


Patient Name : Mr.KORNI SRINU	Collected : 23/Mar/2024 09:34AM
Age/Gender : 35 Y 6 M 0 D/M	Received : 23/Mar/2024 12:07PM
UHID/MR No : CVIS.0000124593	Reported : 23/Mar/2024 02:07PM
Visit ID : CVISOPV122659	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9642725180I	

**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:BED240079606

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

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DEPARTMENT OF HAEMATOLOGY

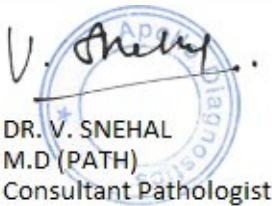
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.4	g/dL	13-17	Spectrophotometer
PCV	42.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.87	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88	fL	83-101	Calculated
MCH	29.5	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,700	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	46.3	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>41</b>	%	20-40	Electrical Impedance
EOSINOPHILS	5.1	%	1-6	Electrical Impedance
MONOCYTES	7.5	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4028.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	<b>3567</b>	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	443.7	Cells/cu.mm	20-500	Calculated
MONOCYTES	652.5	Cells/cu.mm	200-1000	Calculated
BASOPHILS	8.7	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.13		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	211000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	10	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
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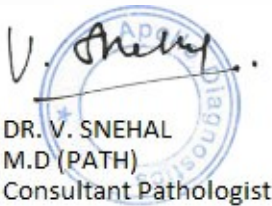
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DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN



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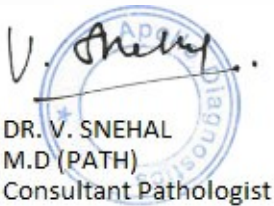
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**DEPARTMENT OF HAEMATOLOGY**

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

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



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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
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	132	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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>6</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	mg/dL		Calculated

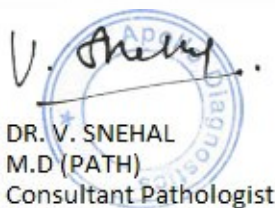
**Comment:**

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.



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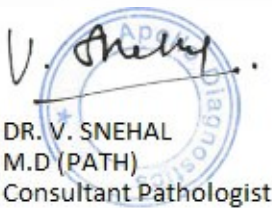
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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

- 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)



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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>213</b>	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	<b>154</b>	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	<b>39</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>174</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>143.6</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>30.8</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>5.47</b>		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.24</b>		<0.11	Calculated

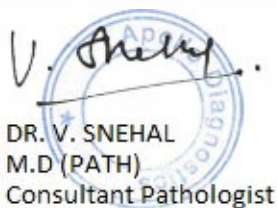
**Comment:**

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

**Note:**

- 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.



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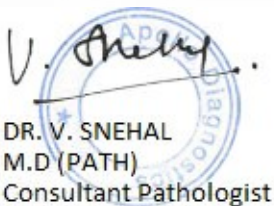
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- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, 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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.52	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.42	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	36.21	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>39.6</b>	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	97.80	U/L	53-128	IFCC
PROTEIN, TOTAL	8.08	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.66	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.42	g/dL	2.0-3.5	Calculated
A/G RATIO	1.36		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:**

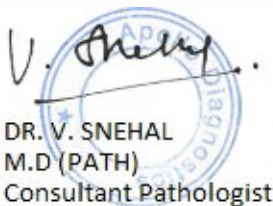
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.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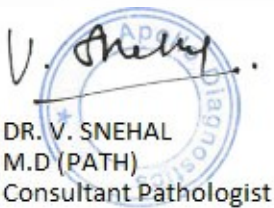
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	1.03	mg/dL	0.7-1.2	Jaffe
UREA	<b>16.46</b>	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	<b>7.7</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.59	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	9.52	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.98	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	135	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	98	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.08	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.66	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.42	g/dL	2.0-3.5	Calculated
A/G RATIO	1.36		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	49.60	U/L	0-55	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

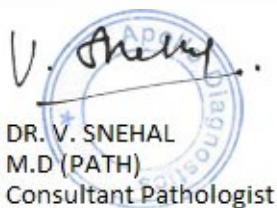
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.36	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	11	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	2.490	µIU/mL	0.3-4.5	CLIA

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



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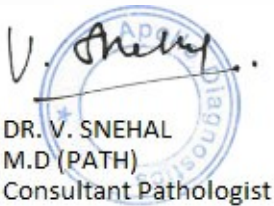
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Age/Gender : 35 Y 6 M 0 D/M	Received : 23/Mar/2024 01:18PM
UHID/MR No : CVIS.0000124593	Reported : 23/Mar/2024 04:28PM
Visit ID : CVISOPV122659	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9642725180I	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	0	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



SIN No:UR2313964

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

Patient Name : Mr.KORNI SRINU	Collected : 23/Mar/2024 09:34AM
Age/Gender : 35 Y 6 M 0 D/M	Received : 23/Mar/2024 01:18PM
UHID/MR No : CVIS.0000124593	Reported : 23/Mar/2024 04:28PM
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Emp/Auth/TPA ID : 9642725180I	

**DEPARTMENT OF CLINICAL PATHOLOGY**

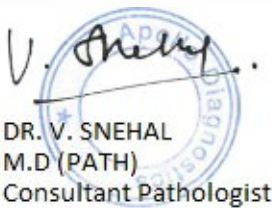
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

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

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

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

Result/s to Follow:  
GLUCOSE, FASTING



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



SIN No:UF011332

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

## Physical Medical Examination Format

NAME:- <u>KORNI SAINU</u>	DATE:- <u>23/3/24</u>
DESIGNATION:-	AGE:- <u>35</u>
EMP CODE:-	UNIT/DEPARTMENT:-
BLOOD GROUP:-	MARTIAL STATUS:- MARRIED/UNMARRIED

### MEDICAL EXAMINATION

Complaints (if any)	<u>NO</u>
Personal /family history	<u>NO</u>
Past Medical /Surgical	<u>F - BP</u>
Sensitivity/Allergy (if any)	<u>NO</u>
Habits	<u>NO</u>
Occupational History	<u>NO</u>

Height: <u>173</u>	Weight: <u>74</u>	BMI: <u>24.73</u>	Pulse: <u>101</u>
Temp: <u>98.6</u>	Spo2: <u>99</u>	Resp: <u>18</u>	B.P: <u>100/70</u>

Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms. K. SAINU .....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 PRIYADAKSHINI  
MBBS  
Regd. No. 63148  
Signature & Seal Of Medical Examiner With  
Apollo Clinic, Seethamma Peta, Vizag  
Registration No. ....

**Apollo Health and Lifestyle Limited**

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

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

BANIC & BARODA

NAME : MV. K. SRINU      GENDER : M  
AGE : 35      DATE : 23/3/24

**OPHTHALMOLOGY SCREENING REPORT**

VISION : (OD) 6/6      129 6/6  
DISTANCE : 26      26  
NEAR VISION :  
COLOUR VISION : - WNL -  
ANT.SEGMENT : - 2nd -  
CONJUNCTIVA :  
CORNEA : - clear -  
PUPIL : - R/L/H -  
FUNDUS :  
IMPRESSION : WNL

  
SIGNATURE



Name: Mr. KORNI SRINU  
 Age/Gender: 35 Y/M  
 Address: vskp  
 Location: VISAKHAPATNAM, ANDHRA PRADESH  
 Doctor:  
 Department: LABORATORY  
 Rate Plan: VISHAKAPATNAM\_06042023  
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000124593  
 Visit ID: CVISOPV122659  
 Visit Date: 23-03-2024 08:58  
 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
23-03-2024 12:59	101 Beats/min	100/70 mmHg	18 Rate/min	98.6 F	173 cms	74 Kgs	%	%	Years	24.73	cms	cms	cms		AHLL09094



ID: 124593  
Korni srinu  
Male 35Y ears  
Req. No. :

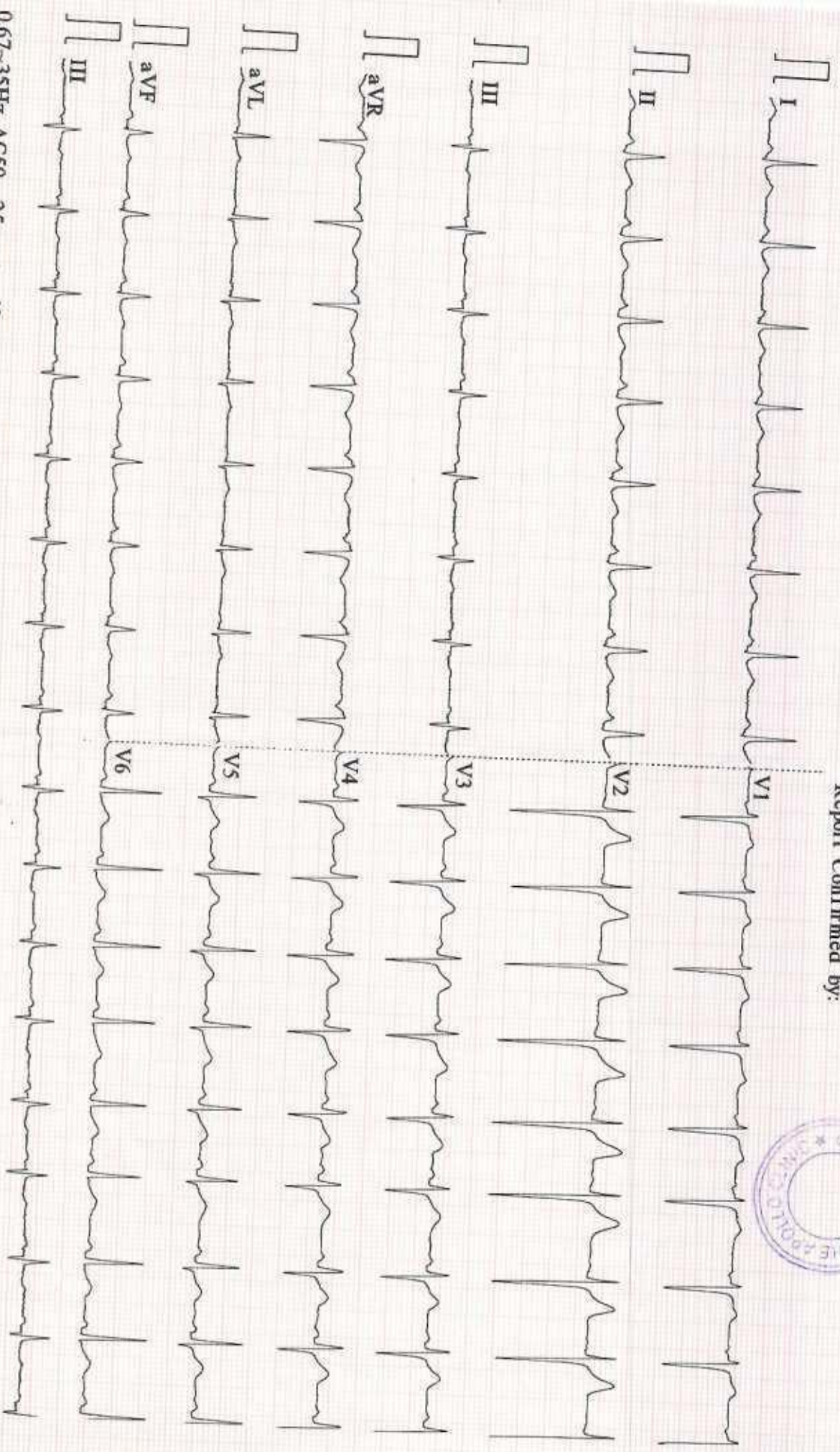
23-03-2024 11:37:03

HR : 101 bpm  
P : 92 ms  
PR : 118 ms  
QRS : 86 ms  
QT/QTcBz : 318/413 ms  
PQRS/T : 45/35/31 °  
RV5/SV1 : 0.839/1.246 mV

Diagnosis Information:  
Sinus tachycardia

Normal ECG except for rate

Report Confirmed by:



0.67~35Hz AC50 25mm/s 10mm/mV 2\*5.0s+1r CARDIART 910

V146 Glasgow V28.6.7 APOLLO CLINIC VIZAG

Dr. N. MUKUNDA RAO

MBBS.,MS

ENT CONSULTANT

Reg. No. AMC17481

Patient Name: Mr. S. Srinivas Age/Sex: M 35/22 Date: 23/3/24

For 90 mins checkup

d) E Both Ears  
Nose | NAD  
Throat

Hearing wAL checkup  
CTF

Nil ENT

NAD



Patient Name	: Mr. KORNI SRINU	Age	: 35 Y/M
UHID	: CVIS.0000124593	OP Visit No	: CVISOPV122659
Reported By:	: Dr. APPALA NAIDU L S	Conducted Date	: 23-03-2024 13:39
Referred By	: SELF		

**ECG REPORT**

**Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 101 beats 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. APPALA NAIDU L S

Patient Name : Mr. KORNI SRINU  
UHID : CVIS.0000124593  
Reported on : 23-03-2024 14:04  
Adm/Consult Doctor :

Age : 35 Y M  
OP Visit No : CVISOPV122659  
Printed on : 23-03-2024 14:06  
Ref Doctor : SELF

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** :13.6cm. 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 : 9.3 x 4.5 cm

Left kidney : 9.7 x 5.0 cm

**Urinary Bladder** :Empty.

**Prostate** :Normal in size and normal in echo texture.No evidence of necrosis/calcification seen. its volume 14 cc

There is no evidence of ascites/ pleural effusion seen.

### IMPRESSION:-

Patient Name : Mr. KORNI SRINU  
UHID : CVIS.0000124593  
Reported on : 23-03-2024 14:04  
Adm/Consult Doctor :

Age : 35 Y M  
OP Visit No : CVISOPV122659  
Printed on : 23-03-2024 14:06  
Ref Doctor : SELF

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

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

**This is only a screening test.**

Printed on:23-03-2024 14:04

---End of the Report---

**Dr. KARROTU SUDHA**  
**MD RADIOLOGY**  
Radiology



Patient Name : Mr. KORNI SRINU  
UHID : CVIS.0000124593  
Reported on : 23-03-2024 15:12  
Adm/Consult Doctor :

Age : 35 Y M  
OP Visit No : CVISOPV122659  
Printed on : 23-03-2024 15:12  
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:23-03-2024 15:12

---End of the Report---



**Dr. KARROTU SUDHA**  
**MD RADIOLOGY**  
Radiology

Patient Name	: Mr. KORNI SRINU	Age	: 35 Y/M
UHID	: CVIS.0000124593	OP Visit No	: CVISOPV122659
Conducted By:	: Dr. SHASHANKA CHUNDURI	Conducted Date	: 23-03-2024 16:53
Referred By	: SELF		

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (cd)	2.9 CM
LA (cs)	3.0 CM
LVID (cd)	4.1 CM
LVID (cs)	2.6 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	1.0 CM
EF	60.00%
%FD	33.00%

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM NORMAL

INTER VENTRICULAR SEPTUM NORMAL

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.

ME: E > A

AF: 0.9 m/sec.



IMPRESSION :

NORMAL CARDIAC SIZE.  
NO RWMA.  
GOOD L.V SYSTOLIC FUNCTION.  
NO PERICARDIAL EFFUSION.  
LVEF:60%

Dr. SHASHANKA  
CHUNDURI

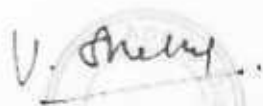


Patient Name	: Mr.KORNI SRINU	Collected	: 23/Mar/2024 09:34AM
Age/Gender	: 35 Y 6 M 0 D/M	Received	: 23/Mar/2024 12:07PM
UHID/MR No	: CVIS.0000124593	Reported	: 23/Mar/2024 02:07PM
Visit ID	: CVISOPV122659	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 96427251801		

**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

S/N No:BED240079606

**Apollo Health and Lifestyle Limited** Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

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**Vizag** (Seethamma Peta)

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mr.KORNI SRINU	Collected	: 23/Mar/2024 09:34AM
Age/Gender	: 35 Y 6 M 0 D/M	Received	: 23/Mar/2024 12:07PM
UHID/MR No.	: CVIS.0000124593	Reported	: 23/Mar/2024 02:07PM
Visit ID	: CVISOPV122659	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9642725180I		

**DEPARTMENT OF HAEMATOLOGY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

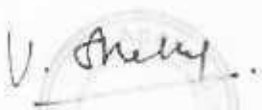
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	14.4	g/dL	13-17	Spectrophotometer
PCV	42.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.87	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88	fL	83-101	Calculated
MCH	29.5	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,700	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	46.3	%	40-80	Electrical Impedance
LYMPHOCYTES	41	%	20-40	Electrical Impedance
EOSINOPHILS	5.1	%	1-6	Electrical Impedance
MONOCYTES	7.5	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4028.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3567	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	443.7	Cells/cu.mm	20-500	Calculated
MONOCYTES	652.5	Cells/cu.mm	200-1000	Calculated
BASOPHILS	8.7	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.13		0.78- 3.53	Calculated
PLATELET COUNT	211000	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**

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
 PLATELETS ARE ADEQUATE.

Page 2 of 14



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



SIN No:BED240079606

Apollo Health and Lifestyle Limited

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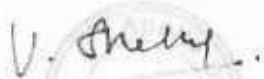
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**DEPARTMENT OF HAEMATOLOGY**

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

NO HEMOPARASITES SEEN



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

SIN No:BED240079606

Apollo Health and Lifestyle Limited  
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Vizag (Seethamma Peta)

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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			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:BED240079606

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Emp/Auth/TPA ID	: 96427251801		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	132	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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	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.

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



SIN No: EDT240036498

**Apollo Health and Lifestyle Limited**

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017  
 (CIN : U65110TG2000PLC046089) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohi.com

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 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

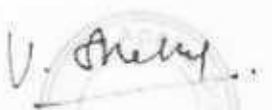
**1860 500 7788**

Patient Name	: Mr.KORNI SRINU	Collected	: 23/Mar/2024 09:34AM
Age/Gender	: 35 Y 6 M 0 D/M	Received	: 23/Mar/2024 12:07PM
UHID/MR No	: CVIS.0000124593	Reported	: 23/Mar/2024 02:07PM
Visit ID	: CVISOPV122659	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 96427251801		

### DEPARTMENT OF BIOCHEMISTRY

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

- 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 glycemc 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 Glycemc Control
  - HbF >25%
  - Homozygous Hemoglobinopathy.(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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

SIN No:EDT240036498

Apollo Health and Lifestyle Limited Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

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

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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	213	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	154	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	39	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	174	mg/dL	<130	Calculated
LDL CHOLESTEROL	143.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	30.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.47		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.24		<0.11	Calculated

**Comment:**

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 - 0.20	>0.21	

**Note:**

- 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.

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



SIN No:SE04672724

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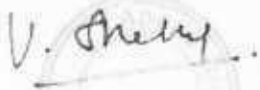
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### DEPARTMENT OF BIOCHEMISTRY

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

- 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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



DR. V. SNEHAL  
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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.52	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.42	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	36.21	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>39.6</b>	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	97.80	U/L	53-128	IFCC
PROTEIN, TOTAL	8.08	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.66	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.42	g/dL	2.0-3.5	Calculated
A/G RATIO	1.36		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.

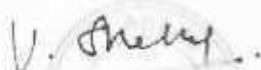
#### 2. Cholestatic Pattern:

- 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.

Page 9 of 14



DR. V. SNEHAL  
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Consultant Pathologist



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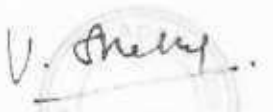
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Emp/Auth/TPA ID	: 96427251801		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	1.03	mg/dL	0.7-1.2	Jaffe
UREA	<b>16.46</b>	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	<b>7.7</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.59	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	9.52	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.98	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	135	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	98	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.08	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.66	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.42	g/dL	2.0-3.5	Calculated
A/G RATIO	1.36		0.9-2.0	Calculated



DR. V. SNEHAL  
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Consultant Pathologist



SIN No:SE04672724

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TO BOOK AN APPOINTMENT

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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	49.60	U/L	0-55	IFCC



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### DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.36	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	11	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	2.490	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

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 M.D (PATH)  
 Consultant Pathologist



SIN No: SPL24053377

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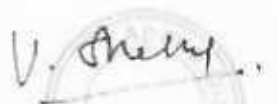
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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	EHRUCH
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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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 Consultant Pathologist



SIN No:UR2313964

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TO BOOK AN APPOINTMENT

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

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

Result/s to Follow:  
 GLUCOSE, FASTING



*V. Snehal*  
 DR. V. SNEHAL  
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 Consultant Pathologist

SIN No:UF011332

**Apollo Health and Lifestyle Limited**

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TO BOOK AN APPOINTMENT

 **1860 500 7788**



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Government of India

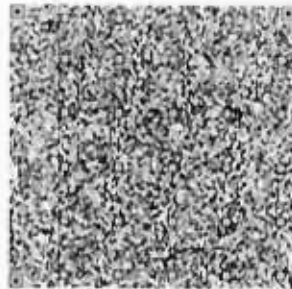
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రిజిస్ట్రేషన్/ Enrolment No.: 0013/17007/20693

Download Date: 07/08/2021

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Srinu Korni  
C/O: K Veerababu  
57-28-1  
Venkatadri Block-202  
Kancharapalem  
Happy Homes  
Visakhapatnam (Urban)  
Industrial Estate  
Visakhapatnam Andhra Pradesh - 530007  
9642725180

Issue Date: 01/08/2021



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

**2774 6526 9378**

VID : 9157 1885 9233 1234

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం  
Government of India



Download Date: 07/08/2021



శ్రీమ కోర్ని  
Srinu Korni  
పుట్టిన తేదీ/DOB: 29/08/1988  
పురుషుడు/ MALE

Issue Date: 01/08/2021

**2774 6526 9378**

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PACKAGE NAME	Booking ID
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	bobS15500
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO	bobE15497

EMP-NAME	AGE	GENDER	EMAIL	CONTACT NO	Appointment Date	Appointment Time
korni mounika mahalakshmi	25	Female	k.srinivas.298@gmail.com	9642725180	23-03-2024	9:00 AM
MR. KORNI SRINU	35	Male	k.srinivas.298@gmail.com	9642725180	23-03-2024	9:00 AM

S. No.	Company Name
32	Arcofemi/Mediwheel/MALE/FEMALE
33	Arcofemi/Mediwheel/MALE/FEMALE

**Patient Name** : Mr. KORNI SRINU

**Age/Gender** : 35 Y/M

**UHID/MR No.** : CVIS.0000124593

**OP Visit No** : CVISOPV122659

**Sample Collected on** :

**Reported on** : 23-03-2024 15:12

**LRN#** : RAD2278260

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 96427251801

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**DEPARTMENT OF RADIOLOGY**

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**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. KORNI SRINU

**Age/Gender** : 35 Y/M

**UHID/MR No.** : CVIS.0000124593

**OP Visit No** : CVISOPV122659

**Sample Collected on** :

**Reported on** : 23-03-2024 14:06

**LRN#** : RAD2278260

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 96427251801

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**DEPARTMENT OF RADIOLOGY**

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**ULTRASOUND - WHOLE ABDOMEN**

**Liver** :13.6cm. 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 : 9.3 x 4.5 cm

Left kidney : 9.7 x 5.0 cm

**Urinary Bladder** :Empty.

**Prostate** :Normal in size and normal in echo texture.No evidence of necrosis/calcification seen. its volume 14 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.**



**Patient Name** : Mr. KORNI SRINU

**Age/Gender** : 35 Y/M

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**This is only a screening test.**

**Dr. KARROTU SUDHA**  
**MD RADIOLOGY**  
Radiology

Name: Mr. KORNI SRINU  
Age/Gender: 35 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.0000124593  
Visit ID: CVISOPV122659  
Visit Date: 23-03-2024 08:58  
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. KORNI SRINU  
Age/Gender: 35 Y/M  
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Doctor:  
Department: LABORATORY  
Rate Plan: VISHAKAPATNAM\_06042023  
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Consulting Doctor: Dr. AISHWARYA MALLADI

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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
23-03-2024 12:59	101 Beats/min	100/70 mmHg	18 Rate/min	98.6 F	173 cms	74 Kgs	%	%	Years	24.73	cms	cms	cms		AHLL09094

Established Patient: No

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