

<b>Patient Name</b>	: Mr. RAVIRAJU M N	<b>Age/Gender</b>	: 40 Y/M
<b>UHID/MR No.</b>	: CSAR.0000139028	<b>OP Visit No</b>	: CSAROPV331638
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 08-03-2024 17:44
<b>LRN#</b>	: RAD2259653	<b>Specimen</b>	:
<b>Ref Doctor</b>	: dr meghana		
<b>Emp/Auth/TPA ID</b>	: 011-41195959		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER** : Normal in size & echotexture normal. No focal lesion seen. No intra hepatic biliary duct dilatation. Portal & hepatic veins appears normal. CBD is not dilated.

**GALL BLADDER** : Minimally distended. No intraluminal calculi seen. Wall thickness is normal.

**PANCREAS** : Obscured by bowel gas. However the visualized parts of the pancreas appear grossly normal. Para-Aortic areas could not be seen.

**SPLEEN** : Normal in size and echotexture normal. No focal / diffuse lesions.

**KIDNEYS** : RIGHT KIDNEY : 9.3 x 1.4 cms, LEFT KIDNEY : 9.8 x 1.3 cms, normal parenchymal thickness. Both kidneys are normal in size and echotexture.

No calculi. No pelvicalyceal dilatation on both sides. Corticomedullary differentiation is well maintained.

**URINARY BLADDER** : Moderately distended. No intraluminal calculi/mass lesion seen.

**PROSTATE** : Normal in size & echotexture. (Volume : 16.1 cc).

**IMPRESSION** : No sonologically detectable abnormality seen in the present study.

**DR. B M SESHADRI MDRD**  
CONSULTANT RADIOLOGIST

( The sonography findings should always be considered in correlation with the clinical and other investigation findings where applicable ).It is only a professional opinion.Not valid for medico-legal purpose ) Higher imaging techniques to be done, depending on the condition of the patient, if clinically needed.

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<b>Sample Collected on</b>	:	<b>Reported on</b>	: 08-03-2024 16:29
<b>LRN#</b>	: RAD2259653	<b>Specimen</b>	:
<b>Ref Doctor</b>	: dr meghana		
<b>Emp/Auth/TPA ID</b>	: 011-41195959		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

- Trachea central.
- Mediastinum is central.
- Cardiac silhouette appear normal.
- Visualized lung fields appear normal.
- Bilateral hilum appear normal.
- CP angles are clear.

**IMPRESSION** : No obvious gross abnormality noted in the x-ray.

**DR. RAMESH G**  
**CONSULTANT RADIOLOGIST**

**ADVICE** : Higher imaging techniques to be done, if clinically needed, depending on the clinical condition of the patient for further evaluation.

**Dr. RAMESH G**  
**MBBS DMRD**  
**RADIOLOGY**

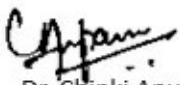
Patient Name : Mr.RAVIRAJU M N	Collected : 08/Mar/2024 08:33AM
Age/Gender : 40 Y 10 M 16 D/M	Received : 08/Mar/2024 11:05AM
UHID/MR No : CSAR.0000139028	Reported : 08/Mar/2024 11:50AM
Visit ID : CSAROPV331638	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 011-41195959	

DEPARTMENT OF HAEMATOLOGY

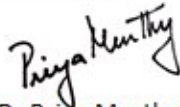
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	15.6	g/dL	13-17	Spectrophotometer
PCV	47.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.74	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	81.9	fL	83-101	Calculated
MCH	27.1	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	12,580	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	73.3	%	40-80	Electrical Impedance
LYMPHOCYTES	20.1	%	20-40	Electrical Impedance
EOSINOPHILS	1.3	%	1-6	Electrical Impedance
MONOCYTES	5.3	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	9221.14	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2528.58	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	163.54	Cells/cu.mm	20-500	Calculated
MONOCYTES	666.74	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	3.65		0.78- 3.53	Calculated
PLATELET COUNT	257000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	27	mm at the end of 1 hour	0-15	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic



Dr. Chinki Anupam  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



Dr Priya Murthy  
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SIN No:BED240061023

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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Karnataka- 560034

 **1860 500 7788**  
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Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 011-41195959

Collected : 08/Mar/2024 08:33AM  
Received : 08/Mar/2024 11:05AM  
Reported : 08/Mar/2024 11:50AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

## DEPARTMENT OF HAEMATOLOGY

### ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

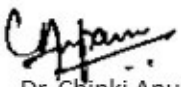
WBCs: are increased in total number with increase in neutrophils.

PLATELETS: appear adequate in number.

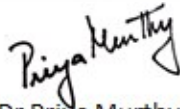
HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH LEUCOCYTOSIS.**

Kindly correlate clinically.



Dr. Chinki Anupam  
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Consultant Pathologist



Dr. Priya Murthy  
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Age/Gender : 40 Y 10 M 16 D/M	Received : 08/Mar/2024 11:05AM
UHID/MR No : CSAR.0000139028	Reported : 08/Mar/2024 12:43PM
Visit ID : CSAROPV331638	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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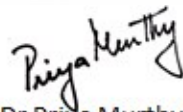
**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

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



**Dr. Vidya Aniket Gore**  
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Consultant Pathologist



**Dr Priya Murthy**  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



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Age/Gender : 40 Y 10 M 16 D/M	Received : 08/Mar/2024 11:16AM
UHID/MR No : CSAR.0000139028	Reported : 08/Mar/2024 04:09PM
Visit ID : CSAROPV331638	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	141	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of  $>$  or  $=$  126 mg/dL and/or a random / 2 hr post glucose value of  $>$  or  $=$  200 mg/dL on at least 2 occasions.
- Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	254	mg/dL	70-140	HEXOKINASE


Comment:

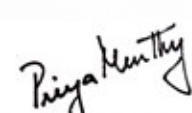
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	8.5	%		HPLC

Page 4 of 15

  
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 M.B.B.S.,M.D(Biochemistry)  
 CONSULTANT BIOCHEMIST

  
**Dr Priya Murthy**  
 M.B.B.S.,M.D(Pathology)  
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SIN No:EDT240027509

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

ESTIMATED AVERAGE GLUCOSE (eAG)	197	mg/dL	Calculated
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**Comment:**

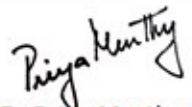
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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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Patient Name : Mr.RAVIRAJU M N	Collected : 08/Mar/2024 08:33AM
Age/Gender : 40 Y 10 M 16 D/M	Received : 08/Mar/2024 02:58PM
UHID/MR No : CSAR.0000139028	Reported : 08/Mar/2024 05:09PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	197	mg/dL	<200	CHO-POD
TRIGLYCERIDES	362	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	39	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	158	mg/dL	<130	Calculated
LDL CHOLESTEROL	85.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	72.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.05		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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SIN No:SE04653524

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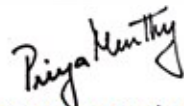
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Karnataka- 560034

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Patient Name : Mr.RAVIRAJU M N	Collected : 08/Mar/2024 08:33AM
Age/Gender : 40 Y 10 M 16 D/M	Received : 08/Mar/2024 02:58PM
UHID/MR No : CSAR.0000139028	Reported : 08/Mar/2024 05:09PM
Visit ID : CSAROPV331638	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 011-41195959	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.62	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.53	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	<b>157.00</b>	U/L	30-120	IFCC
PROTEIN, TOTAL	7.23	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.83	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		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, 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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 Consultant Pathologist



SIN No:SE04653524

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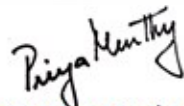
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.83	mg/dL	0.67-1.17	Jaffe's, Method
UREA	20.20	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.01	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.72	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	<b>134</b>	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.23	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.83	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated



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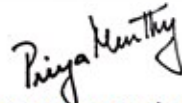
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	116.00	U/L	<55	IFCC



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Patient Name : Mr.RAVIRAJU M N	Collected : 08/Mar/2024 08:33AM
Age/Gender : 40 Y 10 M 16 D/M	Received : 08/Mar/2024 02:56PM
UHID/MR No : CSAR.0000139028	Reported : 08/Mar/2024 05:32PM
Visit ID : CSAROPV331638	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 011-41195959	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.78	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.52	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.410	µIU/mL	0.34-5.60	CLIA

Comment:

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

- 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



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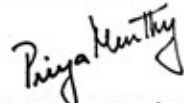
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324



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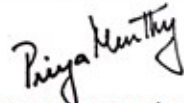
Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.190	ng/mL	0-4	CLIA

**Comment:**

Disclaimer: \*The results determined by assays using different manufacturers or methods may not be comparable.  
 Manufacturer: BECKMAN COULTER



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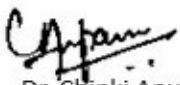
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DEPARTMENT OF CLINICAL PATHOLOGY

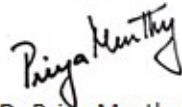
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 14 of 15



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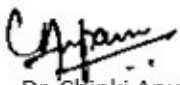
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

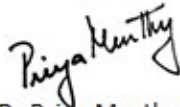
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:  
PERIPHERAL SMEAR



Dr. Chinki Anupam  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



Dr. Priya Murthy  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



SIN No:UF010931

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE


**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

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

Address:  
323/100/123, Doddathangur Village, Neeladri Main Road,  
Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034

 1860 500 7788  
www.apolloclinic.com

<b>Name</b> : Mr. RAVIRAJU M N  <b>Address</b> : S  <b>Plan</b> : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 40 Y  <b>Sex</b> : M	<b>UHID</b> :CSAR.0000139028  <small>*CSAR.0000139028*</small> <b>OP Number</b> :CSAROPV331638 <b>Bill No</b> :CSAR-OCR-44769 <b>Date</b> : 08.03.2024 08:20
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
<del>1</del>	<del>GAMMA GLUTAMYL TRANFERASE (GGT) - 8</del>	
<del>2</del>	<del>PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)</del>	
<input checked="" type="checkbox"/>	2 D ECHO - 18 10:30	
<del>4</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<del>5</del>	<del>GLUCOSE, FASTING</del>	
<del>6</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
7	DIET CONSULTATION	
<del>8</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>9</del>	<del>URINE GLUCOSE(POST PRANDIAL)</del>	
<del>10</del>	<del>PERIPHERAL SMEAR</del>	
<input checked="" type="checkbox"/>	11 ECG - 10	
<del>12</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
13	DENTAL CONSULTATION - 15 later.	
<input checked="" type="checkbox"/>	14 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
<del>15</del>	<del>URINE GLUCOSE(FASTING)</del>	
16	HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	17 X-RAY CHEST PA - 9 by 10:40	
<input checked="" type="checkbox"/>	18 ENT CONSULTATION - 3 by 10:30	
19	FITNESS BY GENERAL PHYSICIAN	
<del>20</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	
<del>21</del>	<del>LIPID PROFILE</del>	
22	BODY MASS INDEX (BMI)	
23	OPHTHAL BY GENERAL PHYSICIAN 10:15 later.	
<input checked="" type="checkbox"/>	24 ULTRASOUND - WHOLE ABDOMEN - 18 9:15	
<del>25</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	

Physio - 2

Dental - 15

WT - 87.67 Kg

HT - 167.67 Cm

BP - 129/90 mmHg

P - 100 bts/min



**2D, TISSUE AND COLOR DOPPLER ECHOCARDIOGRAPHY REPORT**



NAME	MR.RAVIRAJU M N	DATE:08.03.2024	
AGE	40 YEARS	GENDER	MALE
REF BY	DR. BHARATH	ID	139028

**MEASUREMENTS**

Vital Signs and Body Measurements									
HR	bpm	B.P	mmHg	Height	mm	Weight	kg	BSA	m <sup>2</sup>
<b>M – Mode (Parasternal view)</b>					<b>Conventional and Tissue Doppler</b>				
AO	28	mm	LVID - d	48	mm	Mitral Valve	E : 0.7	A : 0.5	m/sec
LA	36	mm	LVID – s	28	mm	Aortic Valve	0.8	-	m/sec
			IVS - d	10	mm	Pulmonary Valve	0.7	-	m/sec
			PW - d	10	mm	E' Septal (TDI)	0.2	-	mm/sec
			EF-	55	%	E' Lateral (TDI)	0.14	-	mm/sec

**DESCRIPTIVE FINDINGS:** Technically Adequate Study. Normal sinus rhythm During Study

RIGHT ATRIUM	Normal in Size
LEFT ATRIUM	Normal in Size
RIGHT VENTRICLE	Normal in Size ,RVSP-22mm
LEFT VENTRICLE	Normal in Size
WALL MOTION ANALYSIS	No RWMA
TRICUSPID VALVE	Normal, PASP=14mm Hg
MITRAL VALVE	Normal
PULMONIC VALVE	Normal
AORTIC VALVE	Normal
IAS & IVS	Intact
AORTA	Normal in Size
SYSTEMIC & PULMONARY VEINS	Normally Draining
IVC	Normal
PERICARDIUM	Normal
OTHERS	No Intra Cardiac Thrombus, Tumour or Vegetation

**IMPRESSION:**

Cardiac Chambers & valves are normal  
 Normal PAP  
 No RWMA  
 Normal Left Ventricular Systolic Function (LVEF- 55 %)  
 No clot/ vegetation/pericardial effusion

**Dr. BHARATH NANDHAN REDDY ,MBBS , MD, DM -Cardiology**

**Apollo Health and Lifestyle Limited**

**CONSULTANT CARDIOLOGIST**

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT



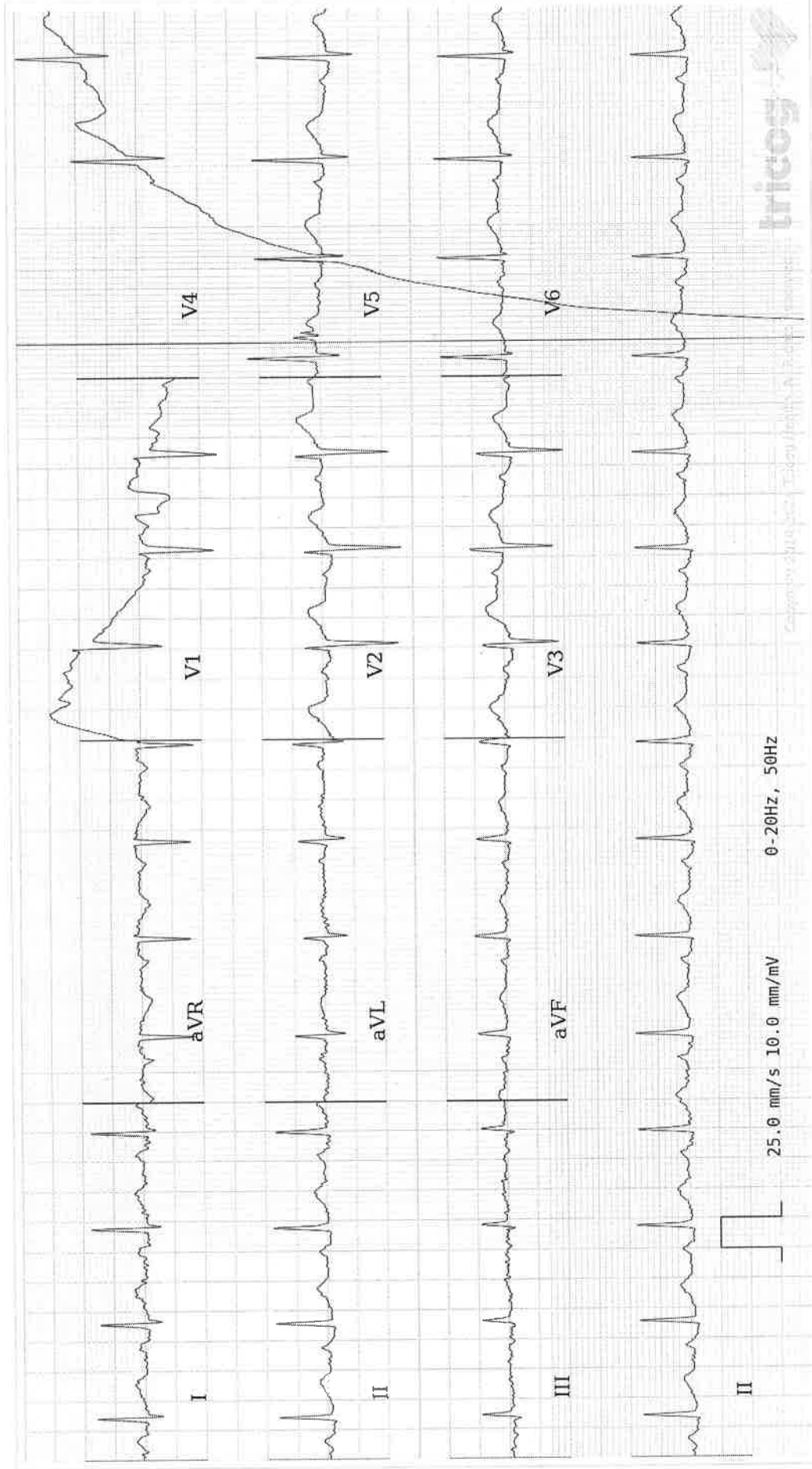






Age / Gender: 40/Male  
Patient ID: RAVIRAJU

Date and Time: 8th Mar 24 8:50 AM



AR: 93bpm    VR: 93bpm    QRSD: 72ms    QT: 364ms    QTcB: 452ms    PRI: 156ms    P-R-T: 25° 50° 40°

**ECG Within Normal Limits: Sinus Rhythm, Poor Quality ECG, Please repeat ECG as interpretation may be impaired. Please repeat ECG with the same ID. Please correlate clinically.**



Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.



यूनियन बैंक  
of India



Union Bank  
of India



नाम : रवीराजू एम एन  
Name : RAVIRAJU M N  
कर्मचारी क्र / Employee No. : 667233  
जन्मतिथि / Date of Birth : 22-04-1983  
ब्लड ग्रुप / Blood Group: O+ve

जारी करने का स्थान : क्षेत्रीय कार्यालय, बंगलूरु  
Place of Issue : RO Bengaluru  
जारी करने की तारीख  
Date of Issue : 04.07.2020

हस्ताक्षर / Signature

जारीकर्ता अधिकारी / Issuing Authority





Fwd: Health Check up Booking Confirmed Request(UBOIE4144),Package Code-PKG10000367, Beneficiary Code-269301

ravi raju <raviraju.83@gmail.com>

Fri 08-03-2024 08:19

To: Sarjapur Apolloclinic <sarjapur@apolloclinic.com>

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

From: **ravi raju** <raviraju.83@gmail.com>

Date: Fri, Mar 8, 2024, 08:16

Subject: Fwd: Health Check up Booking Confirmed Request(UBOIE4144),Package Code-PKG10000367, Beneficiary Code-269301

To: <sarjapur@apolloclinic.com>

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

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

Date: Thu, Mar 7, 2024, 16:01

Subject: Health Check up Booking Confirmed Request(UBOIE4144),Package Code-PKG10000367, Beneficiary Code-269301

To: <raviraju.83@gmail.com>

Cc: <customercare@mediwheel.in>

**011-41195959**

Dear **RAVIRAJU M N**,

We are pleased to confirm your health checkup booking request with the following details.

<b>Hospital Package Name</b>	: Mediwheel Full Body Annual Plus Above 50 Male
<b>Patient Package Name</b>	: MediWheel Full Body Health Checkup Male 40 To 50
<b>Name of Diagnostic/Hospital</b>	: Apollo Clinic - Sarjapur Road
<b>Address of Diagnostic/Hospital-</b>	: Apollo Clinic, #769, GYR Chambers, Opp South Indian Bank, Kaikondanahalli, Sarjapur Road -560034
<b>City</b>	: Bangalore
<b>State</b>	:
<b>Pincode</b>	: 560034
<b>Appointment Date</b>	: 08-03-2024

