

Patient Name : Mr.SRINIVAS YEDITHI  
 Age/Gender : 44 Y 10 M 10 D/M  
 UHID/MR No : CUPP.0000091418  
 Visit ID : CUPPOPV139219  
 Ref Doctor : Self  
 Emp/Auth/TPA ID : 9920144559

Collected : 14/Sep/2024 08:44AM  
 Received : 14/Sep/2024 11:41AM  
 Reported : 14/Sep/2024 01:37PM  
 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>				
<b>HAEMOGLOBIN</b>	15.4	g/dL	13-17	Spectrophotometer
PCV	45.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.15	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89.2	fL	83-101	Calculated
MCH	29.8	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.2</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,810	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58	%	40-80	Flow cytometry
LYMPHOCYTES	30	%	20-40	Flow cytometry
EOSINOPHILS	2	%	1-6	Flow cytometry
MONOCYTES	10	%	2-10	Flow cytometry
BASOPHILS	0	%	0-2	Flow cytometry
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3369.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1743	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	116.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	581	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.93		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	279000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	4	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 B Pavani  
 M.B.B.S.,M.D(Pathology)  
 Consultant Pathologist

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SIN No:UPP240900697

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## DEPARTMENT OF HAEMATOLOGY

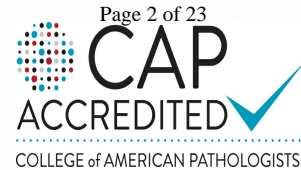
ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

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

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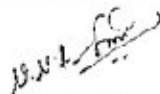


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Age/Gender	: 44 Y 10 M 10 D/M	Received	: 14/Sep/2024 11:41AM
UHID/MR No	: CUPP.0000091418	Reported	: 15/Sep/2024 06:41PM
Visit ID	: CUPPOPV139219	Status	: Final Report
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ARCOFEMI - MEDIWHEEL FULL BODY 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	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination
MANUALLY DONE				

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

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Patient Name : Mr.SRINIVAS YEDITHI	Collected : 14/Sep/2024 08:44AM
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UHID/MR No : CUPP.0000091418	Reported : 14/Sep/2024 12:08PM
Visit ID : CUPPOPV139219	Status : Final Report
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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	94	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:

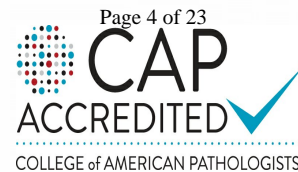
- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



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

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Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	105	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. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

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

  
**Dr.Matta Sujana Reddy**  
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APOLLO CLINICS NETWORK

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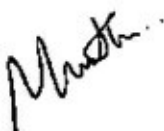
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2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
4. 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.
5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

  
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Page 6 of 23  
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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

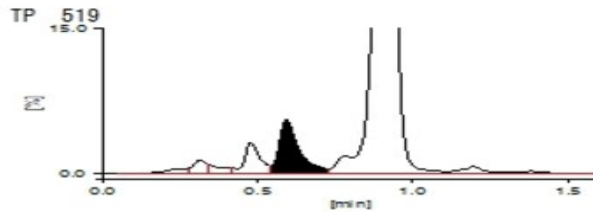
Chromatogram Report

V5.28 1 2024-09-14 13:02:57  
 ID UPP240900701  
 Sample No. 09140057 SL 0001 - 10  
 Patient ID  
 Name  
 Comment

CALIB Name	%	Time	Area
A1A	0.4	0.23	7.05
A1B	0.7	0.31	10.73
F	0.5	0.39	8.83
LA1C+	1.9	0.48	30.96
SA1C	5.6	0.59	70.34
AO	92.8	0.90	1525.69
H-V0			
H-V1			
H-V2			

Total Area 1653.60

HbA1c 5.6 % IFCC 38 mmol/mol  
HbA1 6.7 % HbF 0.5 %




Dr.E.Maruthi Prasad  
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 Consultant biochemist



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Page 7 of 23

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

14-09-2024 13:51:26 APOLLO

APOLLO DIAGNOSTICS GLOBAL  
 BALNAGAR

1 / 1

*Maruthi...*  
**Dr.E.Maruthi Prasad**  
 PhD (Biochemistry)  
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*Sujana...*  
**Dr.Matta Sujana Reddy**  
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>245</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>203</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>48</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>197</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>156.4</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>40.6</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>5.10</b>		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.27</b>		<0.11	Calculated


**Comment:**


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

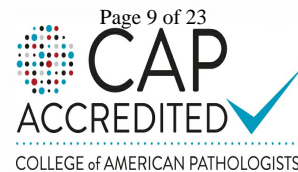
	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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

  
**Dr.Matta Sujana Reddy**  
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.83	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.70	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.9		<1.15	Calculated
ALKALINE PHOSPHATASE	82.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.09	g/dL	6.6-8.3	Biuret
ALBUMIN	4.67	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.42	g/dL	2.0-3.5	Calculated
A/G RATIO	1.93		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:

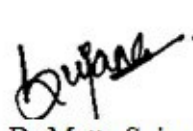
\*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.  
 \*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing 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.E.Maruthi Prasad  
 PhD (Biochemistry)  
 Consultant biochemist

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



SIN No:UPP240900696

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Patient Name : Mr.SRINIVAS YEDITHI  
Age/Gender : 44 Y 10 M 10 D/M  
UHID/MR No : CUPP.0000091418  
Visit ID : CUPPOPV139219  
Ref Doctor : Self  
Emp/Auth/TPA ID : 9920144559

Collected : 14/Sep/2024 08:44AM  
Received : 14/Sep/2024 12:31PM  
Reported : 14/Sep/2024 02:23PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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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.



Dr.E.Maruthi Prasad  
PhD (Biochemistry)  
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) WITH GGT , SERUM</b>				
BILIRUBIN, TOTAL	0.83	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.70	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.9		<1.15	Calculated
ALKALINE PHOSPHATASE	82.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.09	g/dL	6.6-8.3	Biuret
ALBUMIN	4.67	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.42	g/dL	2.0-3.5	Calculated
A/G RATIO	1.93		0.9-2.0	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	29.00	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.

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 Consultant biochemist

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



SIN No: UPP240900696

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### 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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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>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.79	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	17.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.17	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.53	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.70	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.09	g/dL	6.6-8.3	Biuret
ALBUMIN	4.67	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.42	g/dL	2.0-3.5	Calculated
A/G RATIO	1.93		0.9-2.0	Calculated

  
**Dr. E. Maruthi Prasad**  
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 Consultant biochemist

  
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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	82.00	U/L	30-120	IFCC

Test Name	Result	Unit	Bio. Ref. Interval	Method
CALCIUM , SERUM	9.53	mg/dL	8.8-10.6	Arsenazo III



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Consultant Biochemist

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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)	1.15	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	7.79	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.001	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

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

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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 B Pavani  
 M.B.B.S.,M.D(Pathology)  
 Consultant Pathologist



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DEPARTMENT OF IMMUNOLOGY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	5.58	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)  
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## DEPARTMENT OF IMMUNOLOGY

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Vitamin D intoxication.



Dr.E.Maruthi Prasad  
PhD (Biochemistry)  
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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)

 1860 500 7788  
www.apolloclinic.com

Patient Name	: Mr.SRINIVAS YEDITHI	Collected	: 14/Sep/2024 08:44AM
Age/Gender	: 44 Y 10 M 10 D/M	Received	: 14/Sep/2024 12:32PM
UHID/MR No	: CUPP.0000091418	Reported	: 14/Sep/2024 04:48PM
Visit ID	: CUPPOPV139219	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9920144559		

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 B12 , SERUM	70.6	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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	1.000	ng/mL	0-4	CLIA



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

SIN No:UPP240900700

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



Patient Name : Mr.SRINIVAS YEDITHI	Collected : 14/Sep/2024 08:44AM
Age/Gender : 44 Y 10 M 10 D/M	Received : 14/Sep/2024 03:00PM
UHID/MR No : CUPP.0000091418	Reported : 14/Sep/2024 03:26PM
Visit ID : CUPPOPV139219	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
<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	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.006		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	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

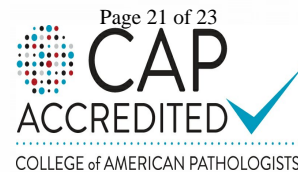
**Comment:**

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



SIN No:UPP240900699

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

Patient Name : Mr.SRINIVAS YEDITHI	Collected : 14/Sep/2024 12:37PM
Age/Gender : 44 Y 10 M 10 D/M	Received : 14/Sep/2024 05:25PM
UHID/MR No : CUPP.0000091418	Reported : 14/Sep/2024 06:16PM
Visit ID : CUPPOPV139219	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)	NEGATIVE		NEGATIVE	Dipstick

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



SIN No:UPP240900812

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

Patient Name : Mr.SRINIVAS YEDITHI  
Age/Gender : 44 Y 10 M 10 D/M  
UHID/MR No : CUPP.0000091418  
Visit ID : CUPPOPV139219  
Ref Doctor : Self  
Emp/Auth/TPA ID : 9920144559

Collected : 14/Sep/2024 08:44AM  
Received : 14/Sep/2024 03:02PM  
Reported : 14/Sep/2024 04:11PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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)	NEGATIVE		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: UPP240900695

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

Page 23 of 23  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



Patient Name : Mr.SRINIVAS YEDITHI  
Age/Gender : 44 Y 10 M 10 D/M  
UHID/MR No : CUPP.0000091418  
Visit ID : CUPPOPV139219  
Ref Doctor : Self  
Emp/Auth/TPA ID : 9920144559

Collected : 14/Sep/2024 08:44AM  
Received : 14/Sep/2024 03:02PM  
Reported : 14/Sep/2024 04:11PM  
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. Viswanath*

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



SIN No:UPP240900695

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



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Patient Name	: Mr. Srinivas Yedithi	Age	: 44Yrs 10Mths 11Days
UHID	: CUPP.0000091418	OP Visit No.	: CUPPOPV139219
Printed On	: 14-09-2024 07:16 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 9920144559		

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### DEPARTMENT OF RADIOLOGY

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**Liver** appears normal in size 147 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. Wall thickness appears normal. No evidence of peri GB collection. No evidence of focal lesion is seen. **Evidence of multiple calculi of size measuring 5 - 6 mm.**

**Spleen** appears normal in size 102 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** : 112 x 50 mm.

**Left kidney** : 105 x 49 mm.

**Both the kidneys** appear normal in size, shape and echo pattern. Cortical thickness and CM differentiation are maintained. No calculus / hydro nephrosis seen on either side.

**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** : is normal in size 33 x 31 x 42 mm and echo texture. Volume measure 23 cc. No evidence of necrosis/calcification seen.

#### IMPRESSION :

**GRADE I FATTY LIVER.**

**CHOLELITHIASIS.**

**Suggest - clinical correlation.**

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(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. Srinivas Yedithi	Age	: 44Yrs 10Mths 11Days
UHID	: CUPP.0000091418	OP Visit No.	: CUPPOPV139219
Printed On	: 14-09-2024 08:46 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 9920144559		

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**DEPARTMENT OF CARDIOLOGY**

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Ao (ed)	2.5 CM
LA (es)	3.3 CM
LVID (ed)	3.7 CM
LVID (es)	2.5 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	0.9CM
EF	67.00%
%FD	33 .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: 0.9

AJV: 1.2

E: 0.9 m/s

A: 0.7 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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Patient Name	: Mr. Srinivas Yedithi	Age	: 44Yrs 10Mths 13Days
UHID	: CUPP.0000091418	OP Visit No.	: CUPPOPV139219
Printed On	: 16-09-2024 07:58 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 9920144559		

## DEPARTMENT OF CARDIOLOGY

Observation :-

1. Sinus Rhythm.
2. Heart rate is 78 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

**Impression:**

**SINUS RHYTHM ,**

**NON SPECIFIC T CHANGES**

**CORRELATE CLINICALLY.**

---End Of The Report---



Dr. CH VENKATESHAM  
MBBS,PGDCC  
41992  
Cardiology

Patient Name	: Mr. Srinivas Yedithi	Age	: 44Yrs 10Mths 11Days
UHID	: CUPP.0000091418	OP Visit No.	: CUPPOPV139219
Printed On	: 14-09-2024 01:06 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 9920144559		

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**DEPARTMENT OF RADIOLOGY**

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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**

For clinical correlation.

---End Of The Report---

*Jyothirmai*

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

## Apollo Clinic Uppal

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**From:** noreply@apolloclinics.info  
**Sent:** Saturday, September 7, 2024 11:33 AM  
**To:** srinivas.yedithi@jmfl.com  
**Cc:** Apollo Clinic Uppal; Nishanth Reddy; Syamsunder M  
**Subject:** Your appointment is confirmed



**Dear Srinivas Yedithi,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **UPPAL** clinic on **2024-09-14** at **07:00-07:15**.

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



आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

SRINIVAS YEDITHI

V V YEDITHI

04/11/1979

Permanent Account Number

ABJPY0567C



  
Signature