


Patient Name : Mr.SREENIVASA RAO KONETI	Collected : 09/Mar/2024 09:54AM
Age/Gender : 39 Y 11 M 25 D/M	Received : 09/Mar/2024 12:34PM
UHID/MR No : CASR.0000186369	Reported : 09/Mar/2024 02:28PM
Visit ID : CASROPV222040	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 381945	

**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>	13.7	g/dL	13-17	Spectrophotometer
PCV	<b>39.10</b>	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.56	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	85.8	fL	83-101	Calculated
MCH	30.1	pg	27-32	Calculated
MCHC	<b>35.1</b>	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,370	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	51.1	%	40-80	Electrical Impedence
LYMPHOCYTES	37.3	%	20-40	Electrical Impedence
EOSINOPHILS	3	%	1-6	Electrical Impedence
MONOCYTES	8.3	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	0-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3766.07	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2749.01	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	221.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	611.71	Cells/cu.mm	200-1000	Calculated
BASOPHILS	22.11	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.37		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	317000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	8	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				

  
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Consultant Pathologist

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SIN No:BED240063171


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

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

NO HEMOPARASITES SEEN  
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

  
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Age/Gender : 39 Y 11 M 25 D/M	Received : 09/Mar/2024 12:34PM
UHID/MR No : CASR.0000186369	Reported : 09/Mar/2024 04:19PM
Visit ID : CASROPV222040	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 381945	

**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	O			Microplate technology
Rh TYPE	Positive			Microplate technology

  
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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

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Patient Name : Mr.SREENIVASA RAO KONETI	Collected : 09/Mar/2024 09:54AM
Age/Gender : 39 Y 11 M 25 D/M	Received : 09/Mar/2024 12:45PM
UHID/MR No : CASR.0000186369	Reported : 09/Mar/2024 01:42PM
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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	94	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

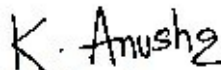
Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of  $> \text{ or } = 126 \text{ mg/dL}$  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.



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Patient Name : Mr.SREENIVASA RAO KONETI	Collected : 09/Mar/2024 01:57PM
Age/Gender : 39 Y 11 M 25 D/M	Received : 10/Mar/2024 11:43AM
UHID/MR No : CASR.0000186369	Reported : 10/Mar/2024 12:31PM
Visit ID : CASROPV222040	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	102	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.

*K. Anusha*

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SIN No:PLP1429476

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Age/Gender : 39 Y 11 M 25 D/M	Received : 09/Mar/2024 12:35PM
UHID/MR No : CASR.0000186369	Reported : 09/Mar/2024 07:13PM
Visit ID : CASROPV222040	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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

**Comment:**

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

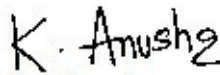
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

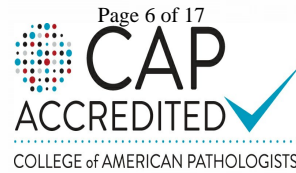
- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated 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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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

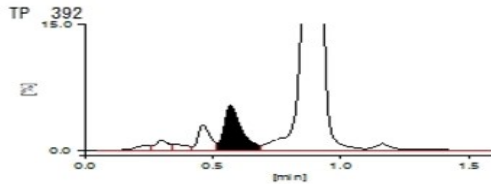
Chromatogram Report

HLC72368 V5.28 1 2024-03-09 16:26:47  
 ID EDT240028767  
 Sample No. 03090203 SL 0003 - 08  
 Patient ID  
 Name  
 Comment

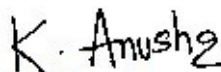
CALIB Y = 1.1933X + 0.3360			
Name	%	Time	Area
A1A	0.4	0.23	7.08
A1B	0.8	0.30	12.74
F	0.5	0.39	8.42
LA1C+	1.8	0.46	29.21
SA1C	5.4	0.57	71.88
AO	92.7	0.89	1537.64
H-V0			
H-V1			
H-V2			

Total Area 1666.97

**HbA1c 5.4 %** **IFCC 36 mmol/mol**  
**HbA1 6.6 %** **HbF 0.5 %**




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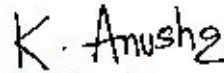


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Age/Gender : 39 Y 11 M 25 D/M	Received : 09/Mar/2024 12:48PM
UHID/MR No : CASR.0000186369	Reported : 09/Mar/2024 03:03PM
Visit ID : CASROPV222040	Status : Final Report
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	249	mg/dL	<200	CHO-POD
TRIGLYCERIDES	108	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	64	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	185	mg/dL	<130	Calculated
LDL CHOLESTEROL	163.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.89		0-4.97	Calculated

**Comment:**

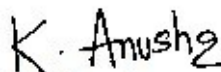
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.93	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.28	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.65	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	64.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.6-8.3	Biuret
ALBUMIN	4.47	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.23	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		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:**

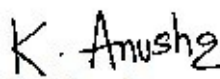
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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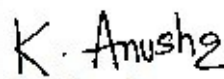
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	1.02	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	24.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>7.43</b>	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.57	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.05	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	<b>100</b>	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.70	g/dL	6.6-8.3	Biuret
ALBUMIN	4.47	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.23	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		0.9-2.0	Calculated

  
**Dr.E.Maruthi Prasad**  
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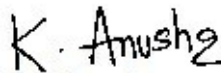
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.00	U/L	<55	IFCC



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



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

Page 12 of 17  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS





Patient Name : Mr.SREENIVASA RAO KONETI	Collected : 09/Mar/2024 09:54AM
Age/Gender : 39 Y 11 M 25 D/M	Received : 09/Mar/2024 12:50PM
UHID/MR No : CASR.0000186369	Reported : 09/Mar/2024 02:07PM
Visit ID : CASROPV222040	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 381945	

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)	0.69	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.71	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.135	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

- 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

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


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

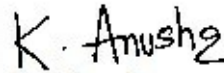


Patient Name	: Mr.SREENIVASA RAO KONETI	Collected	: 09/Mar/2024 09:54AM
Age/Gender	: 39 Y 11 M 25 D/M	Received	: 09/Mar/2024 12:50PM
UHID/MR No	: CASR.0000186369	Reported	: 09/Mar/2024 02:07PM
Visit ID	: CASROPV222040	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 381945		

DEPARTMENT OF IMMUNOLOGY

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

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

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

Page 14 of 17  
**CAP**  
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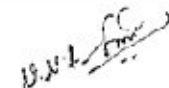


Patient Name : Mr.SREENIVASA RAO KONETI	Collected : 09/Mar/2024 09:54AM
Age/Gender : 39 Y 11 M 25 D/M	Received : 09/Mar/2024 02:53PM
UHID/MR No : CASR.0000186369	Reported : 09/Mar/2024 06:33PM
Visit ID : CASROPV222040	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 381945	

**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	<b>8.0</b>		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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

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

SIN No:UR2301387

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

Page 15 of 17  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



Patient Name : Mr.SREENIVASA RAO KONETI	Collected : 09/Mar/2024 09:54AM
Age/Gender : 39 Y 11 M 25 D/M	Received : 09/Mar/2024 02:55PM
UHID/MR No : CASR.0000186369	Reported : 09/Mar/2024 04:26PM
Visit ID : CASROPV222040	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 381945	

**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>URINE GLUCOSE(POST PRANDIAL)</b>	NEGATIVE		NEGATIVE	Dipstick



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

SIN No: UPP016946

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





Patient Name : Mr.SREENIVASA RAO KONETI	Collected : 09/Mar/2024 01:57PM
Age/Gender : 39 Y 11 M 25 D/M	Received : 10/Mar/2024 11:04AM
UHID/MR No : CASR.0000186369	Reported : 10/Mar/2024 12:19PM
Visit ID : CASROPV222040	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 381945	

**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: UF011130

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

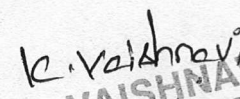


**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination of  
 ..... Sreenivas Rao - K ..... on 11/03/24 .....

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

	<u>Tick</u>
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	✓
<ul style="list-style-type: none"> <li>• Fit with Restrictions/ Recommendations</li> </ul> <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>	
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after.....recommended.</p>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

  
**Dr. K. VAISHNAVI** MBBS  
 Reg No: 12106  
 Consultant physician  
 Apollo Clinic  
 A S Rao Nagar

**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@apollohl.com

**APOLLO CLINICS NETWORK TELANGANA & AP**

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT


**1860 500 7788**

Patient Name : Mr. Sreenivasa Rao Koneti Age : 40 Y/M  
UHID : CASR.0000186369 OP Visit No : CASROPV222040  
Conducted By: : Dr. MRINAL . Conducted Date : 11-03-2024 09:11  
Referred By : SELF

---

**CARDIOLOGY**  
**CARDIAC STRESS TEST – (TMT)**

TEST IS NEGATIVE FOR EXERCISE INDUCIBLE ISCHEMIA.

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

Dr. MRINAL .

---

**Apollo Health and Lifestyle Limited**

(CIN - U85110TN2000PLC046089)

Regd. Office: 19 Bishop Gardens, R A Puram, Chennai 600 028, Tamil Nadu, India | Email ID: info@apollohl.com

For more information contact us at : [customer.care@apollo diagnostics.in](mailto:customer.care@apollo diagnostics.in)

[www.apolلودiagnostics.in](http://www.apolلودiagnostics.in)

HOME COLLECTION  
**4444 2424**

**Apollo Health and Lifestyle Limited**

(CIN - U85110TN2000PLC046089)

Regd. Office: 19 Bishop Gardens, R A Puram, Chennai 600 028, Tamil Nadu, India | Email ID: info@apollohl.com

**APOLLO CLINICS NETWORK**

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Nallakunta | Nizampet | LB Nagar | Vengal Rao Nagar) Andhra Pradesh: Vizag (Seethamma Beta)

Patient Name	: Mr. Sreenivasa Rao Koneti	Age	: 40 Y/M
UHID	: CASR.0000186369	OP Visit No	: CASROPV222040
Reported By:	: Dr. MRINAL .	Conducted Date	: 11-03-2024 13:39
Referred By	: SELF		

---

### **ECG REPORT**

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 73 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

#### **Impression:**

NORMAL RESTING ECG.

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

Dr. MRINAL .



**Patient Name** : Mr. Sreenivasa Rao Koneti

**Age/Gender** : 39 Y/M

**UHID/MR No.** : CASR.0000186369

**OP Visit No** : CASROPV222040

**Sample Collected on** :

**Reported on** : 10-03-2024 12:06

**LRN#** : RAD2261849

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 381945

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

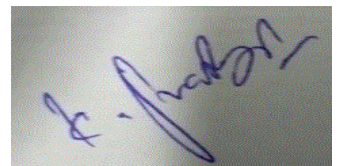
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. PRAVEEN BABU KAJA**  
Radiology

<b>Patient Name</b>	: Mr. Sreenivasa Rao Koneti	<b>Age/Gender</b>	: 39 Y/M
<b>UHID/MR No.</b>	: CASR.0000186369	<b>OP Visit No</b>	: CASROPV222040
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 10-03-2024 08:51
<b>LRN#</b>	: RAD2261849	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 381945		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver** appears normal in size and 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.

**Right kidney : 99x42mm** Normal in size and shows small calculus measuring **4mm** in the lower pole

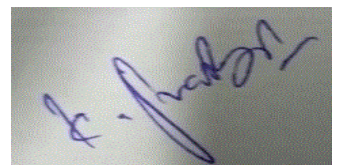
**Left kidney : 100x44mm** Normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality.

**Prostate** is normal in size and echo texture.No evidence of necrosis/calcification seen.

**IMPRESSION:-Small Calculus In The Lower Pole Of Right Kidney.**

**Suggested clinical correlation and further evaluation if necessary.**



**Dr. PRAVEEN BABU KAJA**  
Radiology



**Apollo Clinic**

**Apollo Clinic**  
Experience. Clarity. Trust.

PHYSICAL EXAMINATION FORM

Date 9.3.24

UHID 186369

Name

Mr - Sravan Kumar Reddy  
Age 39 Y/M

Height

170 Cms

Weight

67.3 Kgs

Chest Measurement

           (in)cm            (out)cm

Waist

           cm

HIP

Pulse

85 Bt/Min

BMI

23 kgs/cm<sup>2</sup>

BP

140/80 mm/Hg

SPO<sub>2</sub>

93 %

Apollo Clinic, A.S. Rao Nagar.

# POWER PRESCRIPTION

NAME: *Sreevivas.k*

GENDER:  M /  F

DATE: *09/03/24*

AGE: *39*

UHID:

## RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>0.75</i>	<i>0.50</i>	<i>180</i>	<i>6/c</i>
NEAR	<i>+1.00</i>	<i>-</i>	<i>-</i>	<i>nb</i>

## LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>-</i>	<i>0.75</i>	<i>90</i>	<i>6/c</i>
NEAR	<i>+1.00</i>	<i>-</i>	<i>-</i>	<i>nb</i>

COLOUR VISION :

DIAGNOSIS : *norm*

OTHER FINDINGS :

INSTRUCTIONS :

*JM*

SIGNATURE





बैंक ऑफ़ बड़ौदा  
Bank of Baroda

नाम  
Name **Asha Jyothi BH**

E.C. No. **101466**



*BH. Asha Jyothi*

धारक के हस्ताक्षर  
Signature of Holder

*[Signature]*  
जारीकर्ता प्राधिकारी  
Issuing Authority

आयकर विभाग

INCOME TAX DEPARTMENT

SREENIVASA RAO KONETI

SURYANARAYANA KONETI

15/03/1984

Permanent Account Number

**BNUPK2639F**

*[Signature]*

Signature



भारत सरकार

GOVT. OF INDIA



10032010

**Preferred Time** : 09:00 am - 09:30 am

**Booking Status** : Booking Confirmed

<b>Member Information</b>		
Booked Member Name	Age	Gender
Sreenivasa Rao koneti	39 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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## Risk Officer, Telangana North Region

**From:** Bhadrachalam asha jyothi <ashajyothibhadrachalam@gmail.com>  
**Sent:** 07 March 2024 12:34  
**To:** Risk Officer, Telangana North Region  
**Subject:** Fwd: Health Check up Booking Confirmed Request(bobS13155),Package Code-PKG10000366, Beneficiary Code-278185

**\*\*सावधान:** यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.

**\*\*CAUTION:** THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS UNLESS YOU KNOW THE SENDER.

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

**From:** Mediwheel <wellness@mediwheel.in>  
**Date:** Wed, 6 Mar 2024, 16:18  
**Subject:** Health Check up Booking Confirmed Request(bobS13155),Package Code-PKG10000366, Beneficiary Code-278185  
**To:** <ashajyothibhadrachalam@gmail.com>  
**Cc:** <customercare@mediwheel.in>



011-41195959

Dear **Asha Jyothi Bhadrachalam,**

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

**Hospital Package Name** : Mediwheel Full Body Annual Plus  
**Patient Package Name** : Mediwheel Full Body Health Checkup Male Above 40  
**Name of Diagnostic/Hospital** : Apollo Clinic - AS Rao Nagar  
**Address of Diagnostic/Hospital-** : A-12, # 1-9-71/A/12/B, Rishabh heights, above vodafone store, beside KFC, A S Rao Nagar, Hyderabad -500062  
**City** : Hyderabad  
**State** :  
**Pincode** : 500062  
**Appointment Date** : 09-03-2024  
**Confirmation Status** : Booking Confirmed