

Physical Medical Examination Format

NAME:- <u>K. Srinivasa Rao</u>	DATE:- <u>24/2/24</u>
DESIGNATION:-	AGE:- <u>42</u>
EMP CODE:-	UNIT/DEPARTMENT:-
BLOOD GROUP:-	MARITAL STATUS:- MARRIED/UNMARRIED

MEDICAL EXAMINATION

Complaints (if any)	
Personal /family history	<u>Nil</u>
Past Medical /Surgical	<u>DM +</u>
Sensitivity/Allergy (if any)	<u>Nil</u>
Habits	<u>Nil</u>
Occupational History	<u>Nil</u>

Height: <u>172</u>	Weight: <u>82</u>	BMI:	Pulse:
Temp: <u>98.6</u>	Spo2: <u>99.1</u>	Resp: <u>18</u>	B.P: <u>120/80</u>

Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms. K. Srinivasa Rao for pre-employment /periodical medical examination, I have found / not found any disease, illness, contagious illness

I Certify That Employee Is Medically fit

Fit
Signature Of Employee

Unfit

Dr. G. INDIRA PRIYADARSHINI
MBBS
Regd. No. 63148
Apollo Family Physical Examiner With
Signature & Seal Of Medical
Clinic, Seethammapur, Vizag.
Registration No:

Name: Mr. KAMPARA SRINIVASA RAO
 Age/Gender: 42 Y/M
 Address: VSKP
 Location: VISAKHAPATNAM, ANDHRA PRADESH
 Doctor:
 Department: LABORATORY
 Rate Plan: VISHAKAPATNAM_06042023
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000124067
 Visit ID: CVISOPV121830
 Visit Date: 24-02-2024 09:01
 Discharge Date:
 Referred By: SELF

Vitals:

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
24-02-2024 15:17	75 Beats/min	120/80 mmHg	18 Rate/min	98.6 F	172 cms	82 Kgs	%	%	Years	27.72	cms	cms	cms		AHLL06520



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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mr. KAMPARA SRINIVASA RAO	Age	: 42 Y/M
UHID	: CVIS.0000124067	OP Visit No	: CVISOPV121830
Reported By	: Dr. SHASHANKA CHUNDURI	Conducted Date	: 24-02-2024 15:19
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 75beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

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

Dr. SHASHANKA CHUNDURI



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Vizag (Seethamma Peta)

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mr. KAMPARA SRINIVASA RAO	Age	: 42 Y M
UHID	: CVIS.0000124067	OP Visit No	: CVISOPV121830
Reported on	: 24-02-2024 16:10	Printed on	: 24-02-2024 16:12
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver :13.8cm. appears normal in size and increased in echotexture. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

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

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

Right kidney : 11.7 x 4.2 cm

Left kidney : 10.9 x 5.8 cm

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

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



There is no evidence of ascites/ pleural effusion seen.

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Adm/Consult Doctor	:	Ref Doctor	: SELF

IMPRESSION:-

***GRADE -I FATTY INFILTRATION OF LIVER.**

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

This is only a screening test.

Printed on:24-02-2024 16:10

---End of the Report---

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology



Patient Name	: Mr. KAMPARA SRINIVASA RAO	Age	: 42 Y/M
UHID	: CVIS.0000124067	OP Visit No	: CVISOPV121830
Conducted By:	: Dr. APPALA NAIDU L.S	Conducted Date	: 24-02-2024 15:26
Referred By	: SELF		

2D-ECHO WITH COLOUR DOPPLER

Dimensions:	
Ao (ed)	2.4 CM
LA (es)	2.9 CM
LVID (ed)	4.8 CM
LVID (es)	2.8 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	1.1 CM
EF	71.00%
%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
LEFT VENTRICLE:	

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES:

PF: 1.0 m/sec.

MF: A > E

AF: 1.1 m/sec



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TO BOOK AN APPOINTMENT

 **1860 500 7788**

IMPRESSION:

NORMAL CARDIAC SIZE,
NO RWMA,
NORMAL LV SYSTOLIC FUNCTION,
GRADE - I DIASTOLIC DYSFUNCTION,
LVEF: 71%

Dr. APPALA
NAIDU L S



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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Dr ABHISHEK RAVURI (B.D.S)
Partner Consultant,
Apollo Dental
Reg No: -A24146

Patient Name: - *K. Sreenivasa Rao* Age/Sex: - *42/M* Date: - *24/2/24*

pt. came for general check up

off + calculus +

Rplanr advised scaling

 *Dr. Ravuri*
888 650 7788

Apollo Health and Lifestyle Limited

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Dr. N. MUKUNDA RAO

MBBS.,MS

ENT CONSULTANT

Reg. No. AMC17481

Patient Name:

MY K. SRINIVAS RAO

Age/Sex:

Major

Date:

24/2/24

For examination checkup

Both Ears, |
Nose | NAD
Throat |

Hoarseness of voice
clinically CTF

Nil EOT
NAD ✓

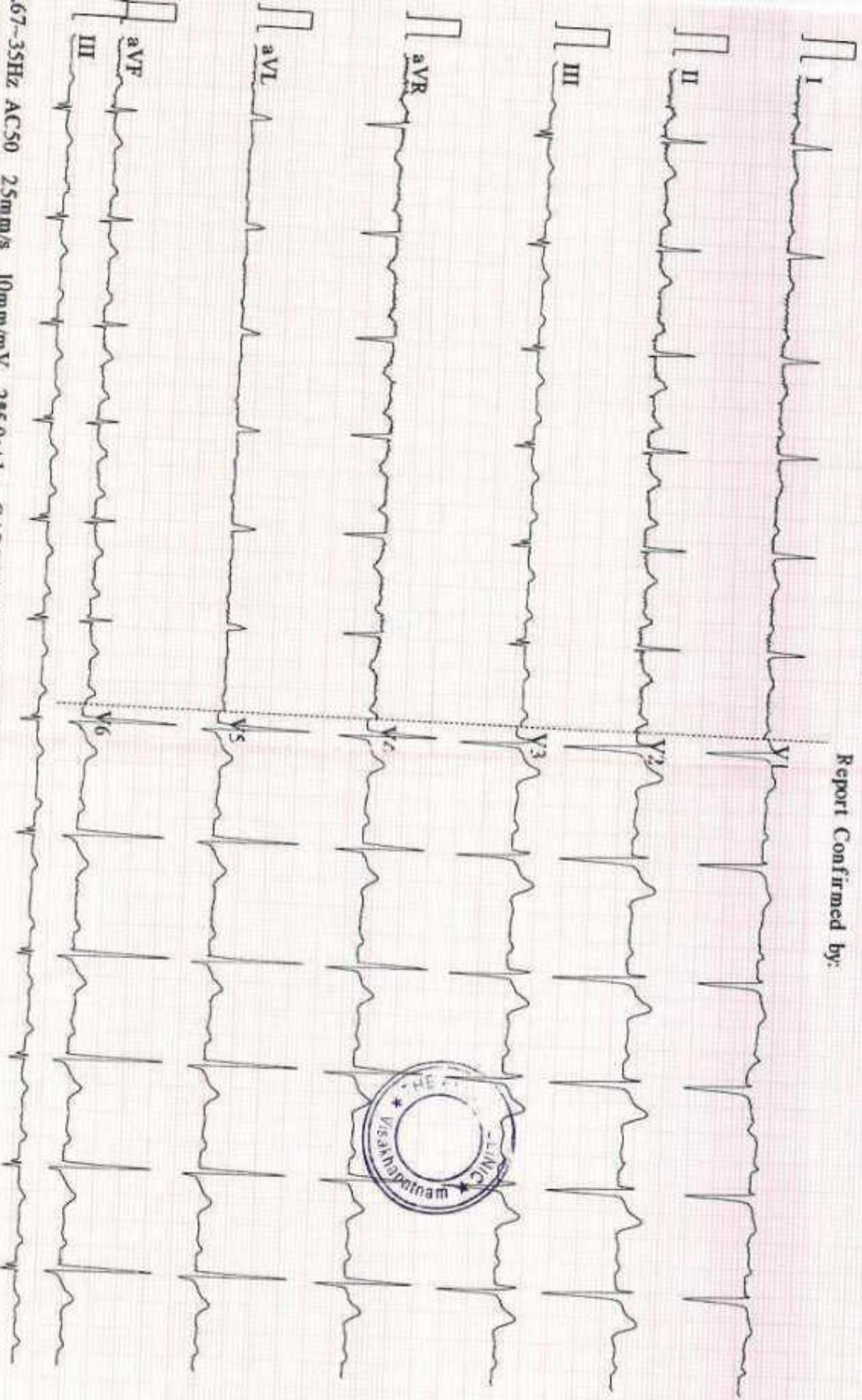
12900 /
k srinivasa rao
Male 42Y ears
Req. No. :

24-02-2024 12:53:06

HR	: 75	bpm
P	: 116	ms
PR	: 218	ms
QRS	: 94	ms
QT/QTcBz	: 374/418	ms
PQRST	: 63/11/58	ms
RV5/SV1	: 1.693/1.164	mV

Diagnosis Information:
Sinus rhythm with borderline 1st degree A-V block
Borderline ECG

Report Confirmed by:



67-35Hz AC50 25mm/s 10mm/mV 2*5.0s+1r CARDIART 9108

V1.46 Glasgow V28.6.7 APOLLO CLINIC VIZAG

BANK 7 BARDDA

NAME : MR. K. SRINIVASA RAO

GENDER : M

AGE : 42

DATE : 24/2/24

OPHTHALMOLOGY SCREENING REPORT

VISION : 6/6 6/6

DISTANCE :

NEAR VISION : N6 N6

COLOUR VISION : WNL

ANT.SEGMENT :

CONJUNCTIVA : clear

CORNEA : R/I/I

PUPIL :

FUNDUS :

IMPRESSION : WNL



A. Khan
SIGNATURE

Patient Name	: Mr. KAMPARA SRINIVASA RAO	Age	: 42 Y M
UHID	: CVIS.0000124067	OP Visit No	: CVISOPV121830
Reported on	: 24-02-2024 14:09	Printed on	: 24-02-2024 14:10
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.



Printed on:24-02-2024 14:09

---End of the Report---

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Patient Name : Mr.KAMPARA SRINIVASA RAO
Age/Gender : 42 Y 6 M 0 DIM
UHID/MR No : CVIS.0000124067
Visit ID : CVISOPV121830
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 171313

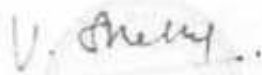
Collected : 24/Feb/2024 09:42AM
Received : 24/Feb/2024 12:28PM
Reported : 24/Feb/2024 02:53PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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

Page 1 of 11



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



SIN No:BED240048357

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

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

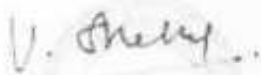
Patient Name	: Mr.KAMPARA SRINIVASA RAO	Collected	: 24/Feb/2024 09:42AM
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Visit ID	: CVISOPV121830	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 171313		

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	16.6	g/dL	13-17	Spectrophotometer
PCV	47.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.46	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87	fL	83-101	Calculated
MCH	30.4	pg	27-32	Calculated
MCHC	34.8	g/dL	31.5-34.5	Calculated
R.D.W	12.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	50.3	%	40-80	Electrical Impedance
LYMPHOCYTES	38.3	%	20-40	Electrical Impedance
EOSINOPHILS	4.7	%	1-6	Electrical Impedance
MONOCYTES	6.6	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3018	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2298	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	282	Cells/cu.mm	20-500	Calculated
MONOCYTES	396	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.31		0.78- 3.53	Calculated
PLATELET COUNT	167000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

Page 2 of 11



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



SIN No:BED240048357

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

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

MC-2373

Patient Name : Mr.KAMPARA SRINIVASA RAO	Collected : 24/Feb/2024 09:42AM
Age/Gender : 42 Y 6 M 0 DM	Received : 24/Feb/2024 12:28PM
UHID/MR No : CVIS.0000124067	Reported : 24/Feb/2024 02:53PM
Visit ID : CVISOPV121830	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 171313	

DEPARTMENT OF HAEMATOLOGY

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

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

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



SIN No: BEI2240048357

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

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Vizag (Seerhamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mr.KAMPARA SRINIVASA RAO	Collected	: 24/Feb/2024 09:42AM
Age/Gender	: 42 Y 6 M 0 D/M	Received	: 24/Feb/2024 12:28PM
UHID/MR No	: CVIS.0000124067	Reported	: 24/Feb/2024 01:21PM
Visit ID	: CVISOPV121830	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Empi/Auth/TPA ID	: 171313		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	112	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	135	mg/dL	70-140	GOD - POD

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other. Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

Page 4 of 11



V. Snehal

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

SIN No: EIT240021732

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Vizag (Seetharama Peta)

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DEPARTMENT OF BIOCHEMISTRY

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

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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

SIN No: EDT240021732

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Apollo Health and Lifestyle Limited

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TO BOOK AN APPOINTMENT

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Age/Gender : 42 Y 6 M 0 D/M
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	169	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	78	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	129	mg/dL	<130	Calculated
LDL CHOLESTEROL	113.83	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.57	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.24		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

V. Snehal

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



SIN No:SE04640235

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

(CIN : U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Arreepet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohi.com

APOLLO CLINICS NETWORK TELANGANA & AP
Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)
Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mr. KAMPARA SRINIVASA RAO
Age/Gender : 42 Y 6 M 0 D/M
UHID/MR No : CVIS.0000124067
Visit ID : CVISOPV121830
Ref Doctor : Dr. SELF
Emp/Auth/TPA ID : 171313

Collected : 24/Feb/2024 09:42AM
Received : 24/Feb/2024 11:41AM
Reported : 24/Feb/2024 01:42PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.79	mg/dL	0.10-1.20	Diazotized 2,4,7 Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.24	mg/dL	0.0-0.20	Diazotized 2,4,7 Dichloroaniline
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30.15	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.6	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	107.90	U/L	53-128	IFCC
PROTEIN, TOTAL	8.69	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	5.02	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.67	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		0.9-2.0	Calculated

Comment:

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

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

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



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

SIN No: SE04640235

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

(CIN - UBS11CG2000PLC046082) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad 500016, Telangana. | Email ID: enquiry@apolohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mr.KAMPARA SRINIVASA RAO
Age/Gender : 42 Y 6 M 0 D/M
UHID/MR No : CVIS.0000124067
Visit ID : CVISOPV121830
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 171313

Collected : 24/Feb/2024 09:42AM
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.92	mg/dL	0.7-1.2	Jaffe
UREA	20.27	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	9.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.07	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	10.17	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.86	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE

V. Snehal

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



SIN No:SH04640235

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Apollo Health and Lifestyle Limited

ICN - U85110TG2000PLC046089 | Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID:enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP
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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mr.KAMPARA SRINIVASA RAO	Collected : 24/Feb/2024 09:42AM
Age/Gender : 42 Y 6 M 0 D/M	Received : 24/Feb/2024 11:41AM
UHID/MR No. : CVIS.0000124067	Reported : 24/Feb/2024 01:42PM
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Emp/Auth/TPA ID : 171313	

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	19.10	U/L	0-55	IFCC

V. Snehal

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M.D (PATH)
Consultant Pathologist



Patient Name : Mr.KAMPARA SRINIVASA RAO
Age/Gender : 42 Y 6 M 0 D/M
UHID/MR No : CVIS.0000124067
Visit ID : CVISOPV121830
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 171313

Collected : 24/Feb/2024 09:42AM
Received : 24/Feb/2024 11:41AM
Reported : 24/Feb/2024 02:52PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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)	1.3	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	85.10	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	0.995	µIU/mL	0.3-4.5	CLIA

Comment:

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

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

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

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



SIN No: SPL24031877

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

(CN - U85110TG2000PLCD96089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apolohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakurta | Nizampet | Uppal)
Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : M. KAMPARA SRINIVASA RAO
Age/Gender : 42 Y 6 M 0 D/M
UHID/MR No : CVIS.0000124067
Visit ID : CVISOPV121830
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 171313

Collected : 24/Feb/2024 09:42AM
Received : 24/Feb/2024 11:41AM
Reported : 24/Feb/2024 02:52PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

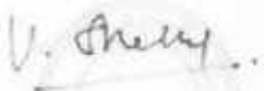
DEPARTMENT OF IMMUNOLOGY

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

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

Result/s to Follow:

PROSTATIC SPECIFIC ANTIGEN - TOTAL (PSA), GLUCOSE (FASTING) - URINE, COMPLETE URINE EXAMINATION (CUE), GLUCOSE (POST PRANDIAL) - URINE



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



SIN No:SPI_24031877

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Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-517/A, 7th Floor, Imperial Towers, Amcerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohi.com

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Vizag (Seethamma Peta)

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TO BOOK AN APPOINTMENT

 **1860 500 7788**



બંક ઝીલ્લ બરોડા
Bank of Baroda

નામ - કામરા સૈનિવાસ રાવ
Name - KAMPARA SRINIVAS RAO

કાઉન્ટર નં 171313
C.C.No.



બેંકના અધિકારી
Banking Authority

કામરા સૈનિવાસ રાવ
Signature of holder

PACKAGE NAME

Arcofemi Mediwheel Full Body Annual Plus - 2D ECHO

Arcofemi Mediwheel Full Body Annual Plus Above 50 Male - 2D ECHO

S. No.	Company Name
36	Arcofemi/Mediwheel/MALE/FEMALE
37	Arcofemi/Mediwheel/MALE/FEMALE

Booking ID	EMP-NAME	AGE	GENDER
bob55432	K.Varalakshmi	32 year	Male
bobE5431	MR. RAO KAMPARA SRINIVAS	43 year	Male

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
24-02-2024 15:17	75 Beats/min	120/80 mmHg	18 Rate/min	98.6 F	172 cms	82 Kgs	%	%	Years	27.72	cms	cms	cms		AHLL06520

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
24-02-2024 15:17	75 Beats/min	120/80 mmHg	18 Rate/min	98.6 F	172 cms	82 Kgs	%	%	Years	27.72	cms	cms	cms		AHLL06520

Established Patient: No

Vitals

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24-02-2024 15:17	75 Beats/min	120/80 mmHg	18 Rate/min	98.6 F	172 cms	82 Kgs	%	%	Years	27.72	cms	cms	cms		AHLL06520

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
24-02-2024 15:17	75 Beats/min	120/80 mmHg	18 Rate/min	98.6 F	172 cms	82 Kgs	%	%	Years	27.72	cms	cms	cms		AHLL06520

Name: Mr. KAMPARA SRINIVASA RAO
Age/Gender: 42 Y/M
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. AISHWARYA MALLADI

MR No: CVIS.0000124067
Visit ID: CVISOPV121830
Visit Date: 24-02-2024 09:01
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mr. KAMPARA SRINIVASA RAO
Age/Gender: 42 Y/M
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ABHIJEET SINGH SACHAN

MR No: CVIS.0000124067
Visit ID: CVISOPV121830
Visit Date: 24-02-2024 09:01
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

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SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mr. KAMPARA SRINIVASA RAO
Age/Gender: 42 Y/M
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ABHIJEET VISHWAS GHATGE

MR No: CVIS.0000124067
Visit ID: CVISOPV121830
Visit Date: 24-02-2024 09:01
Discharge Date:
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HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

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RECOMMENDATION

Doctor's Signature

Name: Mr. KAMPARA SRINIVASA RAO
Age/Gender: 42 Y/M
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ABHIJEET SINGH SACHAN

MR No: CVIS.0000124067
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SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Patient Name	: Mr. KAMPARA SRINIVASA RAO	Age/Gender	: 42 Y/M
UHID/MR No.	: CVIS.0000124067	OP Visit No	: CVISOPV121830
Sample Collected on	:	Reported on	: 24-02-2024 16:12
LRN#	: RAD2246719	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 171313		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver :13.8cm. appears normal in size and increased in echotexture. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

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

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

Right kidney : 11.7 x 4.2 cm

Left kidney : 10.9 x 5.8 cm

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

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

There is no evidence of ascites/ pleural effusion seen.

IMPRESSION:-

***GRADE -I FATTY INFILTRATION OF LIVER.**

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

This is only a screening test.



Patient Name : Mr. KAMPARA SRINIVASA RAO

Age/Gender : 42 Y/M

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology



Patient Name	: Mr. KAMPARA SRINIVASA RAO	Age/Gender	: 42 Y/M
UHID/MR No.	: CVIS.0000124067	OP Visit No	: CVISOPV121830
Sample Collected on	:	Reported on	: 24-02-2024 14:10
LRN#	: RAD2246719	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 171313		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

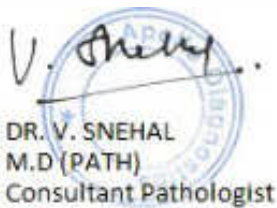
Patient Name : Mr.KAMPARA SRINIVASA RAO
 Age/Gender : 42 Y 6 M 0 D/M
 UHID/MR No : CVIS.0000124067
 Visit ID : CVISOPV121830
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 Emp/Auth/TPA ID : 171313

Collected : 24/Feb/2024 09:42AM
 Received : 24/Feb/2024 12:28PM
 Reported : 24/Feb/2024 02:53PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



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



SIN No:BED240048357

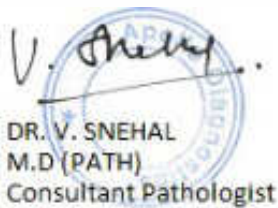
This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mr.KAMPARA SRINIVASA RAO	Collected : 24/Feb/2024 09:42AM
Age/Gender : 42 Y 6 M 0 D/M	Received : 24/Feb/2024 12:28PM
UHID/MR No : CVIS.0000124067	Reported : 24/Feb/2024 02:53PM
Visit ID : CVISOPV121830	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 171313	

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	16.6	g/dL	13-17	Spectrophotometer
PCV	47.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.46	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87	fL	83-101	Calculated
MCH	30.4	pg	27-32	Calculated
MCHC	34.8	g/dL	31.5-34.5	Calculated
R.D.W	12.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	50.3	%	40-80	Electrical Impedance
LYMPHOCYTES	38.3	%	20-40	Electrical Impedance
EOSINOPHILS	4.7	%	1-6	Electrical Impedance
MONOCYTES	6.6	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3018	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2298	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	282	Cells/cu.mm	20-500	Calculated
MONOCYTES	396	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.31		0.78- 3.53	Calculated
PLATELET COUNT	167000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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

SIN No:BED240048357


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

Patient Name : Mr.KAMPARA SRINIVASA RAO	Collected : 24/Feb/2024 09:42AM
Age/Gender : 42 Y 6 M 0 D/M	Received : 24/Feb/2024 12:28PM
UHID/MR No : CVIS.0000124067	Reported : 24/Feb/2024 02:53PM
Visit ID : CVISOPV121830	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 171313	

DEPARTMENT OF HAEMATOLOGY

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

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



DR. V. SNEHAL
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Consultant Pathologist



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UHID/MR No : CVIS.0000124067	Reported : 24/Feb/2024 01:21PM
Visit ID : CVISOPV121830	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	112	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	135	mg/dL	70-140	GOD - POD

Comment:

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated



DR. V. SNEHAL
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SIN No:EDT240021732

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

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Age/Gender : 42 Y 6 M 0 D/M	Received : 24/Feb/2024 12:28PM
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Visit ID : CVISOPV121830	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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


Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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SIN No:EDT240021732

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	169	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	78	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	129	mg/dL	<130	Calculated
LDL CHOLESTEROL	113.83	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.57	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.24		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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SIN No:SE04640235

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Emp/Auth/TPA ID : 171313	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.79	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.24	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30.15	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.6	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	107.90	U/L	53-128	IFCC
PROTEIN, TOTAL	8.69	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	5.02	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.67	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		0.9-2.0	Calculated

Comment:

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

Common patterns seen:


1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.92	mg/dL	0.7-1.2	Jaffe
UREA	20.27	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	9.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.07	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	10.17	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.86	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	19.10	U/L	0-55	IFCC



DR. V. SNEHAL
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.3	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	85.10	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	0.995	µIU/mL	0.3-4.5	CLIA


Comment:

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

1. 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.
2. 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.
3. 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.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

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




DR. V. SNEHAL
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 Consultant Pathologist

SIN No:SPL24031877

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

Patient Name : Mr.KAMPARA SRINIVASA RAO	Collected : 24/Feb/2024 09:42AM
Age/Gender : 42 Y 6 M 0 D/M	Received : 25/Feb/2024 11:45AM
UHID/MR No : CVIS.0000124067	Reported : 25/Feb/2024 12:34PM
Visit ID : CVISOPV121830	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 171313	

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	0.610	ng/mL	0-4	CLIA

K. Anusha

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

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SIN No:IM07028586

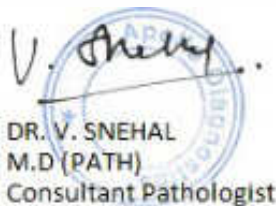
This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mr.KAMPARA SRINIVASA RAO	Collected : 24/Feb/2024 09:42AM
Age/Gender : 42 Y 6 M 0 D/M	Received : 24/Feb/2024 03:13PM
UHID/MR No : CVIS.0000124067	Reported : 24/Feb/2024 05:10PM
Visit ID : CVISOPV121830	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 171313	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



DR. V. SNEHAL
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SIN No:UR2290461

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

Patient Name : Mr.KAMPARA SRINIVASA RAO	Collected : 24/Feb/2024 09:42AM
Age/Gender : 42 Y 6 M 0 D/M	Received : 24/Feb/2024 03:13PM
UHID/MR No : CVIS.0000124067	Reported : 24/Feb/2024 05:10PM
Visit ID : CVISOPV121830	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 171313	


DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

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



DR. V. SNEHAL
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SIN No:UF010747

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