


Patient Name : Mr.BANDI RAVI KUMAR	Collected : 13/Mar/2024 08:49AM
Age/Gender : 53 Y 6 M 0 D/M	Received : 13/Mar/2024 03:14PM
UHID/MR No : CASR.0000186459	Reported : 13/Mar/2024 04:48PM
Visit ID : CASROPV222273	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 391195	

**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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	16.1	g/dL	13-17	Spectrophotometer
PCV	46.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.23	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	88.2	fL	83-101	Calculated
MCH	30.7	pg	27-32	Calculated
MCHC	<b>34.9</b>	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,460	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	55.7	%	40-80	Electrical Impedence
LYMPHOCYTES	33.7	%	20-40	Electrical Impedence
EOSINOPHILS	3.5	%	1-6	Electrical Impedence
MONOCYTES	6	%	2-10	Electrical Impedence
BASOPHILS	1.1	%	0-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3041.22	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1840.02	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	191.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	327.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	60.06	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.65		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	183000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	11	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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

  
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SIN No:BED240066839

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

**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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A-12, # 1-S-71/A/12b, Rishab Heights, Rukminipuri Housing Colony,  
A S Rao Nagar, Hyderabad, Telangana, India - 500062

  
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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)

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DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN  
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

  
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Age/Gender : 53 Y 6 M 0 D/M	Received : 13/Mar/2024 03:14PM
UHID/MR No : CASR.0000186459	Reported : 13/Mar/2024 06:09PM
Visit ID : CASROPV222273	Status : Final Report
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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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate technology
Rh TYPE	Positive			Microplate technology

  
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Patient Name : Mr.BANDI RAVI KUMAR	Collected : 13/Mar/2024 08:49AM
Age/Gender : 53 Y 6 M 0 D/M	Received : 13/Mar/2024 03:36PM
UHID/MR No : CASR.0000186459	Reported : 13/Mar/2024 04:14PM
Visit ID : CASROPV222273	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
GLUCOSE, FASTING , NAF PLASMA	<b>108</b>	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.

*K. Anusha*  
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SIN No:PLF02123389

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Patient Name : Mr.BANDI RAVI KUMAR	Collected : 13/Mar/2024 08:49AM
Age/Gender : 53 Y 6 M 0 D/M	Received : 13/Mar/2024 03:31PM
UHID/MR No : CASR.0000186459	Reported : 13/Mar/2024 05:46PM
Visit ID : CASROPV222273	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	73	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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL		Calculated

**Comment:**

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

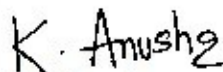
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**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.



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SIN No:EDT240030401

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Age/Gender : 53 Y 6 M 0 D/M  
UHID/MR No : CASR.0000186459  
Visit ID : CASROPV222273  
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Emp/Auth/TPA ID : 391195

Collected : 13/Mar/2024 08:49AM  
Received : 13/Mar/2024 03:31PM  
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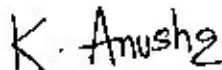
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3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
4. Falsely low HbA1c (below 4%) may be observed 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)



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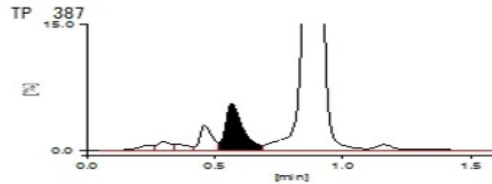
Chromatogram Report

HLC723G8 V5.28 1 2024-03-13 16:50:30  
 ID EDT240030401  
 Sample No. 03130194 SL 0001 - 06  
 Patient ID  
 Name  
 Comment

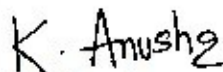
CALIB			
Name	%	Time	Area
A1A	0.4	0.23	7.31
A1B	0.7	0.30	11.22
F	0.5	0.39	8.40
LA1C+	1.7	0.46	28.92
SA1C	5.6	0.57	74.96
AO	92.7	0.88	1546.66
H-V0			
H-V1			
H-V2			

Total Area 1677.47

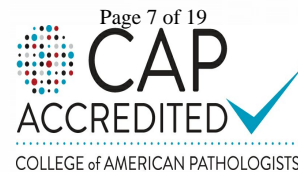
**HbA1c 5.6 %** **IFCC 38 mmol/mol**  
 HbA1 6.7 % HbF 0.5 %




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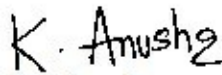
Patient Name	: Mr.BANDI RAVI KUMAR	Collected	: 13/Mar/2024 08:49AM
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**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>212</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>171</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>50</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>162</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>127.8</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>34.2</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>4.24</b>		0-4.97	Calculated
ATHEROGENIC INDEX PLASMA (AIP)	<b>0.17</b>		<0.11	Calculated

**Comment:**

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

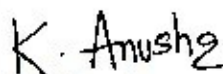
	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX OF PLASMA (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.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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SIN No:SE04659579

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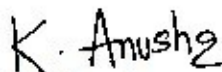
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- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available 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 AIP reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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UHID/MR No : CASR.0000186459	Reported : 13/Mar/2024 05:30PM
Visit ID : CASROPV222273	Status : Final Report
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.87	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.75	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	81.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.67	g/dL	6.6-8.3	Biuret
ALBUMIN	4.72	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.95	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

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

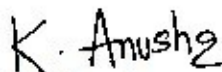
**2. Cholestatic Pattern:**

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

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



Dr. RAJESH BATTINA  
PhD.(Biochemistry)  
Consultant Biochemist



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

Page 11 of 19  
**CAP**  
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SIN No:SE04659579

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



Patient Name : Mr.BANDI RAVI KUMAR	Collected : 13/Mar/2024 08:49AM
Age/Gender : 53 Y 6 M 0 D/M	Received : 13/Mar/2024 03:26PM
UHID/MR No : CASR.0000186459	Reported : 13/Mar/2024 04:51PM
Visit ID : CASROPV222273	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 391195	

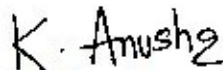
**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.98	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	26.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.62	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.68	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.91	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	142	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.67	g/dL	6.6-8.3	Biuret
ALBUMIN	4.72	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.95	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		0.9-2.0	Calculated



**Dr. RAJESH BATTINA**  
PhD.(Biochemistry)  
Consultant Biochemist



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

Page 12 of 19  
**CAP**  
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SIN No:SE04659579

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



Patient Name : Mr.BANDI RAVI KUMAR	Collected : 13/Mar/2024 08:49AM
Age/Gender : 53 Y 6 M 0 D/M	Received : 13/Mar/2024 03:26PM
UHID/MR No : CASR.0000186459	Reported : 13/Mar/2024 04:18PM
Visit ID : CASROPV222273	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 391195	

**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	81.00	U/L	30-120	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	35.00	U/L	<55	IFCC

*K. Anusha*

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

SIN No:SE04659579

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



Patient Name : Mr.BANDI RAVI KUMAR	Collected : 13/Mar/2024 08:49AM
Age/Gender : 53 Y 6 M 0 D/M	Received : 13/Mar/2024 03:34PM
UHID/MR No : CASR.0000186459	Reported : 13/Mar/2024 04:38PM
Visit ID : CASROPV222273	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 391195	

**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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.95	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	7.72	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.291	µIU/mL	0.38-5.33	CLIA

**Comment:**

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

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

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

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



SIN No:SPL24044480

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

Patient Name : Mr.BANDI RAVI KUMAR  
Age/Gender : 53 Y 6 M 0 D/M  
UHID/MR No : CASR.0000186459  
Visit ID : CASROPV222273  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 391195

Collected : 13/Mar/2024 08:49AM  
Received : 13/Mar/2024 03:34PM  
Reported : 13/Mar/2024 04:38PM  
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**

*K. Anusha*

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

SIN No:SPL24044480

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



Patient Name : Mr.BANDI RAVI KUMAR	Collected : 13/Mar/2024 08:49AM
Age/Gender : 53 Y 6 M 0 D/M	Received : 13/Mar/2024 03:34PM
UHID/MR No : CASR.0000186459	Reported : 13/Mar/2024 04:14PM
Visit ID : CASROPV222273	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 391195	

**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
<b>VITAMIN D (25 - OH VITAMIN D) , SERUM</b>	<b>18.6</b>	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
<b>VITAMIN B12 , SERUM</b>	<b>160</b>	pg/mL	107.2-653.3	CLIA

**Comment:**

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



SIN No:SPL24044480

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



Patient Name : Mr.BANDI RAVI KUMAR	Collected : 13/Mar/2024 08:49AM
Age/Gender : 53 Y 6 M 0 D/M	Received : 13/Mar/2024 03:34PM
UHID/MR No : CASR.0000186459	Reported : 13/Mar/2024 04:14PM
Visit ID : CASROPV222273	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 391195	

**DEPARTMENT OF IMMUNOLOGY**

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	1.250	ng/mL	0-4	CLIA

*K. Anusha*

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

SIN No:SPL24044480

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

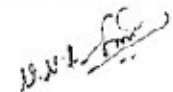


Patient Name : Mr.BANDI RAVI KUMAR	Collected : 13/Mar/2024 02:35PM
Age/Gender : 53 Y 6 M 0 D/M	Received : 13/Mar/2024 07:50PM
UHID/MR No : CASR.0000186459	Reported : 13/Mar/2024 08:14PM
Visit ID : CASROPV222273	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 391195	

**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
<b>URINE GLUCOSE(POST PRANDIAL)</b>	NEGATIVE		NEGATIVE	Dipstick



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

SIN No:UPP017122

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



Patient Name : Mr.BANDI RAVI KUMAR	Collected : 13/Mar/2024 08:49AM
Age/Gender : 53 Y 6 M 0 D/M	Received : 13/Mar/2024 03:08PM
UHID/MR No : CASR.0000186459	Reported : 13/Mar/2024 04:57PM
Visit ID : CASROPV222273	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 391195	

**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(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:

COMPLETE URINE EXAMINATION (CUE), PERIPHERAL SMEAR

  
Dr. B Pavani  
M.B.B.S, M.D(pathology)  
Consultant Pathologist

SIN No:UF011163

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

**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:  
A-12, # 1-S-71/A/12b, Rishab Heights, Rukminipuri Housing Colony,  
A S Rao Nagar, Hyderabad, Telangana, India - 500062

Page 19 of 19  
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 **1860 500 7788**  
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# Apollo Clinic

PHYSICAL EXAMINATION FORM

Apollo Clinic  
*Expert Care. Clear Results.*

Date 13.3.24

UHID 186459

Name B. Ravi Kumar.

Age 53 yrs / M

Height  Cms

Weight  Kgs

Chest Measurement  (in)cm  (out)cm

Waist  cm

HIP

Pulse  Bt/Min

BMI

BP  mm/Hg

SPO2

kgs/cm<sup>2</sup>

%

Apollo Clinic, A.S. Rao Nagar.



## CONSENT FORM

MR//MRS/MISS Bandi Ravi Kumar I AM NOT INTERESTED TO GIVE THE  
2DECHO / POST SAMPLE

SAMPLEIN THE GIVEN HEALTH CHECK PACKAGE

UHID: 186459.

CORPORATE NAME: Union Bank of India

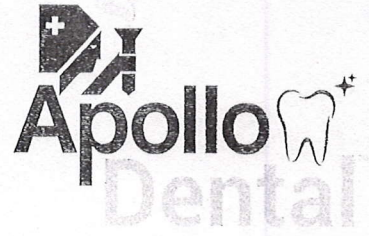
SIGNATURE:

Bhik.

DATE

13.03.24

# ORAL EXAMINATION FORM



Date: 13/03/2024

Patient ID: \_\_\_\_\_ MHC

Patient Name: Bandi Ravi Kumar Age: 53 Sex: Male  Female

Chief Complaint: P. Come for general dental check up.

Medical History:

Drug Allergy:

Medication currently taken by the Guest:

Initial Screenign Findings:

Dental Caries:

Missing Teeth:

Impacted Teeth:

Attrition / Abrasion:

Bleeding:

Pockets / Recession:

Calculus / Stains: ++

Mobility:

Restored Teeth:

Non - restorable Teeth for extraction / Root Stumps:

Malocclusion:

Others:

Advice:- Oral prophylaxis.

Doctor Name & Signature: [Signature]



# POWER PRESCRIPTION

NAME: **BANDI RAVI KUMAR** GENDER: M/F

DATE: **13.03.24**

AGE: **53 y**

UHID:

## RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	+ 0.50	-	-	6/6
NEAR	+ 2.25	-	-	26

## LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	+ 0.75	- 1.25	180	6/6
NEAR	+ 2.25	-	-	26

COLOUR VISION :

DIAGNOSIS : **not MA**

OTHER FINDINGS :

INSTRUCTIONS :

*[Signature]*  
SIGNATURE



186459  
53 Years

MR. B KAVI KUMAR  
Male

12-Mar-24 20:52:25  
Apollo Clinic A S Rao Nagar

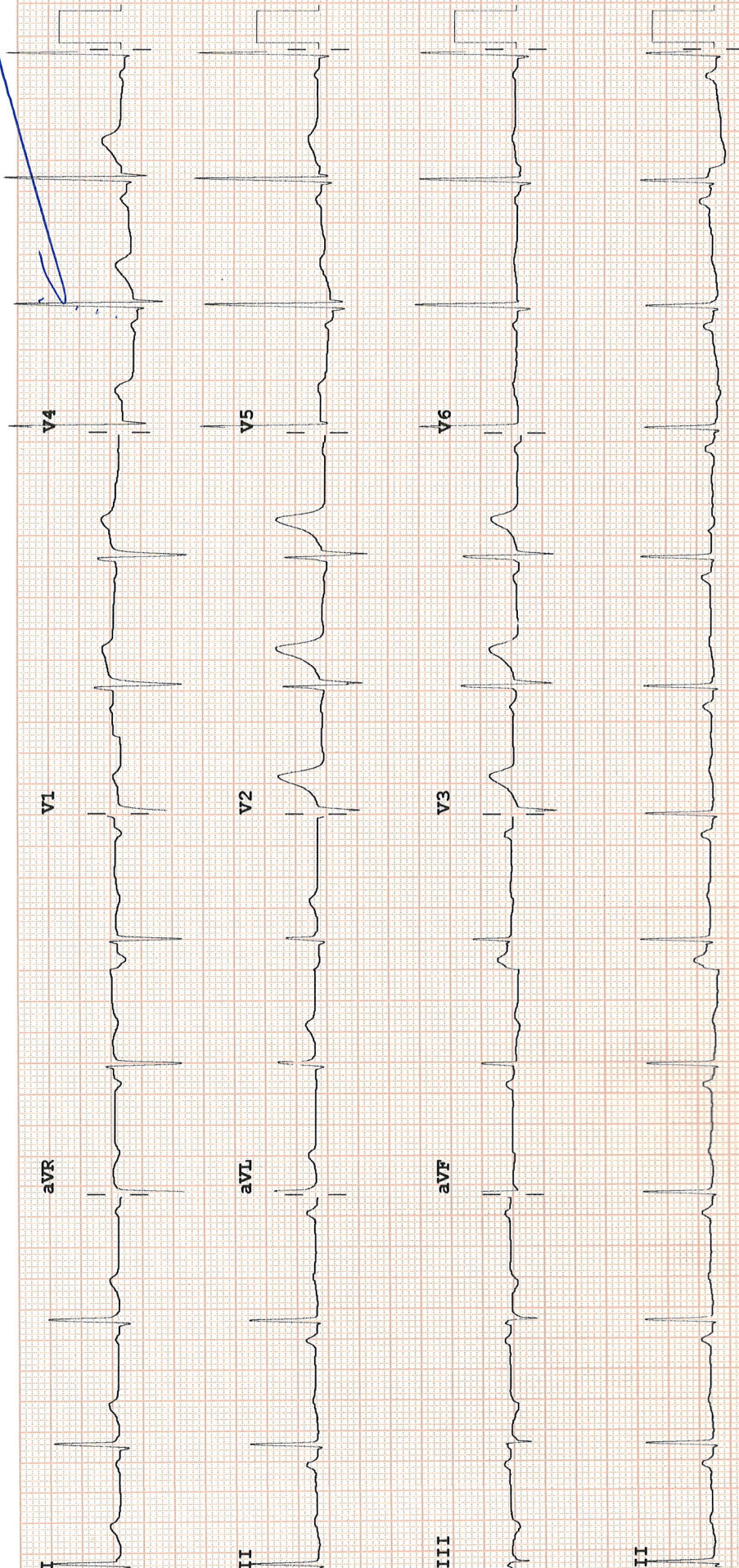
Rate 72 . Sinus rhythm.....normal P axis, V-rate 50- 99  
 . Borderline T abnormalities, inferior leads.....T flat/neg, II III aVF  
 PR 155 . ST elev, probable normal early repol pattern.....ST elevation, age<55  
 QRSD 84 . Baseline wander in lead(s) V1, V2  
 QT 378  
 QTc 414

*SV*  
*Easy paper*  
*MA*

--AXIS--  
 P 60  
 QRS 23  
 T -28

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50~ 0.50-100 Hz W

100B CL

P?



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of  
 ..... Bandi Ravi Kumar ..... on ..... 14/3/24 .....

After reviewing the medical history and on clinical examination it has been found that  
 he/ she is`

<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<p>Tick</p> <p>✓</p>
<ul style="list-style-type: none"> <li>• Fit with Restrictions/ Recommendations</li> </ul> <p>Though following restrictions have been revealed in my opinion, these are not impediments to the job.</p> <p>1. ....</p> <p>2. ....</p> <p>3. ....</p> <p>However the candidate should follow the advice medication that has been communicated to him/her.</p> <p>* Review after .....</p>	
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after.....recommended.</p>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

Dr. Vivek Belde  
 Reg No :24141  
 Consultant physician  
 Apollo Clinic  
 A S Rao Nagar

**Patient Name** : Mr. BANDI RAVI KUMAR

**Age/Gender** : 53 Y/M

**UHID/MR No.** : CASR.0000186459

**OP Visit No** : CASROPV222273

**Sample Collected on** :

**Reported on** : 13-03-2024 18:50

**LRN#** : RAD2265313

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 391195

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

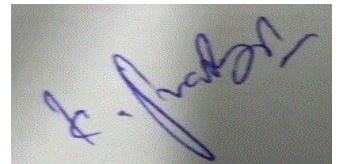
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. PRAVEEN BABU KAJA**  
Radiology

**Patient Name** : Mr. BANDI RAVI KUMAR

**Age/Gender** : 53 Y/M

**UHID/MR No.** : CASR.0000186459

**OP Visit No** : CASROPV222273

**Sample Collected on** :

**Reported on** : 13-03-2024 11:57

**LRN#** : RAD2265313

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 391195

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size with increased echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

**Spleen** appears normal. 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.

**Right kidney : 101x42mm**

**Left kidney : 104x44mm**

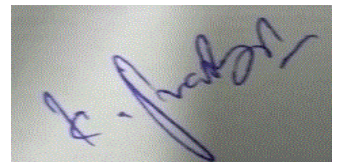
Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality.

**Prostate** is normal in size and echo texture.No evidence of necrosis/calcification seen.

**IMPRESSION:-Grade 1 Fatty Liver**

**Suggested clinical correlation and further evaluation if necessary.**



**Dr. PRAVEEN BABU KAJA**  
Radiology

यूनियन बैंक  
of India



Union Bank  
of India

संस्थापित 1943 में | A Government of India Undertaking



नाम : बंडि रवि कुमार

Name : **Bandi Ravi Kumar**

पादनाम : लिपिक

Designation : **Clerk**

कर्मचारी सं / Employee No. : **679743**

जन्म तिथि / Date of Birth : **30.06.1970**

रक्त समूह / Blood Group : **O + ve**

हस्ताक्षर  
Signature

जारी कर्ता प्राधिकारी  
Issuing Authority





RAVI KUMAR  
2033556



ant



## Asraonagar Apolloclinic

---

**From:** bandi Ravikumar <ravikumarbandy@gmail.com>  
**Sent:** 13 March 2024 08:31  
**To:** Asraonagar Apolloclinic  
**Subject:** Fwd: Health Check up Booking Confirmed Request(UBOIE4231),Package Code-PKG10000369, Beneficiary Code-310337

For Ravikumar Union Bank of India

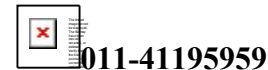
----- Forwarded message -----

**From:** bandi Ravikumar <[ravikumarbandy@gmail.com](mailto:ravikumarbandy@gmail.com)>  
**Date:** Tue, 12 Mar, 2024, 1:44 pm  
**Subject:** Fwd: Health Check up Booking Confirmed Request(UBOIE4231),Package Code-PKG10000369, Beneficiary Code-310337  
**To:** <[ubin0815721@unionbankofindia.bank](mailto:ubin0815721@unionbankofindia.bank)>

For Ravikumar

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

**From:** Mediwheel <[wellness@mediwheel.in](mailto:wellness@mediwheel.in)>  
**Date:** Tue, 12 Mar, 2024, 12:46 pm  
**Subject:** Health Check up Booking Confirmed Request(UBOIE4231),Package Code-PKG10000369, Beneficiary Code-310337  
**To:** <[ravikumarbandy@gmail.com](mailto:ravikumarbandy@gmail.com)>  
**Cc:** <[customercare@mediwheel.in](mailto:customercare@mediwheel.in)>



Dear **BANDI RAVI KUMAR,**

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

**Hospital Package Name** : Mediwheel Full Body Plus Annual Check Advanced Male

**Patient Package Name** : MediWheel Full Body Health Checkup Male 50 To 60

**Name of Diagnostic/Hospital** : Apollo Clinic - AS Rao Nagar

**Address of Diagnostic/Hospital-** : A-12, # 1-9-71/A/12/B, Rishabh heights, above vodafone store, beside KFC, A S Rao Nagar, Hyderabad -500062

**City** : Hyderabad

**State** :

**Pincode** : 500062

**Appointment Date** : 13-03-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 8:30am

**Booking Status** : Booking Confirmed

Member Information		
<b>Booked Member Name</b>	<b>Age</b>	<b>Gender</b>
BANDI RAVI KUMAR	53 year	Male

**Note - Please note to not pay any amount at the center.**

**Instructions to undergo Health Check:**

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.

- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,  
Mediwheel Team

Please Download Mediwheel App





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@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)

Patient Name : Mr. BANDI RAVI KUMAR Age : 53 Y/M  
UHID : CASR.0000186459 OP Visit No : CASROPV222273  
Reported By: : Dr. MRINAL . Conducted Date : 13-03-2024 15:58  
Referred By : SELF

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### **ECG REPORT**

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 72 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.

#### **Impression:**

NORMAL SINUS RHYTHM.

EARLY REPOLARIZATION IN V2-V3.

LVH+.

TO CORRELATE CLINICALLY.

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

Dr. MRINAL .

Patient Name : Mr. BANDI RAVI KUMAR Age : 53 Y/M  
UHID : CASR.0000186459 OP Visit No : CASROPV222273  
Conducted By: : Dr. MRINAL . Conducted Date : 13-03-2024 16:25  
Referred By : SELF

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**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed)	3.2 CM
LA (es)	3.1 CM
LVID (ed)	4.4 CM
LVID (es)	2.9 CM
IVS (Ed)	1.4 CM
LVPW (Ed)	1.4 CM
EF	60 %
%FD	30 %
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL
MITRAL: E: 0.7 m/sec A: 0.8 m/sec	
AJV:1.2 m/sec	
PJV:0.7 m/sec	

Patient Name : Mr. BANDI RAVI KUMAR  
UHID : CASR.0000186459  
Conducted By: : Dr. MRINAL .  
Referred By : SELF

Age : 53 Y/M  
OP Visit No : CASROPV222273  
Conducted Date : 13-03-2024 16:25

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**IMPRESSION:**

NORMAL CHAMBERS.

CONCENTRIC LVH.

NO RWMA.

GRADE I LV DIASTOLIC DYSFUNCTION.

NO MR/AR.

NO TR/PAH.

NO LA/LV CLOTS.

NO PERICARDIAL EFFUSION.

Dr. MRINAL .