

Patient Name : Mr.KUNIGIRI SREENIVASULU	Collected : 19/Mar/2024 08:44AM
Age/Gender : 41 Y 6 M 0 D/M	Received : 19/Mar/2024 11:54AM
UHID/MR No : CBAS.0000092065	Reported : 19/Mar/2024 01:12PM
Visit ID : CBASOPV101281	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 387366	

DEPARTMENT OF HAEMATOLOGY

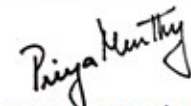
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13	g/dL	13-17	Spectrophotometer
PCV	39.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.78	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	83	fL	83-101	Calculated
MCH	27.2	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	15.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,900	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.6	%	40-80	Electrical Impedence
LYMPHOCYTES	34.1	%	20-40	Electrical Impedence
EOSINOPHILS	3.3	%	1-6	Electrical Impedence
MONOCYTES	5.9	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3905.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2352.9	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	227.7	Cells/cu.mm	20-500	Calculated
MONOCYTES	407.1	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6.9	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.66		0.78- 3.53	Calculated
PLATELET COUNT	366000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

Page 1 of 16



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SIN No:BED240073835

This test has been performed at Apollo Health & Lifestyle Lab, ARCOFEMI BANGALORE Laboratory

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

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DEPARTMENT OF HAEMATOLOGY

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

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

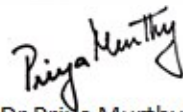
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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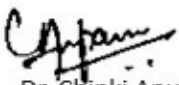
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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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	138	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 $> \text{ or } = 126 \text{ mg/dL}$ 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)	165	mg/dL	70-140	HEXOKINASE


Comment:

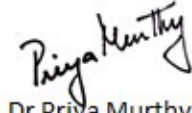
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

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				

Page 4 of 16


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SIN No:EDT240033865

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HBA1C, GLYCATED HEMOGLOBIN	8.5	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	197	mg/dL	Calculated


Comment:

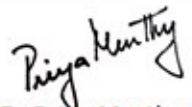
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)


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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	140	mg/dL	<200	CHO-POD
TRIGLYCERIDES	431	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	17	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	123	mg/dL	<130	Calculated
VLDL CHOLESTEROL	86.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	8.23		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	1.04		<0.11	Calculated

Comment:

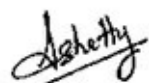
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

1) Measurements in the same patient on different days can show physiological and analytical variations.

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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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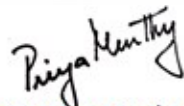
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LDL CHOLESTEROL - (DIRECT LDL)	104.00	mg/dL	<100	Enzymatic Selective Protection



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Patient Name : Mr.KUNIGIRI SREENIVASULU	Collected : 19/Mar/2024 08:44AM
Age/Gender : 41 Y 6 M 0 D/M	Received : 19/Mar/2024 11:45AM
UHID/MR No : CBAS.0000092065	Reported : 19/Mar/2024 01:52PM
Visit ID : CBASOPV101281	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 387366	

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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.59	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.51	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	42.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.54	g/dL	6.6-8.3	Biuret
ALBUMIN	5.47	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.07	g/dL	2.0-3.5	Calculated
A/G RATIO	2.64		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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CONSULTANT BIOCHEMIST



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



SIN No:SE04666925

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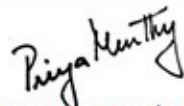
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.13	mg/dL	0.67-1.17	Jaffe's, Method
UREA	34.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	15.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.97	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.77	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	108	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.54	g/dL	6.6-8.3	Biuret
ALBUMIN	5.47	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.07	g/dL	2.0-3.5	Calculated
A/G RATIO	2.64		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) , <i>SERUM</i>	26.00	U/L	<55	IFCC



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Patient Name : Mr.KUNIGIRI SREENIVASULU	Collected : 19/Mar/2024 08:44AM
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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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.82	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.56	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.819	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




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SIN No:SPL24049606

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Emp/Auth/TPA ID	: 387366		

DEPARTMENT OF IMMUNOLOGY

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

High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma



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DEPARTMENT OF IMMUNOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.280	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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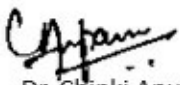


Patient Name : Mr.KUNIGIRI SREENIVASULU	Collected : 19/Mar/2024 08:43AM
Age/Gender : 41 Y 6 M 0 D/M	Received : 19/Mar/2024 12:22PM
UHID/MR No : CBAS.0000092065	Reported : 19/Mar/2024 04:06PM
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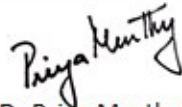
DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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Consultant Pathologist



Dr. Priya Murthy
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SIN No:UR2309284

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DEPARTMENT OF CLINICAL PATHOLOGY

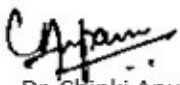
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

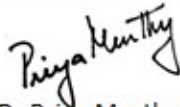
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	POSITIVE +++		NEGATIVE	Dipstick

*** 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:UF011222

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

 **1860 500 7788**
www.apolloclinic.com

Patient Name : Mr. KUNIGIRI SREENIVASULU

Age/Gender : 41 Y/M

UHID/MR No. : CBAS.0000092065

OP Visit No : CBASOPV101281

Sample Collected on :

Reported on : 19-03-2024 11:35

LRN# : RAD2272282

Specimen :

Ref Doctor : Dr.sanjana

Emp/Auth/TPA ID : 387366

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

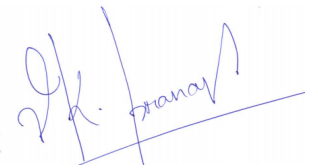
Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

IMPRESSION:

No obvious abnormality seen in the present study.



Dr. V K PRANAV VENKATESH
MBBS,MD
Radiology

Patient Name	: Mr. KUNIGIRI SREENIVASULU	Age/Gender	: 41 Y/M
UHID/MR No.	: CBAS.0000092065	OP Visit No	: CBASOPV101281
Sample Collected on	:	Reported on	: 19-03-2024 10:50
LRN#	: RAD2272282	Specimen	:
Ref Doctor	: Dr.sanjana		
Emp/Auth/TPA ID	: 387366		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver:appears normal in size (14.2 cm)and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal.No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. Multiple echogenic calculi in lumen,largest masuring 0.8 cm.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 echo-pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Right kidney appear normal in size 10.5x1.3 cm,shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Left kidney appear normal in size 10.6x1.3 cm,shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate is normal in size measuring 2.9x3.3x3.4 cm(volume 16 cc)and echo texture.

- No thickned or tender bowel loops. No mass lesion. No ascites / pleural effusion.

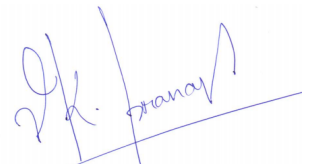
-

IMPRESSION:-

GRADE I FATTY LIVER.
CHOLELITHIASIS.

Suggested clinical correlation.

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




Dr. V K PRNAV VENKATESH
MBBS,MD
Radiology



Patient Name : Mr. KUNIGIRI SREENIVASULU

Age/Gender : 41 Y/M

Customer Pending Tests
ENT,
Dental, diet and
fitness by
general
physician
pending

Name : Mr. KUNIGIRI SREENIVASULU Address : blr Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 41 Y Sex : M	UHID :CBAS.0000092065  OP Number :CBASOPV101281 Bill No :CBAS-OCR-61422 Date : 19.03.2024 08:30
--	---	---

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	2 D ECHO <i>AMT</i>	
4	LIVER FUNCTION TEST (LFT)	
5	GLUCOSE, FASTING	
6	HEMOGRAM + PERIPHERAL SMEAR	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE (POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
13	DENTAL CONSULTATION	
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
15	URINE GLUCOSE (FASTING)	
16	HbA1c, GLYCATED HEMOGLOBIN	
17	X-RAY CHEST PA	
18	ENT CONSULTATION	
19	FITNESS BY GENERAL PHYSICIAN	
20	BLOOD GROUP ABO AND RH FACTOR	
21	LIPID PROFILE	
22	BODY MASS INDEX (BMI)	
23	OPHTHAL BY GENERAL PHYSICIAN	
24	ULTRASOUND - WHOLE ABDOMEN	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

→ physio → 6
 → dental → 0

HT - 171
 WT - 68.6
 BP - 111/74
 PR - 87
 Wd - 86
 H-P - 96

ECHOCARDIOGRAPHY REPORT

Name: MR SRINIVAS Age: 41 YEARS GENDER: MALE

Consultant: Dr.VISHAL KUMAR.H. Date : 19/03/2024

Findings

2D Echo cardiography

Chambers

- Left Ventricle: Normal, No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

Septa

- IVS: Intact
- IAS: Intact

Valves

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility
- Pulmonary Valve: Normal

Great Vessels

- Aorta: Normal
- Pulmonary Artery: Normal

Pericardium: Normal

Doppler echocardiography

Mitral Valve	E	0.84	m/sec	A	0.62	m/sec	TRIVIAL MR
Tricuspid Valve	E	0.52	m/sec	A	0.38	m/sec	No TR
Aortic Valve	Vmax	1.22	m/sec				No AR
Pulmonary Valve	Vmax	0.84	m/sec				No PR
Diastolic Dysfunction							

M-Mode Measurements

P	Parameter	Observed Value	Normal Range	
A	Aorta	2.8	2.6-3.6	cm
L	left Atrium	3.0	2.7-3.8	cm
A	Aortic Cusp Separation	1.5	1.4-1.7	cm
II	IVS - Diastole	1.0	0.9-1.1	cm
L	left Ventricle-Diastole	4.6	4.2-5.9	cm
P	Posterior wall-Diastole	1.0	0.9-1.1	cm
I	IVS-Systole	1.2	1.3-1.5	cm
LL	left Ventricle-Systole	2.7	2.1-4.0	cm
P	Posterior wall-Systole	1.2	1.3-1.5	cm
E	Ejection Fraction	60	≥ 50	%
F	Fractional shortening	30	≥ 20	%
R	Right Ventricle	2.4	2.0-3.3	cm

Impression -

- Normal Sized Cardiac Chambers
- No RWMA,S
- normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot

DR. VISHAL KUMAR .H

CLINICAL CARDIOLOGIST

Date: IST: 2024-03-19 09:46:55

Report ID: AHLLP_01P3FGAT6TP0R5D_V6TP0R66

Personal Details

UHID: 01P3FGAT6TP0R5D
PatientID: 92065
Name: K SREENIVASULLU
Age: 41
Gender: Male
Mobile: 65659559595959

Pre-Existing Medical-
Conditions

Symptoms

Vitals

Measurements

HR: 84 BPM
PR: 181 ms
PD: 124 ms
QRSD: 93 ms
QRS Axis: 44 deg
QT/QTc: 352/352 ms

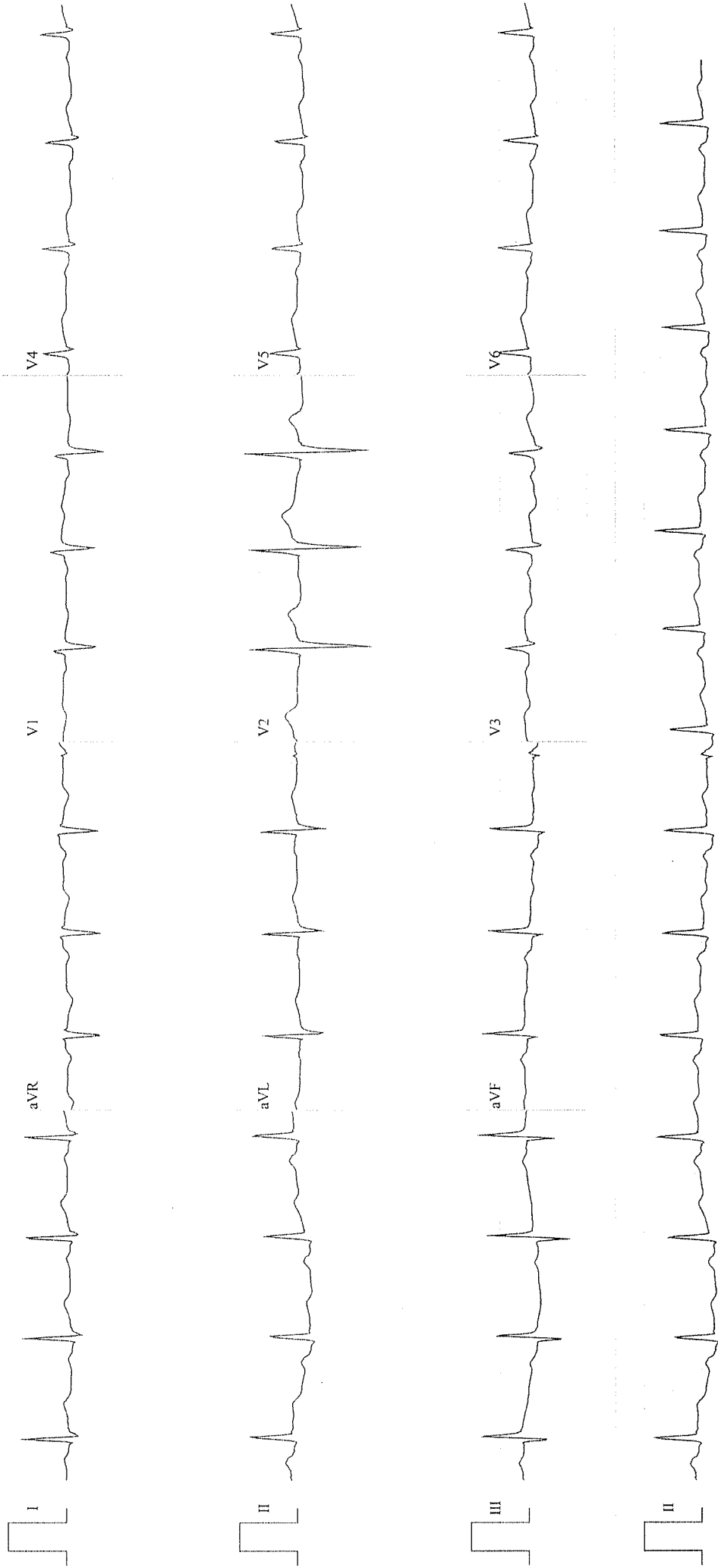
Interpretation

Normal sinus rhythm
Normal axis



Authorized by
Yogesh

Dr. Yogesh Kothari
MD, DNB, FESC, FEP
Reg No- KMC 44065



Speed: 25 mm/sec F: 0.05 - 40 Hz L: 10 mm/mV Chest: 10 mm/mV
Disclaimer: This report is based on ECG alone and should be used as an adjunct to clinical history, symptoms and results of other non-invasive tests and must be interpreted by a qualified physician.
Normal ECG does not rule out heart disease. Abnormal ECG does not always mean severe heart disease. Comments & report is based on available data, clinical correlation is important.

Mr. Sreenivasulu 41/00 92065 19/3/24

EYE CHECK UP REPORT

Vision Acuity $\left\{ \begin{array}{l} 6/6 \\ \text{unaided} \\ 6/6 \end{array} \right.$

Digital IOP $\left\{ \begin{array}{l} \textcircled{2} \\ \textcircled{2} \end{array} \right.$

Near Vision $\left\{ \begin{array}{l} N6 \\ \text{unaided} \\ N6 \\ \text{Normal} \end{array} \right.$

Colour Vision $\left\{ \begin{array}{l} \text{Normal} \\ \text{Normal} \end{array} \right.$

• Fundus: Normal @ study

• Ant. Segment :- normal

• Media: normal

• Pupil: normal

CHS

Health Check up Booking Request(UBOIE4199), Beneficiary Code-170991

Mediwheel <wellness@mediwheel.in>

Fri 3/8/2024 10:43 AM

To:Kunigiri Sreenivasulu, <kgsreenivasulu@unionbankofindia.bank>

Cc:customercare@mediwheel.in <customercare@mediwheel.in>

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

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011-41195959

Dear KUNIGIRI SREENIVASULU,

We have received your booking request for the following health checkup, please upload your approval letter as soon as possible to enable us to confirm your booking.

Upload your Approval Letter

User Package Name : MediWheel Full Body Health Checkup Male 40 To 50

Name of Diagnostic/Hospital : Apollo Clinic - Basavanagudi

Address of Diagnostic/Hospital- : Apollo Clinic, # 99, Bull Temple Road , Next to Ramakrishna mutt, Basavanagudi - 560019

Appointment Date : 19-03-2024

Preferred Time : 8:30am

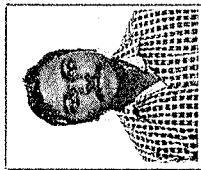
Member Information		
Booked Member Name	Age	Gender
KUNIGIRI SREENIVASULU	41 year	Male

Tests included in this Package

- Bmi Check
- Ent Consultation
- Dietician Consultation
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)



भारत सरकार
Government of India



Issue Date: 18/01/2013

ಕುನಿಗಿರಿ ಶ್ರೀನಿವಾಸುಲು
Kunigiri Sreenivasulu
ಜನ್ಮ ದಿನಾಂಕ / DOB: 31/05/1982
ಪುರುಷ / MALE



8467 0123 3180

8467 0123 3180

मेरा आधार, मेरी पहचान