

Patient Name	: Mr.SUGALI SIVA NAIK	Collected	: 24/Mar/2024 08:54AM
Age/Gender	: 47 Y 9 M 18 D/M	Received	: 24/Mar/2024 10:39AM
UHID/MR No	: CKON.0000430024	Reported	: 24/Mar/2024 12:54PM
Visit ID	: CKONOPV647513	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 667572433733		

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	15.1	g/dL	13-17	Spectrophotometer
PCV	45.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.32	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	86	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,900	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	55	%	40-80	Electrical Impedance
LYMPHOCYTES	35	%	20-40	Electrical Impedance
EOSINOPHILS	06	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3795	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2415	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	414	Cells/cu.mm	20-500	Calculated
MONOCYTES	276	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.57		0.78- 3.53	Calculated
PLATELET COUNT	150000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				
NO HEMOPARASITES SEEN				

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Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



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UHID/MR No : CKON.0000430024	Reported : 24/Mar/2024 03:11PM
Visit ID : CKONOPV647513	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

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




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Patient Name : Mr.SUGALI SIVA NAIK	Collected : 24/Mar/2024 11:21AM
Age/Gender : 47 Y 9 M 18 DM	Received : 24/Mar/2024 12:35PM
UHID/MR No : CKON.0000430024	Reported : 24/Mar/2024 12:58PM
Visit ID : CKONOPV647513	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	148	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	207	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.



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UHID/MR No	: CKON.0000430024	Reported	: 24/Mar/2024 02:57PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	154	mg/dL		Calculated

Variant hemoglobin suspected. Advised HB electrophoresis to rule out hemoglobinopathies. Glucose or fructosamine based diagnostic criteria is recommended where hba1c value is unreliable.

Comment:

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

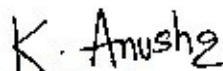
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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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Dr.K.Anusha
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SIN No:EDT240037227

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

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

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)

Address:
The Apollo Medical Centre, 2-20/6/A, Kothaguda X Roads, Kondapur,
Hyderabad, Telangana, India - 500032

1860 500 7788
www.apolloclinic.com

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DEPARTMENT OF BIOCHEMISTRY

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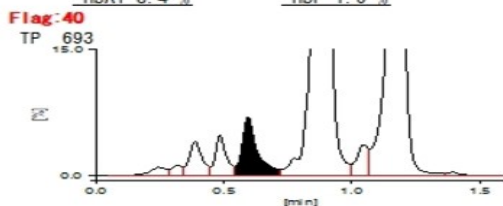
Chromatogram Report

V5.28 1 2024-03-24 14:19:55
 ID EDT240037227
 Sample No. 03240087 SL 0001 - 08
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.8	0.24	7.48
A1B	0.6	0.32	5.72
F	1.6	0.39	24.50
LA1C+	2.6	0.48	24.45
SA1C	7.0	0.60	50.20
A0	88.5	0.88	848.13
H-V0			
H-V1	36.5	1.18	565.26
H-V2			

Total Area 1547.91

HbA1c 7.0 % IFCC 53 mmol/mol
 HbA1 8.4 % HbF 1.6 %



[Unknown Peak] Name	%	Time	Area
P00	2.1	1.05	19.75
P01	0.3	1.40	2.42

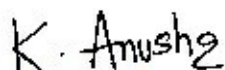
24-03-2024 14:36:28 APOLLO

APOLLO DIAGNOSTICS GLOBAL
BALNAGAR

1 / 1



Dr. RAJESH BATTINA
 PhD.(Biochemistry)
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 M.B.B.S,M.D(Biochemistry)
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	202	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	147	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	47	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	155	mg/dL	<130	Calculated
LDL CHOLESTEROL	125.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.30		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<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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- 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 ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.60	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.40	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	1.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	35	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	63.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.40	g/dL	6.3-8.2	Biuret
ALBUMIN	4.00	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.18		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.90	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	17.50	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	8.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.40	mg/dL	3.5-8.5	Uricase
CALCIUM	9.00	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.5-4.5	PMA Phenol
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.40	g/dL	6.3-8.2	Biuret
ALBUMIN	4.00	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.18		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	27.00	U/L	15-73	Glycylglycine Nitoranalide




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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.13	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.8	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.642	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

- 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



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



Patient Name : Mr.SUGALI SIVA NAIK	Collected : 24/Mar/2024 08:54AM
Age/Gender : 47 Y 9 M 18 D/M	Received : 24/Mar/2024 10:08AM
UHID/MR No : CKON.0000430024	Reported : 24/Mar/2024 12:45PM
Visit ID : CKONOPV647513	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 667572433733	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.530	ng/mL	0-4	CLIA




Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist

Patient Name : Mr.SUGALI SIVA NAIK	Collected : 24/Mar/2024 08:54AM
Age/Gender : 47 Y 9 M 18 D/M	Received : 24/Mar/2024 10:09AM
UHID/MR No : CKON.0000430024	Reported : 24/Mar/2024 12:43PM
Visit ID : CKONOPV647513	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 667572433733	

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	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	4-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr. Sukumar Sannidhi
MD(Path)
Consultant Pathologist



Patient Name : Mr.SUGALI SIVA NAIK	Collected : 24/Mar/2024 08:54AM
Age/Gender : 47 Y 9 M 18 D/M	Received : 24/Mar/2024 10:09AM
UHID/MR No : CKON.0000430024	Reported : 24/Mar/2024 12:43PM
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 667572433733	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

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

Result/s to Follow:
PERIPHERAL SMEAR

Page 15 of 15




Dr. Sukumar Sannidhi
MD(Path)
Consultant Pathologist

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
SIN No: UF011440
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:
The Apollo Medical Centre, 2-20/6/A, Kothaguda X Roads, Kondapur,
Hyderabad, Telangana, India - 500032


1860 500 7788
www.apolloclinic.com

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Customer Pending Tests
OPHAL PENDING (COMING NEXT WEEK)
PATIENT YET TO VISIT THE CENTER FOR FITNESS EVALUATION



APOLLO MEDICAL CENTER

PHYSICAL EXAMINATION FORM

DATE: 24/3/24

UHID: 430024

NAME: Mr. S. Siva Naik

AGE: 41m

HEIGHT

BMI

WEIGHT

CHEST MEASUREMENT

OUT

ABDOMEN

WAIST

PULSE

HIP

BP

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

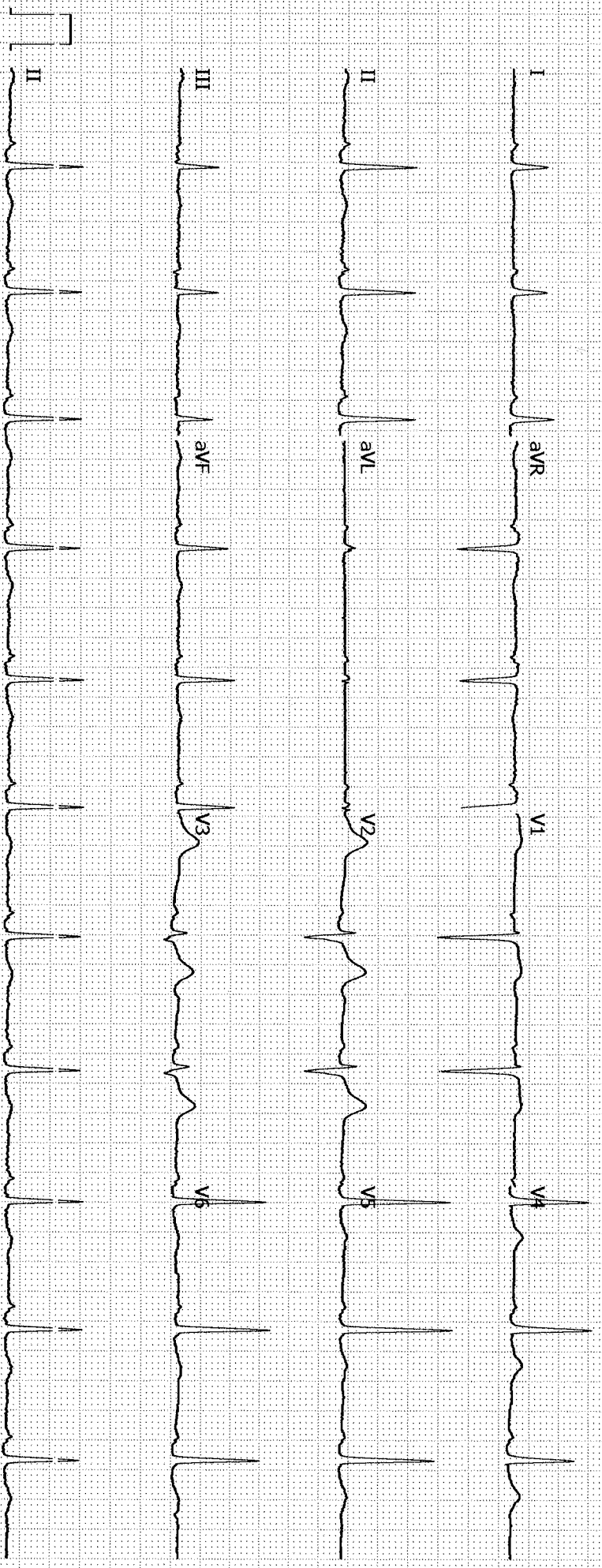
Room:

69 bpm
--/-- mmHg

QRS : 94 ms
QT / QTcBaz : 404 / 432 ms
PR : 154 ms
P : 98 ms
RR / pp : 866 / 869 ms
P / QRS / T : 40 / 61 / 57 degrees

Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal ECG

PMV
8



Patient Name	: Mr. SUGALI SIVA NAIK	Age	: 47 Y/M
UHID	: CKON.0000430024	OP Visit No	: CKONOPV647513
Reported By:	: Dr. RAMU ANKAM	Conducted Date	: 24-03-2024 15:21
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 69 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:

WITH IN NORMAL LIMITS.

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



Dr. RAMU ANKAM

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana.

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Online appointments: www.apolloedoc.in | Online reports: <https://phr.apolloclinic.com> | www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr. SUGALI SIVA NAIK
UHID : CKON.0000430024
Conducted By: : Dr. RAMU ANKAM
Referred By : SELF
Age : 47 Y/M
OP Visit No : CKONOPV647513
Conducted Date : 24-03-2024 14:08

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed) 3.4 CM
LA (es) 3.4 CM
LVID (ed) 4.5 CM
LVID (es) 2.9 CM
IVS (Ed) 1.1 CM
LVPW (Ed) 1.1 CM
EF 65.00%
%FD 35.00%

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY

COLOUR AND DOPPLER STUDIES

AJV - 1.1 M/S

PJV - 0.8 M/S

E - 0.9 M/S

A - 0.6 M/S

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TO BOOK AN APPOINTMENT

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IMPRESSION:
NORMAL CHAMBERS
NO RWMA
GOOD LV/ RV FUNCTION
NO MR / AR/ TR /PAH
NO CLOT/ PE.



Dr. RAMU
ANKAM

Apollo Health and Lifestyle Limited

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TO BOOK AN APPOINTMENT



1860 500 7788

Arrojemi

Name <i>Mr. Sugali Siva Naik</i>	Date <i>24/3/24</i>
Age <i>47y</i>	UHID No. <i>430024</i>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Ref. Physician
Ref. Diagnosis	<i>Dr. Ramar Anbum</i>

Echocardiogram Report

Echogenicity Poor Adequate Good Ht. _____ Wt. _____ BSA _____

DIMENSIONS		NORMAL		DIMENSIONS		NORMAL	
Ao (ed)	<i>3.4</i> cm	(1.5cm / m2)		IVS (Ed)	<i>1.1</i> cm	(0.6 - 1.2 cm)	
LA (es)	<i>3.4</i> cm	(1.5cm / m2)		LVPW (Ed)	<i>1.1</i> cm	(0.6 - 1.1 cm)	
RVID (ed)	<i>3.2</i> cm	(0.9 cm / m2)		EF	<i>65</i>	(0.62 - 0.85)	
LVID (ed)	<i>4.5</i> cm	(2.6 - 3.4 cm / m2)		% FD	<i>35</i>	(2.8% - 42%)	
LVID (es)	<i>2.9</i>						

MORPHOLOGICAL DATA

Mitral Valve	AML <i>2</i>	Interatrial septum <i>2</i>
	PML <i>2</i>	Interventricular septum <i>2</i>
Aortic Valve	<i>2</i>	Pulmonary artery <i>2</i>
Tricuspid valve	<i>2</i>	Aorta <i>2</i>
Pulmonary valve	<i>2</i>	Right atrium <i>2</i>
Right ventricle	<i>2</i>	Left atrium <i>2</i>

Patient Name : Mr. SUGALI SIVA NAIK

Age/Gender : 47 Y/M

UHID/MR No. : CKON.0000430024

OP Visit No : CKONOPV647513

Sample Collected on :

Reported on : 24-03-2024 16:18

LRN# : RAD2280016

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 667572433733

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. PANKAJ HARKUT
MBBS, DMRD
Radiology

Patient Name : Mr. SUGALI SIVA NAIK

Age/Gender : 47 Y/M

UHID/MR No. : CKON.0000430024

OP Visit No : CKONOPV647513

Sample Collected on :

Reported on : 24-03-2024 10:35

LRN# : RAD2280016

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 667572433733

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and Grade I-increased in echotexture. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended.**Shows few calculus largest measuring 11mm.** 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.

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

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

IMPRESSION:-

Patient Name : Mr. SUGALI SIVA NAIK

Age/Gender : 47 Y/M

****GRADE I-FATTY LIVER.**

****CHOLELITHIASIS.**

Suggest – clinical correlation.

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

Dr. PANKAJ HARKUT
MBBS, DMRD
Radiology

APOLLO CLINIC

CONSENT FORM

PATIENT NAME SIVA NAIK SUGALI AGE: 47y

UHID NUMBER 30024 COMPANY NAME Bank of Baroda

I MR/MRS/MS EMPLOYEE OF Bank of Baroda

COMPANY WANT TO INFORM YOU THAT I AM NOT INTERESTED IN ophthalmic / Eye / ENT and doctor consultation on Tuesday
GETTING at 26/03/2024. I will come for test on Tuesday

TEST DONE WHICH IS A PART OF MY ROUTINE HEALTH CHECK PACKAGE.

AND I CLAIM THE ABOVE STATEMENT IN MY FULL CONSCIOUSNESS.

PATIENT SIGNATURE S. Mirza

DATE: 24/03/2024

Bill Of Supply



Name : Mr. SUGALI SIVA NAIK
 Age/Gender : 47 Y M
 Contact No : +919502045711
 Address : HYD
 UHID : CKON.0000430024
 Corporate Name : ARCOFEMI HEALTHCARE LIMITED
 Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT

Bill No : CKON-OCR-123379
 Bill/Reg Date : 24.03.2024 08:44
 Referred by : SELF
 Center : Kondapur
 Emp No/Auth Code : 667572433733

#	Department	Description Of Service	SAC/HSN Code	Qty	Rate	Gross Value	Discount	CGST Rate	CGST Amt	SGST/UTGST Rate	SGST/UTGST Amt	Net Value
1	Package Charges	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	999312	1	2,300.00	2,300.00	0.00	0.00	0.00	0.00	0.00	2,300.00

Bill Amount: 2,300.00

You can download your report from "www.apolloclinic.com" Enter user name as CKONOPV647513 and password as 606547
 Please log on to AskApollo.com for booking Appointments

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 (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli |
 Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Armanagar | Kotturpuram | T Nagar | Velasaravakkam | Velachery
 Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie | Kharadi) Uttar Pradesh: Ghazalabad (Indrapuram)

GSTIN: 365AADCA0733E1Z8
 Address:
 #7-1-617/A, 615 & 616, Imperial Towers,
 7th Floor; Ameerpet, Hyderabad, Telangana.

1860 500 7788



सत्यमेव जयते
भारत सरकार



భారత ప్రభుత్వము
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

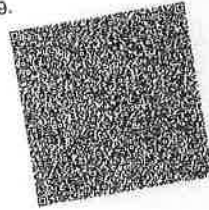
నమోదు సంఖ్య / Enrollment No. : 0012/13215/14596

To
Sugall Siva Naik
సుగాలి శివ నాయక
S/O Ramavath Ramudu Late,
Flat no 103,
Sree Ganesh Recidency, beside Aarush,
Manikonda,
Digital Studio Lane, Lanco Hills Road,,
VTC: Manikonda (jagir), PO: Manikonda,
District: K.v. Rangareddy,
State: Telangana, PIN Code: 500089.
Mobile: 9502045711

32901965



KG329019655F1



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

6675 7243 3733

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం
Government of India

Issue Date: 26/10/2011



సుగాలి శివ నాయక
Sugall Siva Naik
పుట్టిన తేదీ / DOB: 06/06/1976
పురుషుడు / Male

6675 7243 3733

నా ఆధార్, నా గుర్తింపు

**Fwd: Health Check up Booking Confirmed Request(bobS15954),Package Code-
PKG10000367, Beneficiary Code-297454**

Lokeswari Bai <lokisiva@gmail.com>

Sun 3/24/2024 8:33 AM

To:Hitechcity Apolloclinic <hitechcity@apolloclinic.com>

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

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

Date: Wed, 20 Mar 2024, 12:22

Subject: Health Check up Booking Confirmed Request(bobS15954),Package Code-PKG10000367,
Beneficiary Code-297454

To: <lokisiva@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

Dear **Male lokeswari bai**,

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 Medical Centre - Kondapur

Address of Diagnostic/Hospital- : Apollo Medical centre, Kothaguda X Roads, Beside Swagth De-Royal Restaurants , Kondapur - 500084

City : Hyderabad

State :

Pincode : 500084

Appointment Date : 24-03-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:00am-8:30am

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Siva naik	47 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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