


Patient Name : Mr.V VARAPRASAD	Collected : 09/Mar/2024 10:47AM
Age/Gender : 33 Y 3 M 13 D/M	Received : 09/Mar/2024 01:41PM
UHID/MR No : CUPP.0000086548	Reported : 09/Mar/2024 03:08PM
Visit ID : CUPPOPV130723	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 177745	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.6	g/dL	13-17	Spectrophotometer
PCV	44.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.23	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	85.6	fL	83-101	Calculated
MCH	29.9	pg	27-32	Calculated
MCHC	34.9	g/dL	31.5-34.5	Calculated
R.D.W	12.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,740	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.1	%	40-80	Electrical Impedance
LYMPHOCYTES	30.7	%	20-40	Electrical Impedance
EOSINOPHILS	5.1	%	1-6	Electrical Impedance
MONOCYTES	7.6	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4903.14	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2683.18	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	445.74	Cells/cu.mm	20-500	Calculated
MONOCYTES	664.24	Cells/cu.mm	200-1000	Calculated
BASOPHILS	43.7	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.83		0.78- 3.53	Calculated
PLATELET COUNT	412000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				



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

SIN No: BED240063545

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NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



Dr.R.SHALINI
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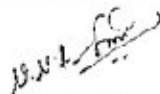


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UHID/MR No : CUPP.0000086548	Reported : 09/Mar/2024 09:10PM
Visit ID : CUPPOPV130723	Status : Final Report
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate technology
Rh TYPE	Positive			Microplate technology


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CONSULTANT PATHOLOGY

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Patient Name : Mr.V VARAPRASAD	Collected : 09/Mar/2024 10:47AM
Age/Gender : 33 Y 3 M 13 D/M	Received : 09/Mar/2024 01:51PM
UHID/MR No : CUPP.0000086548	Reported : 09/Mar/2024 02:20PM
Visit ID : CUPPOPV130723	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	93	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.

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Patient Name : Mr.V VARAPRASAD	Collected : 09/Mar/2024 03:02PM
Age/Gender : 33 Y 3 M 13 D/M	Received : 10/Mar/2024 11:43AM
UHID/MR No : CUPP.0000086548	Reported : 10/Mar/2024 01:12PM
Visit ID : CUPPOPV130723	Status : Final Report
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	86	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.

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Age/Gender : 33 Y 3 M 13 D/M	Received : 09/Mar/2024 01:45PM
UHID/MR No : CUPP.0000086548	Reported : 09/Mar/2024 07:37PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

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SIN No:EDT240028973

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

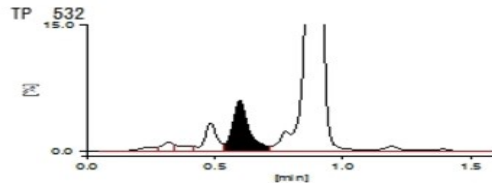
Chromatogram Report

V5.28.1 2024-03-09 17:00:36
 ID EDT240028973
 Sample No. 03090196 SL 0008 - 07
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.5	0.23	9.41
A1B	0.6	0.32	11.45
F	0.5	0.39	10.60
LA1C+	2.0	0.48	41.12
SA1C	6.1	0.60	97.14
AO	92.3	0.89	1898.72
H-V0			
H-V1			
H-V2			

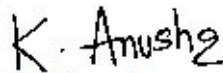
Total Area 2068.44

HbA1c 6.1 % **IFCC 43 mmol/mol**
 HbA1 7.1 % HbF 0.5 %




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

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Dr.K.Anusha
 M.B.B.S.,M.D(Biochemistry)
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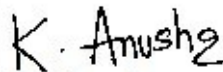
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Age/Gender : 33 Y 3 M 13 D/M	Received : 09/Mar/2024 02:01PM
UHID/MR No : CUPP.0000086548	Reported : 09/Mar/2024 06:43PM
Visit ID : CUPPOPV130723	Status : Final Report
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	189	mg/dL	<200	CHO-POD
TRIGLYCERIDES	159	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	39	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	150	mg/dL	<130	Calculated
LDL CHOLESTEROL	118.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	31.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.85		0-4.97	Calculated

Comment:

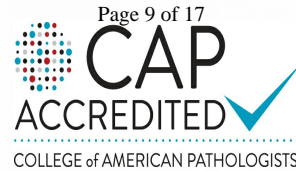
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

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

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.54	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.45	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	49.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.81	g/dL	6.6-8.3	Biuret
ALBUMIN	4.31	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.23		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:

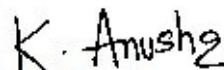
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • 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'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.


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


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

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SIN No:SE04656146

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 R R District., Uppal, Hyderabad, Telangana, India - 500039


 1860 500 7788
 www.apolloclinic.com

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)

Patient Name : Mr.V VARAPRASAD	Collected : 09/Mar/2024 10:47AM
Age/Gender : 33 Y 3 M 13 D/M	Received : 09/Mar/2024 02:01PM
UHID/MR No : CUPP.0000086548	Reported : 09/Mar/2024 06:43PM
Visit ID : CUPPOPV130723	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 177745	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.85	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	25.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.79	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.51	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.47	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.81	g/dL	6.6-8.3	Biuret
ALBUMIN	4.31	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.23		0.9-2.0	Calculated

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

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	35.00	U/L	<55	IFCC

Maruthi...
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 Consultant biochemist

K. Anusha
Dr.K.Anusha
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 Consultant Biochemist



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Visit ID : CUPPOPV130723	Status : Final Report
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Emp/Auth/TPA ID : 177745	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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)	1.03	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	14.17	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.488	µIU/mL	0.38-5.33	CLIA

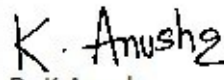
Comment:

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


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SIN No:SPL24042253

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Patient Name : Mr.V VARAPRASAD
Age/Gender : 33 Y 3 M 13 D/M
UHID/MR No : CUPP.0000086548
Visit ID : CUPPOPV130723
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 177745

Collected : 09/Mar/2024 10:47AM
Received : 09/Mar/2024 02:02PM
Reported : 09/Mar/2024 03:28PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

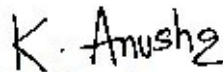
DEPARTMENT OF IMMUNOLOGY

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



Dr.E.Maruthi Prasad
PhD (Biochemistry)
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Patient Name : Mr.V VARAPRASAD	Collected : 09/Mar/2024 10:47AM
Age/Gender : 33 Y 3 M 13 D/M	Received : 09/Mar/2024 01:28PM
UHID/MR No : CUPP.0000086548	Reported : 09/Mar/2024 02:18PM
Visit ID : CUPPOPV130723	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 177745	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	TURBID		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
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	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	TRACE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	4-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	AMORPHOUS PHOSPHATES CRYSTALS PRESENT		ABSENT	MICROSCOPY



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

SIN No: UR2301736

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Patient Name : Mr.V VARAPRASAD	Collected : 09/Mar/2024 03:02PM
Age/Gender : 33 Y 3 M 13 D/M	Received : 10/Mar/2024 11:04AM
UHID/MR No : CUPP.0000086548	Reported : 10/Mar/2024 12:18PM
Visit ID : CUPPOPV130723	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 177745	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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

SIN No:UPP017081

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Patient Name : Mr.V VARAPRASAD	Collected : 09/Mar/2024 10:47AM
Age/Gender : 33 Y 3 M 13 D/M	Received : 09/Mar/2024 01:28PM
UHID/MR No : CUPP.0000086548	Reported : 09/Mar/2024 02:22PM
Visit ID : CUPPOPV130723	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 177745	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

Result/s to Follow:
PERIPHERAL SMEAR



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

SIN No:UF011103

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The Apollo Clinic

PHYSICAL EXAMINATION FORM

Apollo Clinic
ENDING THE SUFFERING

Date

9/3/24

Age

33y/m

Name

Mr. V. Varaprasad

UHID:

86548

Height

171

Cms

BMI

Weight

86

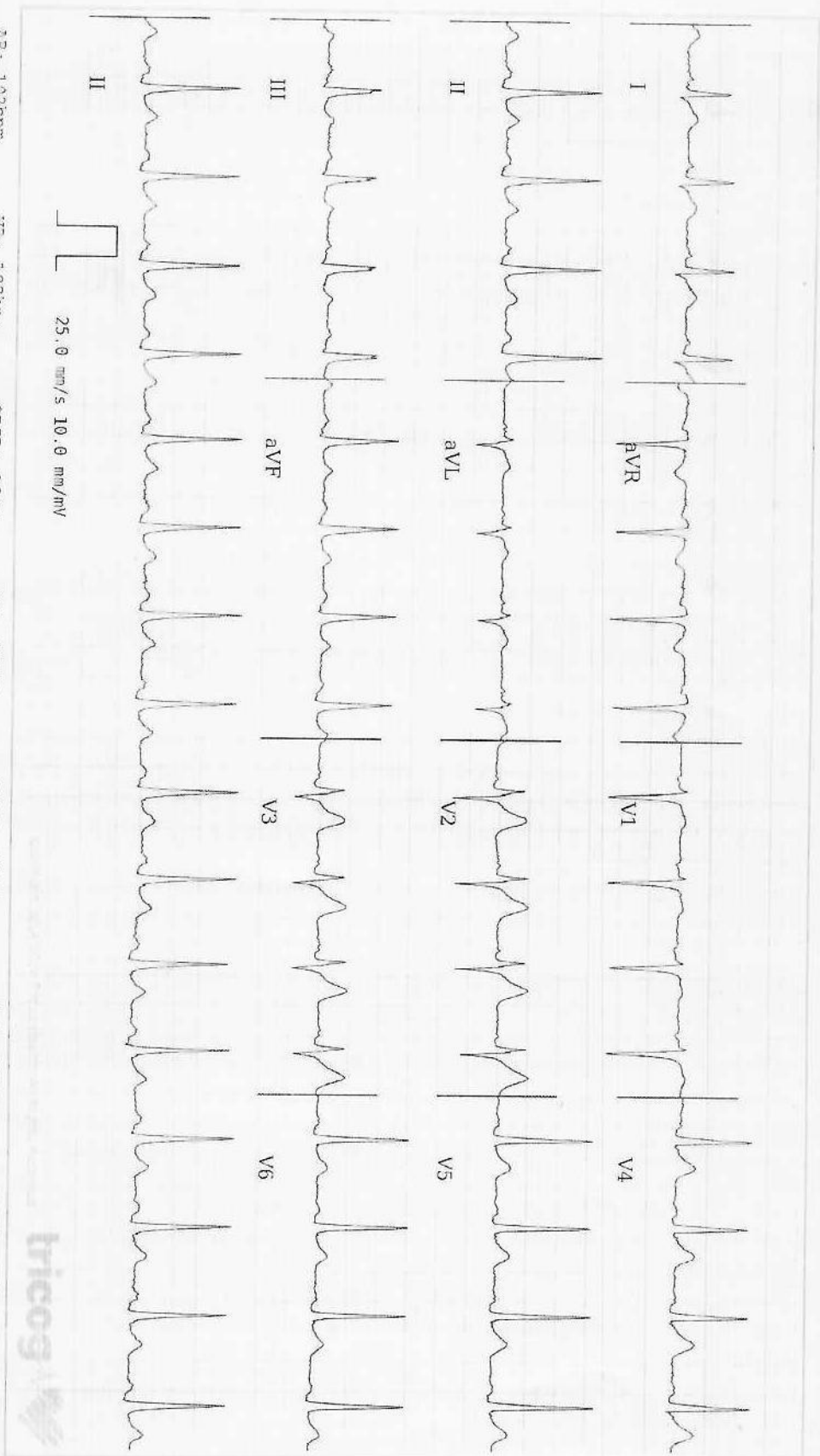
Kgs

BP

140/80

Apollo Clinic, H NO.6-48/3, PEERZADIGUDA, BESIDE RAMRAJ
COTTONS, BODUPPAL, R RDISTRCT, HYD PH. NO.04049503373/74

Age / Gender: 33 Male
Patient ID: 0000086548
Patient Name: Mr V Varaprasad



AP: 102bpm VE: 102bpm QRSD: 96ms QT: 316ms QTcB: 41ms PRI: 136ms P-R-T: 53° 64° 46°

Sinus Tachycardia. correlate clinically. Please correlate clinically.

REPORTED BY

DR YINAV
72348

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

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of

Mr. V. Valaprasad on 11/3/24.

After reviewing the medical history and on clinical examination it has been found that he/ she is`

<ul style="list-style-type: none"> • Medically Fit 	<p>Tick</p> <input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with Restrictions/ Recommendations <p>Though following restrictions have been revealed in my opinion, these are not impediments to the job.</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>However the candidate should follow the advice medication that has been communicated to him/her.</p> <p>Review after</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after.....recommended.</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

DR. KOPPUA TRIVENI
MBBS
TSMC/17/05078

POWER PRESCRIPTION

NAME: V. Varsha Prasad

GENDER: M/F

DATE: 9/2/20

AGE: 33

UHID: 86548

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-5.00			6/6
NEAR				No

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-5.25	-0.75	180°	6/6
NEAR				No

COLOUR VISION : Normal

DIAGNOSIS :
OTHER FINDINGS :
INSTRUCTIONS :


SIGNATURE

Patient Name	: Mr. V VARAPRASAD	Age	: 33 Y/M
UHID	: CUPP.0000086548	OP Visit No	: CUPPOPV130723
Reported By:	: Dr. VINAY KUMAR GUPTA	Conducted Date	: 11-03-2024 11:05
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 102beats 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 see

Impression:

NORMAL ECG.

CORRELATE CLINICALLY.

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

Dr. VINAY KUMAR GUPTA

Patient Name : Mr. V VARAPRASAD

Age/Gender : 33 Y/M

UHID/MR No. : CUPP.0000086548

OP Visit No : CUPPOPV130723

Sample Collected on :

Reported on : 09-03-2024 15:49

LRN# : RAD2262167

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 177745

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver enlarged in size 160 mm and increased echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

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

Spleen appears normal in size 65 mm. 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 : 108 x 41 mm.

Left kidney : 115 x 50 mm.

Urinary Bladder is minimally distended.

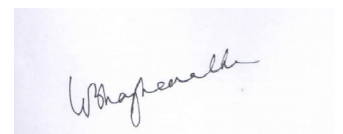
Prostate is normal in size 23 x 31 x 32 mm and echo texture. Volume measure 13 cc. No evidence of necrosis/calcification seen.

IMPRESSION:-

*** HEPATOMEGALY WITH FATTY LIVER.**

Suggest – clinical correlation.

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



Dr. K BHAGHEERATHI
MBBS, DNB Radiodiagnosis
Consultant Radiologist

Patient Name : Mr. V VARAPRASAD

Age/Gender : 33 Y/M

UHID/MR No. : CUPP.0000086548

OP Visit No : CUPPOPV130723

Sample Collected on :

Reported on : 09-03-2024 12:49

LRN# : RAD2262167

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 177745

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

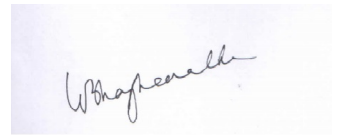
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. K BHAGHEERATHI
MBBS,DNB Radiodiagnosis
Consultant Radiologist

Name: Mr. V VARAPRASAD
Age/Gender: 33 Y/M
Address: HYD
Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. AYYAPPA SWAMY AMARA

MR No: CUPP.0000086548
Visit ID: CUPPOPV130723
Visit Date: 09-03-2024 10:32
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. V VARAPRASAD
Age/Gender: 33 Y/M
Address: HYD
Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. KOPPULA TRIVENI

MR No: CUPP.0000086548
Visit ID: CUPPOPV130723
Visit Date: 09-03-2024 10:32
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. V VARAPRASAD
Age/Gender: 33 Y/M
Address: HYD
Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
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Consulting Doctor: Dr. AYYAPPA SWAMY AMARA

MR No: CUPP.0000086548
Visit ID: CUPPOPV130723
Visit Date: 09-03-2024 10:32
Discharge Date:
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Doctor's Signature

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
10-03-2024 09:00	96 Beats/min	140/80 mmHg	22 Rate/min	98.6 F	171 cms	86 Kgs	%	%	Years	29.41	cms	cms	cms		AHLL06629

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
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S. No.	Company Name
1	Arcofemi/Mediwheel/MALE/FEMALE

PACKAGE NAME	Booking ID
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO	bobE12909

EMP-NAME	AGE	GENDER	EMAIL	CONTACT NO
MR. V VARAPRASAD G	33	Male	varaprasad564@gmail.com	9032209266

Appointment Date	Appointment Time	CLINIC NAME
9-Mar-24	9:00 AM	Apollo Clinic - Uppal

CLINIC STATE	CLINIC CITY
Telangana	Hyderabad

Booking Status	Status
If 2D ECHO Slot are Full or 2D Echo Facility not Available book TMT Package	Confirmed



कूट क्र.

E.C. No.: 177745

नाम | जी वी वरा प्रसाद

Name: G.V. Vara Prasad

धारक के हस्ताक्षर | Signature of Holder



जारी करने की तारीख

Date of Issue : 24-05-2021

जारीकर्ता प्राधिकारी

Issuing Authority

Patient Name : Mr. V VARAPRASAD Age : 33 Y/M
UHID : CUPP.0000086548 OP Visit No : CUPPOPV130723
Conducted By: : Dr. CH VENKATESHAM Conducted Date : 09-03-2024 16:27
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.8 CM
LA (es)	3.4 CM
LVID (ed)	4.6 CM
LVID (es)	3.0 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	69.00%
%FD	35.00%
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

Patient Name	: Mr. V VARAPRASAD	Age	: 33 Y/M
UHID	: CUPP.0000086548	OP Visit No	: CUPPOPV130723
Conducted By:	: Dr. CH VENKATESHAM	Conducted Date	: 09-03-2024 16:27
Referred By	: SELF		

COLOUR AND DOPPLER STUDIES:

AJV = 1.4

PJV = 0.9

E = 0.9

A = 0.7

MPRESSION:

NORMAL SIZED CARDIAC CHAMBERS & VALVES.

NORMAL BLOOD FLOW.

GOOD LV / RV FUNCTION.

NO RWMA / LVH

NO CLOT / P-E

