

Patient Name : Mr.MOLUGU VENKATESWAR RAO  
 Age/Gender : 55 Y 5 M 10 D/M  
 UHID/MR No : CUPP.0000091713  
 Visit ID : CUPPOPV139856  
 Ref Doctor : Self  
 Emp/Auth/TPA ID : 9920144559

Collected : 28/Sep/2024 08:24AM  
 Received : 28/Sep/2024 01:34PM  
 Reported : 28/Sep/2024 03:48PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	14	g/dL	13-17	Spectrophotometer
PCV	41.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.68	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	88.8	fL	83-101	Calculated
MCH	30	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,510	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	49	%	40-80	Flow cytometry
LYMPHOCYTES	37	%	20-40	Flow cytometry
EOSINOPHILS	4	%	1-6	Flow cytometry
MONOCYTES	10	%	2-10	Flow cytometry
BASOPHILS	0	%	0-2	Flow cytometry
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3189.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2408.7	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	260.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	651	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.32		0.78- 3.53	Calculated
PLATELET COUNT	273000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

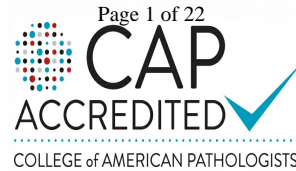
RBC NORMOCYTIC NORMOCHROMIC  
 WBC WITHIN NORMAL LIMITS  
 PLATELETS ARE ADEQUATE ON SMEAR  
 NO HEMOPARASITES SEEN



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

SIN No: UPP240902061

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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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

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UHID/MR No : CUPP.0000091713	Reported : 29/Sep/2024 01:25PM
Visit ID : CUPPOPV139856	Status : Final Report
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	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

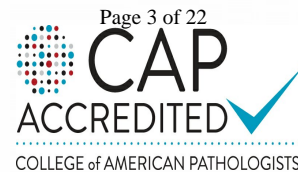
Blood group given based on only forward grouping. Kindly confirm with Blood Bank before any transfusion.



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

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Patient Name : Mr.MOLUGU VENKATESWAR RAO	Collected : 28/Sep/2024 10:58AM
Age/Gender : 55 Y 5 M 10 D/M	Received : 28/Sep/2024 03:15PM
UHID/MR No : CUPP.0000091713	Reported : 28/Sep/2024 04:20PM
Visit ID : CUPPOPV139856	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	180	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

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

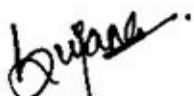
Note:

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

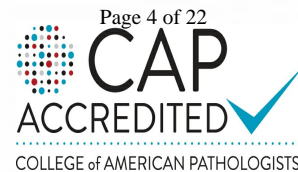
Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	258	mg/dL	70-140	HEXOKINASE

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.



Dr. Matta Sujana Reddy  
M.B.B.S, M.D (Biochemistry)  
Consultant Biochemist



SIN No: UPP240902231

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>10.2</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	246	mg/dL		Calculated


**Comment:**


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

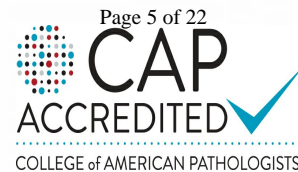
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**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)

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

  
**Dr.Matta Sujana Reddy**  
 M.B.B.S,M.D(Biochemistry)  
 Consultant Biochemist



SIN No:UPP240902064

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



APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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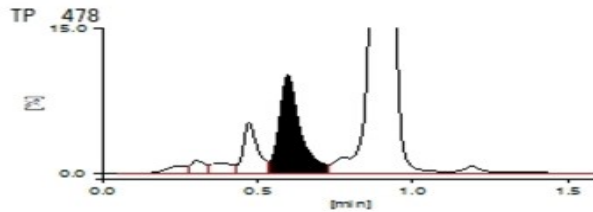
Chromatogram Report

V5.28 1 2024-09-28 14:11:09  
 ID UPP240902064  
 Sample No. 09280111 SL 0009 - 09  
 Patient ID  
 Name  
 Comment

CALIB Name	%	Time	Area
A1A	0.6	0.23	11.40
A1B	0.7	0.30	12.88
F	0.9	0.39	15.90
LA1C+	2.9	0.47	50.58
SA1C	10.2	0.60	142.76
AO	87.7	0.90	1546.08
H-V0			
H-V1			
H-V2			

Total Area 1779.60

**HbA1c 10.2 %** **IFCC 88 mmol/mol**  
 HbA1 11.5 % HbF 0.9 %

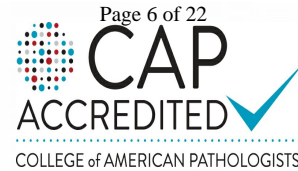



Dr.E.Maruthi Prasad  
 PhD (Biochemistry)  
 Consultant biochemist

SIN No:UPP240902064



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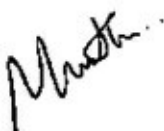
## DEPARTMENT OF BIOCHEMISTRY


ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

28-09-2024 14:11:10 APOLLO

APOLLO DIAGNOSTICS GLOBAL  
BALNAGAR

1 / 1

  
Dr.E.Maruthi Prasad  
PhD (Biochemistry)  
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	179	mg/dL	<200	CHO-POD
TRIGLYCERIDES	64	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>39</b>	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	<b>140</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>127.2</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.59		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

**Comment:**

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

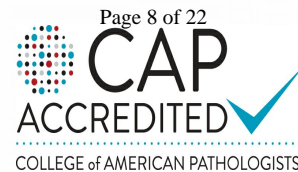
NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



Dr. Matta Sujana Reddy  
 M.B.B.S, M.D (Biochemistry)  
 Consultant Biochemist

SIN No: UPP240902060

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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.77	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.64	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	73.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.12	g/dL	6.6-8.3	Biuret
ALBUMIN	4.23	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.89	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		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. 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.

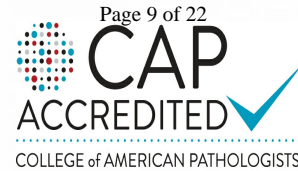
2. Cholestatic Pattern:

\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. \*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:



Dr.Matta Sujana Reddy  
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 Consultant Biochemist



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\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.  
4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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Consultant Biochemist

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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) WITH GGT , SERUM</b>				
BILIRUBIN, TOTAL	0.77	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.64	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	73.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.12	g/dL	6.6-8.3	Biuret
ALBUMIN	4.23	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.89	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		0.9-2.0	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	22.00	U/L	<55	IFCC

**Comment:**

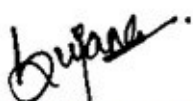
LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

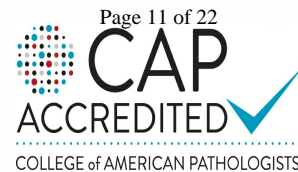
\*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries. \*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. 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. ALP elevation also seen in pregnancy, impacted by age and sex. \*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.



Dr.Matta Sujana Reddy  
 M.B.B.S,M.D(Biochemistry)  
 Consultant Biochemist



SIN No:UPP240902060

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



Patient Name : Mr.MOLUGU VENKATESWAR RAO  
Age/Gender : 55 Y 5 M 10 D/M  
UHID/MR No : CUPP.0000091713  
Visit ID : CUPPOPV139856  
Ref Doctor : Self  
Emp/Auth/TPA ID : 9920144559

Collected : 28/Sep/2024 08:24AM  
Received : 28/Sep/2024 01:21PM  
Reported : 28/Sep/2024 05:30PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

### 3. Synthetic function impairment:

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

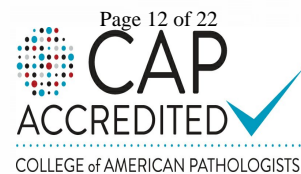
4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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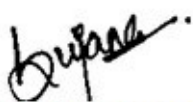


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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	1.35	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	34.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	16.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.70	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.44	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.60	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	134	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	100	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.12	g/dL	6.6-8.3	Biuret
ALBUMIN	4.23	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.89	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		0.9-2.0	Calculated



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SIN No: UPP240902060

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALKALINE PHOSPHATASE , SERUM	73.00	U/L	30-120	IFCC

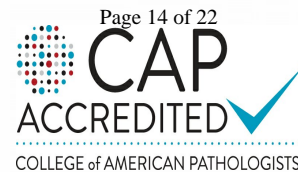
Test Name	Result	Unit	Bio. Ref. Interval	Method
CALCIUM , SERUM	9.44	mg/dL	8.8-10.6	Arsenazo III



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Patient Name : Mr.MOLUGU VENKATESWAR RAO	Collected : 28/Sep/2024 08:24AM
Age/Gender : 55 Y 5 M 10 D/M	Received : 28/Sep/2024 01:21PM
UHID/MR No : CUPP.0000091713	Reported : 28/Sep/2024 03:12PM
Visit ID : CUPPOPV139856	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.89	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.7	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.881	µIU/mL	0.38-5.33	CLIA

Comment:

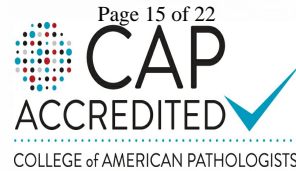
<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- 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

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

*Sujana...*  
**Dr.Matta Sujana Reddy**  
 M.B.B.S,M.D(Biochemistry)  
 Consultant Biochemist



SIN No:UPP240902059

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

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



APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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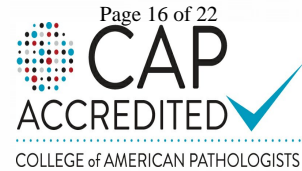
**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

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

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

*Sujana...*  
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Patient Name : Mr.MOLUGU VENKATESWAR RAO	Collected : 28/Sep/2024 08:24AM
Age/Gender : 55 Y 5 M 10 D/M	Received : 28/Sep/2024 01:21PM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	15.7	ng/mL	30 -100	CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

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


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


Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

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

Increased levels:

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

  
**Dr. Matta Sujana Reddy**  
 M.B.B.S., M.D (Biochemistry)  
 Consultant Biochemist



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	222	pg/mL	190-900	CLIA

**Comment:**

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

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

*Sujana...*  
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	1.780	ng/mL	0-4	CLIA



**Dr. Matta Sujana Reddy**  
M.B.B.S, M.D (Biochemistry)  
Consultant Biochemist



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Patient Name : Mr.MOLUGU VENKATESWAR RAO	Collected : 28/Sep/2024 08:24AM
Age/Gender : 55 Y 5 M 10 D/M	Received : 28/Sep/2024 01:38PM
UHID/MR No : CUPP.0000091713	Reported : 28/Sep/2024 03:25PM
Visit ID : CUPPOPV139856	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE+		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	ABSENT	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT	/hpf	Occasional-Few	Microscopy

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.



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

SIN No: UPP240902063

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





Patient Name : Mr.MOLUGU VENKATESWAR RAO	Collected : 28/Sep/2024 10:58AM
Age/Gender : 55 Y 5 M 10 D/M	Received : 28/Sep/2024 04:47PM
UHID/MR No : CUPP.0000091713	Reported : 28/Sep/2024 06:47PM
Visit ID : CUPPOPV139856	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

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

*M. Viswanath*

**Dr. Muttavarapu Viswanath**  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

SIN No:UPP240902232

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



Patient Name : Mr.MOLUGU VENKATESWAR RAO	Collected : 28/Sep/2024 08:24AM
Age/Gender : 55 Y 5 M 10 D/M	Received : 28/Sep/2024 01:36PM
UHID/MR No : CUPP.0000091713	Reported : 28/Sep/2024 04:13PM
Visit ID : CUPPOPV139856	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	POSITIVE +		NEGATIVE	Dipstick

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

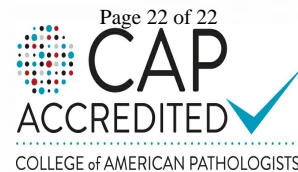
Result/s to Follow:  
PERIPHERAL SMEAR

*M. Muttavarapu Viswanath*

**Dr. Muttavarapu Viswanath**  
**M.B.B.S.,M.D(Pathology)**  
**Consultant Pathologist**

SIN No:UPP240902062

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



Patient Name : Mr.MOLUGU VENKATESWAR RAO  
Age/Gender : 55 Y 5 M 10 D/M  
UHID/MR No : CUPP.0000091713  
Visit ID : CUPPOPV139856  
Ref Doctor : Self  
Emp/Auth/TPA ID : 9920144559

Collected : 28/Sep/2024 08:24AM  
Received : 28/Sep/2024 01:36PM  
Reported : 28/Sep/2024 04:13PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

### TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.

*M. Muttavarapu Viswanath*

Dr. Muttavarapu Viswanath  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

SIN No:UPP240902062

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



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

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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



www.apolloclinic.com

Patient Name	: Mr. Molugu Venkateswar Rao	Age	: 55Yrs 5Mths 11Days
UHID	: CUPP.0000091713	OP Visit No.	: CUPPOPV139856
Printed On	: 28-09-2024 08:08 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 9920144559		

## DEPARTMENT OF RADIOLOGY

**Liver** appears normal in size 133 mm and **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 peri GB collection. No evidence of focal lesion is seen.

**Spleen** appears normal in size 106 mm. No focal lesion seen. Splenic vein appears normal.

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

**Right kidney** : 105 x 52 mm appear normal in size, shape and echo pattern. Cortical thickness and CM differentiation are maintained. No calculus / hydro nephrosis seen.

**Left kidney** : 114 x 53 mm appear normal in size, shape and echo pattern. CM differentiation are maintained. No calculus / hydro nephrosis seen. **Evidence of 24 x 18 mm cyst with thin internal septa in mid pole.**

**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 enlarged in size 34 x 32 x 42 mm. Volume measure 26 cc.**

### IMPRESSION :

**GRADE I FATTY LIVER.**

**LEFT COMPLEX RENAL CORTICAL CYST.**

**GRADE I PROSTATOMEGALY.**



---

**Suggest – clinical correlation.**

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

---End Of The Report---

*Jyothirmai*

Dr. MATTA JYOTHIRMAI  
MBBS, MDRD  
APMC/FMR/74706  
Radiology

Patient Name	: Mr. Molugu Venkateswar Rao	Age	: 55Yrs 5Mths 11Days
UHID	: CUPP.0000091713	OP Visit No.	: CUPPOPV139856
Printed On	: 28-09-2024 10:13 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 9920144559		

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### DEPARTMENT OF CARDIOLOGY

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Ao (ed)	3.1 CM
LA (es)	2.9 CM
LVID (ed)	4.1 CM
LVID (es)	2.9 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	68.00%
%FD	34.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL

### COLOUR AND DOPPLER STUDIES:

PJV: 0.8

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AJV: 1.2

E: 0.8 m/s

A: 0.6 m/s

**IMPRESSION:-**

NORMAL CHAMBERS.

NO RWMA.

GOOD LV/ RV FUNCTION.

NO MR/ AR/ TR/ PAH.

NO CLOT.

NO PERICARDIAL EFFUSION.

---End Of The Report---



Dr. CH VENKATESHAM

MBBS, PGDCC

41992

Cardiology

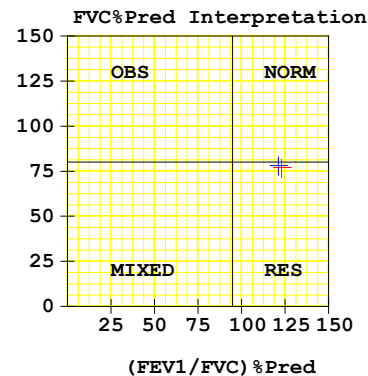
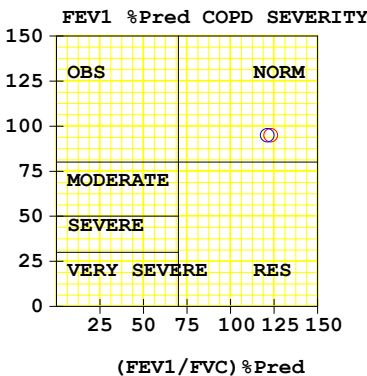
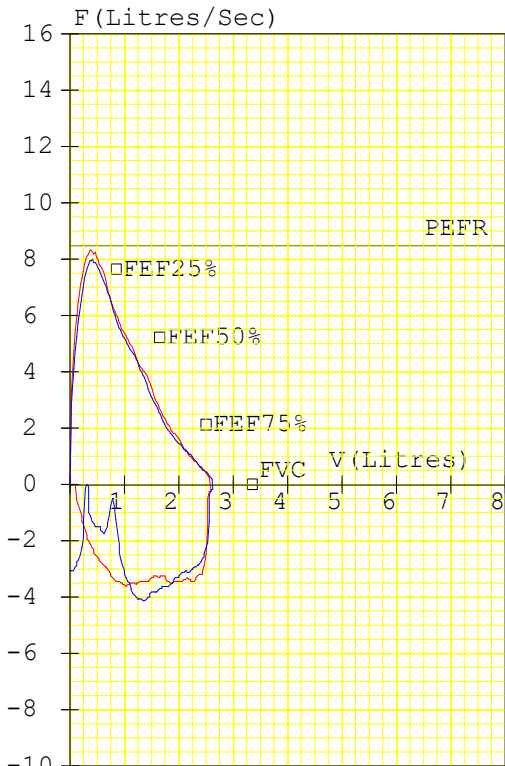
# Apollo Clinic

Uppal, Hyderabad

Patient: MR M VENKATESWAR RAO  
 Refd. By:  
 Pred. Eqns: RECORDERS  
 Date : 28-Sep-2024 11:41 AM

Age : 55 Yrs  
 Height : 172 Cms  
 Weight : 85 Kgs  
 ID : 91713

Gender : Male  
 Smoker : No  
 Eth. Corr: 100  
 Temp : 24°C



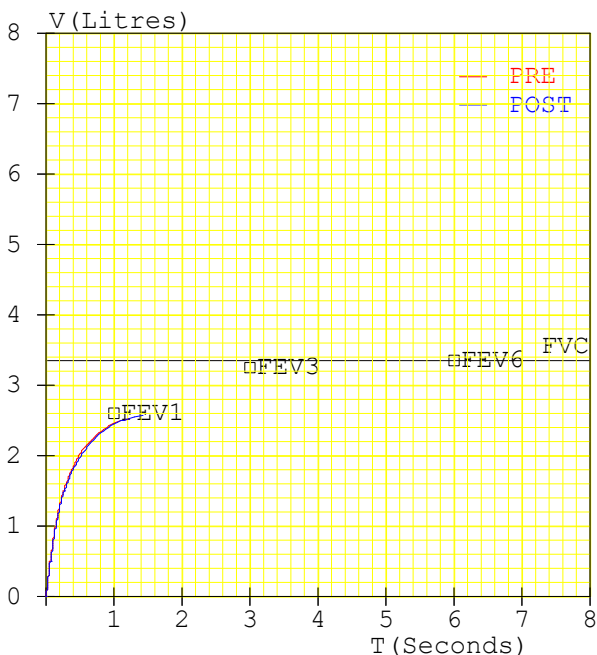
### FVC Results

Parameter	Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC (L)	03.34	02.56	077	02.61	078	+02
FEV1 (L)	02.60	02.46	095	02.46	095	---
FEV1/FVC (%)	77.84	96.09	123	94.25	121	-02
FEF25-75 (L/s)	03.30	03.64	110	03.32	101	-09
PEFR (L/s)	08.47	08.24	097	07.90	093	-04
FIVC (L)	-----	02.47	---	04.73	---	+91
FEV.5 (L)	-----	02.03	---	01.99	---	-02
FEV3 (L)	03.24	02.56	079	02.61	081	+02
PIFR (L/s)	-----	03.56	---	04.08	---	+15
FEF75-85 (L/s)	-----	01.33	---	01.22	---	-08
FEF.2-1.2 (L/s)	05.97	06.37	107	06.15	103	-03
FEF 25% (L/s)	07.65	07.31	096	07.03	092	-04
FEF 50% (L/s)	05.22	04.19	080	04.02	077	-04
FEF 75% (L/s)	02.13	01.79	084	01.54	072	-14
FEV.5/FVC (%)	-----	79.30	---	76.25	---	-04
FEV3/FVC (%)	97.01	100.00	103	100.00	103	---
FET (Sec)	-----	01.30	---	01.50	---	---
ExplTime (Sec)	-----	00.05	---	00.05	---	---
Lung Age (Yrs)	055	058	105	058	105	---
FEV6 (L)	03.34	-----	---	-----	---	---
FIF25% (L/s)	-----	03.38	---	03.85	---	+14
FIF50% (L/s)	-----	03.38	---	02.28	---	--33
FIF75% (L/s)	-----	03.38	---	00.00	---	--100

Test within normal limits

### Post Test COPD Severity

Test within normal limits



### Pre Medication Report Indicates

Mild Restriction as (FEV1/FVC)%Pred >95 and FVC%Pred <80

### Post Medication Report Indicates

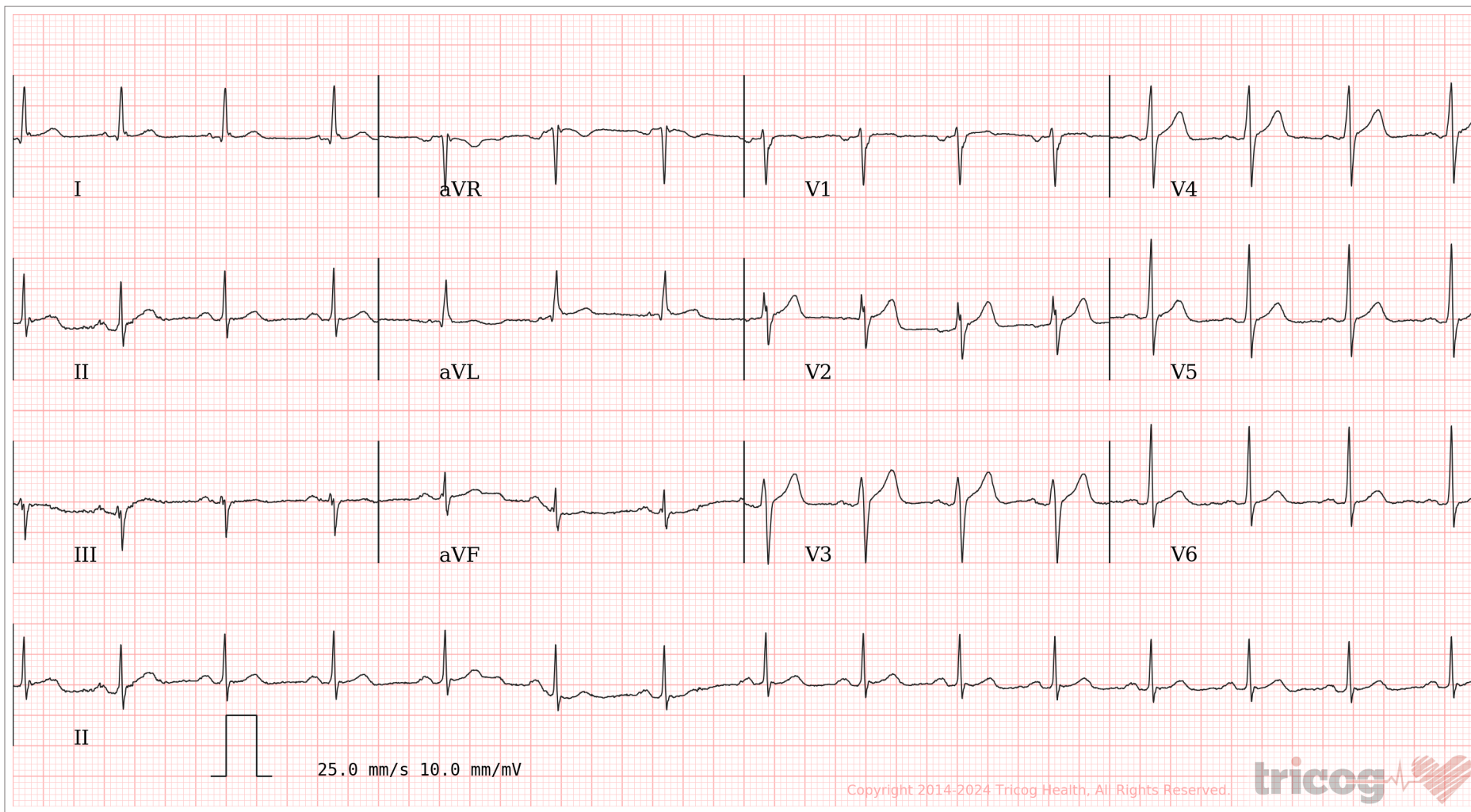
Mild Restriction as (FEV1/FVC)%Pred >95 and FVC%Pred <80





Age / Gender: 55/Male  
Patient ID: 0000091713  
Patient Name: Mr M Venkateshwar Rao

Date and Time: 28th Sep 24 9:37 AM



AR: 90bpm    VR: 90bpm    QRSD: 86ms    QT: 310ms    QTcB: 379ms    PRI: 146ms    P-R-T: 64° 5° 35°

ECG Within Normal Limits: Sinus Rhythm, Normal ECG, correlate clinically. Please correlate clinically.

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

REPORTED BY



72045

Patient Name	: Mr. Molugu Venkateswar Rao	Age	: 55Yrs 5Mths 10Days
UHID	: CUPP.0000091713	OP Visit No.	: CUPPOPVI39856
Printed On	: 28-09-2024 03:43 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 9920144559		

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### DEPARTMENT OF CARDIOLOGY

---

Ao (ed)	3.1 CM
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INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL

### COLOUR AND DOPPLER STUDIES:

PJV: 0.8

---

AJV: 1.2

E: 0.8 m/s

A: 0.6 m/s

**IMPRESSION:-**

NORMAL CHAMBERS.

NO RWMA.

GOOD LV/ RV FUNCTION.

NO MR/ AR/ TR/ PAH.

NO CLOT.

NO PERICARDIAL EFFUSION.

---End Of The Report---



Dr. CH VENKATESHAM

MBBS,PGDCC

41992

Cardiology

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## PHYSICAL EXAMINATION FOR

<b>Name</b>	<b>Mr. Molugu Venkateswar Rao</b>	<b>Age &amp; Gender</b>	<b>55Y/ M</b>
<b>UHID</b>	<b><u>CUPP.0000091713</u></b>	<b>DATE</b>	<b>28.09.2024</b>

<b>Vitals</b>	
<b>Height (CM)</b>	174
<b>Weight (KG)</b>	85
<b>BMI</b>	28.1
<b>BP</b>	120/70
<b>Pulse</b>	89
<b>SPO2 (%)</b>	NA
<b>Temperature</b>	NA



## Apollo Clinic Uppal

---

**From:** noreply@apolloclinics.info  
**Sent:** Tuesday, September 24, 2024 11:04 AM  
**To:** molugu.venkat@jmfl.com  
**Cc:** Apollo Clinic Uppal; Nishanth Reddy; Syamsunder M  
**Subject:** Your appointment is confirmed



**Dear Molugu Venkateswar Rao,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **UPPAL clinic** on **2024-09-28** at **07:15-07:30**.

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

**"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."**

**Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.**

**Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.**

### **Instructions to be followed for a health check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

### **For Women:**

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

**For further assistance, please call us on our Help Line #: 1860 500 7788.**

**Clinic Address: APOLLO CLINIC NEAR PILLAR NO 91, BESIDE RAMRAJ COTTON SHOWROOM,CANARA NAGAR BUS STOP, WARANGAL HIGHWAY,.**

**Contact No: (040) 49503373 -74/.**

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,  
Apollo Clinic



भारत सरकार

Government of India



Aadhaar No. Issued: 06/04/2013



మొలుగు వెంకటేశ్వర రావు  
Molugu Venkateswar Rao

పుట్టిన తేదీ / DOB : 18/04/1969

పురుషుడు / Male

6650 6504 1092

ఆధార్ అనేది గుర్తింపు రుజువు మాత్రమే. పౌరసత్వం లేదా పుట్టిన తేదీ తీ  
కాదు. ఇది ధృవీకరణతో మాత్రమే ఉపయోగించాలి (ఆన్‌లైన్ ప్రమాణీకరణ  
లేదా QR కోడ్ / ఆఫ్‌లైన్ XML యొక్క స్కానింగ్).

**Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication or scanning of QR code / offline XML).**

**6650 6504 1092**

मेरा **आधार**, मेरी पहचान