


Patient Name : Mr.SRIKANTH RAVADA	Collected : 29/Mar/2024 07:32AM
Age/Gender : 39 Y 6 M 0 D/M	Received : 29/Mar/2024 12:07PM
UHID/MR No : CVIS.0000124693	Reported : 29/Mar/2024 02:01PM
Visit ID : CVISOPV122813	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 25874	

**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:BED240086317

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

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DEPARTMENT OF HAEMATOLOGY

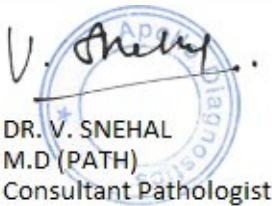
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13.3	g/dL	13-17	Spectrophotometer
PCV	<b>39.10</b>	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.71	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	28.2	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.2</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,700	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	52.3	%	40-80	Electrical Impedance
LYMPHOCYTES	39.2	%	20-40	Electrical Impedance
EOSINOPHILS	4.2	%	1-6	Electrical Impedance
MONOCYTES	4.2	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2458.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1842.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	197.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	<b>197.4</b>	Cells/cu.mm	200-1000	Calculated
BASOPHILS	4.7	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.33		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	178000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>20</b>	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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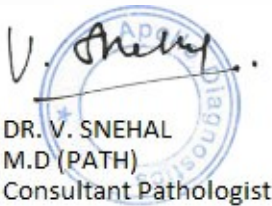
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DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN



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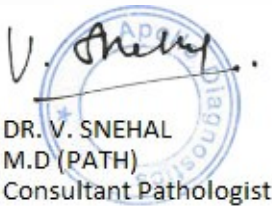
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS 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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	109	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.

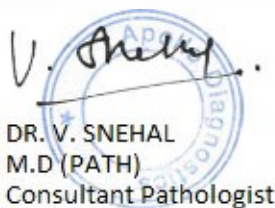
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	124	mg/dL	70-140	GOD - POD

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	6.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	134	mg/dL		Calculated



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DEPARTMENT OF BIOCHEMISTRY

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

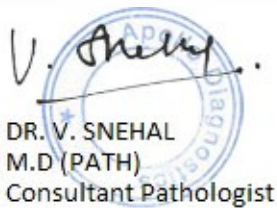
Comment:

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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	218	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	91	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	45	mg/dL	30-70	Direct
NON-HDL CHOLESTEROL	173	mg/dL	<130	Calculated
LDL CHOLESTEROL	155.37	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.11	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.90		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.10		<0.11	Calculated

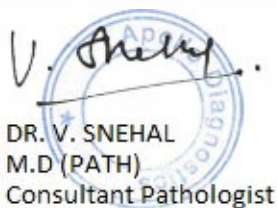
**Comment:**

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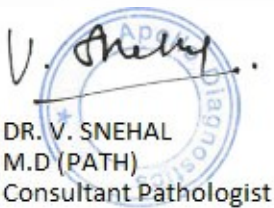
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**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.57	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.47	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29.64	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.4	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	67.90	U/L	53-128	IFCC
PROTEIN, TOTAL	8.02	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.32	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	<b>3.70</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		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:**

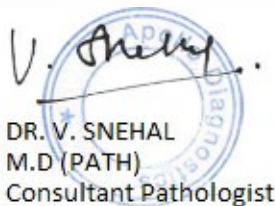
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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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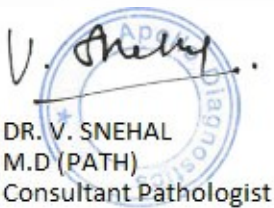
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	1.16	mg/dL	0.7-1.2	Jaffe
UREA	<b>17.50</b>	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	8.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.07	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	9.64	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.89	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.02	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.32	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	<b>3.70</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	26.30	U/L	0-55	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

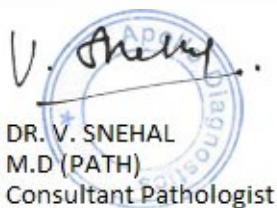
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.38	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	9.85	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	0.992	µIU/mL	0.3-4.5	CLIA

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:SPL24058341

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

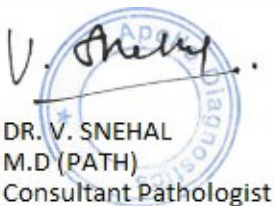
Patient Name : Mr.SRIKANTH RAVADA	Collected : 29/Mar/2024 07:33AM
Age/Gender : 39 Y 6 M 0 D/M	Received : 29/Mar/2024 01:07PM
UHID/MR No : CVIS.0000124693	Reported : 29/Mar/2024 03:57PM
Visit ID : CVISOPV122813	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 25874	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<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	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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



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



SIN No:UR2319233

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

**Patient Name** : Mr. SRIKANTH RAVADA

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

**UHID/MR No.** : CVIS.0000124693

**OP Visit No** : CVISOPV122813

**Sample Collected on** :

**Reported on** : 29-03-2024 12:41

**LRN#** : RAD2285450

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 25874

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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. SRIKANTH RAVADA  
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.0000124693  
Visit ID: CVISOPV122813  
Visit Date: 29-03-2024 07:08  
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. SRIKANTH RAVADA  
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. SRINIVAS GANJI

MR No: CVIS.0000124693  
Visit ID: CVISOPV122813  
Visit Date: 29-03-2024 07:08  
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**



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
29-03-2024 14:36	72 Beats/min	120/80 mmHg	18 Rate/min	98.6 F	177 cms	93 Kgs	%	%	Years	29.68	cms	cms	cms		AHLL06520

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
29-03-2024 14:36	72 Beats/min	120/80 mmHg	18 Rate/min	98.6 F	177 cms	93 Kgs	%	%	Years	29.68	cms	cms	cms		AHLL06520

NAME:- Ravada Srikanth	DATE:- 29/3/24
DESIGNATION:-	AGE:- 39 Years Male
EMP CODE:-	UNIT/DEPARTMENT:-
BLOOD GROUP:-	MARTIAL STATUS:- MARRIED/UNMARRIED

**MEDICAL EXAMINATION**

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

Height: 177	Weight: 93	BMI: 29.7	Pulse: 72
Temp: 98.6	Spo2: 99	Resp: 18	B.P: 120/80

Remarks

Treatment Recommended (if any):

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

I Certify That Employee Is Medically..... fit

Fit R. Ahank  
Signature Of Employee

Unfit

Dr. G. Indira Priyadarshini  
MBBS  
Signature & Seal Of Medical Examiner With  
Regd. No. 65179  
Registration No: Apollo Family Physician  
Apollo Clinic, Seethammapeta, Vizag

Name: Mr. SRIKANTH RAVADA  
 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 0000124693  
 Visit ID: CVISOPV122813  
 Visit Date: 29-03-2024 07:08  
 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
29-03-2024 14:36	72 Beats/min	120/80 mmHg	18 Rate/min	98.6 F	177 cms	93 Kgs	%	%	Years	29.68	cms	cms	cms		AHLL06520

**Apollo Health and Lifestyle Limited**

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

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 Vizag (Seethamma Peta)

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TO BOOK AN APPOINTMENT

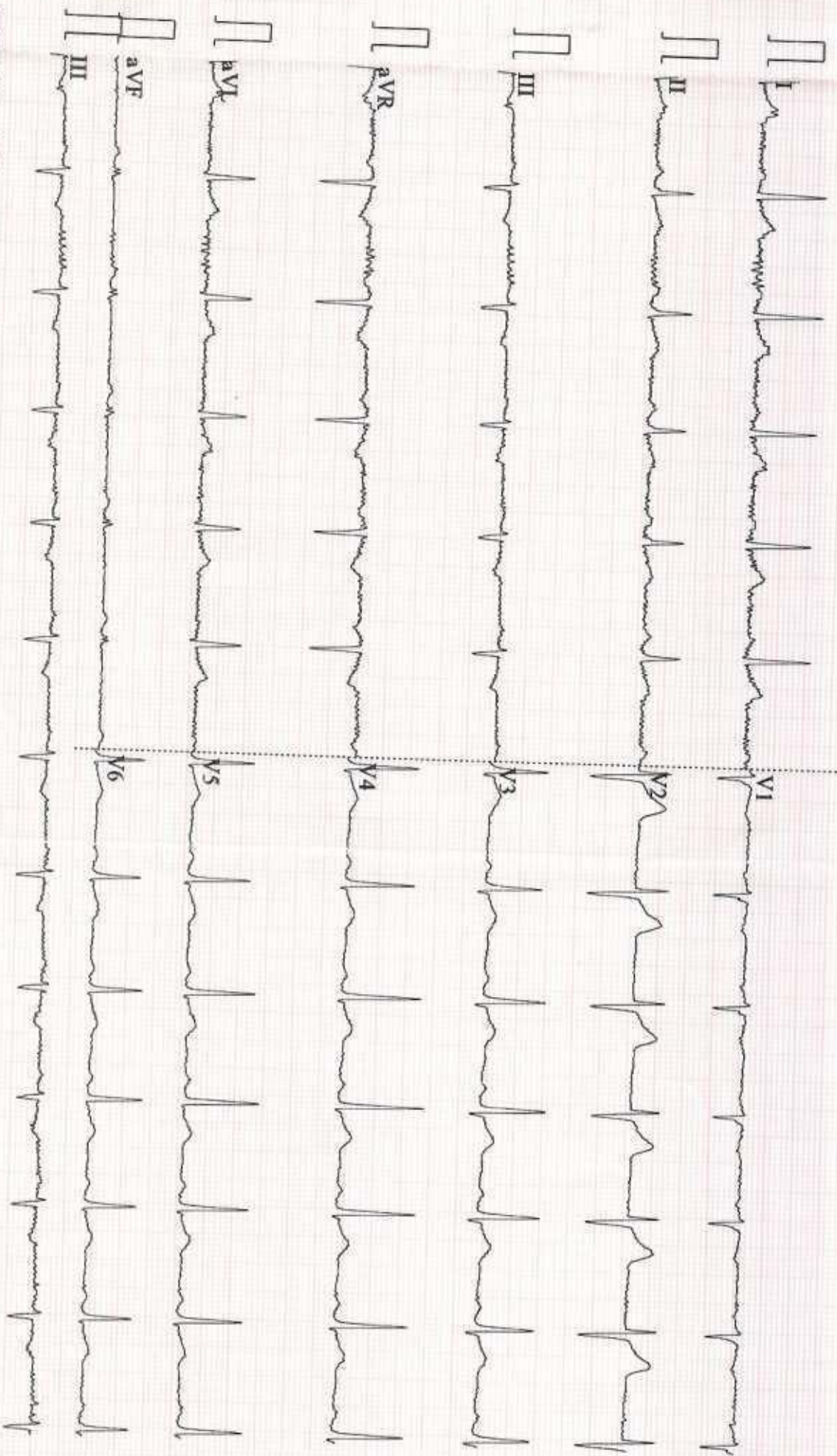
 **1860 500 7788**

ID: 124693  
r srikanth  
Male 39Years  
Req. No. :

29-03-2024 08:34:26  
HR : 72 bpm  
P : 118 ms  
PR : 168 ms  
QRS : 92 ms  
QT/QTcBz : 380/416 ms  
P/QRS/T : 51/10/3 °  
RV5/SV1 : 1.17/1.0.567 mV

Diagnosis Information:  
Sinus rhythm  
Normal ECG

Report Confirmed by:



Patient Name	: Mr. SRIKANTH RAVADA	Age	: 39 Y/M
UHID	: CVIS.0000124693	OP Visit No	: CVISOPV122813
Reported By:	: Dr. APPALA NAIDU L S	Conducted Date	: 29-03-2024 08:59
Referred By	: SELF		

### ECG REPORT

#### Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 72 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

UNION BANK

NAME : MR. R. SRIKANTH

GENDER : M

AGE : 37

DATE : 29/3/23

### OPHTHALMOLOGY SCREENING REPORT

VISION : (OD) 6/6

(OS) 6/6

DISTANCE :

26

26

NEAR VISION :

COLOUR VISION :

WNL -

ANT.SEGMENT :

CONJUNCTIVA :

CORNEA :

PUPIL :

FUNDUS :

IMPRESSION :

WNL

— 26/6 —

— 26/6 —

— RIKIN —

*P. Kar*  
SIGNATURE

Patient Name	: Mr. SRIKANTH RAVADA	Age	: 39 Y M
UHID	: CVIS.0000124693	OP Visit No	: CVISOPV122813
Reported on	: 29-03-2024 12:41	Printed on	: 29-03-2024 16:57
Adm/Consult Doctor	:	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:29-03-2024 12:41

---End of the Report---

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



Patient Name : Mr.SRIKANTH RAVADA  
Age/Gender : 39 Y 6 M 0 D/M  
UHID/MR No : CVIS.0000124693  
Visit ID : CVISOPV122813  
Ref Doctor : Dr.SELF  
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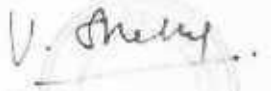
Collected : 29/Mar/2024 07:32AM  
Received : 29/Mar/2024 12:07PM  
Reported : 29/Mar/2024 02:01PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

## 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

Page 1 of 13

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



SIN No: BED240086317

**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@apolloht.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](http://www.apolloclinic.com)

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr. SRIKANTH RAVADA  
 Age/Gender : 39 Y 6 M 0 D/M  
 UHID/MR No : CVIS.0000124693  
 Visit ID : CVISOPV122813  
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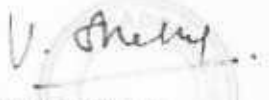
**DEPARTMENT OF HAEMATOLOGY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13.3	g/dL	13-17	Spectrophotometer
PCV	<b>39.10</b>	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.71	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	83	fL	83-101	Calculated
MCH	28.2	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.2</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,700	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	52.3	%	40-80	Electrical Impedence
LYMPHOCYTES	39.2	%	20-40	Electrical Impedence
EOSINOPHILS	4.2	%	1-6	Electrical Impedence
MONOCYTES	4.2	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2458.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1842.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	197.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	<b>197.4</b>	Cells/cu.mm	200-1000	Calculated
BASOPHILS	4.7	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.33		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	178000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>20</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



SIN No. BFD240086317

The Apollo Health and Lifestyle Limited 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@apolloht.com

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TO BOOK AN APPOINTMENT

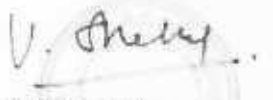
 **1860 500 7788**

Patient Name : Mr.SRIKANTH RAVADA  
Age/Gender : 39 Y 6 M 0 D/M  
UHID/MR No : CVIS.0000124693  
Visit ID : CVISOPV122813  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 25874

Collected : 29/Mar/2024 07:32AM  
Received : 29/Mar/2024 12:07PM  
Reported : 29/Mar/2024 02:01PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

NO HEMOPARASITES SEEN

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



Patient Name : Mr.SRIKANTH RAVADA  
 Age/Gender : 39 Y 6 M 0 D/M  
 UHID/MR No : CVIS.0000124693  
 Visit ID : CVISOPV122813  
 Ref Doctor : Dr.SELF  
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Collected : 29/Mar/2024 07:32AM  
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 Reported : 29/Mar/2024 12:21PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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



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

SIN No. BED240086317  
 Apollo Health and Lifestyle Limited and Lifestyle Ltd/Vizag Lab : Vizag-530017

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mr. SRIKANTH RAVADA	Collected	: 29/Mar/2024 07:33AM
Age/Gender	: 39 Y.6 M 0 D/M	Received	: 29/Mar/2024 12:07PM
UHID/MR No	: CVIS.0000124693	Reported	: 29/Mar/2024 01:58PM
Visit ID	: CVISOPV122813	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 25874		

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	109	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  $\geq$  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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	124	mg/dL	70-140	GOD - POD

**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	6.3	%		HPLC
HBA1C, GLYCATED HEMOGLOBIN ESTIMATED AVERAGE GLUCOSE (eAG)	134	mg/dL		Calculated

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



Patient Name : Mr. SRIKANTH RAVADA  
 Age/Gender : 39 Y.6 M 0 D/M  
 UHID/MR No : CVIS.0000124693  
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**DEPARTMENT OF BIOCHEMISTRY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

**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
  - HbF >25%
  - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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

SIN No. EDT240039871

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr. SRIKANTH RAVADA  
 Age/Gender : 39 Y 6 M 0 D/M  
 UHID/MR No : CVIS.0000124693  
 Visit ID : CVISOPV122813  
 Ref Doctor : Dr. SELF  
 Emp/Auth/TPA ID : 25874

Collected : 29/Mar/2024 07:33AM  
 Received : 29/Mar/2024 11:23AM  
 Reported : 29/Mar/2024 02:25PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	218	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	91	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	45	mg/dL	30-70	Direct
NON-HDL CHOLESTEROL	173	mg/dL	<130	Calculated
LDL CHOLESTEROL	155.37	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.11	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.90		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.10		<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.

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



SIN No. SE04679691

The 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@apollohi.com

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TO BOOK AN APPOINTMENT

**1860 500 7788**

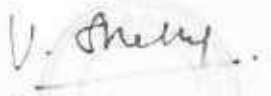
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UHID/MR No : CVIS.0000124693  
Visit ID : CVISOPV122813  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 25874

Collected : 29/Mar/2024 07:33AM  
Received : 29/Mar/2024 11:23AM  
Reported : 29/Mar/2024 02:25PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS 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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DR. V. SNEHAL  
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**DEPARTMENT OF BIOCHEMISTRY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.57	mg/dL	0.10-1.20	Diazotized 2,4,7 Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.47	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29.64	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.4	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	67.90	U/L	53-128	IFCC
PROTEIN, TOTAL	8.02	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.32	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		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:**

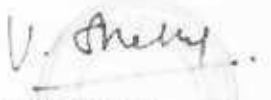
- AST - Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT - Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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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 M.D (PATH)  
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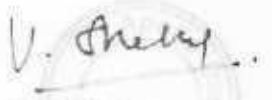
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**DEPARTMENT OF BIOCHEMISTRY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	1.16	mg/dL	0.7-1.2	Jaffe
UREA	<b>17.50</b>	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	8.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.07	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	9.64	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.89	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.02	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.32	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	<b>3.70</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		0.9-2.0	Calculated

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

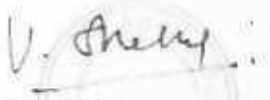


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**DEPARTMENT OF BIOCHEMISTRY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	26.30	U/L	0-55	IFCC

  
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SIN No:SP04679691

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**DEPARTMENT OF IMMUNOLOGY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS 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)	1.38	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	9.85	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	0.992	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. Snehal*  
 DR. V. SNEHAL  
 M.D (PATH)  
 Consultant Pathologist



SIN No. SPI 24058341

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**DEPARTMENT OF CLINICAL PATHOLOGY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<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	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

Page 13 of 13

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



SIN No:UR2319233

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TO BOOK AN APPOINTMENT

 **1860 500 7788**



भारत सरकार  
Government of India



Issue Date: 25/01/2012



రావాడ శ్రీకాంత్  
Ravada Srikanth  
పుట్టిన తేదీ / DOB: 29/10/1984  
పురుషుడు / Male



3594 6563 3403



3594 6563 3403

मेरा आधार, मेरी पहचान

Your appointment is confirmed

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

Wed 3/27/2024 1:15 PM

To:catchme2day.sri@gmail.com <catchme2day.sri@gmail.com>

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



Dear **SRIKANTH RAVADA,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **VIZAG clinic** on **2024-03-29** 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 PLUS 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:**