

Patient Name : Mr.K SAI KUMAR	Collected : 29/Mar/2024 09:43AM
Age/Gender : 54 Y 7 M 20 D/M	Received : 29/Mar/2024 01:51PM
UHID/MR No : CASR.0000085334	Reported : 29/Mar/2024 04:32PM
Visit ID : CASROPV223226	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES4188	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.6	g/dL	13-17	Spectrophotometer
PCV	45.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.08	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	88.5	fL	83-101	Calculated
MCH	30.7	pg	27-32	Calculated
MCHC	<b>34.7</b>	g/dL	31.5-34.5	Calculated
R.D.W	12.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,220	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58.7	%	40-80	Electrical Impedence
LYMPHOCYTES	30.3	%	20-40	Electrical Impedence
EOSINOPHILS	1.5	%	1-6	Electrical Impedence
MONOCYTES	8.5	%	2-10	Electrical Impedence
BASOPHILS	1	%	0-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3651.14	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1884.66	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	93.3	Cells/cu.mm	20-500	Calculated
MONOCYTES	528.7	Cells/cu.mm	200-1000	Calculated
BASOPHILS	62.2	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.94		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	245000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>16</b>	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



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

SIN No:BED240087089

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



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**DEPARTMENT OF HAEMATOLOGY**

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

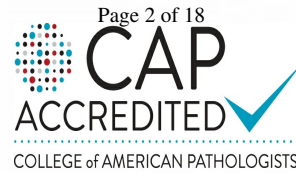
NO HEMOPARASITES SEEN  
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - 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	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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Patient Name : Mr.K SAI KUMAR	Collected : 29/Mar/2024 09:43AM
Age/Gender : 54 Y 7 M 20 D/M	Received : 29/Mar/2024 02:12PM
UHID/MR No : CASR.0000085334	Reported : 29/Mar/2024 02:58PM
Visit ID : CASROPV223226	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	95	mg/dL	70-100	Hexokinase

**Comment:**

As per American Diabetes Guidelines, 2023

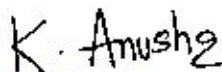
Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

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



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Page 4 of 18  
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SIN No:PLF02136779

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Patient Name	: Mr.K SAI KUMAR	Collected	: 29/Mar/2024 01:10PM
Age/Gender	: 54 Y 7 M 20 D/M	Received	: 29/Mar/2024 03:00PM
UHID/MR No	: CASR.0000085334	Reported	: 29/Mar/2024 04:03PM
Visit ID	: CASROPV223226	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	153	mg/dL	70-140	HEXOKINASE

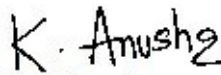
**Comment:**

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

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



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Patient Name : Mr.K SAI KUMAR	Collected : 29/Mar/2024 09:43AM
Age/Gender : 54 Y 7 M 20 D/M	Received : 29/Mar/2024 01:56PM
UHID/MR No : CASR.0000085334	Reported : 29/Mar/2024 03:49PM
Visit ID : CASROPV223226	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>6.5</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	140	mg/dL		Calculated

**Comment:**

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

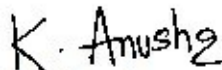
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**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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Page 6 of 18  
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SIN No:EDT240040392

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

Chromatogram Report

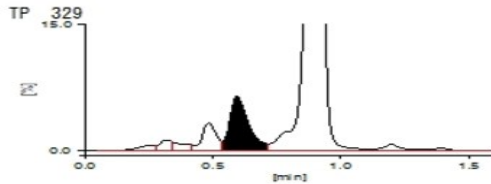
I V5.28 1 2024-03-29 15:08:47  
 ID EDT240040392  
 Sample No. 03290167 SL 0015 - 09  
 Patient ID  
 Name  
 Comment

CALIB			
Name	%	Time	Area
A1A	0.5	0.23	9.06
A1B	0.6	0.32	11.26
F	0.6	0.39	10.95
LA1C+	2.0	0.48	38.23
SA1C	6.5	0.59	99.78
AO	91.9	0.89	1799.24
H-V0			
H-V1			
H-V2			

Y = 1.1567X + 0.5642

Total Area 1968.52

**HbA1c 6.5 %**      **IFCC 47 mmol/mol**  
**HbA1 7.5 %**      **HbF 0.6 %**



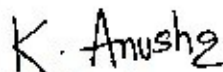
29-03-2024 15:18:07 APOLLO

APOLLO DIAGNOSTICS GLOBAL  
BALNAGAR

1 / 1



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Page 7 of 18  
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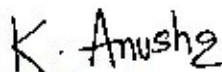
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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**



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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	186	mg/dL	<200	CHO-POD
TRIGLYCERIDES	117	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	36	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	150	mg/dL	<130	Calculated
LDL CHOLESTEROL	126.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.17		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.15		<0.11	Calculated

**Comment:**

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

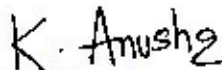
	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<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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Page 9 of 18  
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SIN No:SE04680488

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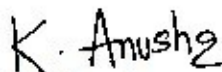
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- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available 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 ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.19	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	<b>0.23</b>	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.96	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	65.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.16	g/dL	6.6-8.3	Biuret
ALBUMIN	4.08	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.08	g/dL	2.0-3.5	Calculated
A/G RATIO	1.32		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.

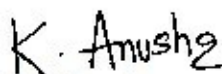
**2. Cholestatic Pattern:**

- 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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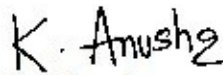
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.92	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	17.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.55	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.32	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.94	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.16	g/dL	6.6-8.3	Biuret
ALBUMIN	4.08	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.08	g/dL	2.0-3.5	Calculated
A/G RATIO	1.32		0.9-2.0	Calculated



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



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

Page 12 of 18  
**CAP**  
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COLLEGE of AMERICAN PATHOLOGISTS



SIN No:SE04680488

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



Patient Name	: Mr.K SAI KUMAR	Collected	: 29/Mar/2024 09:43AM
Age/Gender	: 54 Y 7 M 20 D/M	Received	: 29/Mar/2024 02:17PM
UHID/MR No	: CASR.0000085334	Reported	: 29/Mar/2024 03:56PM
Visit ID	: CASROPV223226	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIES4188		

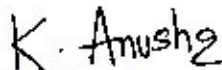
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	20.00	U/L	<55	IFCC



Dr. RAJESH BATTINA  
PhD.(Biochemistry)  
Consultant Biochemist



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M.B.B.S.,M.D(Biochemistry)  
Consultant Biochemist

Page 13 of 18  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:SE04680488

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

Patient Name : Mr.K SAI KUMAR	Collected : 29/Mar/2024 09:43AM
Age/Gender : 54 Y 7 M 20 D/M	Received : 29/Mar/2024 02:14PM
UHID/MR No : CASR.0000085334	Reported : 29/Mar/2024 04:00PM
Visit ID : CASROPV223226	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES4188	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	12.9	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.183	µIU/mL	0.38-5.33	CLIA

**Comment:**

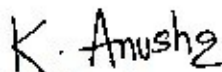
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

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



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

Page 14 of 18  
**CAP**  
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SIN No:SPL24058974

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

Patient Name : Mr.K SAI KUMAR  
Age/Gender : 54 Y 7 M 20 D/M  
UHID/MR No : CASR.0000085334  
Visit ID : CASROPV223226  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : UBOIES4188

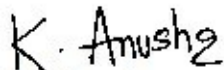
Collected : 29/Mar/2024 09:43AM  
Received : 29/Mar/2024 02:14PM  
Reported : 29/Mar/2024 04:00PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

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



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



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



SIN No:SPL24058974

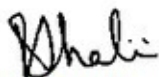
This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mr.K SAI KUMAR	Collected : 29/Mar/2024 09:43AM
Age/Gender : 54 Y 7 M 20 D/M	Received : 29/Mar/2024 03:10PM
UHID/MR No : CASR.0000085334	Reported : 29/Mar/2024 04:28PM
Visit ID : CASROPV223226	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES4188	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
<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	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No: UR2319950

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

Page 16 of 18  
**CAP**  
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COLLEGE of AMERICAN PATHOLOGISTS





Patient Name	: Mr.K SAI KUMAR	Collected	: 29/Mar/2024 01:10PM
Age/Gender	: 54 Y 7 M 20 D/M	Received	: 29/Mar/2024 09:32PM
UHID/MR No	: CASR.0000085334	Reported	: 30/Mar/2024 10:35AM
Visit ID	: CASROPV223226	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIES4188		

DEPARTMENT OF CLINICAL PATHOLOGY

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

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



Dr.KASULA SIDDARTHA  
M.B.B.S,DNB(Pathology)  
Consultant Pathologist



SIN No:UPP017494

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

Patient Name	: Mr.K SAI KUMAR	Collected	: 29/Mar/2024 09:43AM
Age/Gender	: 54 Y 7 M 20 D/M	Received	: 29/Mar/2024 01:51PM
UHID/MR No	: CASR.0000085334	Reported	: 29/Mar/2024 04:13PM
Visit ID	: CASROPV223226	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIES4188		


DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

Result/s to Follow:  
PERIPHERAL SMEAR



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

SIN No:UF011545

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

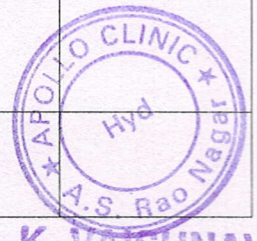


**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination of  
Mr. K. Sai Kumar ..... on 30/03/24 .....

After reviewing the medical history and on clinical examination it has been found that  
 he/ she is`

<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<u>Tick</u>
<ul style="list-style-type: none"> <li>• Fit with Restrictions/ Recommendations</li> </ul> <p>Though following restrictions have been revealed in my opinion, these are not impediments to the job.</p> <p>1. ....</p> <p>2. ....</p> <p>3. ....</p> <p>However the candidate should follow the advice medication that has been communicated to him/her.</p> <p>Review after .....</p>	
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after.....recommended.</p>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	



**Dr. K. VAISHNAVI**  
MBBS

Regd. No. TSMCH/106

*Vaishnavi*

**Dr. Vaishnavi**

**Reg No :12106**

**Consultant physician**

**Apollo Clinic**

**A S Rao Nagar**



Patient Name	: Mr. K SAI KUMAR	Age	: 54 Y/M
UHID	: CASR.0000085334	OP Visit No	: CASROPV223226
Reported By:	: Dr. MRINAL .	Conducted Date	: 31-03-2024 16:11
Referred By	: SELF		

**ECG REPORT**

**Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 67 beats per minutes.
3. No pathological Q wave or ST changes seen.
4. Normal P,QRS waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

**Impression:**

NORMAL SINUS RHYTHM.  
NON SPECIFIC 'T' WAVE CHANGES.  
TO CORRELATE CLINICALLY.

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



Dr. MRINAL .

**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@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal )

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**



85334  
54 Years

MR. K. SAI KUMAR  
Male

28-Mar-24 20:09:51

Apollo Clinic A S Rao Nagar

Rate 67 . Sinus rhythm.....normal P axis, V-rate 50- 99  
 . Right axis deviation.....QRS axis (100,269)  
 . Low voltage, extremity leads.....all extremity leads <0.5mV

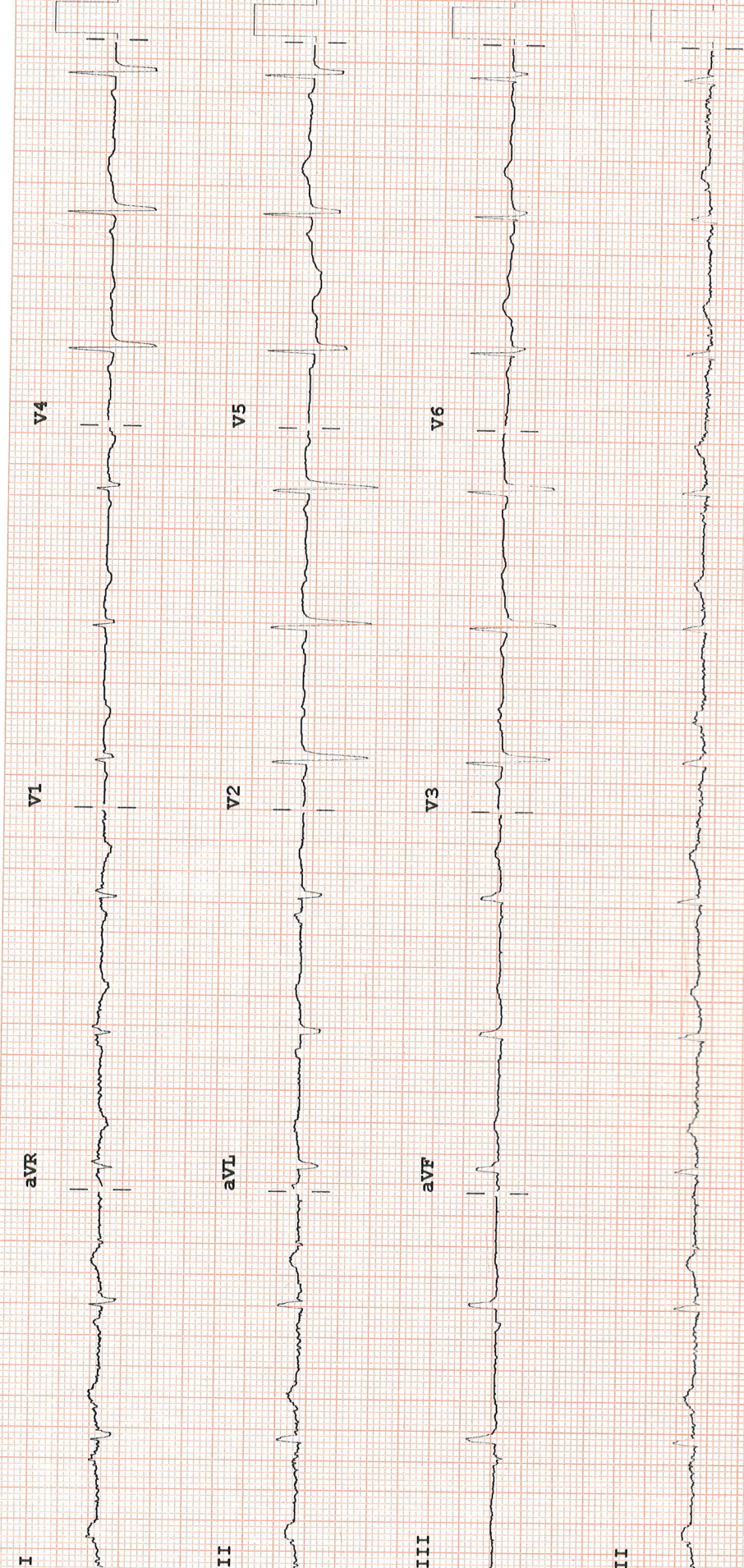
QRS 107  
 QT 438  
 QTc 463

--AXIS--  
 P 6  
 QRS 108  
 T 23

12 Lead; Standard Placement

Unconfirmed Diagnosis

*SV  
 hyperbolic T waves  
 non-specific changes*



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50~ 0.50-100 Hz W 100B CL P?

PHILIPS

REORDER M3708A



Patient Name	: Mr. K SAI KUMAR	Age	: 54 Y/M
UHID	: CASR.0000085334	OP Visit No	: CASROPV223226
Reported By:	: Dr. MRINAL .	Conducted Date	: 31-03-2024 16:11
Referred By	: SELF		

---

### **ECG REPORT**

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 67 beats per minutes.
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4. Normal P,QRS waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

#### **Impression:**

NORMAL SINUS RHYTHM.

NON SPECIFIC 'T' WAVE CHANGES.

TO CORRELATE CLINICALLY.

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

Dr. MRINAL .

**Patient Name** : Mr. K SAI KUMAR

**Age/Gender** : 54 Y/M

**UHID/MR No.** : CASR.0000085334

**OP Visit No** : CASROPV223226

**Sample Collected on** :

**Reported on** : 30-03-2024 18:19

**LRN#** : RAD2285988

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : UBOIES4188

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

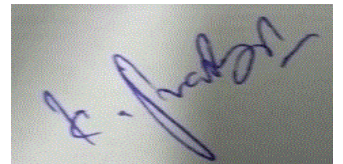
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. PRAVEEN BABU KAJA**  
Radiology

**Patient Name** : Mr. K SAI KUMAR

**Age/Gender** : 54 Y/M

**UHID/MR No.** : CASR.0000085334

**OP Visit No** : CASROPV223226

**Sample Collected on** :

**Reported on** : 29-03-2024 15:34

**LRN#** : RAD2285988

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : UBOIES4188

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size with increased 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** : Poor window due to bowel gas shadows

Gas Distended Bowel Loops Noted

**Right kidney : 101x42mm**

**Left kidney : 100x44mm**

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

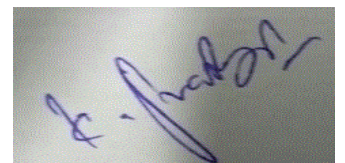
**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality.

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

**IMPRESSION:-Grade 1 Fatty Liver**

**Gas Distended Bowel Loops**

**Suggested clinical correlation and further evaluation CT if necessary.**



**Dr. PRAVEEN BABU KAJA**  
Radiology



यूनियन बैंक Union Bank  
of India



नाम : कावडी साई कुमार  
Name : Kavadi Sai Kumar  
पदनाम : पी टी एस  
Designation : PTS  
कर्मचारी सं / Employee No. : 681195  
जन्म तिथि / Date of Birth : 20.01.1971  
रक्त समूह / Blood Group : 'B'

K Sai Kumar

सह सचिव

कावडी साई कुमार

यूनियन बैंक Union Bank  
of India



नाम : कावडी साई कुमार  
Name : Kavadi Sai Kumar  
पदनाम : पी टी एस  
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रक्त समूह / Blood Group : 'B'

K Sai Kumar

सह सचिव

कावडी साई कुमार

Patient Name : Mr. K SAI KUMAR Age : 54 Y/M  
UHID : CASR.0000085334 OP Visit No : CASROPV223226  
Conducted By: : Dr. SHILPI MOHAN Conducted Date : 29-03-2024 16:00  
Referred By : SELF

---

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed) 3.0 CM  
LA (es) 3.6 CM  
LVID (ed) 4.1 CM  
LVID (es) 2.5 CM  
IVS (Ed) 1.0 CM  
LVPW (Ed) 1.0 CM  
EF 70 %  
%FD 39 %

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM NORMAL

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

MITRAL -E: 0.8 m/sec A: 0.7 m/sec

PJV- 1.0 m/sec

AJV- 0.9 m/sec

Patient Name : Mr. K SAI KUMAR  
UHID : CASR.0000085334  
Conducted By: : Dr. SHILPI MOHAN  
Referred By : SELF

Age : 54 Y/M  
OP Visit No : CASROPV223226  
Conducted Date : 29-03-2024 16:00

---

**IMPRESSION;**

NORMAL CHAMBER DIMENSION.

NORMAL VALVES.

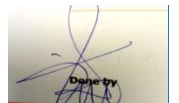
NO RWMA.

LV EF ;70 %

NO CLOTS/ VEGETATION.

NO PERICARDIAL EFFUSION.

EPICARDIAL FAT SEEN.



Dr. SHILPI  
MOHAN



Patient Name : Mr. K SAI KUMAR  
UHID : CASR.0000085334  
Conducted By: : Dr. SHILPI MOHAN  
Referred By : SELF

Age : 54 Y/M  
OP Visit No : CASROPV223226  
Conducted Date : 29-03-2024 16:00

---

Patient Name : Mrs.JAYALAXMI	Collected : 29/Mar/2024 09:33AM
Age/Gender : 51 Y 7 M 20 D/F	Received : 29/Mar/2024 01:50PM
UHID/MR No : CASR.0000085331	Reported : 29/Mar/2024 04:30PM
Visit ID : CASROPV223228	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES4188d	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.7	g/dL	12.5-15	Spectrophotometer
PCV	36.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.45	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	<b>82.9</b>	fL	83-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	<b>10,030</b>	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	63.1	%	40-80	Electrical Impedence
LYMPHOCYTES	26.5	%	20-40	Electrical Impedence
EOSINOPHILS	3	%	1-6	Electrical Impedence
MONOCYTES	7	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	0-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	6328.93	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2657.95	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	300.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	702.1	Cells/cu.mm	200-1000	Calculated
BASOPHILS	40.12	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.38		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	337000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>34</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
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:BED240087014

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



Patient Name : Mrs.JAYALAXMI  
Age/Gender : 51 Y 7 M 20 D/F  
UHID/MR No : CASR.0000085331  
Visit ID : CASROPV223228  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : UBOIES4188d


Collected : 29/Mar/2024 09:33AM  
Received : 29/Mar/2024 01:50PM  
Reported : 29/Mar/2024 04:30PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

NO HEMOPARASITES SEEN

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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

SIN No: BED240087014

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

Page 2 of 16  
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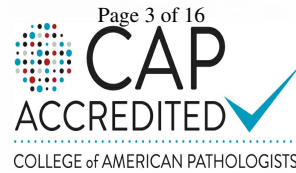
Patient Name	: Mrs.JAYALAXMI	Collected	: 29/Mar/2024 09:33AM
Age/Gender	: 51 Y 7 M 20 D/F	Received	: 29/Mar/2024 01:50PM
UHID/MR No	: CASR.0000085331	Reported	: 29/Mar/2024 05:40PM
Visit ID	: CASROPV223228	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIES4188d		

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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			Microplate technology
Rh TYPE	Positive			Microplate technology

  
**Dr.KASULA SIDDARTHA**  
**M.B.B.S,DNB(Pathology)**  
**Consultant Pathologist**



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Patient Name : Mrs.JAYALAXMI	Collected : 29/Mar/2024 09:33AM
Age/Gender : 51 Y 7 M 20 D/F	Received : 29/Mar/2024 01:45PM
UHID/MR No : CASR.0000085331	Reported : 29/Mar/2024 04:21PM
Visit ID : CASROPV223228	Status : Final Report
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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
<b>GLUCOSE, FASTING , NAF PLASMA</b>	<b>160</b>	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  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>9.2</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	217	mg/dL		Calculated

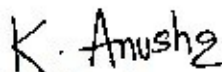
**Comment:**

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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SIN No:EDT240040338

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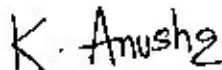
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**Note:** Dietary preparation or fasting is not required.

- 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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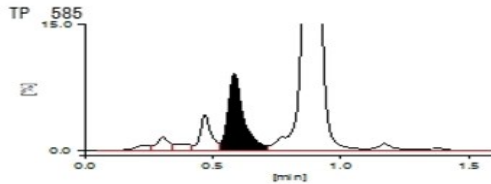
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 ID EDT240040338  
 Sample No. 03290171 SL 0016 - 06  
 Patient ID  
 Name  
 Comment

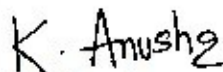
CALIB			
Name	%	Time	Area
A1A	0.5	0.24	9.18
A1B	1.0	0.30	19.43
F	0.7	0.39	12.79
LA1C+	2.4	0.47	46.30
SA1C	9.2	0.58	140.19
AO	88.6	0.89	1675.02
H-V0			
H-V1			
H-V2			

Total Area 1902.91

**HbA1c 9.2 %** **IFCC 77 mmol/mol**  
 HbA1 10.7 % HbF 0.7 %




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Page 6 of 16  
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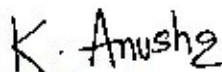
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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	195	mg/dL	<200	CHO-POD
TRIGLYCERIDES	394	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	157	mg/dL	<130	Calculated
LDL CHOLESTEROL	78.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	78.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.13		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.66		<0.11	Calculated

**Comment:**

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

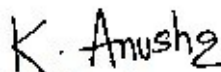
	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<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 HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.01	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.87	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	33	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	32.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	102.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.53	g/dL	6.6-8.3	Biuret
ALBUMIN	4.12	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.41	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		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:**

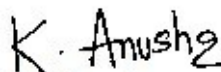
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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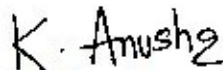
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**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	<b>0.51</b>	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	<b>10.00</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>4.7</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.77	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.47	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.73	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	<b>132</b>	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	<b>100</b>	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.53	g/dL	6.6-8.3	Biuret
ALBUMIN	4.12	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.41	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		0.9-2.0	Calculated



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Page 11 of 16  
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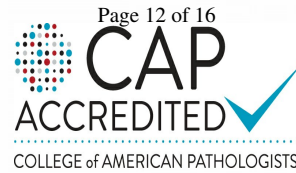
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>53.00</b>	U/L	<38	IFCC

*Maruthi...*

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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.97	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.66	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.510	µIU/mL	0.38-5.33	CLIA

Comment:

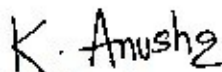
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- 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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Page 13 of 16  
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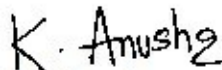
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PhD.(Biochemistry)  
Consultant Biochemist



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

Page 14 of 16  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:SPL24058908


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

Patient Name : Mrs.JAYALAXMI	Collected : 29/Mar/2024 09:33AM
Age/Gender : 51 Y 7 M 20 D/F	Received : 29/Mar/2024 01:50PM
UHID/MR No : CASR.0000085331	Reported : 29/Mar/2024 03:38PM
Visit ID : CASROPV223228	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES4188d	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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	HAZY		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
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	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE ++		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	10-12	/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

  
Dr.KASULA SIDDARTHA  
M.B.B.S,DNB(Pathology)  
Consultant Pathologist

Page 15 of 16  
**CAP**  
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SIN No:UR2319878

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



Patient Name	: Mrs.JAYALAXMI	Collected	: 29/Mar/2024 06:06PM
Age/Gender	: 51 Y 7 M 21 D/F	Received	: 30/Mar/2024 11:02AM
UHID/MR No	: CASR.0000085331	Reported	: 02/Apr/2024 04:08PM
Visit ID	: CASROPV223228	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIES4188d		

**DEPARTMENT OF CYTOLOGY**

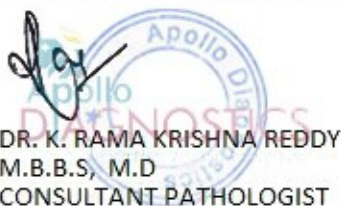
**LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE**

	<b>CYTOLOGY NO.</b>	7968/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	CONVENTIONAL SMEAR
<b>c</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Negative for intraepithelial lesion/malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

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

Result/s to Follow:  
PERIPHERAL SMEAR



**DR. K. RAMA KRISHNA REDDY**  
M.B.B.S, M.D  
CONSULTANT PATHOLOGIST

SIN No:CS078269

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

Page 16 of 16  
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Apollo Clinic  
LIFE WITH CARE

**Apollo Clinic**  
PHYSICAL EXAMINATION FORM

UHD 85331

Date 29.3.24  
Name Mrs. Jayalaxmi  
Age 54y 1f

Height  Cms

Weight  Kgs

Chest Measurement  (in)cm  (out)cm

Waist  cm

HIP  kgs/cm<sup>2</sup>

BMI

Pulse  Bt/Min

BP  mm/Hg

SPO2  %

Apollo Clinic, A.S. Rao Nagar.

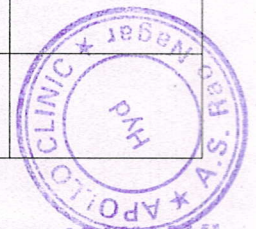
**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination of

Mrs. Jaya laxmi ..... on 30-03-24 .....

After reviewing the medical history and on clinical examination it has been found that he/ she is`

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	✓
<ul style="list-style-type: none"> <li>• Fit with Restrictions/ Recommendations</li> </ul> <p>Though following restrictions have been revealed in my opinion, these are not impediments to the job.</p> <p>1. ....</p> <p>2. ....</p> <p>3. ....</p> <p>However the candidate should follow the advice medication that has been communicated to him/her.</p> <p>Review after .....</p>	
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after.....recommended.</p>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	



**Dr. K. VAISHNAVI**  
*Vaishnavi*  
MBBS  
Reg. No. : 12106  
Consultant physician  
Apollo Clinic  
AS Rao Nagar



Patient Name : Mrs. JAYALAXMI  
UHID : CASR.0000085331  
Reported By: : Dr. MRINAL .  
Referred By : SELF

Age : 51 Y/F  
OP Visit No : CASROPV223228  
Conducted Date : 31-03-2024 15:56

### ECG REPORT

#### Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 93 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

#### Impression:

NORMAL RESTING ECG.

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



Dr. MRINAL .

#### 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@apollohl.com

#### APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal )

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**



Rate 93 . Sinus rhythm.....normal P axis, V-rate 50- 99  
PR 168  
QRSD 90  
QT 376  
QTc 468  
Baseline wander in lead(s) V3

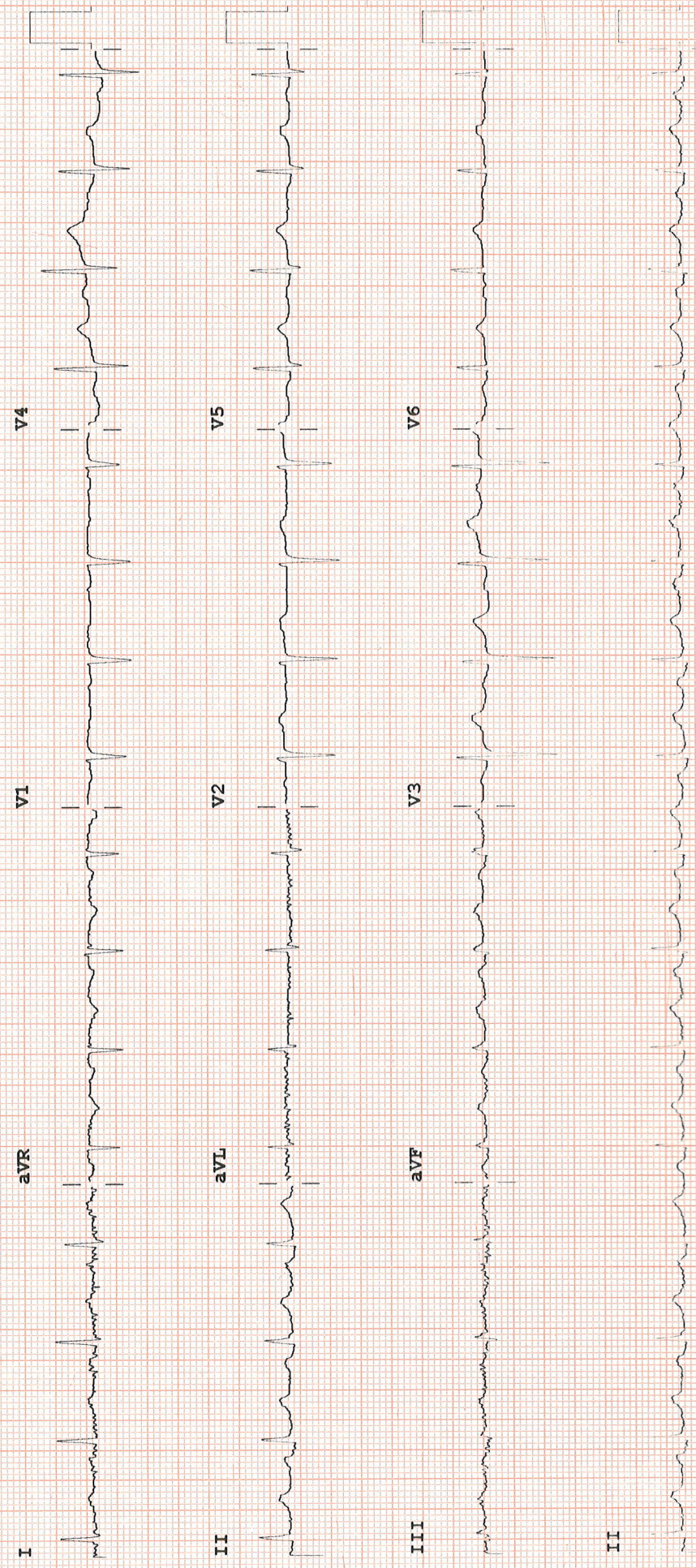
*SV - VMC*

--AXIS--

P 49  
QRS 38  
T 55

12 Lead; Standard Placement

Unconfirmed Diagnosis





# POWER PRESCRIPTION

NAME:

GENDER: M/F

DATE:

AGE:

UHID:

## RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-	-0.75	90	6/6
NEAR	+2.00	-	-	nb

## LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-	-0.50	90	6/6
NEAR	+2.00	-	-	nb

COLOUR VISION :

DIAGNOSIS : *Normal*

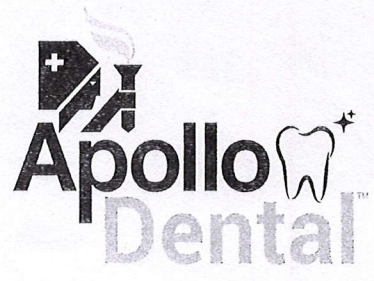
OTHER FINDINGS :

INSTRUCTIONS :

*[Signature]*  
SIGNATURE



# ORAL EXAMINATION FORM



Date: 29/03/2024

Patient ID: \_\_\_\_\_ MHC

Patient Name: Jaydalaxmi Age: 51 Sex: Male  Female

Chief Complaint: R. Came for general dental check up.

Medical History: under medication for blood glucose.

Drug Allergy: NRH

Medication currently taken by the Guest: -

Initial Screenign Findings: -

Dental Caries: -

Missing Teeth: -

Impacted Teeth: -

Attrition / Abrasion: -

Bleeding: +ve

Pockets / Recession: lower anteriors.

Calculus / Stains: +  
+

Mobility: -

Restored Teeth: -

Non - restorable Teeth for extraction /  
Root Stumps:

Malocclusion: -

CD 81 / 78

Others:

Advice: Oral prophylaxis & follow up.  
Advised OPG.

Doctor Name & Signature: Dr. Kalai.

Patient Name	: Mrs. JAYALAXMI	Age	: 51 Y/F
UHID	: CASR.0000085331	OP Visit No	: CASROPV223228
Reported By:	: Dr. MRINAL .	Conducted Date	: 31-03-2024 15:56
Referred By	: SELF		

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### **ECG REPORT**

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 93 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

#### **Impression:**

NORMAL RESTING ECG.

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

Dr. MRINAL .



<b>Patient Name</b>	: Mrs. JAYALAXMI	<b>Age/Gender</b>	: 51 Y/F
<b>UHID/MR No.</b>	: CASR.0000085331	<b>OP Visit No</b>	: CASROPV223228
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 30-03-2024 14:17
<b>LRN#</b>	: RAD2286015	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: UBOIES4188d		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver 16cm** Mildly Enlarged in size and shows increased echotexture.

**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.

**Right kidney : 100x42mm**

**Left kidney : 110x42mm**

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

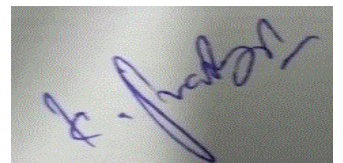
**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality.

**Uterus:** Post op status

**Both ovaries** : Not adequately demonstrable

**IMPRESSION:-Mild Hepatomegaly With Fatty Infiltration.**

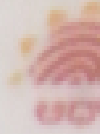
**Suggested clinical correlation and further evaluation if necessary .**



**Dr. PRAVEEN BABU KAJA**  
Radiology

భారత ప్రభుత్వం

Government of India



కావడి జయలక్ష్మి

Kavadi Jayalaxmi

పుట్టిన తేదీ/DOB: 31/08/1973

స్త్రీ/ FEMALE

4988 5866 7113

VID : 9113 7755 7531 0768

నా ఆధార్, నా గుర్తింపు