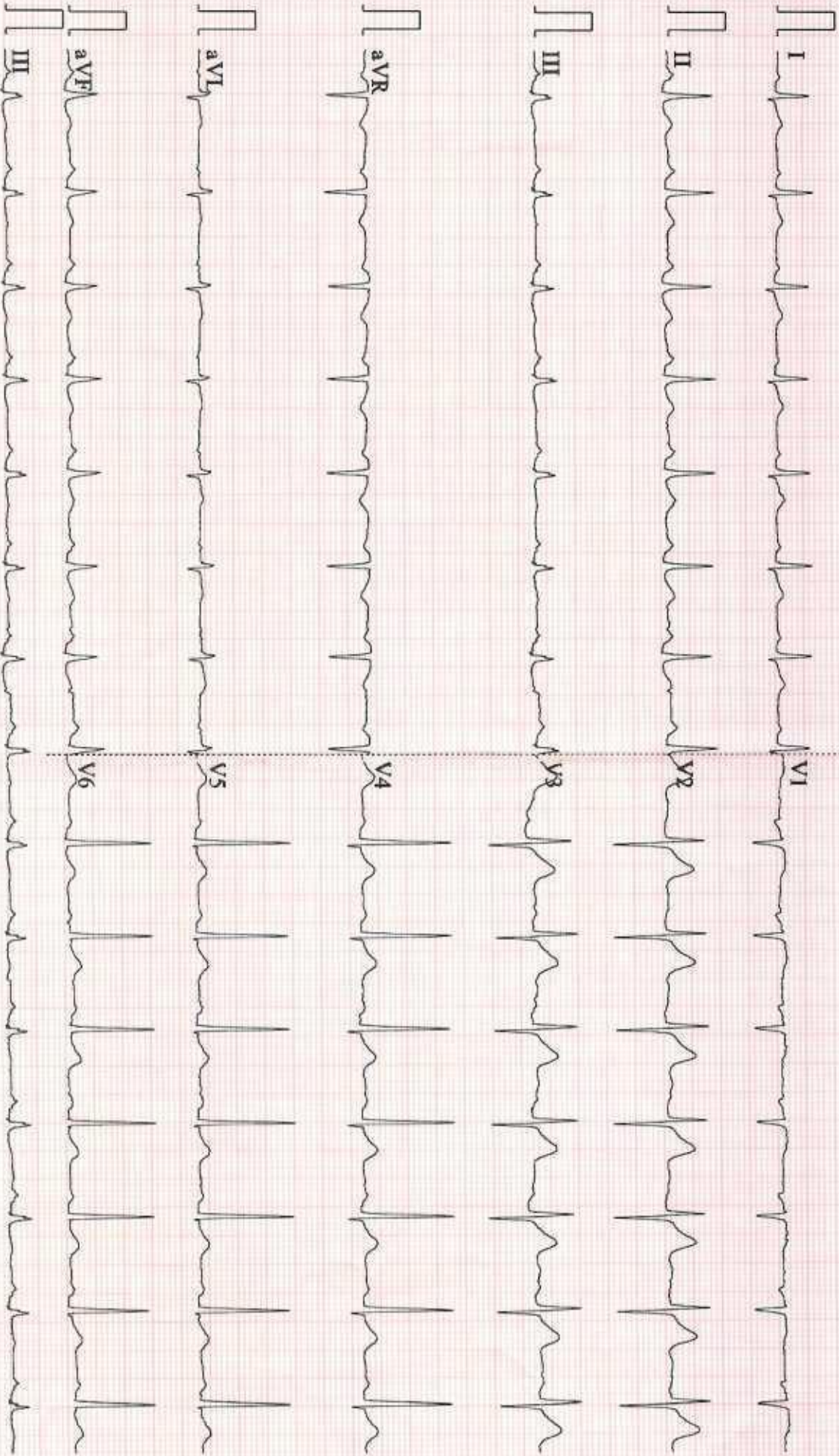
Diagnosis Information:

Sinus rhythm

Lead(s) unsuitable for analysis: V1

Normal ECG based on available leads

Report Confirmed by:



Patient Name	: Mr. PARUPUDI SASIDHARA RAMAM	Age	: 50 Y/M
UHID	: CVIS.0000124322	OP Visit No	: CVISOPV122225
Reported By	: Dr. APPALA NAIDU L.S	Conducted Date	: 09-03-2024 16:07
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 90 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 RESTING ECG.

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

Dr. APPALA NAIDU L.S

Apollo Health and Lifestyle Limited

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Name: Mr. PARUPUDI SASIDHARA RAMAM
 Age/Gender: 50 Y/M
 Address: vskp
 Location: VISAKHAPATNAM, ANDHRA PRADESH
 Doctor:
 Department: LABORATORY
 Rate Plan: VISHAKAPATNAM_06042023
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000124322
 Visit ID: CVISOPV122225
 Visit Date: 09-03-2024 08:16
 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
09-03-2024 14:36	90 Beats/min	110/80 mmHg	18 Rate/min	98.6 F	180 cms	81 Kgs	%	%	Years	25	cms	cms	cms		AHLL06520

Apollo Health and Lifestyle Limited

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 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mr. PARUPUDI SASIDHARA RAMAM	Age	: 50 Y/M
UHID	: CVIS.0000124322	OP Visit No	: CVISOPV122225
Conducted By:	: Dr. SHASHANKA CHUNDURI	Conducted Date	: 09-03-2024 14:57
Referred By	: SELF		

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.9 CM
LA (es)	3.0 CM
LVID (ed)	4.2 CM
LVID (es)	3.0 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	0.9 CM
EF	60.00%
%FD	33.00%

MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	NORMAL
INTER VENTRICULAR SEPTUM	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL
LEFT VENTRICLE:	

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES:

PF: 1.0 m/sec.

MF: E > A

AF: 0.9 m/sec.

Apollo Health and Lifestyle Limited

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

IMPRESSION :

NORMAL CARDIAC SIZE.
NO RWMA.
GOOD L.V SYSTOLIC FUNCTION.
NO PERICARDIAL EFFUSION.
LVEF:60%

Dr. SHASHANKA
CHUNDURI

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mr. PARUPUDI SASIDHARA RAMAM	Age	: 50 Y M
UHID	: CVIS.0000124322	OP Visit No	: CVISOPV122225
Reported on	: 09-03-2024 15:36	Printed on	: 09-03-2024 15:37
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : 13.2cm, 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 : 10.2 x 5.0 cm

Left kidney : 10.4 x 4.9 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 15 cc

There is no evidence of ascites/ pleural effusion seen.

Patient Name	: Mr. PARUPUDI SASIDHARA RAMAM	Age	: 50 Y M
UHID	: CVIS.0000124322	OP Visit No	: CVISOPV122225
Reported on	: 09-03-2024 15:36	Printed on	: 09-03-2024 15:37
Adm/Consult Doctor	:	Ref Doctor	: SELF

IMPRESSION:-

***No significant abnormality detected.**

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

This is only a screening test.

Printed on:09-03-2024 15:36

---End of the Report---

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Patient Name	: Mr. PARUPUDI SASIDHARA RAMAM	Age	: 50 Y M
UHID	: CVIS.0000124322	OP Visit No	: CVISOPV122225
Reported on	: 09-03-2024 16:37	Printed on	: 09-03-2024 16:37
Adm/Consult Doctor	:	Ref Doctor	: SELF

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.

Printed on:09-03-2024 16:37

---End of the Report---

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

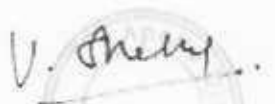
Patient Name : Mr.PARUPUDI SASIDHARA RAMAM
Age/Gender : 50 Y 6 M 0 D/M
UHID/MR No : CVIS.0000124322
Visit ID : CVISOPV122225
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9573758753

Collected : 09/Mar/2024 08:29AM
Received : 09/Mar/2024 12:13PM
Reported : 09/Mar/2024 02:47PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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:BED240062326

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

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. [Email ID: enquiry@apollohi.com]

APOLLO CLINICS NETWORK TELANGANA & AP

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

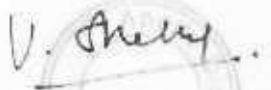
 **1860 500 7788**

Patient Name : Mr.PARUPUDI SASIDHARA RAMAM	Collected : 09/Mar/2024 08:29AM
Age/Gender : 50 Y 6 M 0 D/M	Received : 09/Mar/2024 12:13PM
UHID/MR No : CVIS.0000124322	Reported : 09/Mar/2024 02:47PM
Visit ID : CVISOPV122225	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9573758753	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	17	g/dL	13-17	Spectrophotometer
PCV	48.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.72	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	84	fL	83-101	Calculated
MCH	29.7	pg	27-32	Calculated
MCHC	35.2	g/dL	31.5-34.5	Calculated
R.D.W	12.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,600	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51.8	%	40-80	Electrical Impedance
LYMPHOCYTES	39.1	%	20-40	Electrical Impedance
EOSINOPHILS	2.2	%	1-6	Electrical Impedance
MONOCYTES	6.9	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2382.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1798.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	101.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	317.4	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.32		0.78- 3.53	Calculated
PLATELET COUNT	194000	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				


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



SIN No:BED240062326

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohnl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)
Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

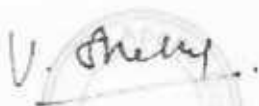
MC-2373

Patient Name : Mr.PARUPUDI SASIDHARA RAMAM	Collected : 09/Mar/2024 08:29AM
Age/Gender : 50 Y 6 M 0 D/M	Received : 09/Mar/2024 12:13PM
UHID/MR No : CVIS.0000124322	Reported : 09/Mar/2024 02:47PM
Visit ID : CVISOPV122225	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9573758753	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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



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



SIN No:BED240062326

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Vizag (Senthamma Peta)

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Patient Name : Mr.PARUPUDI SASIDHARA RAMAM
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 Visit ID : CVISOPV122225
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9573758753

Collected : 09/Mar/2024 08:30AM
 Received : 09/Mar/2024 12:13PM
 Reported : 09/Mar/2024 01:04PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	108	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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
 - Very high glucose levels ($>450 \text{ mg/dL}$ 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)	122	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

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



SIN No:EDT240028233

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DEPARTMENT OF BIOCHEMISTRY

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

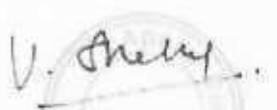
Comment:

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)



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Collected : 09/Mar/2024 08:30AM
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DEPARTMENT OF BIOCHEMISTRY

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

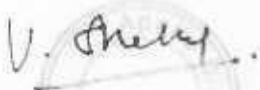
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	232	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	164	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	49	mg/dL	30-70	Direct
NON-HDL CHOLESTEROL	183	mg/dL	<130	Calculated
LDL CHOLESTEROL	150.66	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.73	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.74		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. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



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MC-2373

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Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9573758753		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.38	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.33	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	1.05	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11.71	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.8	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	103.90	U/L	56-119	IFCC
PROTEIN, TOTAL	8.04	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.79	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.25	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		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.

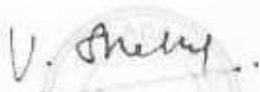
2. Cholestatic Pattern:

- 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.

Page 7 of 15



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

SIN No:SE04654878

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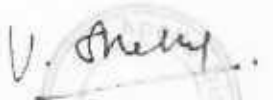
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.11	mg/dL	0.7-1.2	Jaffe
UREA	21.25	mg/dL	18-55	Urease with GLDH
BLOOD UREA NITROGEN	9.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.96	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	10.24	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.08	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	3.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.04	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.79	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.25	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		0.9-2.0	Calculated


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



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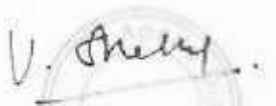
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	103.90	U/L	56-119	IFCC



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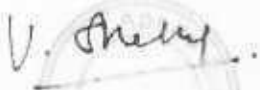
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	27.20	U/L	0-55	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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)	1.36	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	10.5	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	0.888	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

- 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

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



SIN No: SPL24041267

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TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name	: Mr.PARUPUDI SASIDHARA RAMAM	Collected	: 09/Mar/2024 08:30AM
Age/Gender	: 50 Y 6 M 0 D/M	Received	: 09/Mar/2024 11:42AM
UHID/MR No	: CVIS.0000124322	Reported	: 09/Mar/2024 02:20PM
Visit ID	: CVISOPV122225	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9573758753		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	19.1	ng/mL	30-100	CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 - 30
SUFFICIENCY	30 - 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

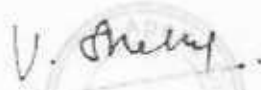
- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	160	pg/ml	200-1100	CLIA

Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception,

Page 12 of 15



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



SIN No:SPL24041267

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. [Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nailakunta | Nizampet | Uppal)

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr.PARUPUDI SASIDHARA RAMAM
Age/Gender : 50 Y 6 M 0 D/M
UHID/MR No : CVIS.0000124322
Visit ID : CVISOPV122225
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9573758753

Collected : 09/Mar/2024 08:30AM
Received : 09/Mar/2024 11:42AM
Reported : 09/Mar/2024 02:20PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

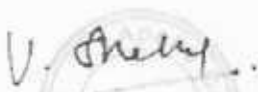
DEPARTMENT OF IMMUNOLOGY

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

poor coordination, and affective behavioral changes.

- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12.
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

Page 13 of 15



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

SIN No:SPL24041267

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com



TO BOOK AN APPOINTMENT

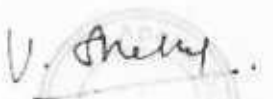
 **1860 500 7788**

Patient Name : Mr.PARUPUDI SASIDHARA RAMAM	Collected : 09/Mar/2024 08:30AM
Age/Gender : 50 Y 6 M 0 D/M	Received : 09/Mar/2024 12:55PM
UHID/MR No : CVIS.0000124322	Reported : 09/Mar/2024 03:02PM
Visit ID : CVISOPV122225	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9573758753	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	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	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


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



SIN No:UR2300610

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

Apollo Health and Lifestyle Limited

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr.PARUPUDI SASIDHARA RAMAM	Collected : 09/Mar/2024 08:30AM
Age/Gender : 50 Y 6 M 0 D/M	Received : 09/Mar/2024 12:55PM
UHID/MR No : CVIS.0000124322	Reported : 09/Mar/2024 03:02PM
Visit ID : CVISOPV122225	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9573758753	

DEPARTMENT OF CLINICAL PATHOLOGY

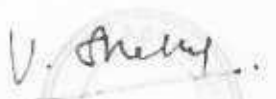
ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

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:
PROSTATIC SPECIFIC ANTIGEN - TOTAL (PSA)



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



SIN No:UF011007

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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Vizag (Seethamma Peta)

On line appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr.PARUPUDI SASIDHARA RAMAM
 Age/Gender : 50 Y 6 M 0 D/M
 UHID/MR No. : CVIS.0000124322
 Visit ID : CVISOPV122225
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9573758753

Collected : 09/Mar/2024 08:30AM
 Received : 10/Mar/2024 12:02PM
 Reported : 10/Mar/2024 01:04PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.400	ng/mL	0-4	CLIA

K. Anusha

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



SIN No:IM07119449

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

UNFIT EXPLANATION

Date: 9/3/24
Patient Name: P. Sasidhar
UHID: 124322
Corporate Name: ARCOFEMI

The above-mentioned client unfit given due to Physician Advice - PC

As per physician advice it was hold not given FIT, once client met with Physician, we will update closure remarks.

Regards,

Apollo clinic,

Vizag

Ph:0891-2585511/12.



Union Bank of India
एन सी ई आई



नाम राजकुमार काशीधर शर्मा
Name RAJAKUMAR KASHIDHAR SHARMA

पदनाम / Designation DMO-4

कर्मचारी क्र. / Employee No. 702196

जन्म तिथि / Birth Date 01-08-1973

रक्त समूह / Blood Group A + ve

सर्वेक्षण स्थान / Place of Issue RC, Hoshangabad

जारी तिथि / Date of Issue 20-07-2020

कार्ड का हस्ताक्षर / Card Signature 

जारी करने वाली प्राधिकारिता / Issuing Authority 

Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Fri 3/8/2024 12:38 PM

To: sasidhar74@gmail.com <sasidhar74@gmail.com>

Cc: Vizag Apolloclinic <vizag@apolloclinic.com>; Ramakumar Vegi <ramakumar.v@apolloclinic.com>; Syamsunder M <syamsunder.m@apollohl.com>



Dear PARUPUDI SASIDHARA RAMAM,

Greetings from Apollo Clinics.

Your corporate health check appointment is confirmed at **VIZAG clinic** on **2024-03-09** at **08:15-08:30**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a 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 alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

Physical Medical Examination Format

NAME:- P. SASIDHARA RAMAM	DATE:- 09-03-24
DESIGNATION:-	AGE:- 50
EMP CODE:-	UNIT/DEPARTMENT:-
BLOOD GROUP:-	MARTIAL STATUS:- MARRIED/UNMARRIED

MEDICAL EXAMINATION

Complaints (if any)	No
Personal /family history	No
Past Medical /Surgical	No
Sensitivity/Allergy (if any)	No
Habits	No
Occupational History	

Height:- 180	Weight:- 81	BMI 25.00	Pulse 90
Temp:- 98.6	SPO2 99	Resp:- 18	B.P 110/80

Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms.....for pre-employment /periodical medical examination, I have found / not found any disease, illness, contagious illness

I Certify That Employee Is Medically.....

Fit

Unfit

Signature Of Employee



Dr.G. INDIRA PRIYADARSHINI
 Signature & Seal Of Medical Examiner With
 MBBS
 Regd.No. 63148
 Registration No. Family Physician
 Apollo Clinic, Seethammampet, Vizag

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)

Vizag (Seethamra Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 1860 500 7788

UNION BANK

NAME : M.V. P. S. A S T D H A R A RAMAN
 GENDER : M
 AGE : 50
 DATE : 9/3/24
 P98 1 10 20

OPHTHALMOLOGY SCREENING REPORT

VISION : (ODS) 6/6 26
 DISTANCE : 26
 NEAR VISION :
 COLOUR VISION :
 ANT.SEGMENT :
 CONJUNCTIVA :
 CORNEA :
 PUPIL :
 FUNDUS :
 IMPRESSION : WNL

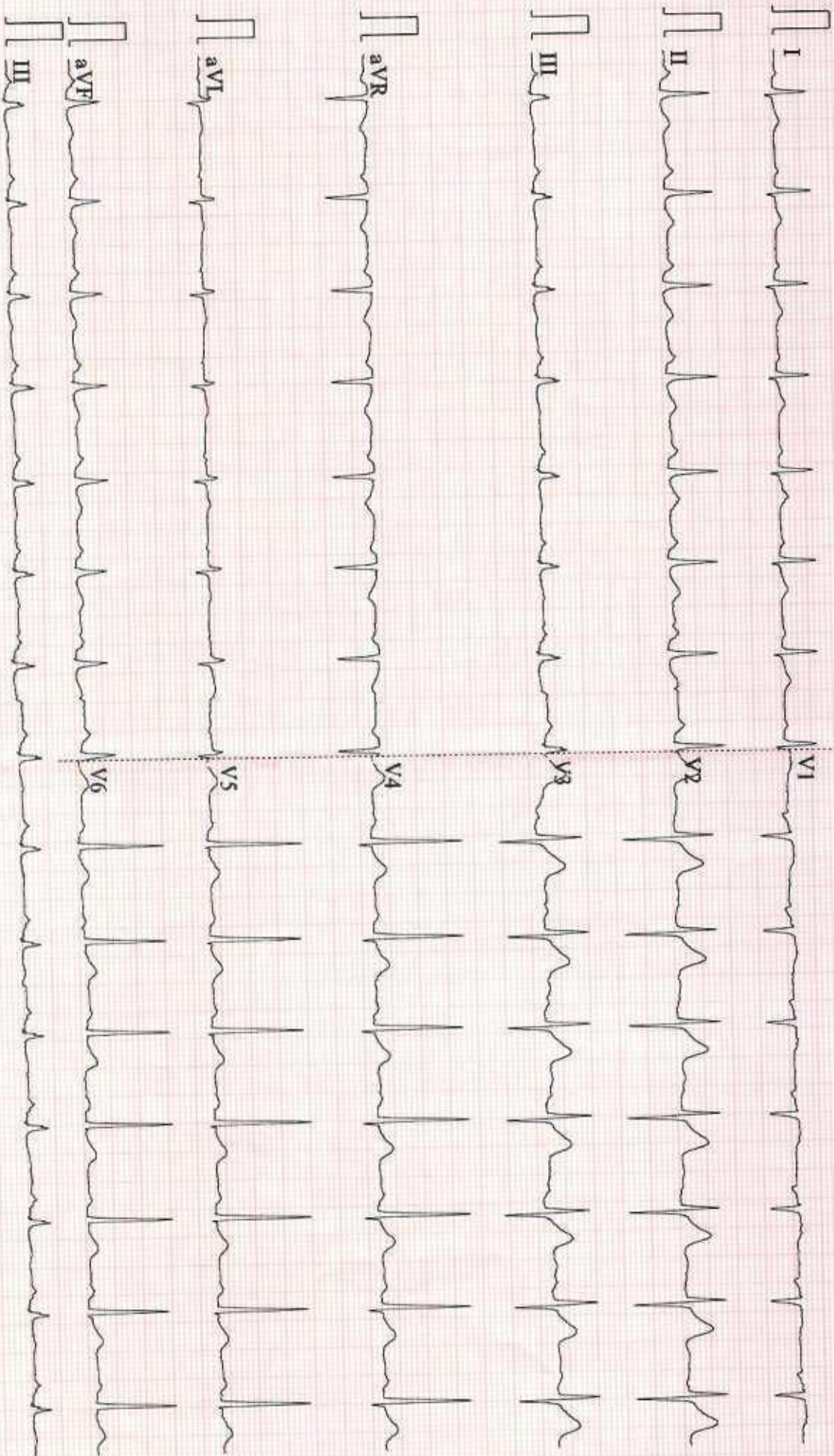
[Signature]
SIGNATURE

ID: 124322
sasidhara ramam
Male 50Years
Req. No. :

09-03-2024 10:45:22
HR : 90 bpm
P : 110 ms
PR : 162 ms
QRS : 80 ms
QT/QTcBz : 330/404 ms
P/QRS/T : 68/53/45 °
RV5/SV1 : 1.620/0.000 mV

Diagnosis Information:
Sinus rhythm
Lead(s) unsuitable for analysis: V1
Normal ECG based on available leads

Report Confirmed by:



Patient Name	: Mr. PARUPUDI SASIDHARA RAMAM	Age	: 50 Y/M
UHID	: CVIS.0000124322	OP Visit No	: CVISOPV122225
Reported By	: Dr. APPALA NAIDU L S	Conducted Date	: 09-03-2024 16:07
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 90 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 RESTING ECG.

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

Dr. APPALA NAIDU L S

Apollo Health and Lifestyle Limited

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Name: Mr. PARUPUDI SASIDHARA RAMAM
 Age/Gender: 50 Y/M
 Address: vskp
 Location: VISAKHAPATNAM, ANDHRA PRADESH
 Doctor:
 Department: LABORATORY
 Rate Plan: VISHAKAPATNAM_06042023
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000124322
 Visit ID: CVISOPV122225
 Visit Date: 09-03-2024 08:16
 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
09-03-2024 14:36	90 Beats/min	110/80 mmHg	18 Rate/min	98.6 F	180 cms	81 Kgs	%	%	Years	25	cms	cms	cms		AHL.L06520

Apollo Health and Lifestyle Limited

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 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr. PARUPUDI SASIDHARA RAMAM Age : 50 Y/M
UHID : CVIS.0000124322 OP Visit No : CVISOPV122225
Conducted By: : Dr. SHASHANKA CHUNDURI Conducted Date : 09-03-2024 14:57
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.9 CM
LA (es)	3.0 CM
LVID (ed)	4.2 CM
LVID (es)	3.0 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	0.9 CM
EF	60.00%
%FD	33.00%

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM NORMAL

INTER VENTRICULAR SEPTUM NORMAL

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES:

PF:1.0 m/sec.

MF:E > A

AF:0.9 m/sec.

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Vizag (Seethamma Peta)

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

IMPRESSION :

NORMAL CARDIAC SIZE.
NO RWMA.
GOOD LV SYSTOLIC FUNCTION.
NO PERICARDIAL EFFUSION.
LVEF:60%

Dr. SHASHANKA
CHUNDURI

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mr. PARUPUDI SASIDHARA RAMAM	Age	: 50 Y M
UHID	: CVIS.0000124322	OP Visit No	: CVISOPV122225
Reported on	: 09-03-2024 15:36	Printed on	: 09-03-2024 15:37
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : 13.2cm. 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 : 10.2 x 5.0 cm

Left kidney : 10.4 x 4.9 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 15 cc

There is no evidence of ascites/ pleural effusion seen.

Patient Name	: Mr. PARUPUDI SASIDHARA RAMAM	Age	: 50 Y M
UHID	: CVIS.0000124322	OP Visit No	: CVISOPV122225
Reported on	: 09-03-2024 15:36	Printed on	: 09-03-2024 15:37
Adm/Consult Doctor	:	Ref Doctor	: SELF

IMPRESSION:-

***No significant abnormality detected.**

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

This is only a screening test.

Printed on:09-03-2024 15:36

---End of the Report---

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Patient Name	: Mr. PARUPUDI SASIDHARA RAMAM	Age	: 50 Y M
UHID	: CVIS.0000124322	OP Visit No	: CVISOPV122225
Reported on	: 09-03-2024 16:37	Printed on	: 09-03-2024 16:37
Adm/Consult Doctor	:	Ref Doctor	: SELF

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.

Printed on:09-03-2024 16:37

---End of the Report---

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

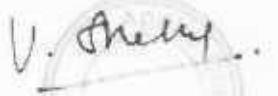
Patient Name : Mr.PARUPUDI SASIDHARA RAMAM
Age/Gender : 50 Y 6 M 0 D/M
UHID/MR No : CVIS.0000124322
Visit ID : CVISOPV122225
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9573758753

Collected : 09/Mar/2024 08:29AM
Received : 09/Mar/2024 12:13PM
Reported : 09/Mar/2024 02:47PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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:BED240062326

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

(CIN - UB5110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

MC-2373

Patient Name	: Mr.PARUPUDI SASIDHARA RAMAM	Collected	: 09/Mar/2024 08:29AM
Age/Gender	: 50 Y 6 M 0 D/M	Received	: 09/Mar/2024 12:13PM
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	17	g/dL	13-17	Spectrophotometer
PCV	48.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.72	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	84	fL	83-101	Calculated
MCH	29.7	pg	27-32	Calculated
MCHC	35.2	g/dL	31.5-34.5	Calculated
R.D.W	12.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,600	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51.8	%	40-80	Electrical Impedence
LYMPHOCYTES	39.1	%	20-40	Electrical Impedence
EOSINOPHILS	2.2	%	1-6	Electrical Impedence
MONOCYTES	6.9	%	2-10	Electrical Impedence
BASOPHILS	0	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2382.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1798.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	101.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	317.4	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.32		0.78- 3.53	Calculated
PLATELET COUNT	194000	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				

Page 2 of 15



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

SIN No:BED240062326

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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




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

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MC-2373

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	108	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)	122	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



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

SIN No:EDT240028233

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - 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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



V. Snehal
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DEPARTMENT OF BIOCHEMISTRY

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

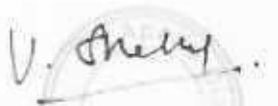
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	232	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	164	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	49	mg/dL	30-70	Direct
NON-HDL CHOLESTEROL	183	mg/dL	<130	Calculated
LDL CHOLESTEROL	150.66	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.73	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.74		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. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No:SE04654878

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Vizag (Seetharama Peta)

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.38	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.33	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	1.05	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11.71	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.8	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	103.90	U/L	56-119	IFCC
PROTEIN, TOTAL	8.04	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.79	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.25	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		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:

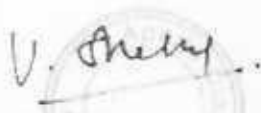
- AST - Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT - Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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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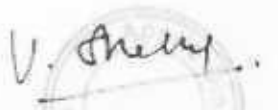
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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.11	mg/dL	0.7-1.2	Jaffe
UREA	21.25	mg/dL	18-55	Urease with GLDH
BLOOD UREA NITROGEN	9.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.96	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	10.24	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.08	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	3.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.04	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.79	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.25	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		0.9-2.0	Calculated


 DR. V. SNEHAL
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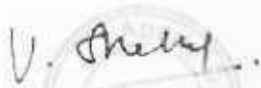
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ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	103.90	U/L	56-119	IFCC



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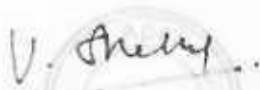
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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	27.20	U/L	0-55	IFCC



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Consultant Pathologist

SIN No:SE04654878

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID:enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nailakunta | Nizampet | Uppal)

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com



TO BOOK AN APPOINTMENT

 **1860 500 7788**

MC-2373

Patient Name : Mr.PARUPUDI SASIDHARA RAMAM	Collected : 09/Mar/2024 08:30AM
Age/Gender : 50 Y 6 M 0 D/M	Received : 09/Mar/2024 11:42AM
UHID/MR No : CVIS.0000124322	Reported : 09/Mar/2024 02:42PM
Visit ID : CVISOPV122225	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9573758753	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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)	1.36	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	10.5	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	0.888	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

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



SIN No: SPL24041267

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

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mr.PARUPUDI SASIDHARA RAMAM
 Age/Gender : 50 Y 6 M 0 D/M
 UHID/MR No : CVIS.0000124322
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	19.1	ng/mL	30-100	CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 - 30
SUFFICIENCY	30 - 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

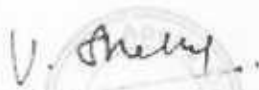
- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	160	pg/ml	200-1100	CLIA

Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception,

Page 12 of 15



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



SIN No: SPL24041267

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr.PARUPUDI SASIDHARA RAMAM
Age/Gender : 50 Y 6 M 0 D/M
UHID/MR No : CVIS.0000124322
Visit ID : CVISOPV122225
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9573758753

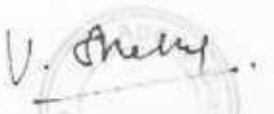
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DEPARTMENT OF IMMUNOLOGY

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

poor coordination, and affective behavioral changes.

- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12.
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.



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



SIN No: SPL24041267

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

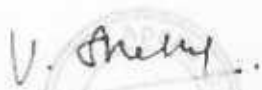
Patient Name : Mr.PARUPUDI SASIDHARA RAMAM
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 UHID/MR No : CVIS.0000124322
 Visit ID : CVISOPV122225
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9573758753

Collected : 09/Mar/2024 08:30AM
 Received : 09/Mar/2024 12:55PM
 Reported : 09/Mar/2024 03:02PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	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	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



SIN No:UR2300610

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

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

MC-2373

Patient Name : Mr.PARUPUDI SASIDHARA RAMAM
 Age/Gender : 50 Y 6 M 0 D/M
 UHID/MR No : CVIS.0000124322
 Visit ID : CVISOPV122225
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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:

PROSTATIC SPECIFIC ANTIGEN - TOTAL (PSA)



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

SIN No:UF011007

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

Online appointments:www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Employee Name: [Name]
Employee ID: [ID]
Department: [Department]
Job Title: [Job Title]
Start Date: [Date]
End Date: [Date]
Expiry Date: [Date]
Photo: [Photo]
Signature: [Signature]



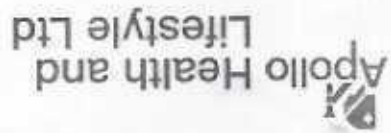
Your appointment is confirmed

<noreply@apolloclinics.info> noreply@apolloclinics.info

11/3/2024 12:38 PM

To: sasidhar74@gmail.com <sasidhar74@gmail.com>

Cc: Vizag Apolloclinic <vizag@apolloclinic.com>; Ramakumar Vegi <ramakumar.v@apolloclinic.com>; Syamsunder M <syamsunder.m@apollohl.com>



Dear PARUPUDI SASIDHARA RAMAM,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at VIZAG clinic on 2024-03-09 at 08:15-08:30.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a 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 alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.