


Patient Name : Mr.NAVEEN MAGATAPALLI	Collected : 08/Mar/2024 08:57AM
Age/Gender : 40 Y 6 M 0 D/M	Received : 08/Mar/2024 12:19PM
UHID/MR No : CVIS.0000124297	Reported : 08/Mar/2024 03:49PM
Visit ID : CVISOPV122180	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 678778	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



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



SIN No:BED240061152

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

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DEPARTMENT OF HAEMATOLOGY

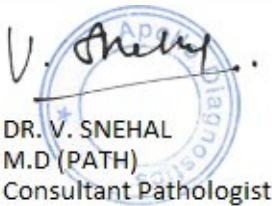
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.9	g/dL	13-17	Spectrophotometer
PCV	46.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.2	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90	fL	83-101	Calculated
MCH	30.7	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	12.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54.3	%	40-80	Electrical Impedance
LYMPHOCYTES	32.8	%	20-40	Electrical Impedance
EOSINOPHILS	5.2	%	1-6	Electrical Impedance
MONOCYTES	7.5	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2932.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1771.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	280.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	405	Cells/cu.mm	200-1000	Calculated
BASOPHILS	10.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.66		0.78- 3.53	Calculated
PLATELET COUNT	353000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.

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DR. V. SNEHAL
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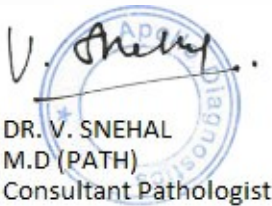
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

NO HEMOPARASITES SEEN



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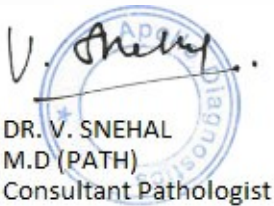
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	86	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

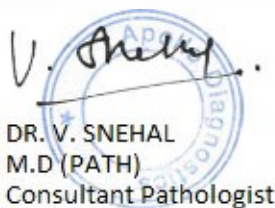
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	98	mg/dL	70-140	GOD - POD

Comment:

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

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

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



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DEPARTMENT OF BIOCHEMISTRY

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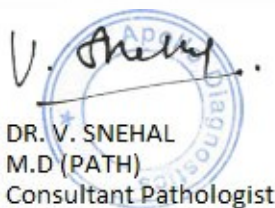
Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

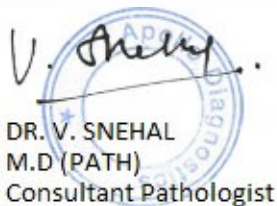
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	167	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	61	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	42	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	125	mg/dL	<130	Calculated
LDL CHOLESTEROL	112.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.1	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.97		0-4.97	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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.76	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.22	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19.56	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.3	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	91.40	U/L	53-128	IFCC
PROTEIN, TOTAL	8.36	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.73	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.63	g/dL	2.0-3.5	Calculated
A/G RATIO	1.3		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:

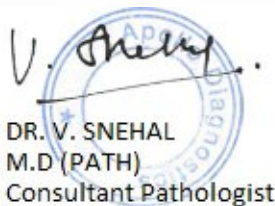
1. Hepatocellular Injury:

- 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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons’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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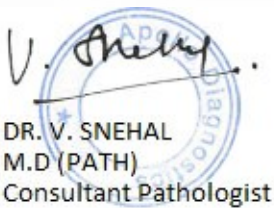
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.16	mg/dL	0.7-1.2	Jaffe
UREA	25.89	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	12.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.40	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	9.79	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.02	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	138	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.36	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.73	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.63	g/dL	2.0-3.5	Calculated
A/G RATIO	1.3		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	18.60	U/L	0-55	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

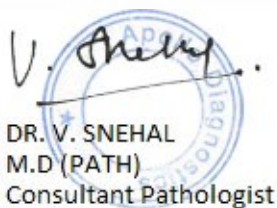
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.67	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	9.68	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	2.32	µIU/mL	0.3-4.5	CLIA

Comment:

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

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

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



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SIN No:SPL24040408

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DEPARTMENT OF IMMUNOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.450	ng/mL	0-4	CLIA

K. Anusha

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

SIN No:IM07112300

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

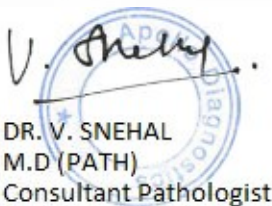


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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - 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	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
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	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



SIN No:UR2299724

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

Patient Name : Mr.NAVEEN MAGATAPALLI	Collected : 08/Mar/2024 08:58AM
Age/Gender : 40 Y 6 M 0 D/M	Received : 08/Mar/2024 03:54PM
UHID/MR No : CVIS.0000124297	Reported : 08/Mar/2024 05:15PM
Visit ID : CVISOPV122180	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 678778	

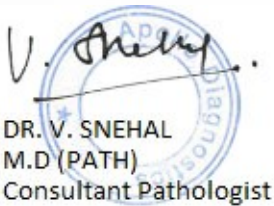
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

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

*** End Of Report ***



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



SIN No:UF010949

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

Physical Medical Examination Format

NAME:- <u>M. Naveen</u>	DATE:- <u>8-3-21</u>
DESIGNATION:-	AGE:- <u>40</u>
EMP CODE:-	UNIT/DEPARTMENT:-
BLOOD GROUP:-	MARTIAL STATUS:- MARRIED/UNMARRIED

MEDICAL EXAMINATION

Complaints (if any)	<u>Nil</u>
Personal /family history	<u>F-H2N</u>
Past Medical /Surgical	<u>Nil</u>
Sensitivity/Allergy (if any)	<u>Skin Allergy, Dust Allergy</u>
Habits	<u>Alcohol</u>
Occupational History	

Height:- <u>170</u>	Weight:- <u>64</u>	BMI <u>22.8</u>	Pulse <u>70</u>
Temp:- <u>98.6 F</u>	SPO2 <u>99</u>	Resp:- <u>18</u>	B.P <u>110/80</u>

Remarks

Treatment Recommended (if any):

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

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

Fit

Unfit

M. Naveen
Signature Of Employee

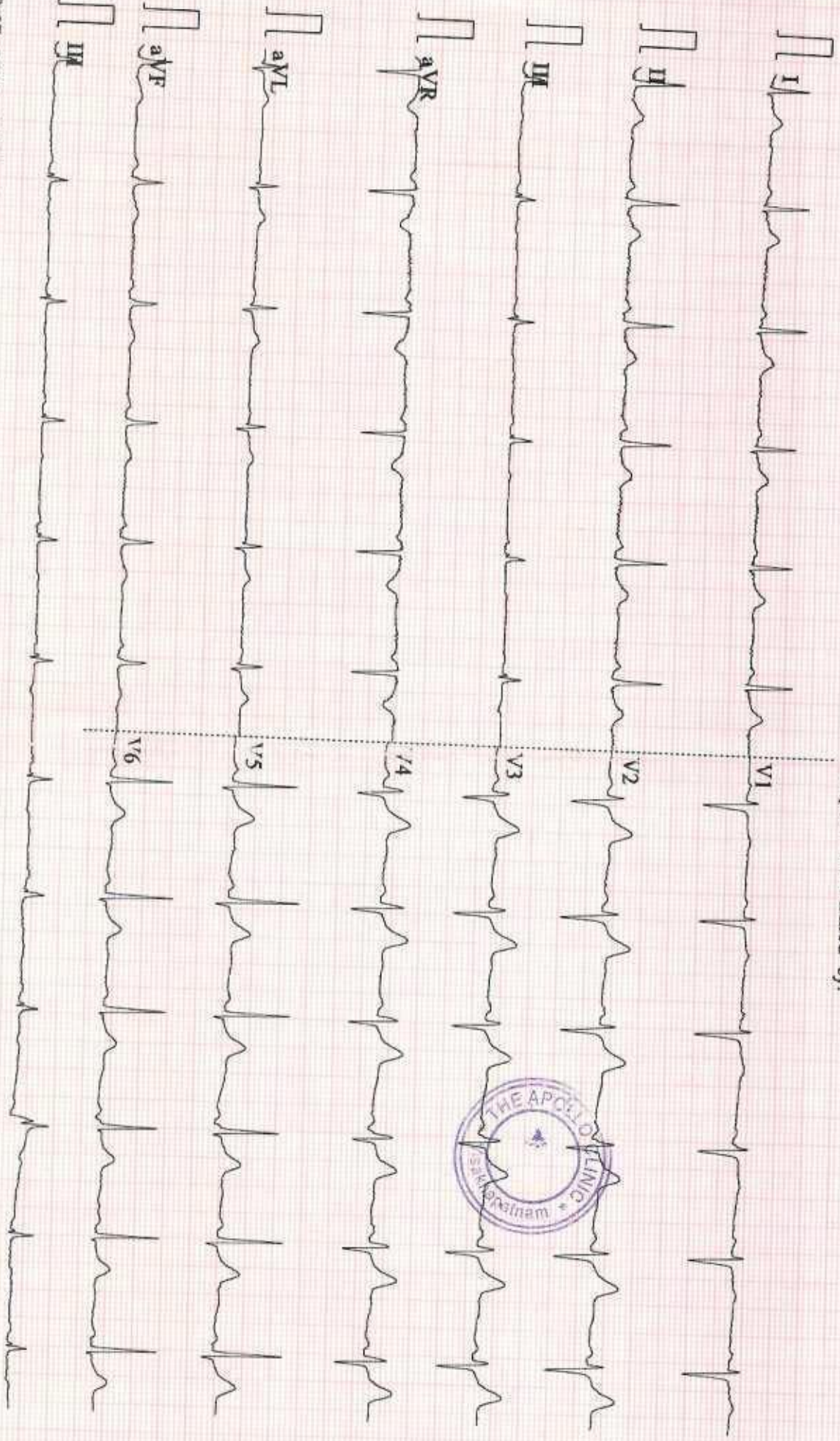
Dr. G. INDIRA PRIYADARSHINI
MBBS
R.No. 63148
Signature & Seal Of Medical Examiner With
Apollo Clinic, Seethamma Peta, Vizag.....
Registration No:-.....

m naveen
Male 40Years
Req. No. :

08-03-2024 09:37:12
HR : 70 bpm
P : 106 ms
PR : 140 ms
QRS : 84 ms
QT/QTcBz : 374/404 ms
P/QRS/T : 36/53/26 °
RV5/SV1 : 1.157/0.779 mV

Diagnosis Information:
Sinus rhythm
Poor R wave progression
Borderline ECG

Report Confirmed by:



0.67~35Hz AC50 25mm/s 10mm/mV 2*5.0s+1r CARDIART 9108 D V1.46 Glasgow V28.67 APOLLO CLINIC VIZAG

Name: Mr. NAVEEN MAGATAPALLI
 Age/Gender: 40 Y/M
 Address: vskp
 Location: VISAKHAPATNAM, ANDHRA PRADESH
 Doctor:
 Department: LABORATORY
 Rate Plan: VISHAKAPATNAM_06042023
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000124297
 Visit ID: CVISOPV122180
 Visit Date: 08-03-2024 08:45
 Discharge Date:
 Referred By: SELF

Vitals:

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
08-03-2024 18:47	70 Beats/min	110/80 mmHg	18 Rate/min	98.6 F	170 cms	64 Kgs	%	%	Years	22.15	cms	cms	cms		AHLL09094



Apollo Health and Lifestyle Limited

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

BIOLOGICAL E Ltd

NAME : Mr. B. NAVEEN GENDER : M
AGE : 25 DATE : 8/3/24

OPHTHALMOLOGY SCREENING REPORT

VISION : (OD) 6/6 (OS) 6/6

DISTANCE : NB NB

NEAR VISION :
- WNL -

COLOUR VISION :

ANT.SEGMENT :

CONJUNCTIVA : *awt*

CORNEA : *clear*

PUPIL : *R/R/R*

FUNDUS : *WNL*

IMPRESSION :



M. Khan
SIGNATURE

UNION BANK

NAME : MR. M. NAVEEN GENDER : M
AGE : 40 DATE : 8/3/24

OPHTHALMOLOGY SCREENING REPORT

VISION : (OD) 6/6 OS 6/6
DISTANCE : 26 26
NEAR VISION : 26
COLOUR VISION : WNL
ANT.SEGMENT : clear
CONJUNCTIVA : clear
CORNEA : clear
PUPIL : RIR 12
FUNDUS : WNL
IMPRESSION : WNL



[Signature]

SIGNATURE

Patient Name	: Mr. NAVEEN MAGATAPALLI	Age	: 40 Y/M
UHID	: CVIS.0000124297	OP Visit No	: CVISOPV122180
Reported By:	: Dr. APPALA NAIDU L S	Conducted Date	: 08-03-2024 13:48
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 70 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

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

Dr. APPALA NAIDU L.S



Apollo Health and Lifestyle Limited

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mr. NAVEEN MAGATAPALLI	Age	: 40 Y M
UHID	: CVIS.0000124297	OP Visit No	: CVISOPV122180
Reported on	: 08-03-2024 13:36	Printed on	: 08-03-2024 13:36
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .
No obvious active pleuro-parenchymal lesion seen .
Both costophrenic and cardiophrenic angles are clear .
Both diaphragms are normal in position and contour .
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.



Printed on:08-03-2024 13:36

---End of the Report---

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Dr. N. MUKUNDA RAO

MBBS.,MS

ENT CONSULTANT

Reg. No. AMC17481

Patient Name:

M. M. - NAVEEN

Age/Sex:

M 40 YR

Date: 8/3/24

For your in checkup

2/E

Botox Inj - NAD

Wash - DNC - HIT

Throat - NAD

Heavy nasal discharge
CTI

Allergic rhinitis

2

① D.S BILASURE - M

1 at ① x ③
month

② EZICAS - F NAGAL

SPRAY
one puff ① x 6
month

M.M.

Patient Name	: Mr. NAVEEN MAGATAPALLI	Age	: 40 Y M
UHID	: CVIS.0000124297	OP Visit No	: CVISOPV122180
Reported on	: 08-03-2024 15:30	Printed on	: 08-03-2024 15:31
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : 12.9cm.appears normal in size 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. 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 : 9.9 x 4.2 cm

Left kidney : 9.1 x 4.7 cm

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

Prostate :Normal in size and echo texture.No evidence of necrosis/calcification seen. its volume 10 cc



There is no evidence of ascites/ pleural effusion seen.

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TO BOOK AN APPOINTMENT Page 1 of 2

 **1860 500 7788**

Patient Name	: Mr. NAVEEN MAGATAPALLI	Age	: 40 Y M
UHID	: CVIS.0000124297	OP Visit No	: CVISOPV122180
Reported on	: 08-03-2024 15:30	Printed on	: 08-03-2024 15:31
Adm/Consult Doctor	:	Ref Doctor	: SELF

IMPRESSION:-

No significant abnormality detected.

For clinico-lab correlation / follow - up / further work up.

This is only a screening test.

Printed on:08-03-2024 15:30

---End of the Report---

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology



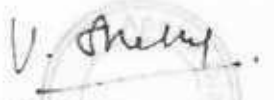
Patient Name	: Mr.NAVEEN MAGATAPALLI	Collected	: 08/Mar/2024 08:57AM
Age/Gender	: 40 Y 6 M 0 D/M	Received	: 08/Mar/2024 12:19PM
UHID/MR No	: CVIS.0000124297	Reported	: 08/Mar/2024 03:49PM
Visit ID	: CVISOPV122180	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 678778		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN




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

SIN No:BED240061152

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

Apollo Health and Lifestyle Limited

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DEPARTMENT OF HAEMATOLOGY

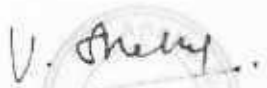
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.9	g/dL	13-17	Spectrophotometer
PCV	46.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.2	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	90	fL	83-101	Calculated
MCH	30.7	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	12.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,400	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54.3	%	40-80	Electrical Impedence
LYMPHOCYTES	32.8	%	20-40	Electrical Impedence
EOSINOPHILS	5.2	%	1-6	Electrical Impedence
MONOCYTES	7.5	%	2-10	Electrical Impedence
BASOPHILS	0.2	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2932.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1771.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	280.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	405	Cells/cu.mm	200-1000	Calculated
BASOPHILS	10.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.66		0.78- 3.53	Calculated
PLATELET COUNT	353000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN. PLATELETS ARE ADEQUATE.



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



SIN No:BED240061152

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

Apollo Health and Lifestyle Limited

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Vizag (Seethamma Peta)

Online appointments:www.apolloclinic.com

TO BOOK AN APPOINTMENT

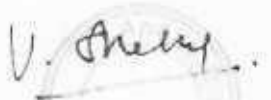
 **1860 500 7788**

Patient Name	: Mr.NAVEEN MAGATAPALLI	Collected	: 08/Mar/2024 08:57AM
Age/Gender	: 40 Y 6 M 0 D/M	Received	: 08/Mar/2024 12:19PM
UHID/MR No	: CVIS.0000124297	Reported	: 08/Mar/2024 03:49PM
Visit ID	: CVISOPV122180	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 678778		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

NO HEMOPARASITES SEEN


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



SIN No:BED240061152

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

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TO BOOK AN APPOINTMENT

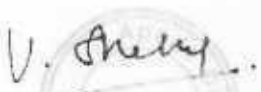
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Patient Name : Mr.NAVEEN MAGATAPALLI	Collected : 08/Mar/2024 08:57AM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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



SIN No:BED240061152

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

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr.NAVEEN MAGATAPALLI	Collected : 08/Mar/2024 08:58AM
Age/Gender : 40 Y 6 M 0 D/M	Received : 08/Mar/2024 12:52PM
UHID/MR No : CVIS.0000124297	Reported : 08/Mar/2024 01:56PM
Visit ID : CVISOPV122180	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 678778	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	86	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

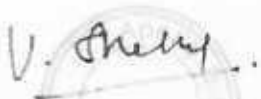
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	98	mg/dL	70-140	GOD - POD

Comment:

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

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

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



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



SIN No:EDT240027599

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

Apollo Health and Lifestyle Limited

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

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Age/Gender	: 40 Y 6 M 0 D/M	Received	: 08/Mar/2024 12:52PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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

SIN No:EDT240027599

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th 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**

Patient Name : Mr.NAVEEN MAGATAPALLI	Collected : 08/Mar/2024 08:58AM
Age/Gender : 40 Y 6 M 0 D/M	Received : 08/Mar/2024 12:19PM
UHID/MR No : CVIS.0000124297	Reported : 08/Mar/2024 04:42PM
Visit ID : CVISOPV122180	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 678778	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

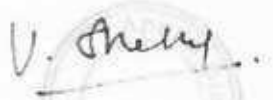
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	167	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	61	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	42	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	125	mg/dL	<130	Calculated
LDL CHOLESTEROL	112.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.1	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.97		0-4.97	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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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.


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



SIN No:SE04653660

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

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(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-6177A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr.NAVEEN MAGATAPALLI
 Age/Gender : 40 Y 6 M 0 D/M
 UHID/MR No : CVIS.0000124297
 Visit ID : CVISOPV122180
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 678778

Collected : 08/Mar/2024 08:58AM
 Received : 08/Mar/2024 12:19PM
 Reported : 08/Mar/2024 04:42PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.76	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.22	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19.56	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.3	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	91.40	U/L	53-128	IFCC
PROTEIN, TOTAL	8.36	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.73	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.63	g/dL	2.0-3.5	Calculated
A/G RATIO	1.3		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

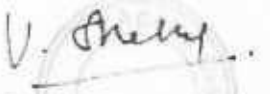
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

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

3. Synthetic function impairment: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.

Page 8 of 13


 DR. V. SNEHAL
 M.D (PATH)
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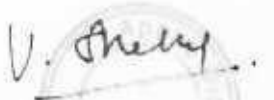
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 678778	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.16	mg/dL	0.7-1.2	Jaffe
UREA	25.89	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	12.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.40	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	9.79	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.02	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	138	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.36	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.73	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.63	g/dL	2.0-3.5	Calculated
A/G RATIO	1.3		0.9-2.0	Calculated


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



SIN No:SE04653660

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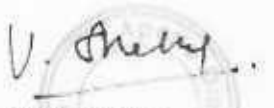
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	18.60	U/L	0-55	IFCC



DR. V. SNEHAL
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Visit ID : CVISOPV122180	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 678778	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.67	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	9.68	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	2.32	µIU/mL	0.3-4.5	CLIA

Comment:

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

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

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

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



SIN No: SPL24040408

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

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

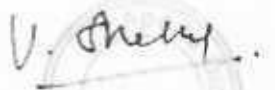
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Visit ID : CVISOPV122180	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 678778	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - 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	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
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	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


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



SIN No:UR2299724

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

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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**

Patient Name : Mr.NAVEEN MAGATAPALLI	Collected : 08/Mar/2024 08:58AM
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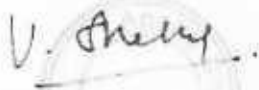
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

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

Result/s to Follow:
PROSTATIC SPECIFIC ANTIGEN - TOTAL (PSA)



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



SIN No:UF010949

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

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Union Bank of India



सुरेन मेगादपल्ली
SUREN MEGADAPALLI
HEAD CASHIER

Employee ID / Emp. No. : 878778
 Date of Birth : 23.04.1983
 Office : CHS
 Branch : SRIRAKHAM
 Date of Issue : 18.08.2023

संयोजित प्राधिकारी
 Issuing Authority

Union Bank of India
 A Government of India Undertaking





सुरेन मेगादपल्ली
 HEAD CASHIER
 878778

सुरेन मेगादपल्ली
 HEAD CASHIER
 878778

Health checkup at tie-up Ctr

Health Checkup Authorisation letter



Union Bank of India
RO - SRIKAKULAM
C/O. LEAD BANK CELL,, ABOVE
SAMSUNG, HOW ROOM,, NEAR RCB
SRIKAKULAM BRANCH,, - 0

To,

The Chief Medical Officer

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

Dear Sir,

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

Shri/Smt./Kum. NAVEEN MAGATAPALLI,

P.F. No. 678778

Designation : HEAD CASHIER II CUM CLERK

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

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

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

Thanking you

M. Naveen
(Signature of the Employee)

Yours Faithfully,

BRANCH MANAGER/SENIOR MANAGER



PS. : Status of the application- Sanctioned

Exception Letter for CAP

Date: 8/03/24

Client Name: M. Naveen

Gender - M

UHID: 124297

We are Not delivered service due to he will come another day

SERVICE 2 decho test

So that we are unable to close all reports, once client visited again will close.

Regards,
EMP Name:
Apollo clinic,
Vizag.

Client Name:
Signature:
Ph no:

Name: Mr. NAVEEN MAGATAPALLI
Age/Gender: 40 Y/M
Address: vskp
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SRINIVAS RAO

MR No: CVIS.0000124297
Visit ID: CVISOPV122180
Visit Date: 08-03-2024 08:45
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. NAVEEN MAGATAPALLI
Age/Gender: 40 Y/M
Address: vskp
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. N MUKUNDA RAO

MR No: CVIS.0000124297
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Doctor's Signature

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Doctor:
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Consulting Doctor: Dr. R ABHISHEK

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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. NAVEEN MAGATAPALLI
Age/Gender: 40 Y/M
Address: vskp
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. GOLI INDIRA PRIYADARSHINI

MR No: CVIS.0000124297
Visit ID: CVISOPV122180
Visit Date: 08-03-2024 08:45
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

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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
08-03-2024 18:47	70 Beats/min	110/80 mmHg	18 Rate/min	98.6 F	170 cms	64 Kgs	%	%	Years	22.15	cms	cms	cms		AHLL09094

Established Patient: No

Vitals

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