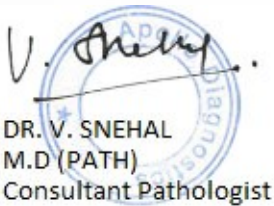


Patient Name : Mr.APPALA RAJU ROUTU	Collected : 23/Mar/2024 08:19AM
Age/Gender : 39 Y 6 M 0 D/M	Received : 23/Mar/2024 12:07PM
UHID/MR No : CVIS.0000124584	Reported : 23/Mar/2024 02:07PM
Visit ID : CVISOPV122645	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 5984555	

### DEPARTMENT OF HAEMATOLOGY

#### PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.  
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.  
NO HEMOPARASITES SEEN



DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



SIN No:BED240078822

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mr.APPALA RAJU ROUTU	Collected : 23/Mar/2024 08:19AM
Age/Gender : 39 Y 6 M 0 D/M	Received : 23/Mar/2024 12:07PM
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DEPARTMENT OF HAEMATOLOGY

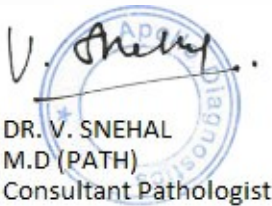
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.5	g/dL	13-17	Spectrophotometer
PCV	42.80	%	40-50	Electronic pulse & Calculation
<b>RBC COUNT</b>	<b>5.64</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	27.1	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,100	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	47.7	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>40.5</b>	%	20-40	Electrical Impedance
EOSINOPHILS	2.9	%	1-6	Electrical Impedance
MONOCYTES	8.8	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	<b>1955.7</b>	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1660.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	118.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	360.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	4.1	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.18		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	295000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	10	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.

Page 2 of 13



DR. V. SNEHAL  
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SIN No:BED240078822

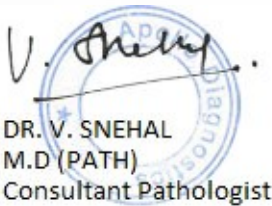
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

NO HEMOPARASITES SEEN



DR. V. SNEHAL  
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Consultant Pathologist



SIN No:BED240078822

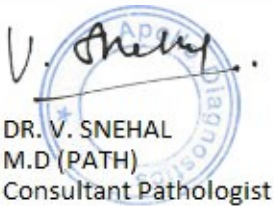
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UHID/MR No : CVIS.0000124584	Reported : 23/Mar/2024 04:48PM
Visit ID : CVISOPV122645	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - 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			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



**DR. V. SNEHAL**  
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Age/Gender : 39 Y 6 M 0 D/M	Received : 23/Mar/2024 12:07PM
UHID/MR No : CVIS.0000124584	Reported : 23/Mar/2024 02:09PM
Visit ID : CVISOPV122645	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	102	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	mg/dL		Calculated

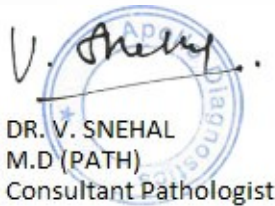
Comment:

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



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SIN No:EDT240035977

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324**

Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

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.

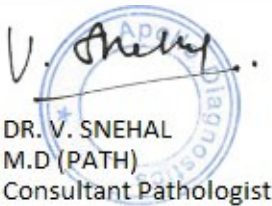
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

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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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	198	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	95	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	36	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	162	mg/dL	<130	Calculated
LDL CHOLESTEROL	143.08	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.02	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.50		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.06		<0.11	Calculated

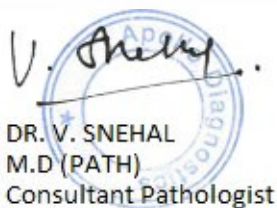
**Comment:**

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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.



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SIN No:SE04671909

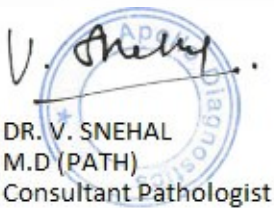
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324**

- 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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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.76	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.56	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.79	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.7	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	72.50	U/L	53-128	IFCC
PROTEIN, TOTAL	7.16	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.62	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	2.54	g/dL	2.0-3.5	Calculated
A/G RATIO	1.82		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:**

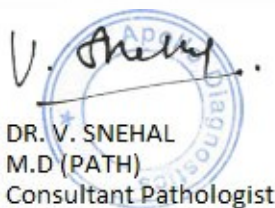
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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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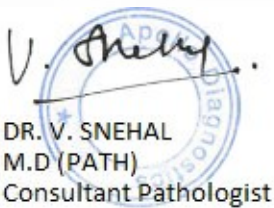
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	1.27	mg/dL	0.7-1.2	Jaffe
UREA	23.61	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	11.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.20	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	9.82	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.16	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.62	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	2.54	g/dL	2.0-3.5	Calculated
A/G RATIO	1.82		0.9-2.0	Calculated



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	29.10	U/L	0-55	IFCC



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Visit ID : CVISOPV122645	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

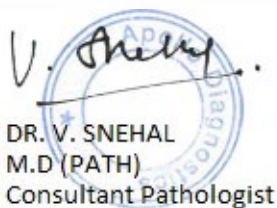
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.3	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	9.3	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	1.910	µIU/mL	0.3-4.5	CLIA

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

1. 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.
2. 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.
3. 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.
4. 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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SIN No:SPL24052724

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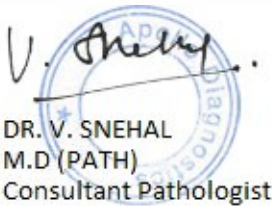


Patient Name : Mr.APPALA RAJU ROUTU	Collected : 23/Mar/2024 08:19AM
Age/Gender : 39 Y 6 M 0 D/M	Received : 23/Mar/2024 12:11PM
UHID/MR No : CVIS.0000124584	Reported : 23/Mar/2024 02:12PM
Visit ID : CVISOPV122645	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 5984555	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

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



DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



SIN No:SPL24052724

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

## Physical Medical Examination Format

NAME:- R. Appalaraju	DATE:- 23-03-24
DESIGNATION:-	AGE:- 39
EMP CODE:-	UNIT/DEPARTMENT:-
BLOOD GROUP:-	MARTIAL STATUS:- MARRIED/UNMARRIED

### MEDICAL EXAMINATION

Complaints (if any)	No
Personal /family history	No
Past Medical /Surgical	Appendicitis
Sensitivity/Allergy (if any)	No
Habits	Alcohol
Occupational History	

Height: 160	Weight: 61	BMI: 23.83	Pulse: 66
Temp: 98.6	Spo2: 99	Resp: 18	B.P: 110/70

Remarks:

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms R. Appalaraju for pre-employment /periodical medical examination, I have found / not found any disease, illness, contagious illness

I Certify That Employee Is Medically Fit

Fit

Unfit

Dr.G. INDIRA PRIYADARSHINI  
MBBS

Regd.No/ 63148

Apollo Family Physician

Signature Of Employee

Signature & Seal Of Medical Examiner With

Registration No: .....

**Apollo Health and Lifestyle Limited**

(CIN - UBS110TG2000PLC046089) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apolloh.com

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

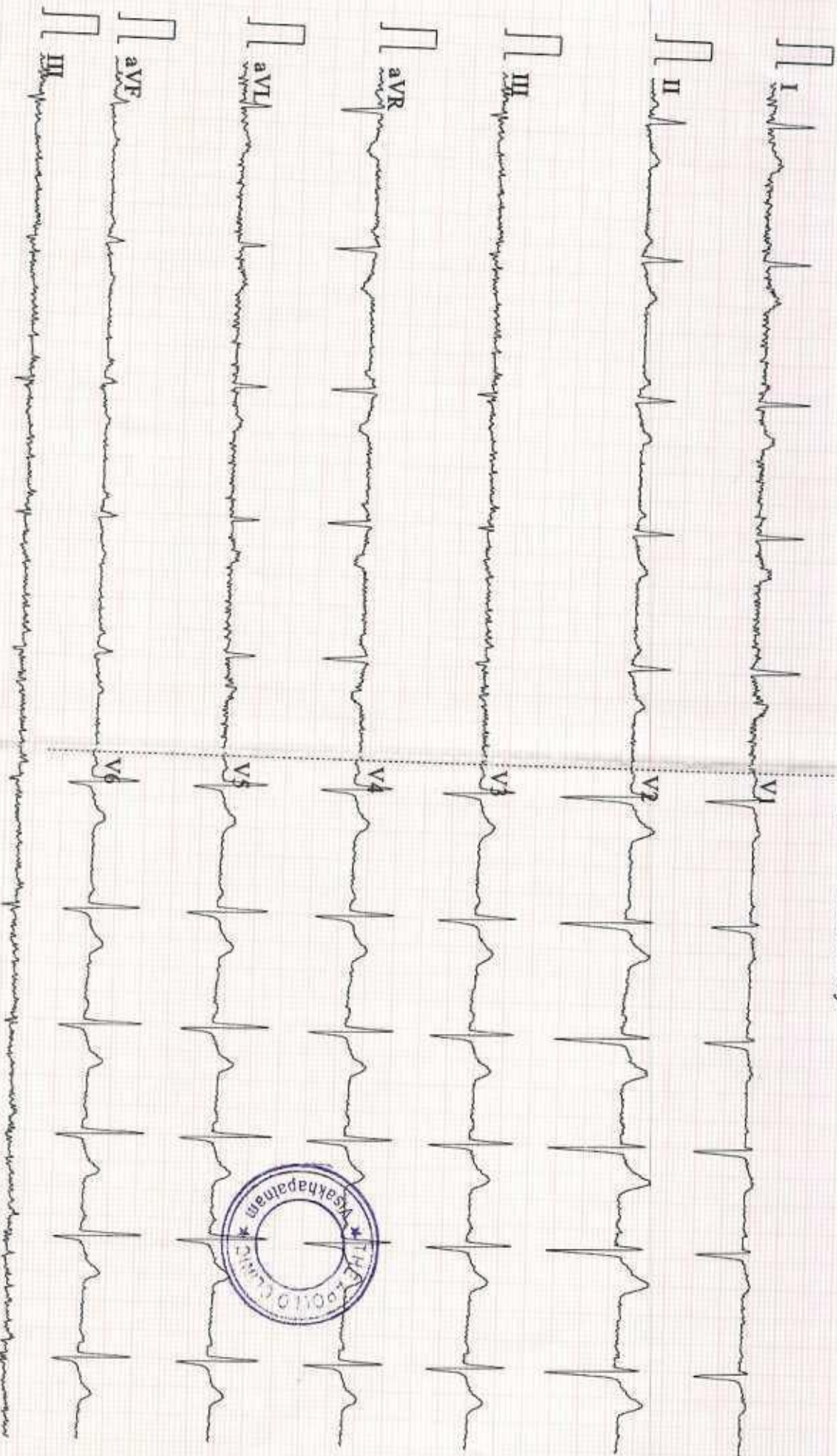


ID: 124584  
appala raju routu  
Male 39Years  
Req. No. :

23-03-2024 08:46:06  
HR : 66 bpm  
P : 116 ms  
PR : 146 ms  
QRS : 94 ms  
QT/QTcBz : 404/424 ms  
P/QRS/T : 62/18/18 °  
RV5/SV1 : 0.905/0.788 mV

Diagnosis Information:  
Sinus rhythm  
Normal ECG

Report Confirmed by:



0.67~35Hz AC50 25mm/s 10mm/mV 2\*5.0s+1r CARDIART 91

V1.46 Glasgow V28.6.7 APOLLO CLINIC VIZAG

UNSON BANK

NAME : MR. R. APPALA RAJU GENDER : M  
AGE : 39 DATE : 23/3/24

### OPHTHALMOLOGY SCREENING REPORT

VISION : (OD) 6/6 (OS) 6/6  
DISTANCE : 26 26  
NEAR VISION :  
COLOUR VISION : WNI  
ANT.SEGMENT : dent  
CONJUNCTIVA : clear  
CORNEA : RMP  
PUPIL :  
FUNDUS : WNI  
IMPRESSION :

  
SIGNATURE



Name: Mr. APPALA RAJU ROUTU  
 Age/Gender: 39 Y/M  
 Address: VSKP  
 Location: VISAKHAPATNAM, ANDHRA PRADESH  
 Doctor:  
 Department: LABORATORY  
 Rate Plan: VISHAKAPATNAM\_06042023  
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000124584  
 Visit ID: CVISOPV122645  
 Visit Date: 23-03-2024 08:08  
 Discharge Date:  
 Referred By: SELF

**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
23-03-2024 12:38	66 Beats/min	110/70 mmHg	18 Rate/min	98.6 F	160 cms	61 Kgs	%	%	Years	23.83	cms	cms	cms		AHLL09094



Patient Name : Mr. APPALA RAJU ROUTU  
UHID : CVIS.0000124584  
Reported By: Dr. APPALA NAIDU L S  
Referred By : SELF

Age : 39 Y/M  
OP Visit No : CVISOPV122645  
Conducted Date : 23-03-2024 13:29

**ECG REPORT**

**Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 66 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 seen.

**Impression:**

NORMAL RESTING ECG.

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

Dr. APPALA NAIDU L S



Patient Name : Mr. APPALA RAJU ROUTU

UHID : CVIS.0000124584

Reported on : 23-03-2024 15:09

Adm/Consult Doctor :

Age : 39 Y M

OP Visit No : CVISOPV122645

Printed on : 23-03-2024 15:09

Ref Doctor : SELF

## 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.



Printed on:23-03-2024 15:09

---End of the Report---

**Dr. KARROTU SUDHA**  
MD RADIOLOGY  
Radiology

Patient Name : Mr.APPALA RAJU ROUTU  
Age/Gender : 39 Y 6 M 0 D/M  
UHID/MR No : CVIS.0000124584  
Visit ID : CVISOPV122645  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 5984555

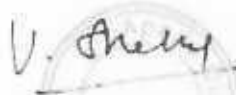
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Received : 23/Mar/2024 12:07PM  
Reported : 23/Mar/2024 02:07PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs ARE NORMOCYTIC NORMOCHROMIC.  
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.  
NO HEMOPARASITES SEEN



  
DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



Patient Name : Mr.APPALA RAJU ROUTU  
 Age/Gender : 39 Y 6 M 0 D/M  
 UHID/MR No : CVIS.0000124584  
 Visit ID : CVISOPV122645  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 5984555

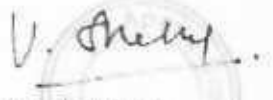
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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.5	g/dL	13-17	Spectrophotometer
PCV	42.80	%	40-50	Electronic pulse & Calculation
<b>RBC COUNT</b>	<b>5.64</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	27.1	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
<b>TOTAL LEUCOCYTE COUNT (TLC)</b>	<b>4,100</b>	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	47.7	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>40.5</b>	%	20-40	Electrical Impedance
EOSINOPHILS	2.9	%	1-6	Electrical Impedance
MONOCYTES	8.8	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	<b>1955.7</b>	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1660.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	118.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	360.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	4.1	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.18		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	<b>295000</b>	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>10</b>	mm at the end of 1 hour	0-15	Modified Westergren

**PERIPHERAL SMEAR**  
 RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
 PLATELETS ARE ADEQUATE.

  
 DR. V. SNEHAL  
 M.D (PATH)  
 Consultant Pathologist

Page 2 of 8



SIN No. BDD240078822

T Apollo Health and Lifestyle Pvt. Ltd. Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

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

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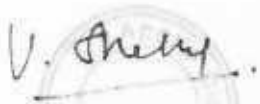
TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mr.APPALA RAJU ROUTU	Collected	: 23/Mar/2024 08:19AM
Age/Gender	: 39 Y 6 M 0 D/M	Received	: 23/Mar/2024 12:07PM
UHID/MR No	: CVIS.0000124584	Reported	: 23/Mar/2024 02:07PM
Visit ID	: CVISOPV122645	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 5984555		

**DEPARTMENT OF HAEMATOLOGY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324**

NO HEMOPARASITES SEEN



DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist

Page 3 of 8



SIN No: BLD240078822  
Apollo Health and Lifestyle Limited and Lifestyle Ltd/Vizag Lab: Vizag-530017

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

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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**



MC-2373

Patient Name : Mr.APPALA RAJU ROUTU  
Age/Gender : 39 Y 6 M 0 D/M  
UHID/MR No : CVIS.0000124584  
Visit ID : CVISOPV122645  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 5984555

Collected : 23/Mar/2024 08:19AM  
Received : 23/Mar/2024 12:07PM  
Reported : 23/Mar/2024 04:48PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - 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			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

Page 4 of 8



*V. Snehal*  
DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist

SIN No. DED240078822  
Apollo Health and Lifestyle Limited and Lifestyle Ltd/Vizag Lab ; Vizag-530017

(CIN - U85110TG2000PLC045089) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

Patient Name : Mr.APPALA RAJU ROUTU  
Age/Gender : 39 Y.6 M 0 D/M  
UHID/MR No : CVIS.0000124584  
Visit ID : CVISOPV122645  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 5984555

Collected : 23/Mar/2024 08:19AM  
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Reported : 23/Mar/2024 02:09PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	102	mg/dL	70-100	GOD - POD

**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL

70-100 mg/dL

100-125 mg/dL

≥126 mg/dL

<70 mg/dL

Interpretation

Normal

Prediabetes

Diabetes

Hypoglycemia

**Note:**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA	6	%		HPLC
HBA1C, GLYCATED HEMOGLOBIN ESTIMATED AVERAGE GLUCOSE (eAG)	126	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

*V. Snehal*

DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist





Patient Name : Mr.APPALA RAJU ROUTU  
Age/Gender : 39 Y 6 M 0 D/M  
UHID/MR No : CVIS.0000124584  
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**DEPARTMENT OF BIOCHEMISTRY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324**

Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
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

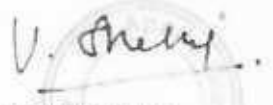
A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Page 6 of 8



  
DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist

SIN No: DPT240035977

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Vizag (Seethamma Peta)

Online appointments: [www.apolloclinic.com](http://www.apolloclinic.com)

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr.APPALA RAJU ROUTU  
 Age/Gender : 39 Y 6 M 0 D/M  
 UHID/MR No : CVIS.0000124584  
 Visit ID : CVISOPV122645  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 5984555

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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-ODOTHYRONINE (T3, TOTAL)	1.3	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	9.3	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	1.910	µIU/mL	0.3-4.5	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

*V. Sneh*  
 DR. V. SNEHAL  
 M.D (PATH)  
 Consultant Pathologist



Patient Name : Mr.APPALA RAJU ROUTU  
Age/Gender : 39 Y 6 M 0 D/M  
UHID/MR No : CVIS.0000124584  
Visit ID : CVISOPV122645  
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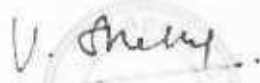
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**DEPARTMENT OF IMMUNOLOGY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324**

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

Result/s to Follow:

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), LIPID PROFILE, LIVER FUNCTION TEST (LFT), GAMMA GLUTAMYL TRANSFERASE (GGT)



DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist

Page 8 of 8



SIN No. SPL24052724

**Apollo Health and Lifestyle Limited** Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

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Vizag (Seethamma Peta)

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TO BOOK AN APPOINTMENT

 **1860 500 7788**





భారత విశిష్ట గుర్తింపు ప్రాధికార పత్రం

భారత ప్రభుత్వం

Unique Identification Authority of India  
Government of India

పత్రం సంఖ్య / Enrolment No.: 1027/00328/01883

To  
Routu Appala Raju  
(రౌతు అప్పల రాజు)  
ESO Nagarjuna  
9-31  
Be. Colony  
Anantapuram  
Vizalapuram  
Andhra Pradesh - 530029

Date: 01/07/2011

Ref. No.: 00014813-0007  
UA 00521157 6 IN

మీ ఆధార్ సంఖ్య / Your Aadhaar No.:

**5730 8485 4586**

ఆధార్ - సామాన్యుని హక్కు



భారత ప్రభుత్వం  
GOVERNMENT OF INDIA

రౌతు అప్పల రాజు  
Routu Appala Raju



పుట్టిన సంవత్సరం / Year of Birth : 1985  
పురుషుడు / Male

5730 8485 4586

ఆధార్ - సామాన్యుని హక్కు



Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Thu 3/21/2024 6:27 PM

To:rajura143@gmail.com <rajura143@gmail.com>

Cc:Vizag Apolloclinic <vizag@apolloclinic.com>;Ramakumar Vegi <ramakumar.v@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear APPALA RAJU ROUTU,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **VIZAG clinic** on **2024-03-23** at **08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

**Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.**

**Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.**

**Instructions to be followed for a health check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

**For Women:**

**Patient Name** : Mr. APPALA RAJU ROUTU

**Age/Gender** : 39 Y/M

**UHID/MR No.** : CVIS.0000124584

**OP Visit No** : CVISOPV122645

**Sample Collected on** :

**Reported on** : 23-03-2024 15:09

**LRN#** : RAD2277708

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 5984555

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**DEPARTMENT OF RADIOLOGY**

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**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. KARROTU SUDHA**  
**MD RADIOLOGY**  
Radiology

Name: Mr. APPALA RAJU ROUTU  
Age/Gender: 39 Y/M  
Address: VSKP  
Location: VISAKHAPATNAM, ANDHRA PRADESH  
Doctor:  
Department: LABORATORY  
Rate Plan: VISHAKAPATNAM\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. RANJANEE SRINIVASAN

MR No: CVIS.0000124584  
Visit ID: CVISOPV122645  
Visit Date: 23-03-2024 08:08  
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**

Name: Mr. APPALA RAJU ROUTU  
Age/Gender: 39 Y/M  
Address: VSKP  
Location: VISAKHAPATNAM, ANDHRA PRADESH  
Doctor:  
Department: LABORATORY  
Rate Plan: VISHAKAPATNAM\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. GOLI INDIRA PRIYADARSHINI

MR No: CVIS.0000124584  
Visit ID: CVISOPV122645  
Visit Date: 23-03-2024 08:08  
Discharge Date:  
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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
23-03-2024 12:38	66 Beats/min	110/70 mmHg	18 Rate/min	98.6 F	160 cms	61 Kgs	%	%	Years	23.83	cms	cms	cms		AHLL09094

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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