

Patient Name	: Mr.ASRITHA BANOTH	Collected	: 16/Mar/2024 09:42AM
Age/Gender	: 35 Y 11 M 11 D/M	Received	: 16/Mar/2024 02:27PM
UHID/MR No	: CUPP.0000086665	Reported	: 16/Mar/2024 05:30PM
Visit ID	: CUPPOPV130975	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 658233/375647		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12	g/dL	13-17	Spectrophotometer
PCV	35.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.1	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	85.8	fL	83-101	Calculated
MCH	29.3	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	12.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	10,900	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	69.8	%	40-80	Electrical Impedance
LYMPHOCYTES	21.7	%	20-40	Electrical Impedance
EOSINOPHILS	2.2	%	1-6	Electrical Impedance
MONOCYTES	6	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	7608.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2365.3	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	239.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	654	Cells/cu.mm	200-1000	Calculated
BASOPHILS	32.7	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	3.22		0.78- 3.53	Calculated
PLATELET COUNT	349000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR



Dr. R. SHALINI
M.B.B.S., M.D (Pathology)
Consultant Pathologist

SIN No: BED240070825

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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



Dr.R.SHALINI
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SIN No:BED240070825

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate technology
Rh TYPE	Positive			Microplate technology



Dr.SRINIVAS N.S.NORI
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CONSULTANT PATHOLOGY

SIN No:BED240070825

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Patient Name : Mr.ASRITHA BANOTH	Collected : 16/Mar/2024 09:42AM
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UHID/MR No : CUPP.0000086665	Reported : 16/Mar/2024 04:15PM
Visit ID : CUPPOPV130975	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	90	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

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SIN No:PLF02126156

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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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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	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)

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



SIN No:EDT240032401

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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

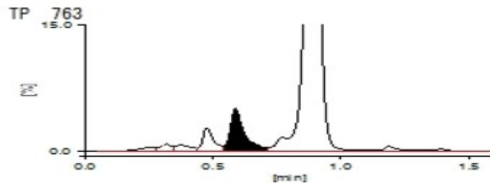
Chromatogram Report

I V5.28 1 2024-03-16 16:02:51
 ID EDT240032401
 Sample No. 03160186 SL 0008 - 10
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.4	0.25	6.95
A1B	0.5	0.32	8.60
F	0.6	0.37	9.69
LA1C+	1.7	0.48	26.84
SA1C	5.1	0.59	64.04
AO	93.4	0.88	1517.13
H-V0			
H-V1			
H-V2			

Total Area 1633.25

HbA1c 5.1 % IFCC 33 mmol/mol
 HbA1 6.1 % HbF 0.6 %



16-03-2024 16:02:52 APOLLO

APOLLO DIAGNOSTICS GLOBAL
BALNAGAR

1 / 1

K. Anusha

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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	126	mg/dL	<200	CHO-POD
TRIGLYCERIDES	53	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	33	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	93	mg/dL	<130	Calculated
LDL CHOLESTEROL	82.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	10.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.82		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

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

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

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

- 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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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.51	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	75.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.76	g/dL	6.6-8.3	Biuret
ALBUMIN	3.89	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.87	g/dL	2.0-3.5	Calculated
A/G RATIO	1.36		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:

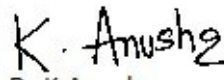
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • 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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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.70	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	14.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.20	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	8.69	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.05	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	108	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.76	g/dL	6.6-8.3	Biuret
ALBUMIN	3.89	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.87	g/dL	2.0-3.5	Calculated
A/G RATIO	1.36		0.9-2.0	Calculated

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 Consultant biochemist

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

Page 11 of 15
CAP
 ACCREDITED
 COLLEGE of AMERICAN PATHOLOGISTS



SIN No:SE04663777

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

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

H. No 6-48/3, Peerzadiguda Panchayat, Boduppal,
 R R District, Uppal, Hyderabad, Telangana, India - 500039

1860 500 7788
 www.apolloclinic.com

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.ASRITHA BANOTH	Collected : 16/Mar/2024 09:42AM
Age/Gender : 35 Y 11 M 11 D/M	Received : 16/Mar/2024 03:47PM
UHID/MR No : CUPP.0000086665	Reported : 16/Mar/2024 06:35PM
Visit ID : CUPPOPV130975	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 658233/375647	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	13.00	U/L	<55	IFCC

K. Anusha

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

SIN No:SE04663777

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



Patient Name : Mr.ASRITHA BANOTH	Collected : 16/Mar/2024 09:42AM
Age/Gender : 35 Y 11 M 11 D/M	Received : 16/Mar/2024 03:45PM
UHID/MR No : CUPP.0000086665	Reported : 16/Mar/2024 09:34PM
Visit ID : CUPPOPV130975	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 658233/375647	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.8	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.73	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.164	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

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



SIN No:SPL24047368

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

Patient Name : Mr.ASRITHA BANOTH
Age/Gender : 35 Y 11 M 11 D/M
UHID/MR No : CUPP.0000086665
Visit ID : CUPPOPV130975
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 658233/375647

Collected : 16/Mar/2024 09:42AM
Received : 16/Mar/2024 03:45PM
Reported : 16/Mar/2024 09:34PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

K. Anusha

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

SIN No:SPL24047368

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

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Patient Name	: Mr.ASRITHA BANOTH	Collected	: 16/Mar/2024 09:42AM
Age/Gender	: 35 Y 11 M 11 D/M	Received	: 16/Mar/2024 02:44PM
UHID/MR No	: CUPP.0000086665	Reported	: 16/Mar/2024 04:37PM
Visit ID	: CUPPOPV130975	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 658233/375647		


DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	TRACE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	4-5	/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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr. R. SHALINI
M.B.B.S., M.D (Pathology)
Consultant Pathologist

SIN No: UR2306997

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

Page 15 of 15
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Apollo Clinic

CONSENT FORM

Patient Name: ASRITHA BANOTH Age: 35 Y/F
Mobile Number: Cupp. 00000 86665 Company Name: Arco/ems

Mr/Ms/Mr: ASRITHA BANOTH Employee of Arco/ems
I (Company) Want to inform you that I am not interested in getting ECG, EYE, TAD & more
tests done which is a part of my routine health check package
And I claim the above statement in my full consciousness

Patient signature:  Date: 16/02/2024

Patient Name	: Mr. ASRITHA BANOTH	Age/Gender	: 35 Y/M
UHID/MR No.	: CUPP.0000086665	OP Visit No	: CUPPOPV130975
Sample Collected on	:	Reported on	: 16-03-2024 13:45
LRN#	: RAD2269508	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 658233/375647		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size 113 mm and 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 in size 82 mm. No focal lesion seen. Splenic vein appears normal.

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

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

Right kidney : 99 x 42 mm.

Left kidney : 100 x 46 mm.

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

Uterus appears normal in size 69 x 38 x 51 mm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 8.4 mm.

Both ovaries appear normal in size, shape and echotexture.

Right ovary : 22 x 23 mm.

Left ovary : 24 x 24 mm.

No evidence of any adnexal pathology noted.

IMPRESSION:-

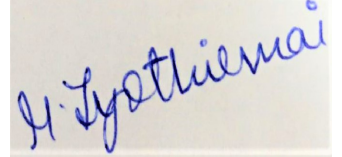
No significant abnormality detected.

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.

Patient Name : Mr. ASRITHA BANOTH

Age/Gender : 35 Y/M



Dr. MATTA JYOTHIRMAI
MBBS, MDRD
Radiology

Name: Mr. ASRITHA BANOTH
Age/Gender: 36 Y/M
Address: HYD
Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. KOPPULA TRIVENI

MR No: CUPP.0000086665
Visit ID: CUPPOPV130975
Visit Date: 16-03-2024 09:34
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mr. ASRITHA BANOTH
Age/Gender: 36 Y/M
Address: HYD
Location: HYDERABAD, TELANGANA
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Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
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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
17-03-2024 10:36	80 Beats/min	120/70 mmHg	22 Rate/min	98.6 F	162 cms	62 Kgs	%	%	Years	23.62	cms	cms	cms		AHLL06400

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
17-03-2024 10:36	80 Beats/min	120/70 mmHg	22 Rate/min	98.6 F	162 cms	62 Kgs	%	%	Years	23.62	cms	cms	cms		AHLL06400

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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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
17-03-2024 10:36	80 Beats/min	120/70 mmHg	22 Rate/min	98.6 F	162 cms	62 Kgs	%	%	Years	23.62	cms	cms	cms		AHLL06400

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
17-03-2024 10:36	80 Beats/min	120/70 mmHg	22 Rate/min	98.6 F	162 cms	62 Kgs	%	%	Years	23.62	cms	cms	cms		AHLL06400



భారత ప్రభుత్వం
Government of India



ఆశ్రిత బి
Asritha B
పుట్టిన తేదీ / DOB : 05/04/1988
స్త్రీ / Female



5080 7721 7045

ఆధార్ - సామాన్యుని హక్కు



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ

Unique Identification Authority of India

చిరునామా:

D/O: నెహ్రూ బి, 4-5-75/6/1, శివ
సాయి నర్సింగ్ హోం, న్యూ బజార్,
మహబూబాబాద్, మహబూబాబాద్,
వరంగల్, మహబూబాబాద్, ఆంధ్ర ప్రదేశ్,
506101

Address:

D/O: Nehru B, 4-5-75/6/1, Shiva
Sai Nursing Home, New Bazar,
Mahabubabad, Mahabubabad,
Warangal, Mahabubabad, Andhra
Pradesh, 506101

5080 7721 7045



1947
1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in

S. No.	Company Name
24	Arcofemi/Mediwheel/MALE/FEMALE
25	Arcofemi/Mediwheel/MALE/FEMALE

PACKAGE NAME
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Booking ID	EMP-NAME	AGE	GENDER
UBOIES3888	RAJASHEKAR L	40 year	Male
UBOIES3888	ASRITHA BANOTH	35 year	Female

EMAIL	CONTACT NO	Appointment Date	Appointment Time
rajshekar26@gmail.com	9606712221	16-Mar-24	9:00 AM
rajshekar26@gmail.com	9606712221	16-Mar-24	9:00 AM

CLINIC NAME	CLINIC STATE	CLINIC CITY
Apollo Clinic - Uppal	Telangana	Hyderabad
Apollo Clinic - Uppal	Telangana	Hyderabad

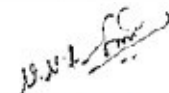
Booking Status	Status
	Confirmed
	Confirmed

Patient Name : Mr.RAJASHEKAR L	Collected : 16/Mar/2024 09:46AM
Age/Gender : 40 Y 7 M 21 D/M	Received : 16/Mar/2024 02:28PM
UHID/MR No : CUPP.0000086664	Reported : 16/Mar/2024 07:28PM
Visit ID : CUPPOPV130974	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 658233/375649	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15	g/dL	13-17	Spectrophotometer
PCV	42.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.25	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	80.1	fL	83-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	35.5	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,310	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	64.1	%	40-80	Electrical Impedance
LYMPHOCYTES	23.7	%	20-40	Electrical Impedance
EOSINOPHILS	4.2	%	1-6	Electrical Impedance
MONOCYTES	7.5	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3403.71	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1258.47	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	223.02	Cells/cu.mm	20-500	Calculated
MONOCYTES	398.25	Cells/cu.mm	200-1000	Calculated
BASOPHILS	26.55	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.7		0.78- 3.53	Calculated
PLATELET COUNT	150500	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				


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

SIN No:BED240070861

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Age/Gender : 40 Y 7 M 21 D/M
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DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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

SIN No:BED240070861

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Age/Gender : 40 Y 7 M 21 D/M	Received : 16/Mar/2024 02:28PM
UHID/MR No : CUPP.0000086664	Reported : 16/Mar/2024 08:40PM
Visit ID : CUPPOPV130974	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 658233/375649	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate technology
Rh TYPE	Positive			Microplate technology

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

SIN No:BED240070861

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



Patient Name : Mr.RAJASHEKAR L	Collected : 16/Mar/2024 09:46AM
Age/Gender : 40 Y 7 M 21 D/M	Received : 16/Mar/2024 02:43PM
UHID/MR No : CUPP.0000086664	Reported : 16/Mar/2024 05:12PM
Visit ID : CUPPOPV130974	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 658233/375649	

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	91	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.

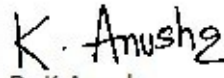
Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	4.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	85	mg/dL		Calculated

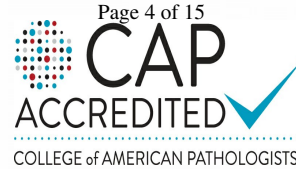
Comment:

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


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Patient Name : Mr.RAJASHEKAR L	Collected : 16/Mar/2024 09:46AM
Age/Gender : 40 Y 7 M 21 D/M	Received : 16/Mar/2024 02:43PM
UHID/MR No : CUPP.0000086664	Reported : 16/Mar/2024 05:12PM
Visit ID : CUPPOPV130974	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 658233/375649	

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

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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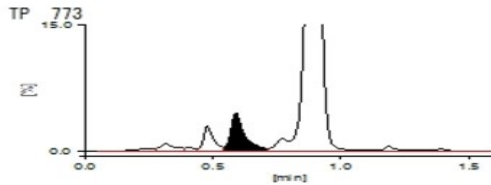
Chromatogram Report

I V5.28 1 2024-03-16 16:57:36
 ID EDT240032423
 Sample No. 03160220 SL 0012 - 04
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.4	0.23	6.57
A1B	0.7	0.32	12.54
F	0.2	0.41	3.82
LA1C+	1.6	0.48	28.31
SA1C	4.6	0.59	59.69
AO	93.8	0.89	1609.08
H-V0			
H-V1			
H-V2			

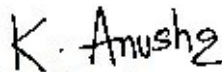
Total Area 1720.01

HbA1c 4.6 % **IFCC 27 mmol/mol**
 HbA1 5.7 % HbF 0.2 %




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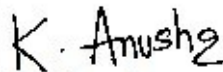
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ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	161	mg/dL	<200	CHO-POD
TRIGLYCERIDES	104	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	31	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	130	mg/dL	<130	Calculated
LDL CHOLESTEROL	109.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.19		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.17		<0.11	Calculated


Comment:

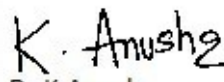
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

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

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.


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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.13	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.97	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	77.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.11	g/dL	6.6-8.3	Biuret
ALBUMIN	4.24	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.87	g/dL	2.0-3.5	Calculated
A/G RATIO	1.48		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:

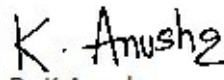
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • 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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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.83	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	16.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.90	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.16	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.98	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	5.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	108	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.11	g/dL	6.6-8.3	Biuret
ALBUMIN	4.24	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.87	g/dL	2.0-3.5	Calculated
A/G RATIO	1.48		0.9-2.0	Calculated

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Patient Name : Mr.RAJASHEKAR L	Collected : 16/Mar/2024 09:46AM
Age/Gender : 40 Y 7 M 21 D/M	Received : 16/Mar/2024 03:47PM
UHID/MR No : CUPP.0000086664	Reported : 16/Mar/2024 05:23PM
Visit ID : CUPPOPV130974	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 658233/375649	

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	35.00	U/L	<55	IFCC

Maruthi...

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

SIN No:SE04663817

K. Anusha

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

Page 12 of 15
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H. No 6-48/3, Peerzadiguda Panchayat, Boduppal,
R R District, Uppal, Hyderabad, Telangana, India - 500039

1860 500 7788
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UHID/MR No : CUPP.0000086664	Reported : 16/Mar/2024 09:09PM
Visit ID : CUPPOPV130974	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 658233/375649	

DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.08	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.9	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	11.070	µIU/mL	0.38-5.33	CLIA

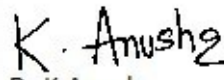
Comment:

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


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


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

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SIN No:SPL24047399

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 R R District., Uppal, Hyderabad, Telangana, India - 500039


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Patient Name : Mr.RAJASHEKAR L
Age/Gender : 40 Y 7 M 21 D/M
UHID/MR No : CUPP.0000086664
Visit ID : CUPPOPV130974
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 658233/375649

Collected : 16/Mar/2024 09:46AM
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Status : Final Report
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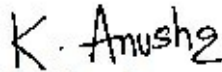
DEPARTMENT OF IMMUNOLOGY

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



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

SIN No:SPL24047399



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

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Patient Name : Mr.RAJASHEKAR L	Collected : 16/Mar/2024 09:46AM
Age/Gender : 40 Y 7 M 21 D/M	Received : 16/Mar/2024 02:45PM
UHID/MR No : CUPP.0000086664	Reported : 16/Mar/2024 05:41PM
Visit ID : CUPPOPV130974	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 658233/375649	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	TRACE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	4-5	/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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr. R. SHALINI
M.B.B.S., M.D (Pathology)
Consultant Pathologist

SIN No: UR2307028

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

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Apollo Clinic

CONSENT FORM

Patient Name: Rajathekar L Age: 40 Yrs
Aadhar Number: 9999.86664 Company Name: Arcofem

I (Mr/Mrs/MS) Rajathekar L Employee of Arcofem

(Company) Want to inform you that I am not interested in getting ECG, EYE TEST,

Tests done which is a part of my routine health check package

And I claim the above statement in my full consciousness

Patient Signature: Rajathekar L Date: 16/05/2024

Patient Name : Mr. RAJASHEKAR L

Age/Gender : 40 Y/M

UHID/MR No. : CUPP.0000086664

OP Visit No : CUPPOPV130974

Sample Collected on :

Reported on : 16-03-2024 12:20

LRN# : RAD2269452

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 658233/375649

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. MATTA JYOTHIRMAI
MBBS, MDRD
Radiology

Name: Mr. RAJASHEKAR L
Age/Gender: 40 Y/M
Address: HYD
Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. KOPPULA TRIVENI

MR No: CUPP.0000086664
Visit ID: CUPPOPV130974
Visit Date: 16-03-2024 09:29
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. RAJASHEKAR L
Age/Gender: 40 Y/M
Address: HYD
Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. KOPPULA TRIVENI

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Visit ID: CUPPOPV130974
Visit Date: 16-03-2024 09:29
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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
17-03-2024 10:35	80 Beats/min	120/70 mmHg	22 Rate/min	98.6 F	162 cms	62 Kgs	%	%	Years	23.62	cms	cms	cms		AHLL06400

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
17-03-2024 10:35	80 Beats/min	120/70 mmHg	22 Rate/min	98.6 F	162 cms	62 Kgs	%	%	Years	23.62	cms	cms	cms		AHLL06400



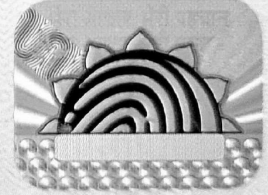
भारत सरकार
Government of India



Issue Date: 15/08/2013



లోనవత్ రాజశేకర్
Lonavath Rajashekar
పుట్టిన తేదీ / DOB : 26/07/1983
పురుషుడు / MALE



4334 0000 1257

मेरा आधार, मेरी पहचान

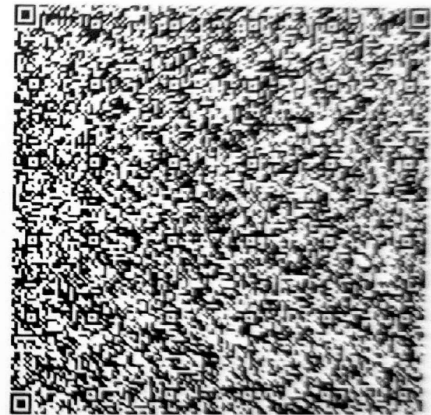


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Unique Identification Authority of India



Print Date: 07/10/2020

చిరునామా: S/O: ఏల్ కృష్ణ సింగ్, పి నో 5-150,
లక్ష్మి విహార్ కాలనీ, ఫేస్ -1, నల్లగండ్ల, లింగంపల్లి,
కే.వి. రంగారెడ్డి, తెలంగాణ, 500019
Address: S/O: L Krishna Singh, P No 5-150,
Laxmi Vihar Colony, Phase -1, Nallagandla,
Lingampalli, K.v. Rangareddy, Telangana,
500019



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S. No.	Company Name
24	Arcofemi/Mediwheel/MALE/FEMALE
25	Arcofemi/Mediwheel/MALE/FEMALE

PACKAGE NAME
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Booking ID	EMP-NAME	AGE	GENDER
UBOIES3888	RAJASHEKAR L	40 year	Male
UBOIES3888	ASRITHA BANOTH	35 year	Female

EMAIL	CONTACT NO	Appointment Date	Appointment Time
rajshekar26@gmail.com	9606712221	16-Mar-24	9:00 AM
rajshekar26@gmail.com	9606712221	16-Mar-24	9:00 AM

CLINIC NAME	CLINIC STATE	CLINIC CITY
Apollo Clinic - Uppal	Telangana	Hyderabad
Apollo Clinic - Uppal	Telangana	Hyderabad

Booking Status	Status
	Confirmed
	Confirmed