

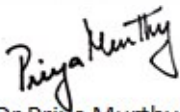
| | |
|--|--|
| Patient Name : Mr.CHINTALAPULI SRINIVASALU | Collected : 09/Mar/2024 09:23AM |
| Age/Gender : 49 Y 7 M 20 D/M | Received : 09/Mar/2024 10:42AM |
| UHID/MR No : SALW.0000097174 | Reported : 09/Mar/2024 01:44PM |
| Visit ID : CMAROPV784625 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 011-41195959 | |

DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 14.4 | g/dL | 13-17 | Spectrophotometer |
| PCV | 43.80 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 4.74 | Million/cu.mm | 4.5-5.5 | Electrical Impedence |
| MCV | 92.4 | fL | 83-101 | Calculated |
| MCH | 30.4 | pg | 27-32 | Calculated |
| MCHC | 32.9 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 12.8 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,350 | cells/cu.mm | 4000-10000 | Electrical Impedence |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 54.8 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 36.2 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 2.8 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 5.6 | % | 2-10 | Electrical Impedence |
| BASOPHILS | 0.6 | % | <1-2 | Electrical Impedence |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3479.8 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2298.7 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 177.8 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 355.6 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 38.1 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.51 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 251000 | cells/cu.mm | 150000-410000 | Electrical impedence |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 7 | mm at the end of 1 hour | 0-15 | Modified Westegren method |
| PERIPHERAL SMEAR | | | | |

Page 1 of 16



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



SIN No:BED240062883

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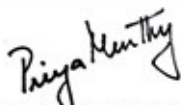
RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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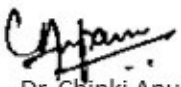
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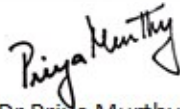
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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|----------|------|-----------------|-----------------------------|
| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
| BLOOD GROUP TYPE | A | | | Microplate Hemagglutination |
| Rh TYPE | Positive | | | Microplate Hemagglutination |



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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 | 142 | 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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ 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) | 240 | mg/dL | 70-140 | HEXOKINASE |


Comment:


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

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |

Page 4 of 16


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SIN No:EDT240028584

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| | | | |
|---------------------------------|-----|-------|------------|
| HbA1C, GLYCATED HEMOGLOBIN | 7.6 | % | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 171 | mg/dL | Calculated |


Comment:

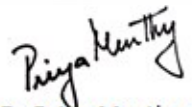
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

| 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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DEPARTMENT OF BIOCHEMISTRY

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------|-------|-----------------|----------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 174 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 249 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 48 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 126 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 75.9 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 49.8 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.62 | | 0-4.97 | Calculated |

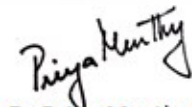
Comment:

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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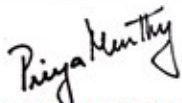
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| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 1.07 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.14 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.93 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 31 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 22.0 | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 56.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.46 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.41 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 3.05 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.45 | | 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.



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SIN No:SE04655449

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

| | |
|--|--|
| Patient Name : Mr.CHINTALAPULI SRINIVASALU | Collected : 09/Mar/2024 09:23AM |
| Age/Gender : 49 Y 7 M 20 D/M | Received : 09/Mar/2024 12:55PM |
| UHID/MR No : SALW.0000097174 | Reported : 09/Mar/2024 06:30PM |
| Visit ID : CMAROPV784625 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 011-41195959 | |

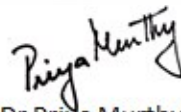
DEPARTMENT OF BIOCHEMISTRY

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 | 1.02 | mg/dL | 0.67-1.17 | Jaffe's, Method |
| UREA | 24.40 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 11.4 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 4.62 | mg/dL | 3.5-7.2 | Uricase PAP |
| CALCIUM | 9.30 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.41 | 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 | 105 | mmol/L | 101-109 | ISE (Indirect) |
| PROTEIN, TOTAL | 7.46 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.41 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 3.05 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.45 | | 0.9-2.0 | Calculated |



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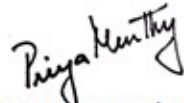
DEPARTMENT OF BIOCHEMISTRY

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 22.00 | U/L | <55 | IFCC |



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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) | 0.94 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 9.23 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 1.524 | µIU/mL | 0.34-5.60 | CLIA |

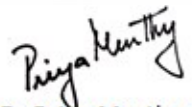
Comment:

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

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 |


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SIN No:SPL24041733

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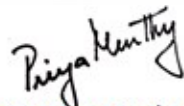
DEPARTMENT OF IMMUNOLOGY

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High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma



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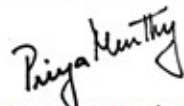
| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|--------|
| TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM | 1.210 | ng/mL | 0-4 | CLIA |

Comment:

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



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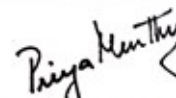
DEPARTMENT OF CLINICAL PATHOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|---------------|------|------------------|----------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Visual |
| pH | 5.5 | | 5-7.5 | DOUBLE INDICATOR |
| SP. GRAVITY | 1.025 | | 1.002-1.030 | Bromothymol Blue |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | POSITIVE ++++ | | NEGATIVE | GLUCOSE OXIDASE |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING REACTION |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | SODIUM NITRO PRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | MODIFIED EHRlich REACTION |
| BLOOD | NEGATIVE | | NEGATIVE | Peroxidase |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | LEUCOCYTE ESTERASE |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 2-3 | /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 | ABSENT | | ABSENT | MICROSCOPY |

Result Rechecked

Page 14 of 16


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



SIN No:UR2301121

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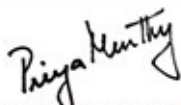
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DEPARTMENT OF CLINICAL PATHOLOGY

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

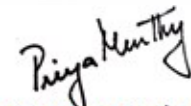
| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------|-----------------|------|-----------------|----------|
| URINE GLUCOSE(FASTING) | POSITIVE (++++) | | NEGATIVE | Dipstick |

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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



SIN No:UF011047

This test has been performed at Apollo Health & Lifestyle Ltd, ARCOFEMI BANGALORE Laboratory

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

 **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)

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Chintalapudi Srinivasulu on 09/03/2024

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

| | Tick |
|--|-------------------------------------|
| <ul style="list-style-type: none"> • Medically Fit | <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 employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p> | |
| <ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p> | |
| <ul style="list-style-type: none"> • Unfit | |

Dr. _____
Medical Officer



This certificate is not meant for medico-legal purposes

Date : 09-03-2024

Department : GENERAL

MR NO : SALW.0000097174

Doctor :

Name : Mr. CHINTALAPULI SRINIVASALL

Registration No :

Age/ Gender : 49 Y / Male

Qualification :

Consultation Timing: 09:14

| | | | |
|----------------|---------------|--------|------------------|
| Height : 169cm | Weight : 76kg | BMI : | Waist Circum : |
| Temp : | Pulse : 98bpm | Resp : | B.P : 128/70mmHg |

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

1200 ST CHINTALAPU 00097174, APOLLO
49 Years (20.07.1974)

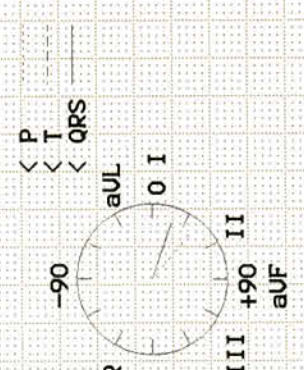
HR 92 bpm

Measurement Results:

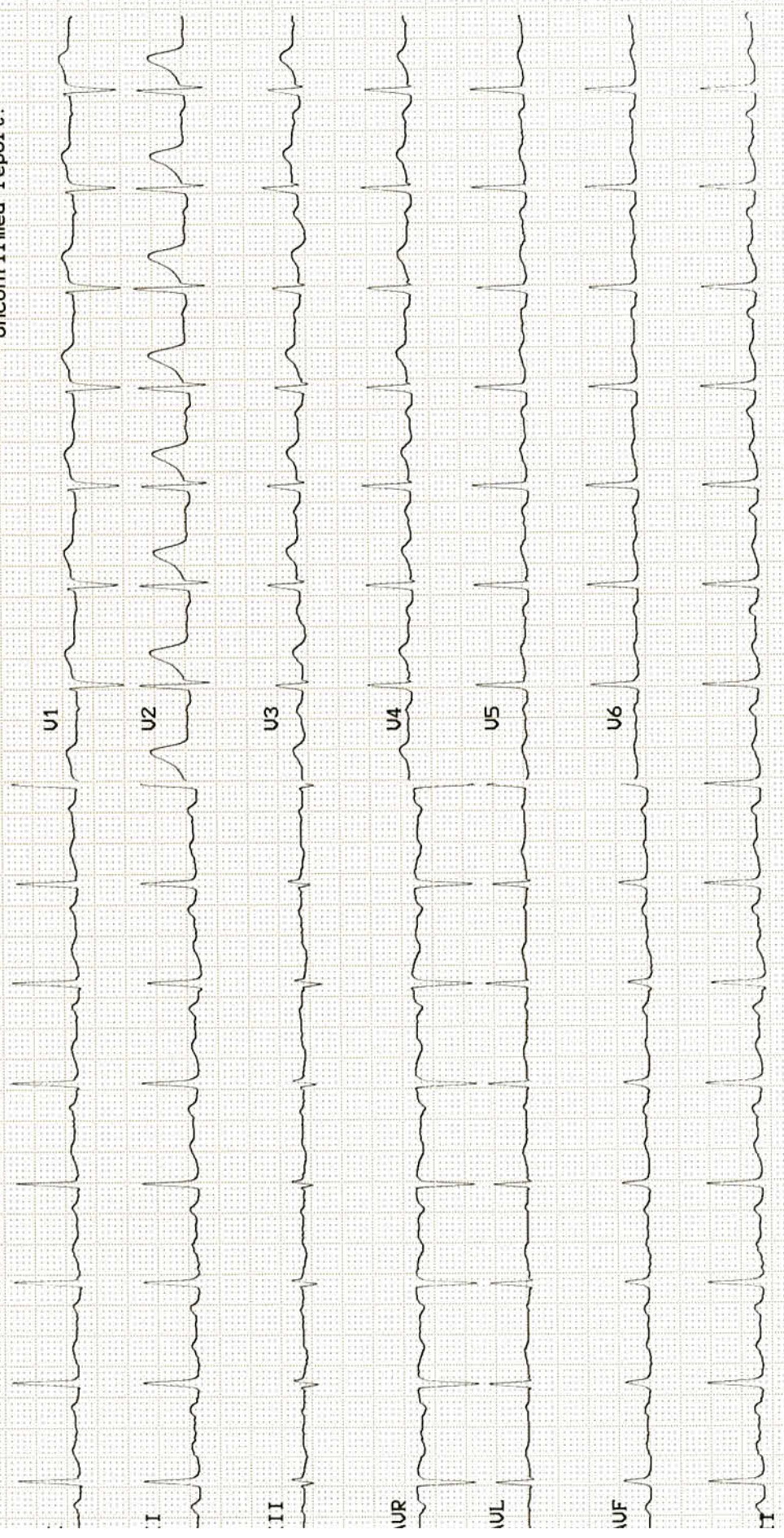
| | | |
|-------|---|----------------------|
| PR | : | 84 ms |
| QB | : | 348 / 432 ms |
| QT | : | 178 ms |
| QTc | : | 112 ms |
| QTd | : | 650 / 645 ms |
| QTcBD | : | 40 / 20 / 20 degrees |
| QTd | : | 50 / 62 ms |
| QTd | : | 1.6 mV |
| QTd | : | 13 |

Interpretation:

R/S inversion area between V1 and U2 probably normal ECG



Unconfirmed report.



DEPARTMENT OF OPHTHALMOLOGY

| | |
|------------------------------------|-----------------------|
| Employee Name: <i>Chintalapudi</i> | Date: <i>09/03/24</i> |
| Employee No: <i>Saiviravalue</i> | Sex: <i>M</i> |
| Age: <i>49</i> | Systemic illness: |

| Examination | RE | LE |
|-------------------|---|-----------------------------|
| Anterior Segment | Normal /Abnormal | Normal /Abnormal |
| Vision Distance | <i>6/36</i> | <i>6/60</i> |
| Near vision | <i>N18</i> | <i>N18</i> |
| Colour (Ishihara) | Normal/Abnormal | Normal/Abnormal |
| Refractive Error | Present/Absent | Present/Absent |
| New Glass power | <i>-2.50 SPK</i> | <i>-4.00 SPK -6/6</i> |
| Add Power | <i>+1.75</i> | <i>+1.75 - N/6</i> |
| Glass If any | To Continue / Change | To Continue / Change |
| IOP (mm of Hg) | Normal/Abnormal | Normal/Abnormal |
| Posterior Segment | Normal/Abnormal | Normal/Abnormal |
| Impression | Normal/ Refractive Error /Presbyopic BE/Others | |

| | |
|-----------------|---------------------------------|
| Advice/Comments | <i>- cont with same glasses</i> |
|-----------------|---------------------------------|

Sudh

Signature of Consultant & Optometrist

| | | | |
|--------------------|--------------------------------|-------------|--------------------|
| Patient Name | : Mr. CHINTALAPULI SRINIVASALU | Age | : 49 Y M |
| UHID | : SALW.0000097174 | OP Visit No | : CMAROPV784625 |
| Reported on | : 09-03-2024 13:12 | Printed on | : 09-03-2024 13:12 |
| Adm/Consult Doctor | : | Ref Doctor | : SELF |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size (13.9cm), shape and shows diffuse increase in echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Partially distended.No definite calculi identified in this state of distension . No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 10.2cm and parenchymal thickness measures 1.6cm.

Left kidney measures 11.0cm and parenchymal thickness measures 1.7cm.

URINARY BLADDER: Partially distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in size and echo-pattern. It measures 3.5x3.4x3.1cm.vol - 20.6cc

No free fluid or lymphadenopathy is seen.

Visualized bowel loops appears normal.

IMPRESSION:

GRADE I FATTY INFILTRATION OF LIVER.

NO OTHER SIGNIFICANT ABNORMALITY DETECTED.

Suggested clinical correlation and further evaluation if needed.

Patient Name : Mr. CHINTALAPULI SRINIVASALU Age : 49 Y M
UHID : SALW.0000097174 OP Visit No : CMAROPV784625
Reported on : 09-03-2024 13:12 Printed on : 09-03-2024 13:12
Adm/Consult Doctor : Ref Doctor : SELF

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation, obesity, bowel gas, patient preparation and organ location.
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
3. please note: non obstructing ureteric calculi; small renal/ ureteric calculi may not always be detected on USG; a CT KUB is advised if symptoms persist.
4. Printing mistakes should immediately be brought to notice for correction.
5. This is USG Abdomen screening.

Printed on: 09-03-2024 13:12

---End of the Report---



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology



बैंक ऑफ बड़ोदा
Bank of Baroda



नाम : CHINTALAPUDI SRINIVASULU
Name

कर्मचारी कूट क्र : 68348
E.C. No.

जारीकर्ता प्राधिकारी
Issuing Authority

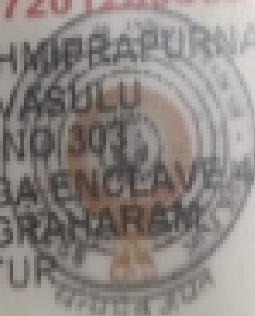
धारक के हस्ताक्षर
Signature of Holder

INDIAN UNION DRIVING LICENCE
ANDHRA PRADESH

DRIVING LICENCE
AP00720120036242



LAKSHMI PRAPURNA EDDANAPUDI
SRINIVASULU
FLAT NO 303
MANGA ENCLAVE WITH LINE
AT AGRAHARAM
GUNTUR



Lakshmi Prapurna

Signature

Issued on: 23/06/2012

Lakshmi Prapurna
Licensing Authority
RTA-GUNTUR

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Wed, 6 Mar 2024, 4:54 pm

Subject: Health Check up Booking Confirmed Request(bobE13435),Package Code-
PKG10000367, Beneficiary Code-309633

To: <srinivasbobjpr@gmail.com>

Cc: <customercare@mediwheel.in>



011-41195959

Dear **MR. SRINIVASULU CHINTALAPUDI**,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Annual Plus Above 50 Male

Patient Package Name : Mediwheel Full Body Health Checkup Male Above 40

Name of Diagnostic/Hospital : Apollo Clinic- Marathahalli

Address of Diagnostic/Hospital- Apollo Clinic, 673/A, Shriram Samruddhi Apartments, Varthur
Road, Near Kundalahalli Signal, Whitefield, BEML Layout,
Brookefield - 560066

City : Bangalore

State :

Pincode : 560066

Appointment Date : 09-03-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:00am

Booking Status : Booking Confirmed

Member Information

| Booked Member Name | Age | Gender |
|------------------------------|---------|--------|
| MR. SRINIVASULU CHINTALAPUDI | 49 year | Male |

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team

Please Download Mediwheel App



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Please visit to our [Terms & Conditions](#) for more informaion. [Click here to unsubscribe.](#)

Patient Name : Mr. CHINTALAPULI SRINIVASALU

Age/Gender : 49 Y/M

UHID/MR No. : SALW.0000097174

OP Visit No : CMAROPV784625

Sample Collected on :

Reported on : 09-03-2024 18:02

LRN# : RAD2261528

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 011-41195959

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

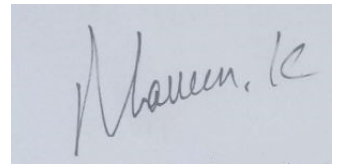
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

| | | | |
|----------------------------|--------------------------------|--------------------|--------------------|
| Patient Name | : Mr. CHINTALAPULI SRINIVASALU | Age/Gender | : 49 Y/M |
| UHID/MR No. | : SALW.0000097174 | OP Visit No | : CMAROPV784625 |
| Sample Collected on | : | Reported on | : 09-03-2024 13:12 |
| LRN# | : RAD2261528 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 011-41195959 | | |

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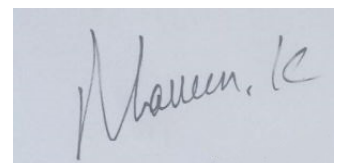
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