


Patient Name	: Mr.HIMA KIRAN REDDY P	Collected	: 23/Mar/2024 08:49AM
Age/Gender	: 52 Y 9 M 22 D/M	Received	: 23/Mar/2024 01:11PM
UHID/MR No	: CNAL.0000051984	Reported	: 23/Mar/2024 02:51PM
Visit ID	: CUPPOPV131346	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4504/626457		

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>	<b>12.7</b>	g/dL	13-17	Spectrophotometer
PCV	<b>37.00</b>	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>5.97</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>62</b>	fL	83-101	Calculated
MCH	<b>21.2</b>	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	<b>19</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,100	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	67.5	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>18.7</b>	%	20-40	Electrical Impedance
EOSINOPHILS	4	%	1-6	Electrical Impedance
MONOCYTES	9.3	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	0-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	6142.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1701.7	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	364	Cells/cu.mm	20-500	Calculated
MONOCYTES	846.3	Cells/cu.mm	200-1000	Calculated
BASOPHILS	45.5	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	<b>3.61</b>		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	292000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	11	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC- MICROCYTIC HYPOCHROMIC WITH FEW OVALOCYTES				
WBC WITHIN NORMAL LIMITS				

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



SIN No:BED240079113

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

Patient Name : Mr.HIMA KIRAN REDDY P  
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ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

PLATELETS ARE ADEQUATE ON SMEAR  
NO HEMOPARASITES SEEN  
IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA  
KINDLY CORRELATE WITH IRON STUDIES.



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

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UHID/MR No	: CNAL.0000051984	Reported	: 24/Mar/2024 10:09AM
Visit ID	: CUPPOPV131346	Status	: Final Report
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate technology
Rh TYPE	Negative			Microplate technology
Confirmed by Du testing				

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

SIN No:BED240079113

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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	84	mg/dL	70-100	Hexokinase

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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

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SIN No:PLF02131139

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Patient Name	: Mr.HIMA KIRAN REDDY P	Collected	: 23/Mar/2024 11:48AM
Age/Gender	: 52 Y 9 M 22 D/M	Received	: 23/Mar/2024 04:51PM
UHID/MR No	: CNAL.0000051984	Reported	: 23/Mar/2024 06:05PM
Visit ID	: CUPPOPV131346	Status	: Final Report
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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
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	134	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:PLP1435804

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Patient Name : Mr.HIMA KIRAN REDDY P	Collected : 23/Mar/2024 08:49AM
Age/Gender : 52 Y 9 M 22 D/M	Received : 23/Mar/2024 01:12PM
UHID/MR No : CNAL.0000051984	Reported : 23/Mar/2024 05:21PM
Visit ID : CUPPOPV131346	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	mg/dL		Calculated

High fetal hemoglobin detected. Glucose-based diagnostic criteria is recommended where hba1c value is unreliable.


**Comment:**

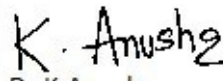
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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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SIN No:EDT240036176

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

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DEPARTMENT OF BIOCHEMISTRY

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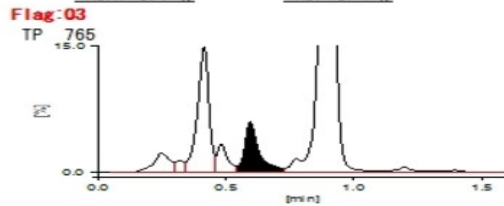
Chromatogram Report

I V5.28 1 2024-03-23 16:11:57  
 ID EDT240036176  
 Sample No. 03230205 SL 0018 - 05  
 Patient ID  
 Name  
 Comment

CALIB Name	%	Time	Area
A1A	2.0	0.25	30.14
A1B	0.7	0.32	10.13
F	8.4	0.42	138.12
LA1C+	1.9	0.48	28.81
SA1C	6.0	0.60	70.61
AO	90.7	0.90	1364.45
H-V0			
H-V1			
H-V2			

Total Area 1642.26

HbA1c 6.0 % IFCC 42 mmol/mol  
 HbA1 8.7 % HbF 8.4 %



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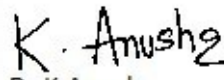
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## DEPARTMENT OF BIOCHEMISTRY

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

  
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Page 8 of 19  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	153	mg/dL	<200	CHO-POD
TRIGLYCERIDES	72	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>31</b>	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	122	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>107.6</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.94		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<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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SIN No:SE04672209

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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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<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.98	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.78	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	92.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.13	g/dL	6.6-8.3	Biuret
ALBUMIN	4.38	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.75	g/dL	2.0-3.5	Calculated
A/G RATIO	1.59		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.

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

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



SIN No:SE04672209

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

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Patient Name	: Mr.HIMA KIRAN REDDY P	Collected	: 23/Mar/2024 08:49AM
Age/Gender	: 52 Y 9 M 22 D/M	Received	: 23/Mar/2024 01:28PM
UHID/MR No	: CNAL.0000051984	Reported	: 23/Mar/2024 05:54PM
Visit ID	: CUPPOPV131346	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4504/626457		

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	0.94	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	<b>14.10</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>6.6</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.57	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.19	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.54	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	5.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.13	g/dL	6.6-8.3	Biuret
ALBUMIN	4.38	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.75	g/dL	2.0-3.5	Calculated
A/G RATIO	1.59		0.9-2.0	Calculated

*Maruthi...*  
**Dr.E.Maruthi Prasad**  
 PhD (Biochemistry)  
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	92.00	U/L	30-120	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	47.00	U/L	<55	IFCC

*K. Anusha*

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DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.87	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.09	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>6.897</b>	µIU/mL	0.38-5.33	CLIA

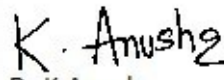
Comment:

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

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

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

  
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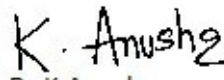
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## DEPARTMENT OF IMMUNOLOGY

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

  
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	21.3	ng/mL	30 -100	CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

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

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

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

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

Decreased Levels:

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

Increased levels:

- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	149	pg/mL	107.2-653.3	CLIA

Comment:

Page 16 of 19

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



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**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>	2.620	ng/mL	0-4	CLIA

*K. Anusha*

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M.B.B.S.,M.D(Biochemistry)  
Consultant Biochemist



SIN No:SPL24052966


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Patient Name : Mr.HIMA KIRAN REDDY P	Collected : 23/Mar/2024 08:49AM
Age/Gender : 52 Y 9 M 22 D/M	Received : 23/Mar/2024 01:44PM
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Visit ID : CUPPOPV131346	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3-4	/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. B Pavani**  
 M.B.B.S, M.D(pathalogy)  
 Consultant Pathologist

SIN No:UR2313498

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Visit ID	: CUPPOPV131346	Status	: Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

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

Result/s to Follow:  
PERIPHERAL SMEAR



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

SIN No:UF011292

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





# The Apollo Clinic

Apollo Clinic  
LAPORATORY & X-RAY

## PHYSICAL EXAMINATION FORM

Date

23/3/24

Age

52yfm

Name

Mr. Himang Kiran Reddy - P

UHID:

CNAL-51984

Height

171

Cms

BMI

26

Weight

76

Kgs

BP

130/80

Apollo Clinic, H NO.6-48/3, PEERZADIGUDA, BESIDE RAMRAJ  
COTTONS, BODUPPAL, R RDISTRCT, HYD PH. NO.04049503373/74



51984  
52 Years

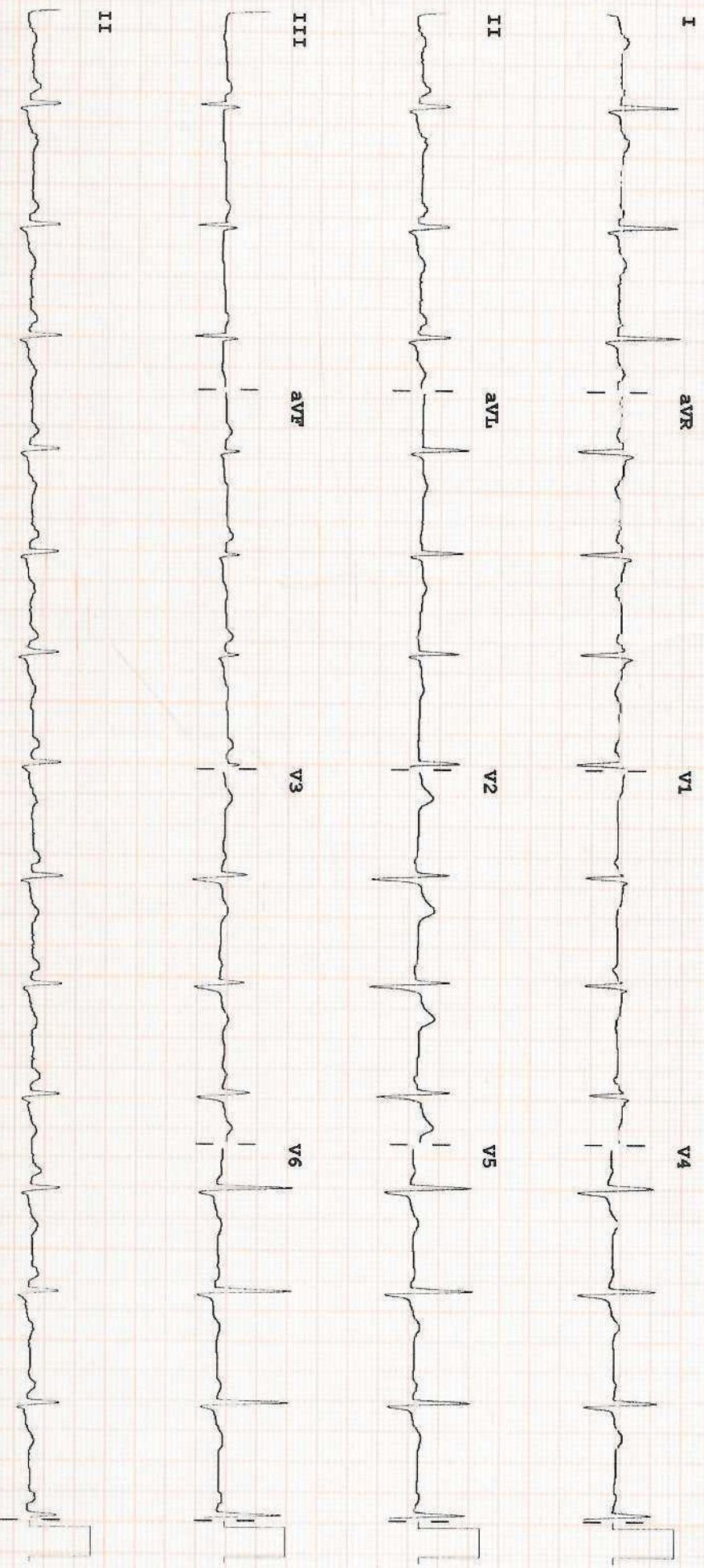
mr hima kiran reddy p  
Male

03/01/2010 02:36:11

Apollo Clinic A S Rao Nagar

Rate 84 Sinus rhythm  
RR 714 Probable left atrial enlargement  
PR 140 RSR' in V1 or V2, right VCD or RVH  
QRSD 88 Baseline wander in lead(s) V6  
QT 345  
QTcB 408  
QTcF 386  
--AXIS--  
P 73  
QRS 11  
T 10  
12 Lead; Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50 ~ 0.15 - 40 Hz

PH100B CL

pp

PHILIPS

REGGIERI MANTOVA

Patient Name	: Mr. HIMA KIRAN REDDY P	Age	: 52 Y/M
UHID	: CNAL.0000051984	OP Visit No	: CUPPOPV131346
Reported By:	: Dr. CH VENKATESHAM	Conducted Date	: 24-03-2024 12:51
Referred By	: SELF		

---

### **ECG REPORT**

#### **Observation :-**


1. Normal Sinus Rhythm.
2. Heart rate is 84 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

#### **Impression:**

NORMAL ECG

CORRELATE CLINICALLY.

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



Dr. CH VENKATESHAM

<b>Patient Name</b>	: Mr. HIMA KIRAN REDDY P	<b>Age/Gender</b>	: 52 Y/M
<b>UHID/MR No.</b>	: CNAL.0000051984	<b>OP Visit No</b>	: CUPPOPV131346
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 23-03-2024 18:54
<b>LRN#</b>	: RAD2277978	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: UBOIE4504/626457		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver** appears normal in size 129 mm and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is well distended. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen. **Evidence of multiple calculus largest measuring 5 mm.**

**Spleen** appears normal in size 108 mm. No focal lesion seen. Splenic vein appears normal.

**Pancreas** appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

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

**Right kidney** : 97 x 45 mm.

**Left kidney** : 100 x 48 mm.

**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 enlarged in size 41 x 38 x 53 mm. Volume measure 45 cc.** No evidence of necrosis/calcification seen.

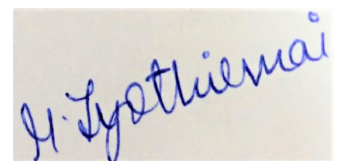
**IMPRESSION:-**

\* **CHOLELITHIASIS.**

\* **GRADE II PROSTATOMEGALY WITH MEDIAN LOBE OF HYPERTROPHY.**

Suggest – clinical correlation.

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



**Dr. MATTA JYOTHIRMAI**  
**MBBS, MDRD**  
Radiology

**Patient Name** : Mr. HIMA KIRAN REDDY P

**Age/Gender** : 52 Y/M

**UHID/MR No.** : CNAL.0000051984

**OP Visit No** : CUPPOPV131346

**Sample Collected on** :

**Reported on** : 23-03-2024 17:37

**LRN#** : RAD2277978

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : UBOIE4504/626457

**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. MATTA JYOTHIRMAI**  
**MBBS, MDRD**  
Radiology



Name: Mr. HIMA KIRAN REDDY P  
Age/Gender: 52 Y/M  
Address: SAROOR NAGAR  
Location: HYDERABAD, TELANGANA  
Doctor:  
Department: GENERAL  
Rate Plan: UPPAL\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. KOPPULA TRIVENI

MR No: CNAL.0000051984  
Visit ID: CUPPOPV131346  
Visit Date: 23-03-2024 08:34  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

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Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
26-03-2024 08:27	92 Beats/min	130/80 mmHg	22 Rate/min	98.6 F	171 cms	76 Kgs	%	%	Years	25.99	cms	cms	cms		AHLL06629

Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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यूनियन बैंक  
आंध्र प्रदेश



Union Bank  
of India



आन्ध्र  
Andhra



मुंबई नगर  
Corporation



नाम : पि. हिमा किरण रेड्डी

Name : P. Hima Kiran Reddy

कर्मचारी क्र. / Employee No.: 626457

जन्म तिथि / Birth Date : 01/06/1971

रक्ता ग्रुप / Blood Group : O-ve

हस्ताक्षर / Signature :

स्थान / Place: C.O. Mumbai

जारी करने की तारीख / Date : 27/08/2020

जारीकर्ता प्राधिकारी / Issuing Authority



S. No.	Company Name	PACKAGE NAME	Booking ID
42	Arcofemi/N	ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC M	UBOIE4504

EMP-NAME	AGE	GENDER	EMAIL	CONTACT NO	pointment D:
HIMA KIRAN REDDY P	52 year	Male	himkiranreddy@unionbank	9052636633	3/23/2024

Appointment Time	CLINIC NAME	CLINIC STATE	CLINIC CITY	Booking Status	Status	Remarks
9:00 AM	Apollo Clin	Telangana	Hyderabad	If 2D ECHO	Confirmed at 9:00 AM	



Patient Name : Mr. HIMA KIRAN REDDY P Age : 52 Y/M  
UHID : CNAL.0000051984 OP Visit No : CUPPOPV131346  
Conducted By: : Dr. CH VENKATESHAM Conducted Date : 23-03-2024 17:58  
Referred By : SELF

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**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed)	2.9 CM
LA (es)	2.9 CM
LVID (ed)	4.6 CM
LVID (es)	3.3 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	68.00%
%FD	34.00%
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

Patient Name : Mr. HIMA KIRAN REDDY P Age : 52 Y/M  
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#### COLOUR AND DOPPLER STUDIES

AJV - 1.3

PJV - 0.9

E -0.9

A - 0.7

#### IMPRESSION :

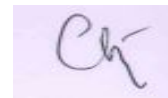
NORMAL SIZED CARDIAC CHAMBERS& VALVES

NORMAL BLOOD FLOW

NO RWMA / LVH

GOOD LV AND RV FUNCTION

NO CLOT / P- E



Dr. CH  
VENKATESHAM