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|--|--|
| Patient Name : Mr.JOSHYA POORNACHANDRA RAO | Collected : 23/Mar/2024 09:34AM |
| Age/Gender : 54 Y 6 M 0 D/M | Received : 23/Mar/2024 01:15PM |
| UHID/MR No : CASR.0000186753 | Reported : 23/Mar/2024 02:59PM |
| Visit ID : CASROPV222842 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9966615055 | |

DEPARTMENT OF HAEMATOLOGY

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

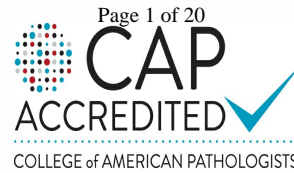
| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|-------------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 15.7 | g/dL | 13-17 | Spectrophotometer |
| PCV | 45.50 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 5.12 | Million/cu.mm | 4.5-5.5 | Electrical Impedence |
| MCV | 89 | fL | 83-101 | Calculated |
| MCH | 30.7 | pg | 27-32 | Calculated |
| MCHC | 34.5 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 14.3 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 5,820 | cells/cu.mm | 4000-10000 | Electrical Impedence |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 56 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 32 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 2 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 10 | % | 2-10 | Electrical Impedence |
| BASOPHILS | 0 | % | 0-2 | Electrical Impedence |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3259.2 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1862.4 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 116.4 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 582 | Cells/cu.mm | 200-1000 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.75 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 203000 | cells/cu.mm | 150000-410000 | Electrical impedence |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 6 | mm at the end of 1 hour | 0-15 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |
| RBC NORMOCYTIC NORMOCHROMIC | | | | |
| WBC WITHIN NORMAL LIMITS | | | | |
| PLATELETS ARE ADEQUATE ON SMEAR | | | | |
| NO HEMOPARASITES SEEN | | | | |



Dr. R. SHALINI
M.B.B.S., M.D (Pathology)
Consultant Pathologist

SIN No: BED240079599

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



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IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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| UHID/MR No | : CASR.0000186753 | Reported | : 23/Mar/2024 04:43PM |
| Visit ID | : CASROPV222842 | 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 |
|---|----------|------|-----------------|-----------------------|
| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
| BLOOD GROUP TYPE | A | | | Microplate technology |
| Rh TYPE | Positive | | | Microplate technology |



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| Age/Gender : 54 Y 6 M 0 D/M | Received : 23/Mar/2024 01:17PM |
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DEPARTMENT OF BIOCHEMISTRY

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

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

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| | | | |
|-----------------|-------------------------------|--------------|-------------------------------|
| Patient Name | : Mr.JOSHYA POORNACHANDRA RAO | Collected | : 23/Mar/2024 12:40PM |
| Age/Gender | : 54 Y 6 M 0 D/M | Received | : 23/Mar/2024 02:52PM |
| UHID/MR No | : CASR.0000186753 | Reported | : 23/Mar/2024 04:29PM |
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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|------------|-------|-----------------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 183 | 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.

K. Anusha

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SIN No:PLP1436155

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|------------|-------|-----------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 7.8 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 177 | mg/dL | | Calculated |

Comment:

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

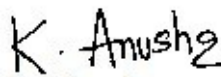
| REFERENCE GROUP | HBA1C % |
|------------------------|-----------|
| NON DIABETIC | <5.7 |
| PREDIABETES | 5.7 – 6.4 |
| DIABETES | ≥ 6.5 |
| DIABETICS | |
| EXCELLENT CONTROL | 6 – 7 |
| FAIR TO GOOD CONTROL | 7 – 8 |
| UNSATISFACTORY CONTROL | 8 – 10 |
| POOR CONTROL | >10 |

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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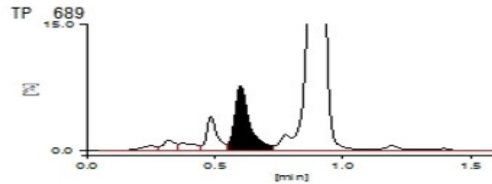
Chromatogram Report

V5.28 1 2024-03-23 17:05:05
 ID EDT240036493
 Sample No. 03230238 SL 0021 - 08
 Patient ID
 Name
 Comment

| CALIB | | | |
|-------|------|------|---------|
| Name | % | Time | Area |
| A1A | 0.5 | 0.25 | 8.81 |
| A1B | 0.8 | 0.32 | 13.71 |
| F | 0.8 | 0.38 | 12.92 |
| LA1C+ | 2.3 | 0.48 | 38.19 |
| SA1C | 7.8 | 0.60 | 103.05 |
| AO | 90.1 | 0.90 | 1489.93 |
| H-V0 | | | |
| H-V1 | | | |
| H-V2 | | | |

Total Area 1666.61

HbA1c 7.8 % **IFCC 61 mmol/mol**
HbA1 9.1 % **HbF 0.8 %**



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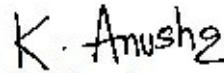
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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------|-------|-----------------|----------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 192 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 205 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 32 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 160 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 119 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 41 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 6.00 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | 0.45 | | <0.11 | Calculated |


Comment:

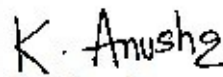
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

| | 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.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.


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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 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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| 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) | 0.11 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.48 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 29 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 26.0 | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 64.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.05 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.18 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.87 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.46 | | 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.

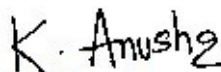
2. Cholestatic Pattern:

- 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.



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|---|--------|--------|-----------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.99 | mg/dL | 0.84 - 1.25 | Modified Jaffe, Kinetic |
| UREA | 20.10 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 9.4 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 4.67 | mg/dL | 3.5-7.2 | Uricase PAP |
| CALCIUM | 9.01 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.24 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 138 | mmol/L | 136-146 | ISE (Indirect) |
| POTASSIUM | 4.0 | mmol/L | 3.5-5.1 | ISE (Indirect) |
| CHLORIDE | 105 | mmol/L | 101-109 | ISE (Indirect) |
| PROTEIN, TOTAL | 7.05 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.18 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.87 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.46 | | 0.9-2.0 | Calculated |

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| Patient Name | : Mr.JOSHYA POORNACHANDRA RAO | Collected | : 23/Mar/2024 09:34AM |
| Age/Gender | : 54 Y 6 M 0 D/M | Received | : 23/Mar/2024 01:31PM |
| UHID/MR No | : CASR.0000186753 | Reported | : 23/Mar/2024 06:00PM |
| Visit ID | : CASROPV222842 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 9966615055 | | |

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 | 64.00 | U/L | 30-120 | IFCC |

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 22.00 | U/L | <55 | IFCC |

K. Anusha

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

SIN No:SE04672717

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



| | |
|--|--|
| Patient Name : Mr.JOSHYA POORNACHANDRA RAO | Collected : 23/Mar/2024 09:34AM |
| Age/Gender : 54 Y 6 M 0 D/M | Received : 23/Mar/2024 01:29PM |
| UHID/MR No : CASR.0000186753 | Reported : 23/Mar/2024 03:03PM |
| Visit ID : CASROPV222842 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9966615055 | |

DEPARTMENT OF IMMUNOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 0.94 | ng/mL | 0.87-1.78 | CLIA |
| THYROXINE (T4, TOTAL) | 9.58 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 2.687 | 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 |

Maruthi
Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist

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




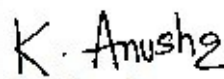
Patient Name : Mr.JOSHYA POORNACHANDRA RAO
Age/Gender : 54 Y 6 M 0 D/M
UHID/MR No : CASR.0000186753
Visit ID : CASROPV222842
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9966615055

Collected : 23/Mar/2024 09:34AM
Received : 23/Mar/2024 01:29PM
Reported : 23/Mar/2024 03:03PM
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


Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist


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

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| | |
|--|--|
| Patient Name : Mr.JOSHYA POORNACHANDRA RAO | Collected : 23/Mar/2024 09:34AM |
| Age/Gender : 54 Y 6 M 0 D/M | Received : 23/Mar/2024 01:29PM |
| UHID/MR No : CASR.0000186753 | Reported : 23/Mar/2024 05:18PM |
| Visit ID : CASROPV222842 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9966615055 | |

DEPARTMENT OF IMMUNOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|--------|
| VITAMIN D (25 - OH VITAMIN D) , SERUM | 8.76 | ng/mL | 30 -100 | CLIA |

Result is rechecked. Kindly correlate clinically

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:

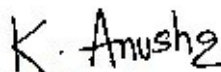
- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

- Vitamin D intoxication.



Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist



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



| | | | |
|-----------------|-------------------------------|--------------|-------------------------------|
| Patient Name | : Mr.JOSHYA POORNACHANDRA RAO | Collected | : 23/Mar/2024 09:34AM |
| Age/Gender | : 54 Y 6 M 0 D/M | Received | : 23/Mar/2024 01:29PM |
| UHID/MR No | : CASR.0000186753 | Reported | : 23/Mar/2024 03:00PM |
| Visit ID | : CASROPV222842 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 9966615055 | | |

DEPARTMENT OF IMMUNOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---------------------|--------|-------|-----------------|--------|
| VITAMIN B12 , SERUM | 389 | pg/mL | 107.2-653.3 | CLIA |

Comment:

- 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 |
|---|--------|-------|-----------------|--------|
| TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM | 0.480 | ng/mL | 0-4 | CLIA |

K. Anusha

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

SIN No:SPL24053372

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

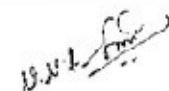


| | |
|--|--|
| Patient Name : Mr.JOSHYA POORNACHANDRA RAO | Collected : 23/Mar/2024 09:34AM |
| Age/Gender : 54 Y 6 M 0 D/M | Received : 23/Mar/2024 03:57PM |
| UHID/MR No : CASR.0000186753 | Reported : 23/Mar/2024 07:36PM |
| Visit ID : CASROPV222842 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9966615055 | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|------|------------------|----------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Visual |
| pH | 6.0 | | 5-7.5 | Bromothymol Blue |
| SP. GRAVITY | 1.025 | | 1.002-1.030 | Bromothymol Blue |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NEGATIVE | | NEGATIVE | GOD - POD |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | SODIUM NITRO PRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | EHRlich |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | PYRROLE HYDROLYSIS |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 2-3 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 1-2 | /hpf | <10 | MICROSCOPY |
| RBC | NIL | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |


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

SIN No:UR2313957

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

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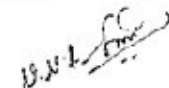


| | | | |
|-----------------|-------------------------------|--------------|-------------------------------|
| Patient Name | : Mr.JOSHYA POORNACHANDRA RAO | Collected | : 23/Mar/2024 12:40PM |
| Age/Gender | : 54 Y 6 M 0 D/M | Received | : 23/Mar/2024 03:59PM |
| UHID/MR No | : CASR.0000186753 | Reported | : 23/Mar/2024 07:18PM |
| Visit ID | : CASROPV222842 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 9966615055 | | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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

SIN No:UPP017287

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

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| | |
|--|--|
| Patient Name : Mr.JOSHYA POORNACHANDRA RAO | Collected : 23/Mar/2024 12:40PM |
| Age/Gender : 54 Y 6 M 0 D/M | Received : 24/Mar/2024 02:53PM |
| UHID/MR No : CASR.0000186753 | Reported : 24/Mar/2024 04:54PM |
| Visit ID : CASROPV222842 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9966615055 | |


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:
PERIPHERAL SMEAR


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

Page 20 of 20
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COLLEGE of AMERICAN PATHOLOGISTS



SIN No:UF011426

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

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of

JOSHUA POORNAChandran Rao on 23/03/24.....

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

| | Tick |
|--|------|
| <ul style="list-style-type: none">• Medically Fit | ✓ |
| <ul style="list-style-type: none">• Fit with Restrictions/ Recommendations <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">• Currently Unfit. <p>Review after.....recommended.</p> | |
| <ul style="list-style-type: none">• Unfit | |



Dr. K. VAISHNAVI
MBBS

Regd. No. TSMC/12106

Vaishnavi

Dr. Vaishnavi

Reg No :12106

Consultant physician

Apollo Clinic

AS Rao Nagar

POWER PRESCRIPTION

NAME: *Mr. Jashra Poornachandra Rao* GENDER: M/F

DATE: *23/Nov/20*

AGE: *54*

UHID:

RIGHT EYE

LEFT EYE

| | SPH | CYL | AXIS | VISION |
|----------|--------------|----------|----------|------------|
| DISTANCE | <i>+1.50</i> | <i>-</i> | <i>-</i> | <i>6/6</i> |
| NEAR | <i>+2.30</i> | <i>-</i> | <i>-</i> | <i>6/6</i> |

| | SPH | CYL | AXIS | VISION |
|----------|--------------|----------|----------|------------|
| DISTANCE | <i>+0.75</i> | <i>-</i> | <i>-</i> | <i>6/6</i> |
| NEAR | <i>+2.50</i> | <i>-</i> | <i>-</i> | <i>6/6</i> |

COLOUR VISION :

DIAGNOSIS : *normal*

OTHER FINDINGS :

INSTRUCTIONS :

[Signature]
SIGNATURE

DR VIVEK BELDE
CONSULTANT PHYSICIAN
REG NO. 24141

Mr. Joshya Poornachandra Rao 54/M 29/3/24

No ch @ present

DM@

FBS - 138 ↑

✓ Sitaros + Mer 50
(N)

PPBS - 183 ↑

✓ Dapa 10 (M)

HbA1c % - 7.5 ↑

LDL - 119 ↑

TA - 205 ↑

Vit D - 8.76 ↓

USG - AIFL

Re

1. Cap UPRISE D3 60K
weekly once x 16 weeks
(after breakfast)

- Regular Exercise

- Healthy diet

**IN CASE OF ANY EMERGENCY, KINDLY VISIT THE CLOSEST EMERGENCY CENTRE/
APOLLO HOSPITAL/ANY HOSPITAL.**

Apollo Health and Lifestyle Limited

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

APOLLO CLINICS NETWORK TELANGANA & AP

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

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mr. JOSHYA POORNACHANDRA RAO Age : 54 Y/M
UHID : CASR.0000186753 OP Visit No : CASROPV222842
Reported By: : Dr. MRINAL . Conducted Date : 25-03-2024 18:12
Referred By : SELF

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 82 beats per minutes.
3. No pathological Q wave or ST changes seen.
4. Normal P, QRS, T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL SINUS RHYTHM.

NON SPECIFIC 'T' WAVE CHANGES.

TO CORRELATE CLINICALLY.

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

Dr. MRINAL .

Patient Name : Mr. JOSHUA POORNACHANDRA RAO

Age/Gender : 54 Y/M

UHID/MR No. : CASR.0000186753

OP Visit No : CASROPV222842

Sample Collected on :

Reported on : 24-03-2024 14:35

LRN# : RAD2278530

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9966615055

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

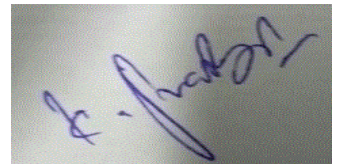
Both costophrenic and cardiophrenic angles are clear .

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



Apollo Clinic

Apollo Clinic
Expect. Clear Today.

PHYSICAL EXAMINATION FORM

Date 23/3/24 UHID 186753
Name Mrs Joshya Peena Chandra Rao Age 54 | M.
Height 158 Cms
Weight 42.6 Kgs
Chest Measurement (in)cm (out)cm
Waist cm HIP
Pulse 96 Bt/Min BMI 29 kgs/cm2
BP 140/90 mm/Hg SPO2 98 %

ORAL EXAMINATION FORM



Date: 23/3/2024

Patient ID: _____ MHC

Patient Name: Mr. J. Poorna Chandra Age: 54 Sex: Male Female

Chief Complaint: Annual checkup

Medical History: No diabetic

Drug Allergy: -

Medication currently taken by the Guest: -

Initial Screenign Findings: -

Dental Caries: -

Missing Teeth: _____

Impacted Teeth: -

Attrition / Abrasion: + 64

Bleeding: +ve

Pockets / Recession: _____

Calculus / Stains: ++
++

Mobility: _____

Restored Teeth: -

Non - restorable Teeth for extraction /
Root Stumps: _____

Malocclusion: -

Others: _____

Slur

Advice:- ① Advised seal prophylaxis & follow
Doctor Name & Signature: ② Advised filling
D. Mounica

POWER PRESCRIPTION

NAME: J. P. Gornachandrab Rao GENDER: M/F ✓

DATE: 23/3/24

AGE: 55

UHID:

RIGHT EYE

| | SPH | CYL | AXIS | VISION |
|----------|-----------|-----|------|--------|
| DISTANCE | + 1.50 | - | - | 6/12 |
| NEAR | + 2.25 | - | - | N/A |

LEFT EYE

| | SPH | CYL | AXIS | VISION |
|----------|-----------|-----|------|--------|
| DISTANCE | + 0.75 | - | - | 6/6 |
| NEAR | + 2.25 | - | - | N/A |

COLOUR VISION :

DIAGNOSIS :

OTHER FINDINGS :

INSTRUCTIONS :

Anand

SIGNATURE

Patient Name : Mr. JOSHYA POORNACHANDRA RAO Age : 54 Y/M
UHID : CASR.0000186753 OP Visit No : CASROPV222842
Conducted By: : Dr. SHILPI MOHAN Conducted Date : 24-03-2024 11:15
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

| | |
|--------------------------|--------|
| Ao (ed) | 2.9 CM |
| LA (es) | 3.6 CM |
| LVID (ed) | 4.1 CM |
| LVID (es) | 2.7 CM |
| IVS (Ed) | 1.4 CM |
| LVPW (Ed) | 1.2 CM |
| EF | 61 % |
| %FD | 33 % |
| 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: 0.9 m/sec
AJV:1.0 m/sec
PJV:1.1 m/sec

Patient Name : Mr. JOSHYA POORNACHANDRA RAO Age : 54 Y/M
UHID : CASR.0000186753 OP Visit No : CASROPV222842
Conducted By: : Dr. SHILPI MOHAN Conducted Date : 24-03-2024 11:15
Referred By : SELF

IMPRESSION:

LVH NOTED.

NORMAL CHAMBER DIMENSION.

NORMAL VALVES.

NO RWMA.

LVEF:61%.

TRIVIAL MR.

NO AR/TR/PAH.

GRADE I DIASTOLIC DYSFUNCTION.

NO CLOTS/VEGETATION.

NO PERICARDIAL EFFUSION.



Dr. SHILPI
MOHAN

| | | | |
|----------------------------|--------------------------------|--------------------|--------------------|
| Patient Name | : Mr. JOSHUA POORNACHANDRA RAO | Age/Gender | : 54 Y/M |
| UHID/MR No. | : CASR.0000186753 | OP Visit No | : CASROPV222842 |
| Sample Collected on | : | Reported on | : 23-03-2024 20:58 |
| LRN# | : RAD2278530 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 9966615055 | | |

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 : 99x41mm **Let kidney : 102x42mm**

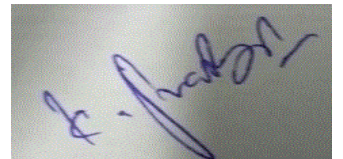
Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

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

From: Corporate Apollo Clinic
Sent: 21 March 2024 14:48
To: Customer Care :Mediwheel : New Delhi
Cc: Wellness : Mediwheel : New Delhi; Network : Mediwheel : New Delhi; deepak; Rahul Rai; Pritam Padyal; Dilip Baniya; Indiranagar Apolloclinic; Apollo Clinic Uppal; Mysore Apolloclinic; Electronic City; Koramangala Apolloclinic; Asraonagar Apolloclinic; Velachery Apolloclinic; Valasaravakkam Clinic; cc.klc@apollospectra.com; phc Klc; Fo Klc; Aundh Apolloclinic; Cc Tardeo; Tnagar Apolloclinic; Kharadi Apollo Clinic; FO ITPL; ITPL CLINIC; Sougata Das; FO Swargate
Subject: RE: Health Check-up Bookings No. 44 (Annual)
Attachments: 17032024 Bookings.xlsx

Namaste Team,

Greetings from Apollo clinics,

Sorry for the Inconvenience

we are cancelling the 29th Mar”2024 Appointments at spectra pune as clinic as clinic is closed on 29th Mar”2024 on occasion of Good Friday.

Thanks & Regards,

Sanjeev Kumar | Apollo Clinics | Pan India Toll No: 1860 500 7788 | Contact E-Mail: corporate@apolloclinic.com | www.apolloclinic.com |

From: Corporate Apollo Clinic
Sent: Sunday, March 17, 2024 5:28 PM
To: Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>
Cc: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>; Rahul Rai <rahul.rai@apolloclinic.com>; Pritam Padyal <pritam.padyal@apolloclinic.com>; Dilip Baniya <Dilip.b@apolloclinic.com>; Indiranagar Apolloclinic <indiranagar@apolloclinic.com>; Apollo Clinic Uppal <uppal@apolloclinic.com>; Mysore Apolloclinic <mysore@apolloclinic.com>; Electronic City <ecity@apolloclinic.com>; Koramangala Apolloclinic <koramangala@apolloclinic.com>; Asraonagar Apolloclinic <asraonagar@apolloclinic.com>; Velachery Apolloclinic <velachery@apolloclinic.com>; Valasaravakkam Clinic <valasaravakkam@apolloclinic.com>; cc.klc@apollospectra.com; phc Klc <phc.klc@apollospectra.com>; Fo Klc <fo.klc@apollospectra.com>; Aundh Apolloclinic <aundh@apolloclinic.com>; Cc Tardeo <cc.tardeo@apollospectra.com>; Tnagar Apolloclinic <tnagar@apolloclinic.com>; Kharadi Apollo Clinic <kharadi@apolloclinic.com>; FO ITPL <fo.itpl@apolloclinic.com>; ITPL CLINIC <itpl@apolloclinic.com>; Sougata Das <sougata.das@apollohl.com>; FO Swargate <fo.swg@apollospectra.com>
Subject: RE: Health Check-up Bookings No. 44 (Annual)

Namaste Team,

Greetings from apollo clinics,

PFA. With status.

Thanks & Regards,

Kumar | Apollo Clinics | Pan India Toll No: 1860 500 7788 | Contact E-Mail: corporate@apolloclinic.com | www.apolloclinic.com |

From: Customer Care :Mediwheel : New Delhi customercare@mediwheel.in

Sent: Sunday, March 17, 2024 3:36 PM

To: Corporate Apollo Clinic corporate@apolloclinic.com

Cc: Wellness : Mediwheel : New Delhi wellness@mediwheel.in; Network : Mediwheel : New Delhi network@mediwheel.in; deepak deepak.c@apolloclinic.com

Subject: Health Check-up Bookings No. 44 (Annual)

Dear Team,

Please find the attached Health Check-up Bookings file and confirm the same.

Thanks & Regards



Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030

Ph No. 011-41195959

Email : customercare@mediwheel.in; | Web: www.mediwheel.in