

Patient Name : Mr.PEMMAREDDY K.N	Collected : 10/Feb/2024 10:01AM
Age/Gender : 73 Y 6 M 14 D/M	Received : 10/Feb/2024 01:09PM
UHID/MR No : CELE.0000017033	Reported : 10/Feb/2024 03:31PM
Visit ID : CHSROPV299718	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 350391	

DEPARTMENT OF HAEMATOLOGY

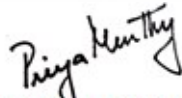
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14	g/dL	13-17	Spectrophotometer
PCV	40.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.94	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	82	fL	83-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	34.6	g/dL	31.5-34.5	Calculated
R.D.W	16.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	10,020	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	67	%	40-80	Electrical Impedance
LYMPHOCYTES	24	%	20-40	Electrical Impedance
EOSINOPHILS	2	%	1-6	Electrical Impedance
MONOCYTES	7	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6713.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2404.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	200.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	701.4	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	275000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	35	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

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



Dr. Shobha Emmanuel
M.B.B.S, M.D (Pathology)
Consultant Pathologist



Dr. Priya Murthy
M.B.B.S, M.D (Pathology)
Consultant Pathologist



SIN No: BED240033716

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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

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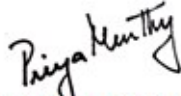
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IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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M.B.B.S,M.D(Pathology)
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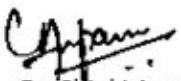
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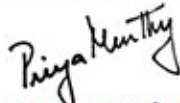
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination



Dr. Chinki Anupam
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Dr. Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	148	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	217	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	8	%		HPLC



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:EDT240014900



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ESTIMATED AVERAGE GLUCOSE (eAG)	183	mg/dL	Calculated
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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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	110	mg/dL	<200	CHO-POD
TRIGLYCERIDES	119	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	29	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	82	mg/dL	<130	Calculated
LDL CHOLESTEROL	57.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.81		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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CONSULTANT BIOCHEMIST
SIN No:SE04625301



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.24	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.21	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.03	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	92.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.23	g/dL	6.6-8.3	Biuret
ALBUMIN	3.70	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.53	g/dL	2.0-3.5	Calculated
A/G RATIO	1.05		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, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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




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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.96	mg/dL	0.67-1.17	Jaffe's, Method
UREA	34.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	16.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.28	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.55	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	5.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)



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APOLLO CLINICS NETWORK

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

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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

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

Patient Name : Mr.PEMMAREDDY K.N	Collected : 10/Feb/2024 10:01AM
Age/Gender : 73 Y 6 M 14 D/M	Received : 10/Feb/2024 12:42PM
UHID/MR No : CELE.0000017033	Reported : 10/Feb/2024 03:15PM
Visit ID : CHSROPV299718	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 350391	

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	18.00	U/L	<55	IFCC



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04625301



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Patient Name : Mr.PEMMAREDDY K.N	Collected : 10/Feb/2024 10:01AM
Age/Gender : 73 Y 6 M 14 D/M	Received : 10/Feb/2024 12:40PM
UHID/MR No : CELE.0000017033	Reported : 10/Feb/2024 07:10PM
Visit ID : CHSROPV299718	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 350391	

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)	1.18	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.70	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.864	µIU/mL	0.34-5.60	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.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24022214



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 **1860 500 7788**
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Patient Name : Mr.PEMMAREDDY K.N	Collected : 10/Feb/2024 10:01AM
Age/Gender : 73 Y 6 M 14 D/M	Received : 10/Feb/2024 12:40PM
UHID/MR No : CELE.0000017033	Reported : 10/Feb/2024 07:10PM
Visit ID : CHSROPV299718	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 350391	

DEPARTMENT OF IMMUNOLOGY

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



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24022214



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Patient Name : Mr.PEMMAREDDY K.N	Collected : 10/Feb/2024 10:01AM
Age/Gender : 73 Y 6 M 14 D/M	Received : 10/Feb/2024 12:40PM
UHID/MR No : CELE.0000017033	Reported : 10/Feb/2024 03:29PM
Visit ID : CHSROPV299718	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 350391	

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
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	1.650	ng/mL	0-4	CLIA

Comment:

Disclaimer: *The results determined by assays using different manufacturers or methods may not be comparable.

Manufacturer: BECKMAN COULTER



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24022214



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Patient Name : Mr.PEMMAREDDY K.N	Collected : 10/Feb/2024 10:01AM
Age/Gender : 73 Y 6 M 14 D/M	Received : 10/Feb/2024 01:08PM
UHID/MR No : CELE.0000017033	Reported : 10/Feb/2024 03:50PM
Visit ID : CHSROPV299718	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 350391	

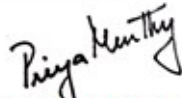
DEPARTMENT OF CLINICAL PATHOLOGY

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	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr. Shobha Emmanuel
M.B.B.S, M.D (Pathology)
Consultant Pathologist



Dr. Priya Murthy
M.B.B.S, M.D (Pathology)
Consultant Pathologist



SIN No: UR2279678

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 1860 500 7788
www.apolloclinic.com

Patient Name : Mr.PEMMAREDDY K.N	Collected : 10/Feb/2024 10:01AM
Age/Gender : 73 Y 6 M 14 D/M	Received : 10/Feb/2024 01:08PM
UHID/MR No : CELE.0000017033	Reported : 10/Feb/2024 04:41PM
Visit ID : CHSROPV299718	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 350391	

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)	POSITIVE ++		NEGATIVE	Dipstick

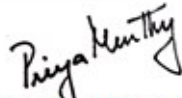
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr.Shobha Emmanuel
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UF010533

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

Patient Name	: Mr. PEMMAREDDY K.N	Age	: 73 Y/M
UHID	: CELE.0000017033	OP Visit No	: CHSROPV299718
Conducted By:	:	Conducted Date	: 10-02-2024 18:01
Referred By	: SELF		

- **:2D Echo Cardiography**
- **Chambers**

- Left Ventricle :Mild concentric LVH , **NO RWMA at Rest,**
- Left Atrium : Normal
- Right Ventricle : Normal
- Right Atrium : Normal

- **Septa**

IVS: Intact

- IAS : Intact

Valves

- Mitral Valve : Normal.
- Tricuspid Valve : Normal , Trace TR, No PAH
- Aortic Valve : Tricuspid, Normal mobility
- Pulmonary Valve : Normal

Great Valves

- Aorta : Normal
- Pulmonary Artery : Normal

Patient Name : Mr. PEMMAREDDY K.N Age : 73 Y/M
UHID : CELE.0000017033 OP Visit No : CHSROPV299718
Conducted By: : Conducted Date : 10-02-2024 18:01
Referred By : SELF

Ejection Fraction **60** ->50 %

IMPRESSION

- **IHD POST PTCA STATUS .**
- **MILD CONCENTRIC LVH**
- **NO RWMA'S AT REST**
- **NORMAL LV & RV SYSTOLIC FUNCTION LVEF – 60%**
- **NORMAL LV DIASTOLIC FUNCTION**
- **NO PERICARDIAL EFFUSION / VEGETATION / CLOT.**

Dr RAMNARESH SOUDRI
MD, DM (CARDIOLOGY), FSCAI
Consultant Interventional Cardiologist

Patient Name : Mr. PEMMAREDDY K.N

Age/Gender : 73 Y/M

UHID/MR No. : CELE.0000017033

OP Visit No : CHSROPV299718

Sample Collected on :

Reported on : 10-02-2024 09:56

LRN# : RAD2232225

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 350391

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Normal in size and raised echotexture. No intra hepatic biliary / venous radicular dilation. No focal lesion seen. CBD and Main Portal vein appear normal.

GALL BLADDER : Well distended. Lumen is clear. Wall Thickness is normal.

SPLEEN : Normal in size and echotexture. No focal lesion was seen. No evidence of splenic hilar varices / collaterals.

PANCREAS : Only head and body visualized, appear normal.

KIDNEYS : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is normal. No hydronephrosis / No calculi.

URINARY BLADDER : Well distended. Normal in internal contents. Wall thickness is normal

PROSTATE : Enlarged in size measuring 4.5 x 4.0 x 3.9cm vol-40cc,
No free fluid is seen in the peritoneum

IMPRESSION :

- **Grade I fatty liver**
- **Prostatomegaly**

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

Dr. M SONIA PAVANI
MBBS, M.D (Radio-Diagnosis)
Radiology

Patient Name : Mr. PEMMAREDDY K.N

Age/Gender : 73 Y/M

UHID/MR No. : CELE.0000017033

OP Visit No : CHSROPV299718

Sample Collected on :

Reported on : 10-02-2024 16:33

LRN# : RAD2232225

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 350391

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Bilateral lung fields appear normal.

Cardiac size and shape are normal.

No mediastinal pathology is seen.

Both hila are normal in size and density.

Both CP angles are normal.

Both domes of diaphragm are normal.

IMPRESSION : NORMAL STUDY.

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

Dr. M SONIA PAVANI
MBBS, M.D (Radio-Diagnosis)
Radiology

Name : Mr. PEMMAREDDY K.N

Age: 73 Y

UHID:CELE.0000017033



OP Number:CHSR0PV299718

Address : HOSA ROAD,

Sex: M

Bill No :CHSR-OCR-65990

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Date : 10.02.2024 09:45

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	2 D ECHO -13	
4	LIVER FUNCTION TEST (LFT)	
5	GLUCOSE, FASTING	
6	HEMOGRAM + PERIPHERAL SMEAR	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG -01	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
13	DENTAL CONSULTATION	
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 11.40	
15	URINE GLUCOSE(FASTING)	
16	HbA1c, GLYCATED HEMOGLOBIN	
17	X-RAY CHEST PA -14	
18	ENT CONSULTATION	
19	FITNESS BY GENERAL PHYSICIAN	
20	BLOOD GROUP ABO AND RH FACTOR	
21	LIPID PROFILE	
22	BODY MASS INDEX (BMI)	
23	OPHTHAL BY GENERAL PHYSICIAN -07	
24	ULTRASOUND - WHOLE ABDOMEN -13-7	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	



Date HOSPITALS : 10-02-2024

MR NO : CELE.0000017033

Name : Mr. PEMMAREDDY K.N

Age/ Gender : 73 Y / Male

Department : GENERAL

Doctor :

Registration No :

Qualification :

Consultation Timing: 09:44

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Optical

6/6 without 6/6
6/6 " 6/6

Colour vision $\frac{17}{17}$ $\frac{17}{17}$

Adv: Continue same phys

Follow up date:

Doctor Signature

2024-02-10 11:27:29

Details

NB1EMU6SN0VR8

: 17033

amma reddy

Male

684986876

Pre-Existing Medical-Conditions

Diabetic: Yes

Vitals

Measurements

HR: 78 BPM
PR: 185 ms
PD: 117 ms
QRSD: 106 ms
QRS Axis: -4 deg
QT/QTc: 378/378 ms

Interpretation

Sinus rhythm
Left axis deviation

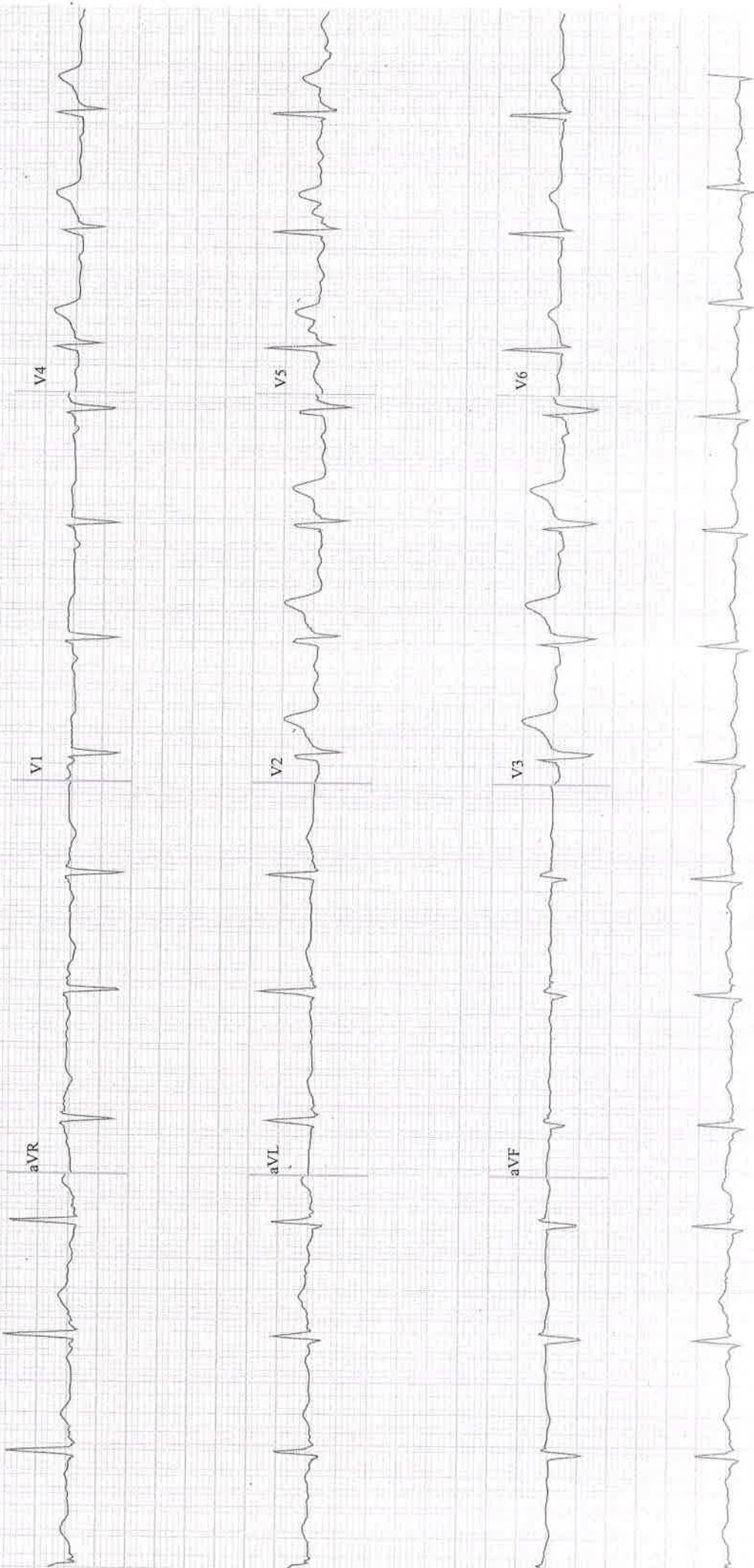
Report ID: AHLLP_01NB1EMU6SN0VR8_V6SN0VTS

Authorized by

Yogesh

Dr. Yogesh Kothari
MD, DNB, FESC, FEP
Reg No- KMC 44065

This trace is generated by *KardiaScreen: Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from IMEDRX*





Date HOSPITALS : 10-02-2024

MR NO : CELE.0000017033

Name : Mr. PEMMAREDDY K.N

Age/ Gender : 73 Y / Male

Consultation Timing: 09:44

Department : GENERAL

Doctor :

Registration No :

Qualification :

Height : 172cm	Weight : 125.2kg	BMI :	Waist Circum :
Temp :	Pulse : 76bwt	Resp :	B.P : 129/67

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

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 Department of the Registrar General & Census, Colombo
 Department of the Registrar General & Census, Colombo
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SENIOR CITIZEN **රු. 1,000,000**

	<p>අයි.එම්. අංකය 123456789</p> <p>නම K.N. Perumalreddy</p> <p>වයස 75</p> <p>Address 123, Nagamallur, Bakkara Public School, Pampuna Agraham, Bengaluru-100</p> <p>දි. සහිත 01/01/2013</p> <p>Date of Birth 01/01/1938</p> <p>Phono 029456789</p>	<p>රු. සහිත 1,000,000</p> <p>Blood Group B+</p>
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 Director General, Registrar General & Census, Colombo, Bengaluru-100