

Patient Name : Mr.ANJANEYA REDDY	Collected : 23/Mar/2024 10:29AM
Age/Gender : 44 Y 1 M 22 D/M	Received : 23/Mar/2024 01:53PM
UHID/MR No : CINR.0000164804	Reported : 23/Mar/2024 05:32PM
Visit ID : CINROPV223030	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8008705124	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	16	g/dL	13-17	Spectrophotometer
PCV	46.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.16	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89.9	fL	83-101	Calculated
MCH	30.9	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	12.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,420	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	66.8	%	40-80	Electrical Impedance
LYMPHOCYTES	23.2	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	8.1	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3620.56	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1257.44	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	92.14	Cells/cu.mm	20-500	Calculated
MONOCYTES	439.02	Cells/cu.mm	200-1000	Calculated
BASOPHILS	10.84	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.88		0.78- 3.53	Calculated
PLATELET COUNT	197000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	mm at the end of 1 hour	0-15	Modified Westgren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic



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M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



Dr. Priya Murthy  
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SIN No:BED240080155

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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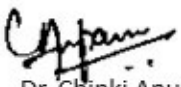
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WBCs: are normal in total number with normal distribution and morphology.

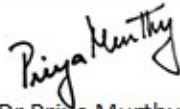
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**



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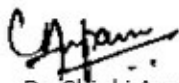
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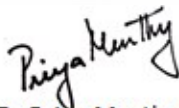
DEPARTMENT OF HAEMATOLOGY

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



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	105	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	186	mg/dL	70-140	HEXOKINASE

Comment:

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

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC

  
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SIN No:EDT240036824

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ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL	Calculated
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**Comment:**

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

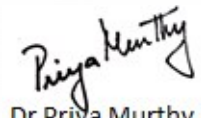
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	198	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>188</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>150</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>112.2</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>37.6</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.12		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.23</b>		<0.11	Calculated


**Comment:**

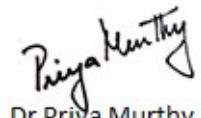
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

**Note:**

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

  
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 Consultant Biochemist

  
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SIN No:SE04673284

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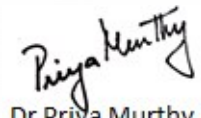
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility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

  
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 MSc, MPhil, (Phd)  
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**Dr Priya Murthy**  
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 Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)



Patient Name : Mr.ANJANEYA REDDY	Collected : 23/Mar/2024 10:29AM
Age/Gender : 44 Y 1 M 22 D/M	Received : 23/Mar/2024 01:38PM
UHID/MR No : CINR.0000164804	Reported : 23/Mar/2024 03:49PM
Visit ID : CINROPV223030	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8008705124	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	2.86	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.35	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	2.51	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	43	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	34.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	78.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.63	g/dL	6.6-8.3	Biuret
ALBUMIN	4.84	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.79	g/dL	2.0-3.5	Calculated
A/G RATIO	1.73		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 diseases, Cirrhosis, but the increase is usually not >2.

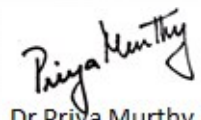
**2. Cholestatic Pattern:**

- 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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 MSc, MPhil, (Phd)  
 Consultant Biochemist

  
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SIN No:SE04673284

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory  
 THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.73	mg/dL	0.67-1.17	Jaffe's, Method
UREA	<b>12.00</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>5.6</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>7.34</b>	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	8.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.24	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.63	g/dL	6.6-8.3	Biuret
ALBUMIN	4.84	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.79	g/dL	2.0-3.5	Calculated
A/G RATIO	1.73		0.9-2.0	Calculated

  
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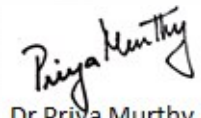
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	39.00	U/L	<55	IFCC

  
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Patient Name : Mr.ANJANEYA REDDY	Collected : 23/Mar/2024 10:29AM
Age/Gender : 44 Y 1 M 22 D/M	Received : 23/Mar/2024 01:32PM
UHID/MR No : CINR.0000164804	Reported : 23/Mar/2024 02:58PM
Visit ID : CINROPV223030	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.14	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	11.62	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	3.780	µIU/mL	0.35-4.94	CMIA

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

  
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SIN No: SPL24053831

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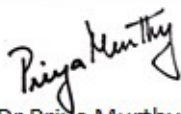
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324



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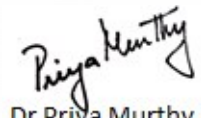
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.868	ng/mL	<4	CMIA

  
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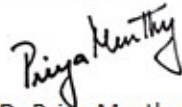
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - 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	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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SIN No:UR2314487

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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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

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



Patient Name : Mr.ANJANEYA REDDY	Collected : 23/Mar/2024 10:29AM
Age/Gender : 44 Y 1 M 22 D/M	Received : 23/Mar/2024 05:23PM
UHID/MR No : CINR.0000164804	Reported : 23/Mar/2024 09:16PM
Visit ID : CINROPV223030	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8008705124	

DEPARTMENT OF CLINICAL PATHOLOGY

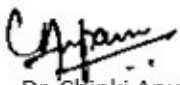
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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

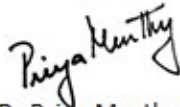
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:  
PERIPHERAL SMEAR



Dr. Chinki Anupam  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



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



SIN No:UF011373

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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

 1860 500 7788  
www.apolloclinic.com

Name : Mr. Anjaneya Reddy

Age: 44 Y

Sex: M

UHID: CINR.0000164804



OP Number: CINROPV223030

Bill No : CINR-OCR-95502

Date : 23.03.2024 09:44

Address : Bangalore

 Plan : ARCOFEMI, MEDIWHEEL MALE AHC CREDIT PAN  
 INDIA OP AGREEMENT

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



Date HOSPITALS : 23-03-2024

Department : GENERAL

MR NO : CINR.0000164804

Doctor :

Name : Mr. Anjaneya Reddy

Registration No :

Age/ Gender : 44 Y / Male

Qualification :

Consultation Timing: 09:44

Height : 173-cm	Weight : 76.9kg	BMI : 25.7 kg/m <sup>2</sup>	Waist Circum : 92-cm
Temp : 98.6 °C	Pulse : 74 bpm	Resp : 18 bpm	B.P : 120/74 mmHg

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

**Apollo Clinic, Indiranagar**

#2012, 1st Floor, 100 Feet Road, HAL 2nd Stage, Indiranagar - 560038

Phone: (080) 2521 4614/15

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I 499.

**OPHTHAL PRESCRIPTION**

PATIENT NAME : Mr. Anjaneya Reddy

DATE : 23/3/24

UHID NO : V 64804

AGE : 44

OPTOMETRIST NAME: Ms. Swathi

GENDER: m.

This is to certify that I have examined

years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	→	Plane	→	→	→	Plane	→	→
Add	→ 1.50	→	→	→	→ 1.50	→	→	→

PD - RE: 31 - LE: 31 -

Colour Vision: normal (36)

Remarks: Reading glass

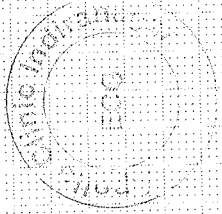
Apollo clinic Indiranagar

Mr. Anjaneya reddy  
ID: 164804

01.02.1980  
44 Years

Male

QRS : 72 ms  
QT / QTcBaz : 388 / 424 ms  
PR : 130 ms  
P : 80 ms  
RR / PP : 828 / 833 ms  
P / QRS / T : 32 / 43 / 44 degrees



*[Handwritten signature]*

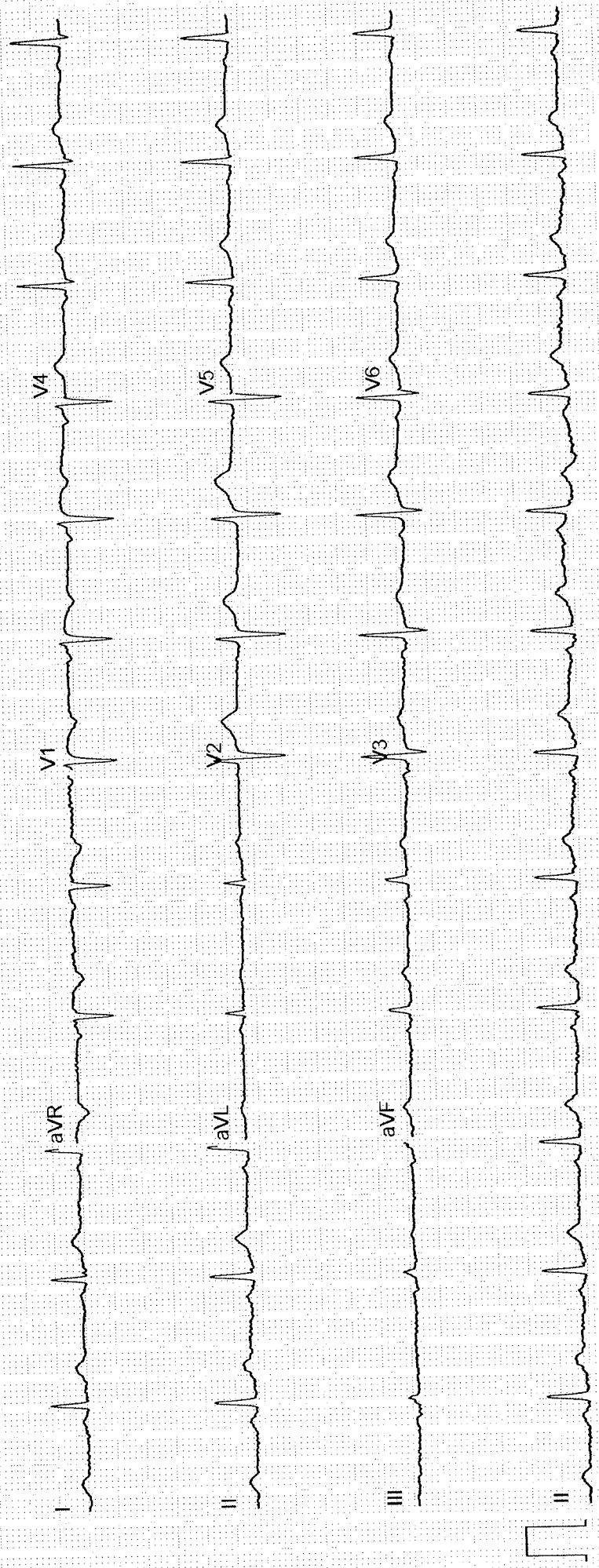
Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

*[Handwritten signature]*

23.03.2024 14:22:12  
APOLLO CLINIC  
INDIRANAGAR  
BANGALORE

12 bpm  
-- / -- mmHg

Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:



MR ANJANEYA REDDY,  
 Patient ID: 164804  
 23.03.2024 Male  
 44 yrs Indian  
 1:32:02pm Meds:

BRUCE: Exercise Time 06:06  
 Max HR: 157 bpm 89 % of max predicted 176 bpm HR at rest: 76  
 Max BP: 120/80 mmHg Max RPP: 18840 mmHg\*bp  
 Maximum Workload: 7.40 METS  
 Max. ST: -0.80 mm, 0.83 mV/s in V4; EXERCISE STAGE 2 5:50  
 Arrhythmia: A:14  
 ST/HR index: 0.90  $\mu$ V/bpm  
 ST/HR slope: 0.79  $\mu$ V/bpm (V6)  
 HR reserve used: 77 %  
 HR recovery: 30 bpm  
 VE recovery: 0 VE/min  
 ST/HR hysteresis: 0.001 mV (V5)  
 QRS duration: BASELINE: 86 ms, PEAK EX: 84 ms, REC: 88 ms  
 Reasons for Termination: Target heart rate achieved

Test Reason:  
 Medical History:

Ref. MD: Ordering MD:  
 Technician: Test Type:  
 Comment:

*negative inducible*

**Summary:**  
 Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response.  
 Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.  
 Conclusion: GOOD EFFORT TOLERANCE  
 NORMAL HR AND BP-RESPONSE  
 NO ANGINA AND ARRHYTHMIA DURING TEST  
 STRESS TEST IS NEGATIVE FOR THE EXERCISE INDUCIBLE ISCHEMIA

Room:  
 Location: \* 0 \*

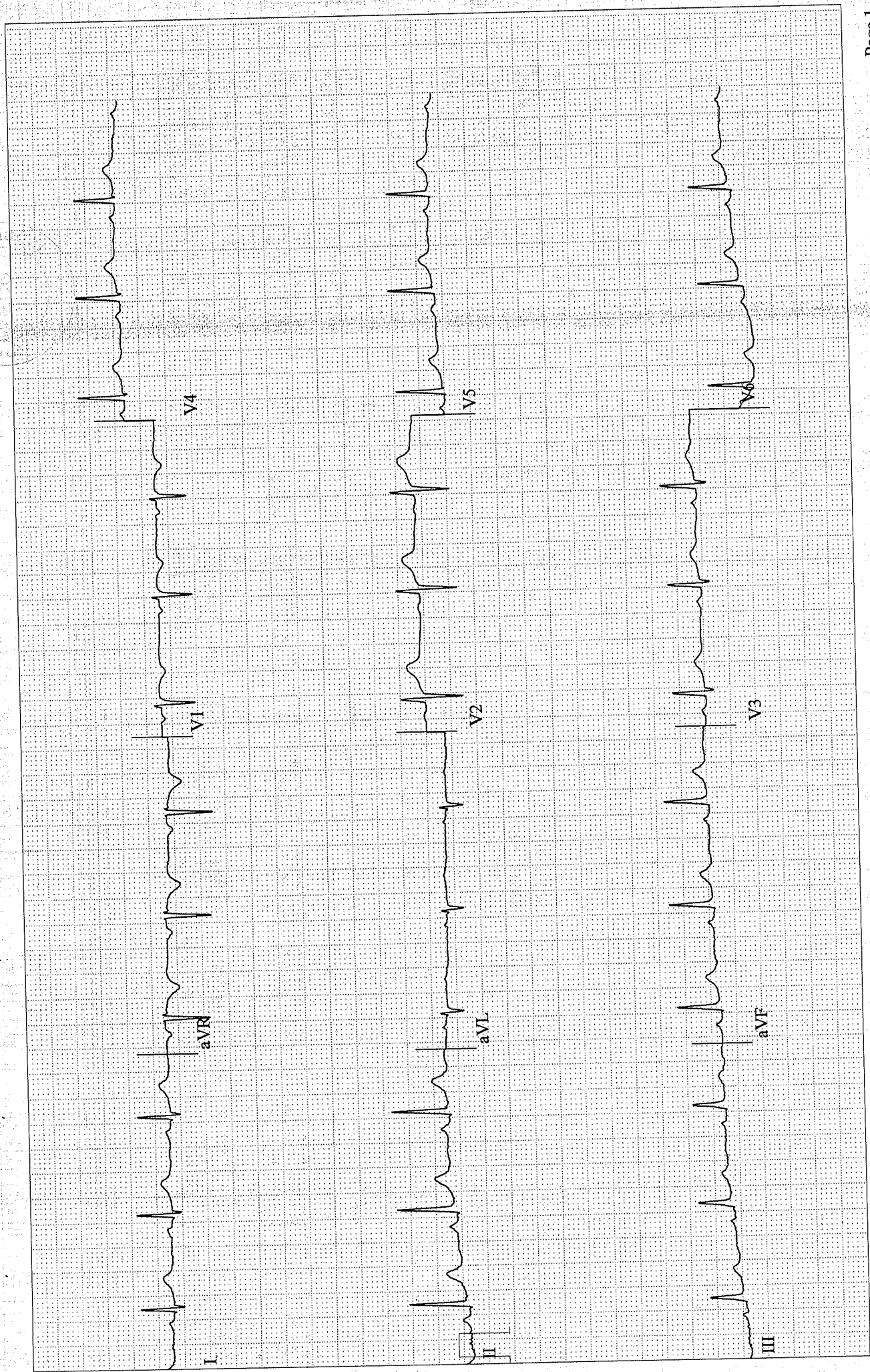
Phase Name	Stage Name	Time in Stage	Speed [ km/h ]	Grade [ % ]	Workload [ METS ]	HR [ bpm ]	BP [ mmHg ]	RPP [ mmHg*bp ]	VE [ /min ]	ST Level V4 [ mm ]	Comment
PRETEST	SUPINE	00:29	0.00	0.00	1.0	76			0	0.40	
	STANDING	00:06	0.00	0.00	1.0	80			0	0.35	
	HYPERV.	00:06	0.00	0.00	1.0	81			0	0.40	
	WARM-UP	00:09	1.50	0.00	1.0	78			0	0.40	
EXERCISE	STAGE 1	03:00	2.70	10.00	4.6	130	120/80	15600	0	-0.05	
	STAGE 2	03:00	4.00	12.00	7.0	151		18120	0	-0.60	
	STAGE 3	00:07	5.70	13.80	7.3	153		18360	0	-0.60	
RECOVERY		03:02	0.00	0.00	1.0	111		13320	0	0.00	

MR. ANJANEYA REDDY,  
Patient ID: 164804  
23.03.2024 Male  
I:32:22pm 44 yrs Indian

BRUCE  
0.0 km/h  
0.0 %

PRETEST  
SUPINE  
00:13

75 bpm



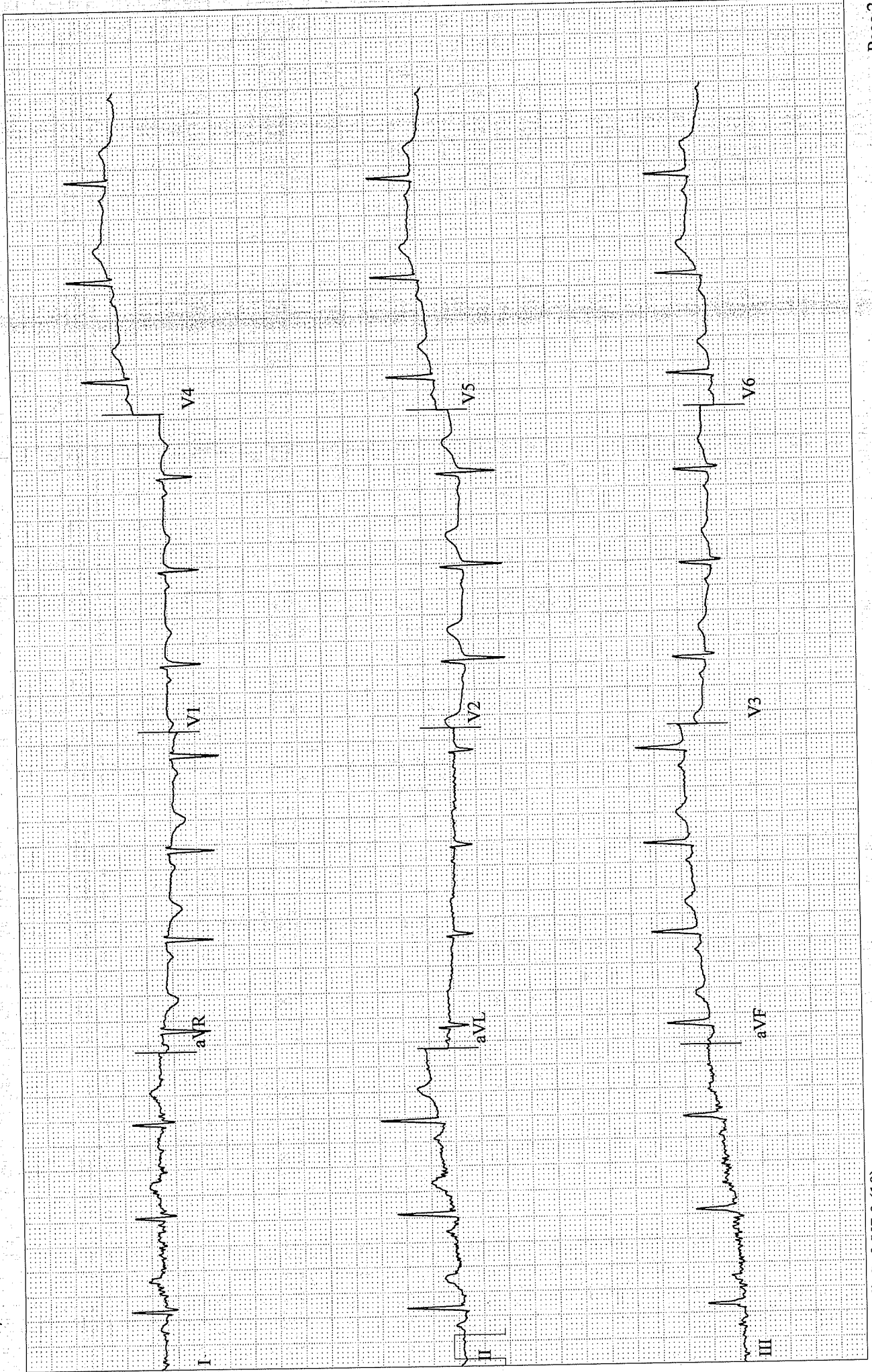


MR ANJANEYA REDDY,  
Patient ID: 164804  
23.03.2024 Male  
1:32:39pm 44 yrs Indian

BRUCE  
0.0 km/h  
0.0 %

PRETEST  
STANDING  
00:31

77 bpm



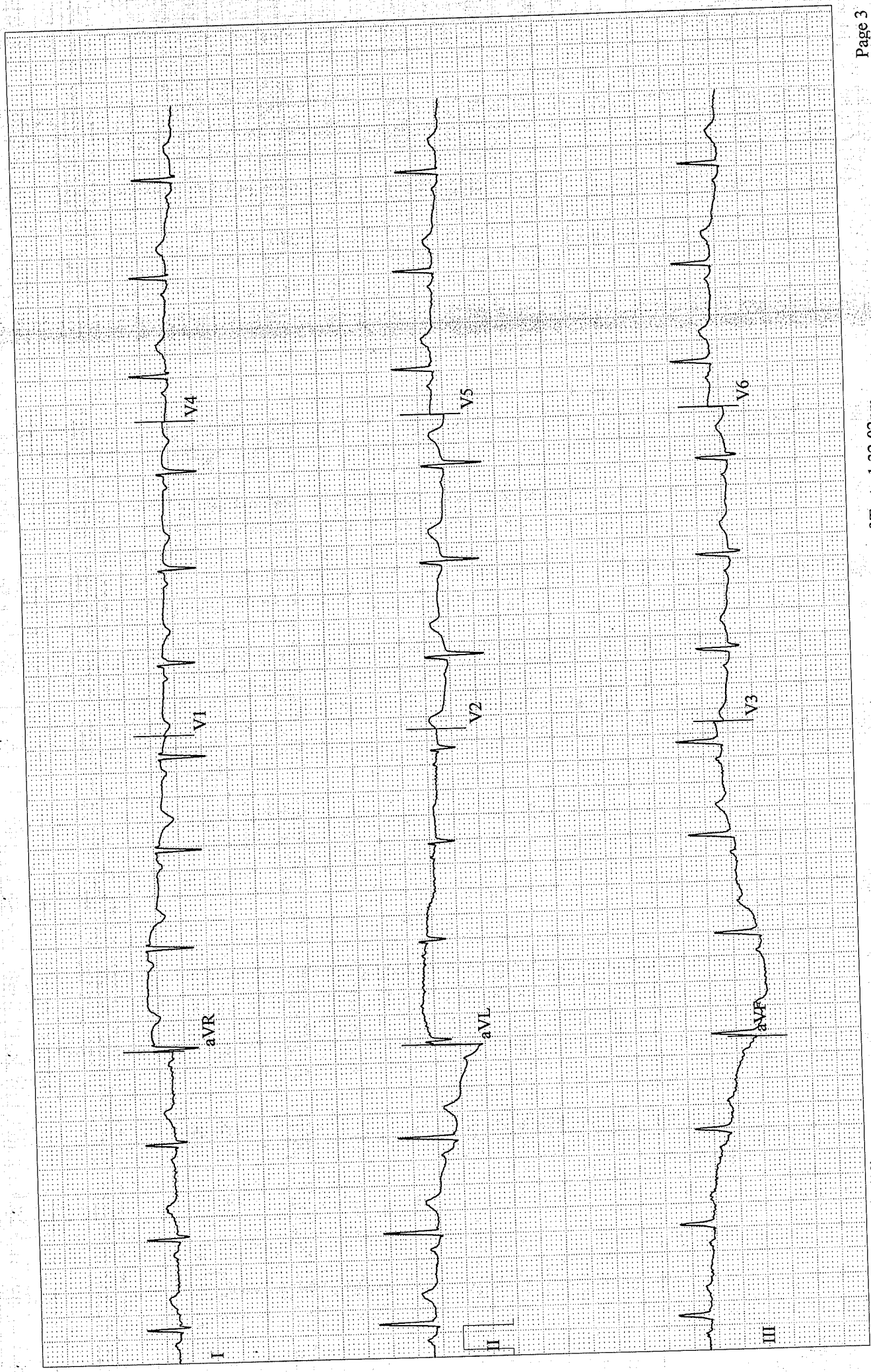
Exercise Test / 12-Lead Report

MR ANJANEYA REDDY,  
Patient ID: 164804  
23.03.2024 Male  
1:32:45pm 44 yrs Indian

81 bpm

BRUCE  
0.0 km/h  
0.0 %

PRETEST  
HYPERV.  
00:37



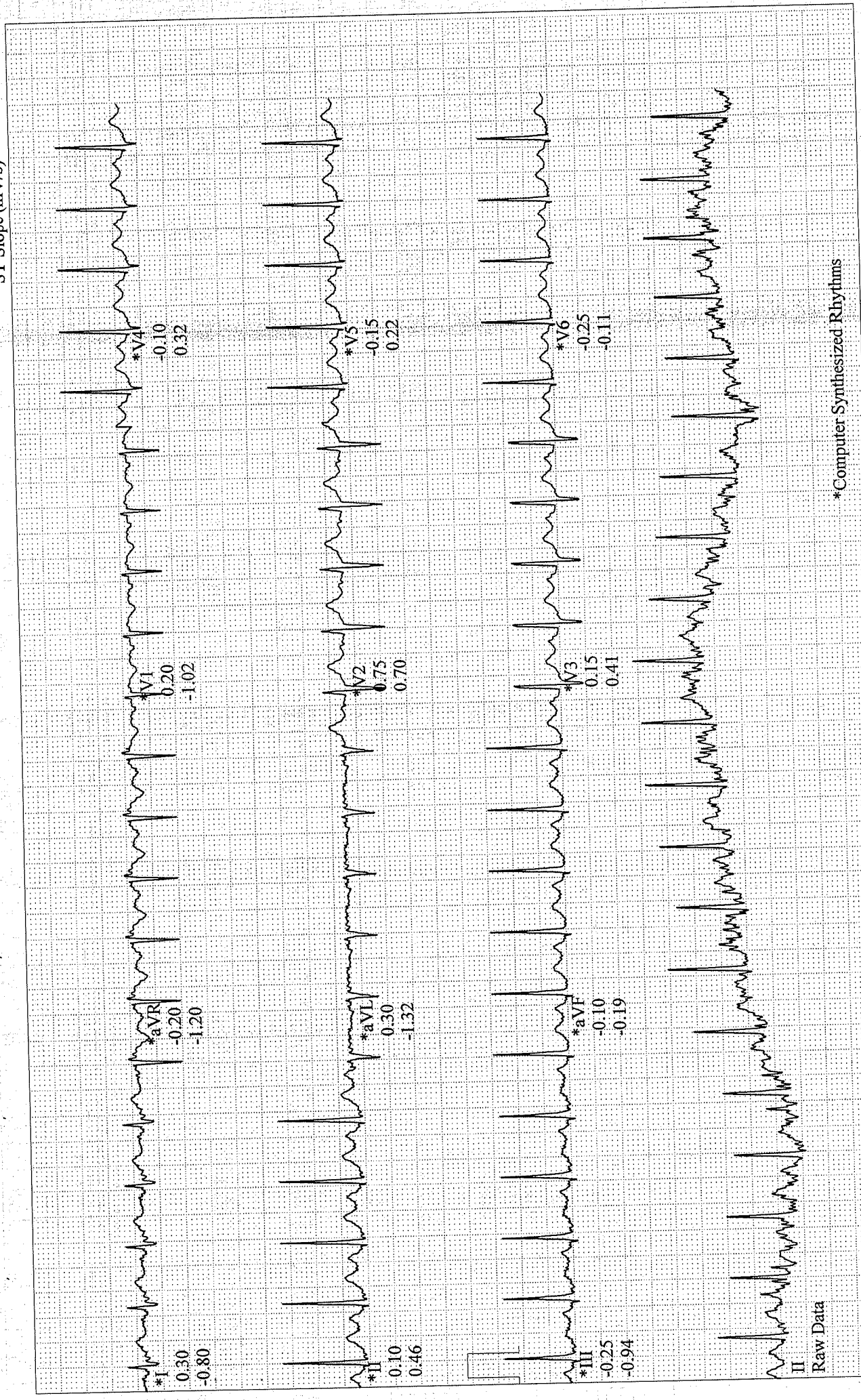
MR ANJANEYA REDDY,  
Patient ID: 164804  
23.03.2024 Male  
1:35:42pm 44 yrs Indian

BRUCE  
2.7 km/h  
10.0 %

EXERCISE  
STAGE 1  
02:50

126 bpm  
120/80 mmHg

Lead  
ST Level (mm)  
ST Slope (mV/s)



II  
Raw Data

\*Computer Synthesized Rhythms

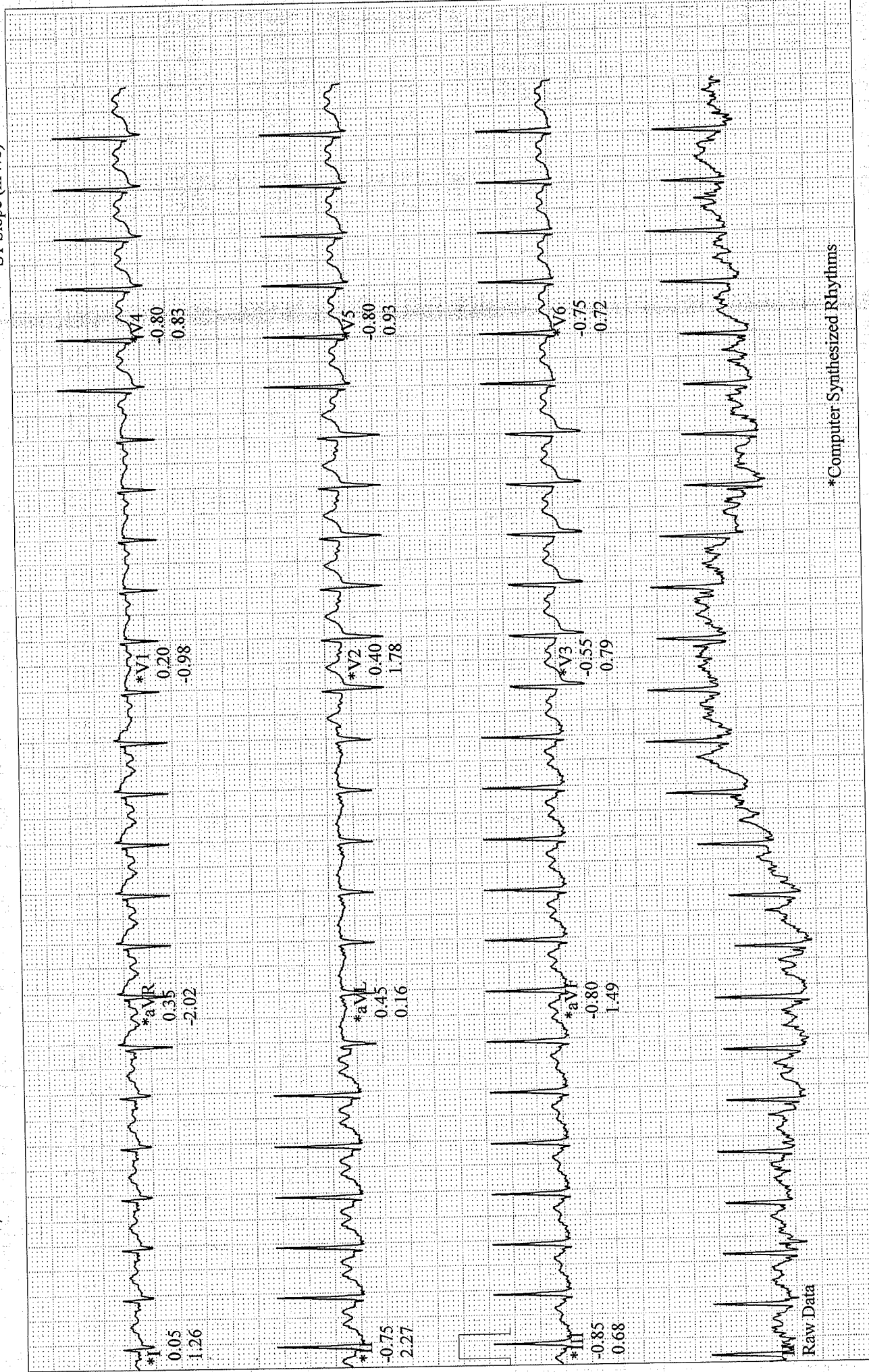
MR ANJANEYA REDDY,  
Patient ID: 164804  
23.03.2024 Male  
1:38:42pm 44 yrs Indian

BRUCE  
4.0 km/h  
12.0 %

EXERCISE  
STAGE 2  
05:50

151 bpm

Lead  
ST Level (mm)  
ST Slope (mV/s)



Raw Data

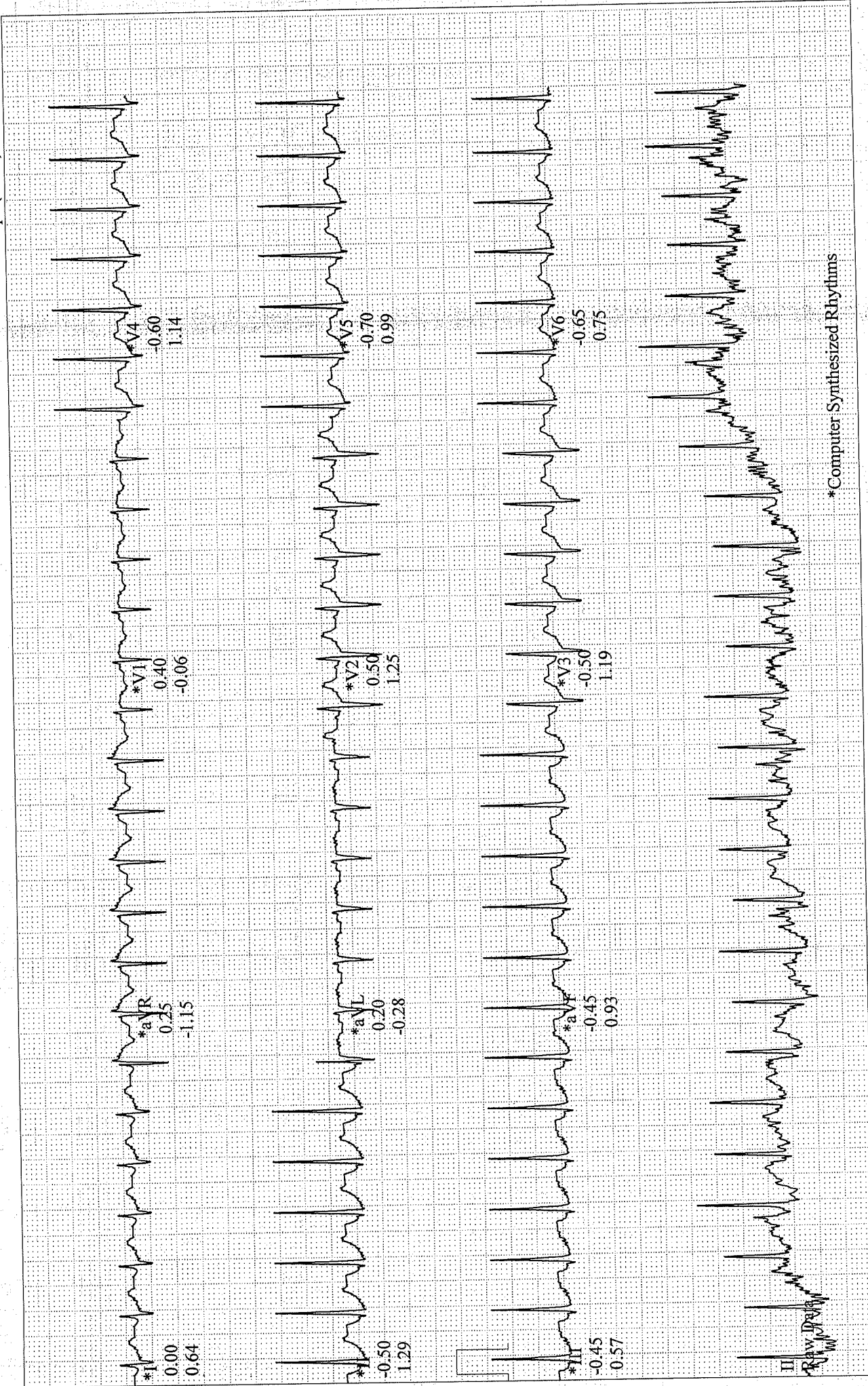
\*Computer Synthesized Rhythms



MR ANJANEYA REDDY,  
Patient ID: 164804  
23.03.2024 Male  
1:38:59pm 44 yrs Indian

EXERCISE  
STAGE 3  
06:07  
BRUCE  
5.7 km/h  
13.8 %

Lead  
ST Level (mm)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms

MR ANJANEYA REDDY,

Patient ID: 164804

23.03.2024 Male

1:39:58pm 44 yrs Indian

BRUCE

0.0 km/h

0.0 %

RECOVERY

#1

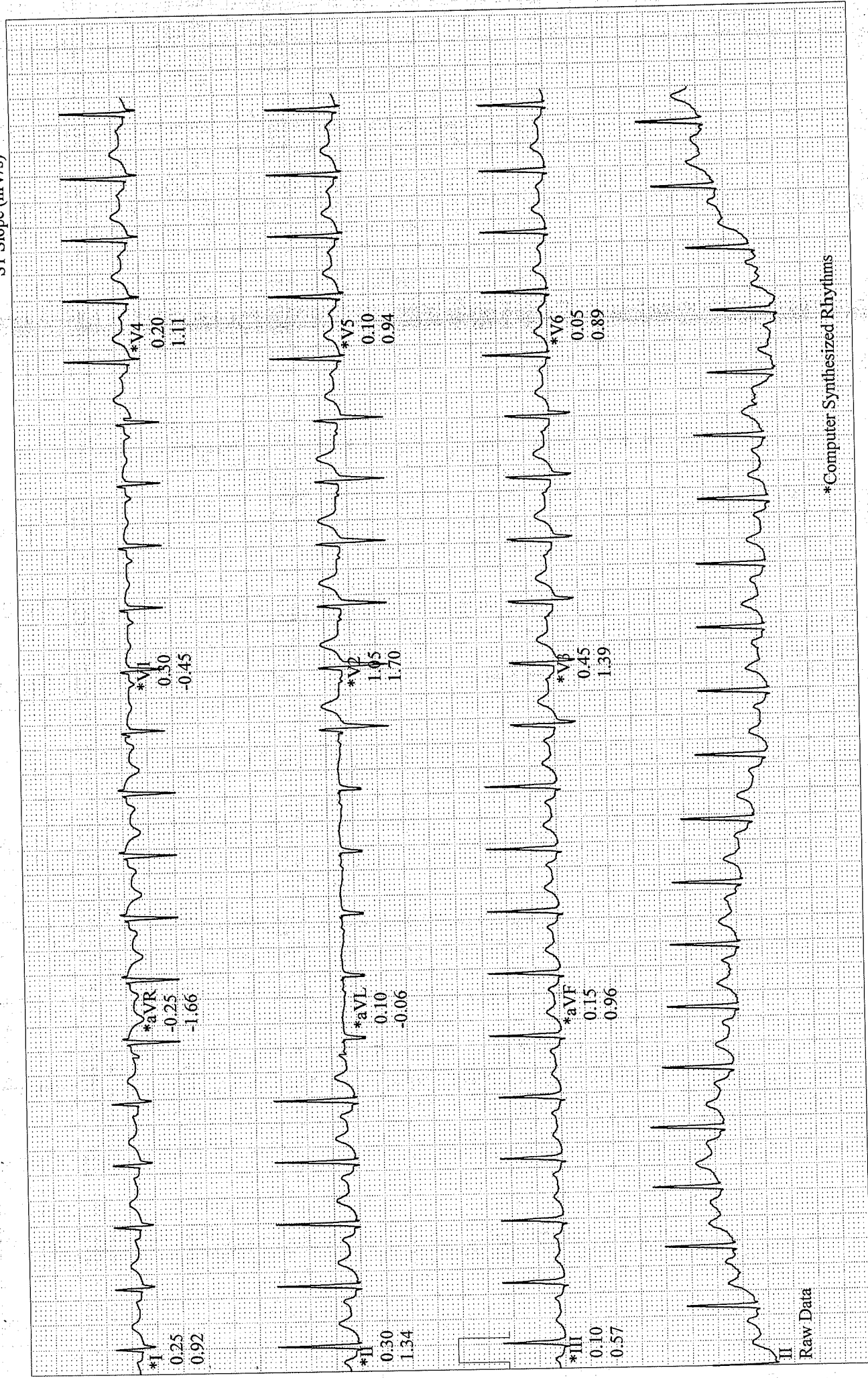
01:00

123 bpm

Lead

ST Level (mm)

ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

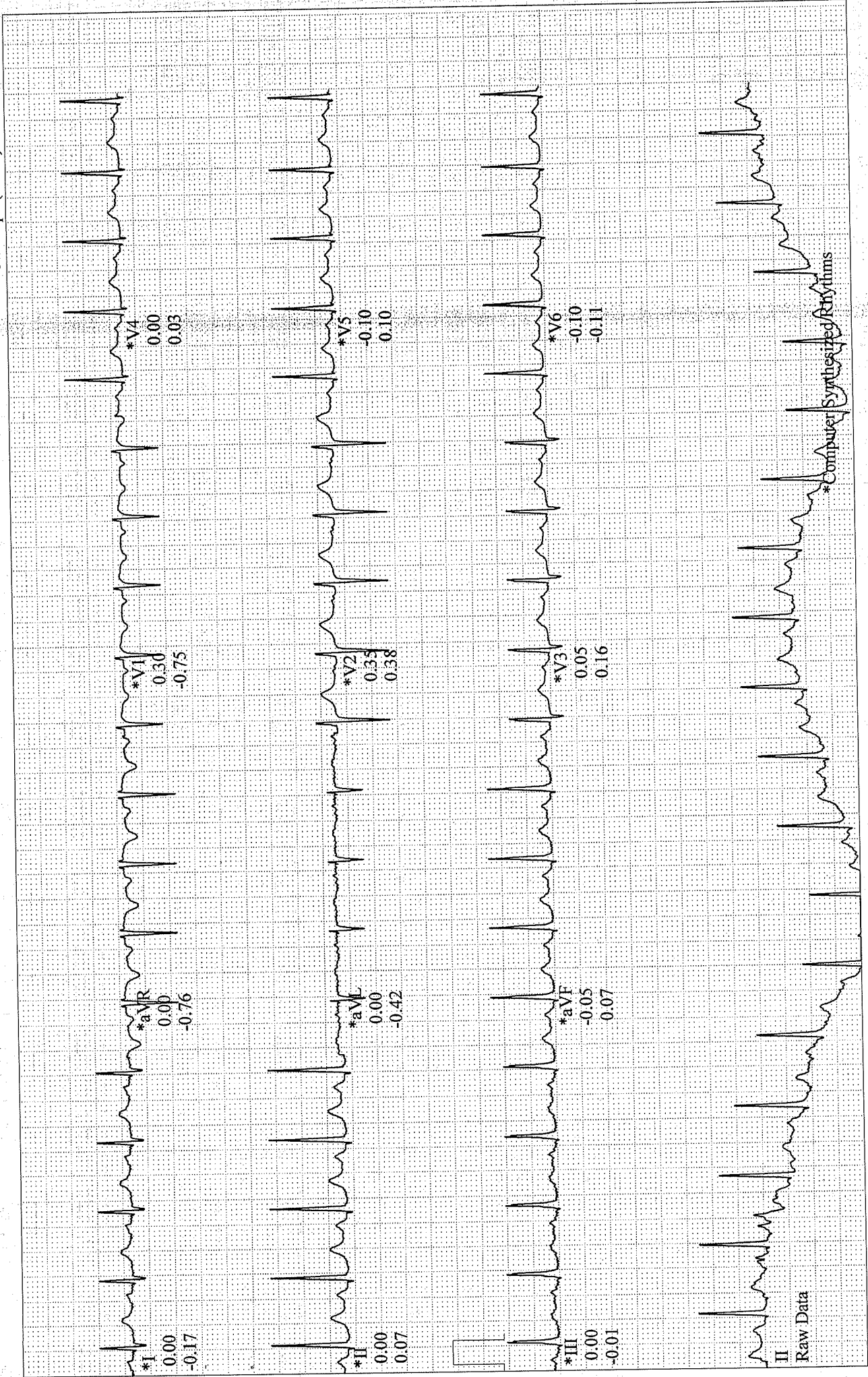
MR ANJANEYA REDDY,  
Patient ID: 164804  
23.03.2024 Male  
1:41:58pm 44 yrs Indian

BRUCE  
0.0 km/h  
0.0 %

RECOVERY  
#1  
03:00

111 bpm

Lead  
ST Level (mm)  
ST Slope (mV/s)



Health checkup at tie-up Ctr

HealthCheckup Authorisatn letter



Union Bank of India

RO - BANGALORE EAST  
NO.1/1, GROUND FLOOR, JEEVAN  
SAMPIGE, 2ND MAIN, SAMPIGE ROAD,  
MALLESWARAM, - 0

To,

The Chief Medical Officer

M/S Mediwheel  
<https://mediwheel.in/signup011-41195959>(A brand name of  
Annofemi Healthcare Ltd),  
Mumbai400021

Dear Sir,

**Tie-up arrangement for Health Checkup under Health Checkup 40-50 Male**

Shri/Smt./Kum. REDDY,ANJANEYA

P.F. No. 476205

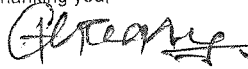
Designation : SENIOR MANAGER(RCoC)

Checkup for Financial Year 2023-2024 **Approved Charges Rs. 3500.00**

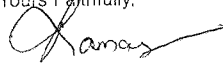
The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

  
(Signature of the Employee)

Yours Faithfully,

  
BRANCH MANAGER/SENIOR MANAGER



PS. : Status of the application- Sanctioned

Health checkup at tie-up Ctr | HealthCheckup Authorisatn letter





ಭಾರತ ಸರ್ಕಾರ  
Government of India

Issue Date: 04/09/2011



ಕೆ ಎಸ್ ಅಂಜನೇಯ ರೆಡ್ಡಿ  
K S Anjaneya Reddy  
ಜನ ದಿನಾಂಕ/DOB: 01/02/1980  
ಪುರುಷ/ MALE

6621 9461 3159  
ನನ್ನ ಆಧಾರ್. ನನ್ನ ಗುರುತು  
VID : 9122 8907 0968 1171

**Patient Name** : Mr. Anjaneya Reddy

**Age/Gender** : 44 Y/M

**UHID/MR No.** : CINR.0000164804

**OP Visit No** : CINROPV223030

**Sample Collected on** :

**Reported on** : 23-03-2024 20:20

**LRN#** : RAD2278808

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 8008705124

---

**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. DHANALAKSHMI B**  
**MBBS, DMRD**  
Radiology

**Patient Name** : Mr. Anjaneya Reddy

**Age/Gender** : 44 Y/M

**UHID/MR No.** : CINR.0000164804

**OP Visit No** : CINROPV223030

**Sample Collected on** :

**Reported on** : 23-03-2024 17:12

**LRN#** : RAD2278808

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 8008705124

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER:** Appears normal in size, **shape and show mild diffusely increased echogenicity.** No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

**GALLBLADDER:** Moderately distended. **Shows multiple calculi measuring around 3mm.** No evidence of abnormal wall thickening noted.

**SPLEEN:** Appears normal in size(12.5cm), shape and echopattern. No focal parenchymal lesions identified.

**PANCREAS:** Obscured by bowel gas.

**KIDNEYS:** Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

**URINARY BLADDER:** Distended and appears normal. No evidence of abnormal wall thickening noted.

**PROSTATE:** Prostate is normal in size and echo-pattern.

No free fluid or lymphadenopathy is seen.

#### IMPRESSION:

**1. GRADE I FATTY LIVER.**

**2. CHOLELITHIASIS.**



**Dr. DHANALAKSHMI B**  
MBBS, DMRD  
Radiology