

Patient Name	: Mr.KUMAR SAURABH	Collected	: 29/Mar/2024 09:24AM
Age/Gender	: 45 Y 1 M 7 D/M	Received	: 29/Mar/2024 11:24AM
UHID/MR No	: CKON.0000430451	Reported	: 29/Mar/2024 01:28PM
Visit ID	: CKONOPV648686	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 449766		

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13.7	g/dL	13-17	Spectrophotometer
PCV	42.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.82	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88	fL	83-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.6</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,300	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	55	%	40-80	Electrical Impedance
LYMPHOCYTES	35	%	20-40	Electrical Impedance
EOSINOPHILS	06	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4015	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2555	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	438	Cells/cu.mm	20-500	Calculated
MONOCYTES	292	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.57		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	264000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	07	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				
NO HEMOPARASITES SEEN				



Dr.Sukumar Sannidhi  
MD(Path)  
Consultant Pathologist



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Age/Gender : 45 Y 1 M 7 D/M	Received : 29/Mar/2024 11:24AM
UHID/MR No : CKON.0000430451	Reported : 29/Mar/2024 12:56PM
Visit ID : CKONOPV648686	Status : Final Report
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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	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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Patient Name : Mr.KUMAR SAURABH	Collected : 29/Mar/2024 09:24AM
Age/Gender : 45 Y 1 M 7 D/M	Received : 29/Mar/2024 10:47AM
UHID/MR No : CKON.0000430451	Reported : 29/Mar/2024 12:02PM
Visit ID : CKONOPV648686	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	99	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.



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	100	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.



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Age/Gender : 45 Y 1 M 7 D/M	Received : 29/Mar/2024 01:40PM
UHID/MR No : CKON.0000430451	Reported : 29/Mar/2024 03:08PM
Visit ID : CKONOPV648686	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	mg/dL		Calculated

**Comment:**

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

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

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

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

  
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 PhD.(Biochemistry)  
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**Dr.K.Anusha**  
 M.B.B.S,M.D(Biochemistry)  
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SIN No:EDT240040304

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

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DEPARTMENT OF BIOCHEMISTRY

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

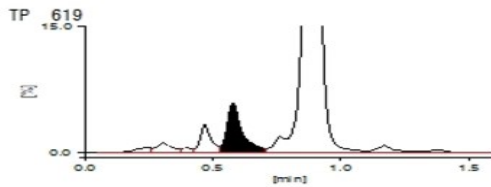
Chromatogram Report

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 ID EDT240040304  
 Sample No. 03290142 SL 0013 - 07  
 Patient ID  
 Name  
 Comment

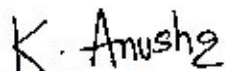
CALIB			
Name	%	Time	Area
A1A	0.5	0.24	8.80
A1B	0.9	0.30	17.55
F	0.3	0.40	5.59
LA1C+	1.9	0.47	35.07
SA1C	5.9	0.58	86.73
A0	92.1	0.89	1737.67
H-V0			
H-V1			
H-V2			

Total Area 1891.41

**HbA1c 5.9 %** **IFCC 41 mmol/mol**  
 HbA1 7.3 % HbF 0.3 %




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SIN No:EDT240040304

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

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Hyderabad, Telangana, India - 500032

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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)

Patient Name : Mr.KUMAR SAURABH	Collected : 29/Mar/2024 09:24AM
Age/Gender : 45 Y 1 M 7 D/M	Received : 29/Mar/2024 07:25PM
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	300	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	215	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	44	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	256	mg/dL	<130	Calculated
LDL CHOLESTEROL	213	mg/dL	<100	Calculated
VLDL CHOLESTEROL	43	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.82		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.33		<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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- 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

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.70	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	92.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.10	g/dL	6.3-8.2	Biuret
ALBUMIN	4.90	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.53		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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.90	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	24.10	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	11.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.90	mg/dL	3.5-8.5	Uricase
CALCIUM	9.60	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.50	mg/dL	2.5-4.5	PMA Phenol
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	98	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.10	g/dL	6.3-8.2	Biuret
ALBUMIN	4.90	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.53		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , <i>SERUM</i>	92.00	U/L	38-126	p-nitrophenyl phosphate

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	28.00	U/L	15-73	Glycylglycine Nitoranalide




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UHID/MR No : CKON.0000430451	Reported : 29/Mar/2024 04:02PM
Visit ID : CKONOPV648686	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.33	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.56	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>9.141</b>	µIU/mL	0.38-5.33	CLIA

Comment:

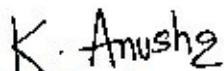
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

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

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



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Consultant Biochemist



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

Page 13 of 17  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:SPL24058864

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

**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:  
The Apollo Medical Centre, 2-20/6/A, Kothaguda X Roads, Kondapur,  
Hyderabad, Telangana, India - 500032

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

Patient Name : Mr.KUMAR SAURABH	Collected : 29/Mar/2024 09:24AM
Age/Gender : 45 Y 1 M 7 D/M	Received : 29/Mar/2024 02:26PM
UHID/MR No : CKON.0000430451	Reported : 29/Mar/2024 04:02PM
Visit ID : CKONOPV648686	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 449766	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	12.9	ng/mL	30 -100	CLIA

**Comment:**

**BIOLOGICAL REFERENCE RANGES**

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

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

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

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

**Decreased Levels:**

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


**Increased levels:**

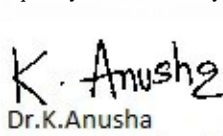
- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	125	pg/mL	107.2-653.3	CLIA

**Comment:**

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception,

  
**Dr. RAJESH BATTINA**  
 PhD.(Biochemistry)  
 Consultant Biochemist

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



SIN No:SPL24058864

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DEPARTMENT OF IMMUNOLOGY

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

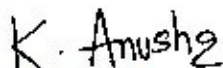
poor coordination, and affective behavioral changes.

- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 .
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

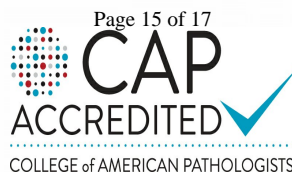
Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.420	ng/mL	0-4	CLIA



Dr. RAJESH BATTINA  
PhD.(Biochemistry)  
Consultant Biochemist



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M.B.B.S,M.D(Biochemistry)  
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SIN No:SPL24058864

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The Apollo Medical Centre, 2-20/6/A, Kothaguda X Roads, Kondapur,  
Hyderabad, Telangana, India - 500032





Patient Name : Mr.KUMAR SAURABH	Collected : 29/Mar/2024 09:24AM
Age/Gender : 45 Y 1 M 7 D/M	Received : 29/Mar/2024 12:25PM
UHID/MR No : CKON.0000430451	Reported : 29/Mar/2024 01:50PM
Visit ID : CKONOPV648686	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 449766	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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	4-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 16 of 17



**Dr. Sukumar Sannidhi**  
MD(Path)  
Consultant Pathologist





Patient Name : Mr.KUMAR SAURABH	Collected : 29/Mar/2024 09:24AM
Age/Gender : 45 Y 1 M 7 D/M	Received : 29/Mar/2024 12:25PM
UHID/MR No : CKON.0000430451	Reported : 29/Mar/2024 02:15PM
Visit ID : CKONOPV648686	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 449766	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

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

Result/s to Follow:  
PERIPHERAL SMEAR



**Dr.Sukumar Sannidhi**  
MD(Path)  
Consultant Pathologist



Customer Pending Tests  
PATIENT YET TO VISIT THE CENTER FOR FITNESS EVALUATION

Patient Name	: Mr. KUMAR SAURABH	Age	: 45 Y/M
UHID	: CKON.0000430451	OP Visit No	: CKONOPV648686
Conducted By:	: Dr. RAMU ANKAM	Conducted Date	: 30-03-2024 16:45
Referred By	: SELF		

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed)	3.4 CM
LA (es)	3.5 CM
LVID (ed)	4.4 CM
LVID (es)	2.8 CM
IVS (Ed)	1.1 CM
LVPW (Ed)	1.1 CM
EF	65.00%
%FD	35.00%

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

AORTA † NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY

COLOUR AND DOPPLER STUDIES

PJV: 0.8  
AJV: 1.0  
E: 0.8 m/s  
A: 0.6 m/s

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana.

**APOLLO CLINICS NETWORK**

Andhra Pradesh: **Tirupati** (Sankarambadi Circle) **Vizag** (Seethamma Peta)

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Name <u>Mr. kumar saurabh</u>	Date <u>29-03-24</u>
Age <u>49y</u>	UHID No. <u>430451</u>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Ref. Physician
Ref. Diagnosis	

## Echocardiogram Report

**Echogenicity**     Poor     Adequate     Good      Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ BSA \_\_\_\_\_

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
Ao (ed) <u>3.4</u> cm	(1.5cm / m2)	IVS (Ed) <u>1.1</u> cm	(0.6 - 1.2 cm)
LA (es) <u>2.5</u> cm	(1.5cm / m2)	LVPW (Ed) <u>1.1</u> cm	(0.6 - 1.1 cm)
RVID (ed) <u>3.2</u> cm	(0.9 cm / m2)	EF <u>65</u>	(0.62 - 0.85)
LVID (ed) <u>4.4</u> cm	(2.6 - 3.4 cm / m2)	% FD <u>35</u>	(2.8% - 42%)
LVID (es) <u>2.8</u>			

### MORPHOLOGICAL DATA

Mitral Valve	AML <u>2</u>	Interatrial septum <u>Enlow</u>
	PML <u>1</u>	Interventricular septum <u>Enlow</u>
Aortic Valve	<u>1</u>	Pulmonary artery <u>2</u>
Tricuspid valve	<u>2</u>	Aorta <u>2</u>
Pulmonary valve	<u>1</u>	Right atrium <u>2</u>
Right ventricle	<u>2</u>	Left atrium <u>2</u>



Patient Name : Mr. KUMAR SAURABH Age : 45 Y/M  
UHID : CKON.0000430451 OP Visit No : CKONOPV648686  
Reported By: : Dr. VENKATA RAYUDU NEKKANTI Conducted Date : 29-03-2024 18:00  
Referred By : SELF

**ECG REPORT**

**Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 81 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:**

WITH IN NORMAL LIMITS.

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



Dr. VENKATA RAYUDU NEKKANTI

**Apollo Health and Lifestyle Limited**

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TO BOOK AN APPOINTMENT



**1860 500 7788**

Location:  
Order Number:  
Visit:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Room:

81 bpm

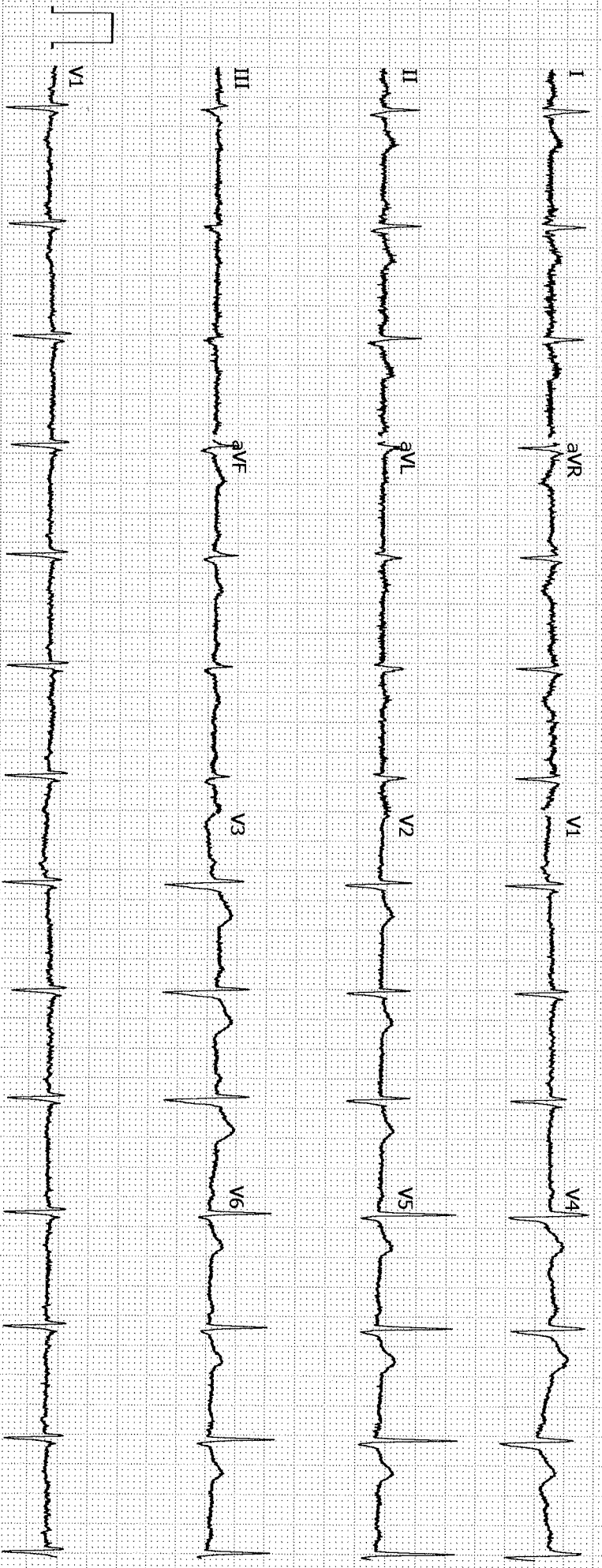
--- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 82 ms  
QT / QTcbaz : 338 / 392 ms  
PR : 140 ms  
P : 86 ms  
RR / PP : 742 / 740 ms  
P / QRS / T : 61 / 19 / 27 degrees

Normal sinus rhythm  
Normal ECG

*Signature*



**Name:** Mr. KUMAR SAURABH  
**Age/Gender:** 45 Y/M  
**Address:** HYD  
 HYDERABAD, TELANGANA  
**Location:**  
**Doctor:**  
**Department:** GENERAL  
**Rate Plan:** KONDAPUR\_06042023  
**Sponsor:** ARCOFEMI HEALTHCARE LIMITED

**MR No:** CKON0000430451  
**Visit ID:** CKONDPV648686  
**Visit Date:** 29-03-2024 09:17  
**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 15:20	81	100/60	Rate/min	F	173 cms	75.9 Kgs	%	%	Years	25.36	88 cms	102 cms	98 cms		AHLL09485

## GLASS PRESCRIPTION

DATE: 29/03/24

UHID: 430451

PATIENT NAME: Kumar Saneesh

9869349444  
AGE/ GENDER:  
45/m

	UAVA	SPH	CYL	AXIS	ADD	BCVA
OD	6/6	plus	—	—	+1.25	N6
OS	6/6	plus	—	—	+1.25	N6

COLOR VISION:

— normal

INSTRUCTIONS: RVE - normal

\* Soft progressive lens

  
SIGNATURE

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

### Your appointment is confirmed

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

Wed 3/27/2024 12:40 PM

To:ksaurabh@unionbankofindia.bank <ksaurabh@unionbankofindia.bank>

Cc:Hitechcity Apolloclinic <hitechcity@apolloclinic.com>;DCM Kondapur <dcm.kondapur@apolloclinic.com>;

Syamsunder M <syamsunder.m@apollohl.com>



Dear KUMAR SAURABH,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **KONDAPUR clinic** on **2024-03-29 at 08:45-09:00**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324]</b>

"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.



यूनियन बैंक  
ऑफ इंडिया




Union Bank  
of India


कुमार सौरभ  
KUMAR SAURABH



कर्मचारी सं / Employee No. : 449766  
रक्त समूह / Blood Group : O+ve  
मोबाईल नं / Mobile No. : 9869349444

  
हस्ताक्षर Signature

जारी करने का स्थान : डीआईटी, सी ओ अनेक्स, हैदराबाद  
Place of Issue : DIT, CO Annex Hyderabad  
जारी करने की तारीख / Date of Issue : 01-09-2023

  
जारी कर्ता प्राधिकारी  
Issuing Authority

<b>Patient Name</b>	: Mr. KUMAR SAURABH	<b>Age/Gender</b>	: 45 Y/M
<b>UHID/MR No.</b>	: CKON.0000430451	<b>OP Visit No</b>	: CKONOPV648686
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 29-03-2024 15:35
<b>LRN#</b>	: RAD2286163	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 449766		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver** appears normal in size and Grade-I increased in echotexture. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

**Spleen** appears normal. No focal lesion seen. Splenic vein appears normal.

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

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

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

**Prostate** is normal in size and echo texture.No evidence of necrosis/calcification seen.

**IMPRESSION:-**

**\*\*GRADE-I FATTY LIVER.**

**Patient Name** : Mr. KUMAR SAURABH

**Age/Gender** : 45 Y/M

---

**Suggest – clinical correlation.**

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

**Dr. PANKAJ HARKUT**  
MBBS, DMRD  
Radiology

**Patient Name** : Mr. KUMAR SAURABH

**Age/Gender** : 45 Y/M

**UHID/MR No.** : CKON.0000430451

**OP Visit No** : CKONOPV648686

**Sample Collected on** :

**Reported on** : 29-03-2024 14:39

**LRN#** : RAD2286163

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 449766

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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 .

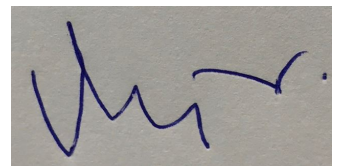
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen.



**Dr. VIJAYA KUMAR M**  
**MBBS, DMRD**  
Consultant Radiologist