


Patient Name : Mr.PALTHYA SANGRAM	Collected : 23/Mar/2024 11:58AM
Age/Gender : 32 Y 0 M 21 D/M	Received : 23/Mar/2024 04:24PM
UHID/MR No : CUPP.0000086930	Reported : 23/Mar/2024 05:21PM
Visit ID : CUPPOPV131389	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 122110/bobS16566	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	17.5	g/dL	13-17	Spectrophotometer
PCV	50.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.45	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	92.9	fL	83-101	Calculated
MCH	32.1	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	15.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,010	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	64.8	%	40-80	Electrical Impedance
LYMPHOCYTES	25.7	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	7.1	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5838.48	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2315.57	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	153.17	Cells/cu.mm	20-500	Calculated
MONOCYTES	639.71	Cells/cu.mm	200-1000	Calculated
BASOPHILS	63.07	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.52		0.78- 3.53	Calculated
PLATELET COUNT	265000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				


 Dr. B Pavani
 M.B.B.S, M.D(pathalogy)
 Consultant Pathologist

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SIN No:BED240080576

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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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SIN No:BED240080576

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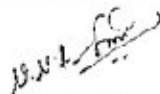


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UHID/MR No : CUPP.0000086930	Reported : 23/Mar/2024 08:44PM
Visit ID : CUPPOPV131389	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

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


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Patient Name : Mr.PALTHYA SANGRAM	Collected : 23/Mar/2024 11:58AM
Age/Gender : 32 Y 0 M 21 D/M	Received : 23/Mar/2024 04:52PM
UHID/MR No : CUPP.0000086930	Reported : 23/Mar/2024 05:52PM
Visit ID : CUPPOPV131389	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	90	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Maruthi...
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 Consultant biochemist

K. Anusha
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SIN No:PLF02132442

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

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Patient Name : Mr.PALTHYA SANGRAM	Collected : 23/Mar/2024 03:39PM
Age/Gender : 32 Y 0 M 21 D/M	Received : 24/Mar/2024 10:38AM
UHID/MR No : CUPP.0000086930	Reported : 24/Mar/2024 11:00AM
Visit ID : CUPPOPV131389	Status : Final Report
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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	150	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

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

SIN No:PLP1436760

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UHID/MR No : CUPP.0000086930	Reported : 23/Mar/2024 06:35PM
Visit ID : CUPPOPV131389	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

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SIN No:EDT240037056

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

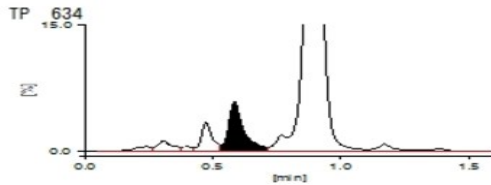
Chromatogram Report

HLC72368 V5.28 1 2024-03-23 17:46:25
 ID EDT240037056
 Sample No. 03230257 SL 0018 - 01
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.5	0.24	7.41
A1B	1.0	0.31	14.85
F	0.3	0.40	4.46
LA1C+	1.9	0.47	29.19
SA1C	5.9	0.58	70.99
AO	92.1	0.89	1435.28
H-V0			
H-V1			
H-V2			

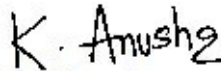
Total Area 1562.18

HbA1c 5.9 % IFCC 41 mmol/mol
 HbA1 7.3 % HbF 0.3 %




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

SIN No:EDT240037056



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 Consultant Biochemist



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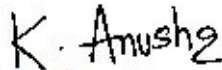
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	190	mg/dL	<200	CHO-POD
TRIGLYCERIDES	192	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	34	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	156	mg/dL	<130	Calculated
LDL CHOLESTEROL	117.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	38.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.59		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.39		<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.

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SIN No:SE04673715

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- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.11	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.19	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.92	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	69.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.47	g/dL	6.6-8.3	Biuret
ALBUMIN	4.69	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.78	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		0.9-2.0	Calculated

Comment:

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

Common patterns seen:


1. Hepatocellular Injury:

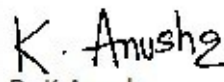
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.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

2. Cholestatic Pattern:

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

3. Synthetic function impairment: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.


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


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

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SIN No:SE04673715

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

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Patient Name : Mr.PALTHYA SANGRAM	Collected : 23/Mar/2024 11:58AM
Age/Gender : 32 Y 0 M 21 D/M	Received : 23/Mar/2024 04:49PM
UHID/MR No : CUPP.0000086930	Reported : 23/Mar/2024 07:49PM
Visit ID : CUPPOPV131389	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 122110/bobS16566	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.99	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	17.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.46	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.76	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.08	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.47	g/dL	6.6-8.3	Biuret
ALBUMIN	4.69	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.78	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		0.9-2.0	Calculated

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

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

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Patient Name : Mr.PALTHYA SANGRAM	Collected : 23/Mar/2024 11:58AM
Age/Gender : 32 Y 0 M 21 D/M	Received : 23/Mar/2024 04:49PM
UHID/MR No : CUPP.0000086930	Reported : 23/Mar/2024 07:21PM
Visit ID : CUPPOPV131389	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 122110/bobS16566	

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	40.00	U/L	<55	IFCC

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

SIN No:SE04673715

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



Patient Name : Mr.PALTHYA SANGRAM	Collected : 23/Mar/2024 11:58AM
Age/Gender : 32 Y 0 M 21 D/M	Received : 23/Mar/2024 04:49PM
UHID/MR No : CUPP.0000086930	Reported : 23/Mar/2024 06:51PM
Visit ID : CUPPOPV131389	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 122110/bobS16566	

DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.98	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.77	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.071	µIU/mL	0.38-5.33	CLIA

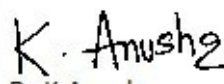
Comment:

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


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


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

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SIN No:SPL24054180

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Patient Name : Mr.PALTHYA SANGRAM
Age/Gender : 32 Y 0 M 21 D/M
UHID/MR No : CUPP.0000086930
Visit ID : CUPPOPV131389
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 122110/bobS16566

Collected : 23/Mar/2024 11:58AM
Received : 23/Mar/2024 04:49PM
Reported : 23/Mar/2024 06:51PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

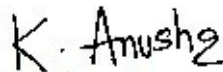
DEPARTMENT OF IMMUNOLOGY

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



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

SIN No:SPL24054180



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

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Patient Name	: Mr.PALTHYA SANGRAM	Collected	: 23/Mar/2024 11:58AM
Age/Gender	: 32 Y 0 M 21 D/M	Received	: 23/Mar/2024 05:24PM
UHID/MR No	: CUPP.0000086930	Reported	: 23/Mar/2024 07:46PM
Visit ID	: CUPPOPV131389	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 122110/bobS16566		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


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

SIN No:UR2314835

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



Patient Name : Mr.PALTHYA SANGRAM	Collected : 23/Mar/2024 03:39PM
Age/Gender : 32 Y 0 M 21 D/M	Received : 24/Mar/2024 10:36AM
UHID/MR No : CUPP.0000086930	Reported : 24/Mar/2024 11:14AM
Visit ID : CUPPOPV131389	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 122110/bobS16566	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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



Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist

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SIN No:UPP017362

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

Patient Name : Mr.PALTHYA SANGRAM	Collected : 23/Mar/2024 11:58AM
Age/Gender : 32 Y 0 M 21 D/M	Received : 23/Mar/2024 05:22PM
UHID/MR No : CUPP.0000086930	Reported : 23/Mar/2024 07:28PM
Visit ID : CUPPOPV131389	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 122110/bobS16566	


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)	POSITIVE +		NEGATIVE	Dipstick

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

Result/s to Follow:
PERIPHERAL SMEAR



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

SIN No:UF011423

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The Apollo Clinic

Apollo Clinic
LAPORATORIA • EXAMINACIÓES

PHYSICAL EXAMINATION FORM

Date	23/3/24	Age	32 y/m
Name	Mr. Palthy, Sangram	UHID:	86930
Height	<input type="text" value="166"/> Cms	BMI	<input type="text" value="31"/>
Weight	<input type="text" value="85.1"/> Kgs	BP	<input type="text" value="120/80"/>

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



86930
32 Years

P. Sangram
Female

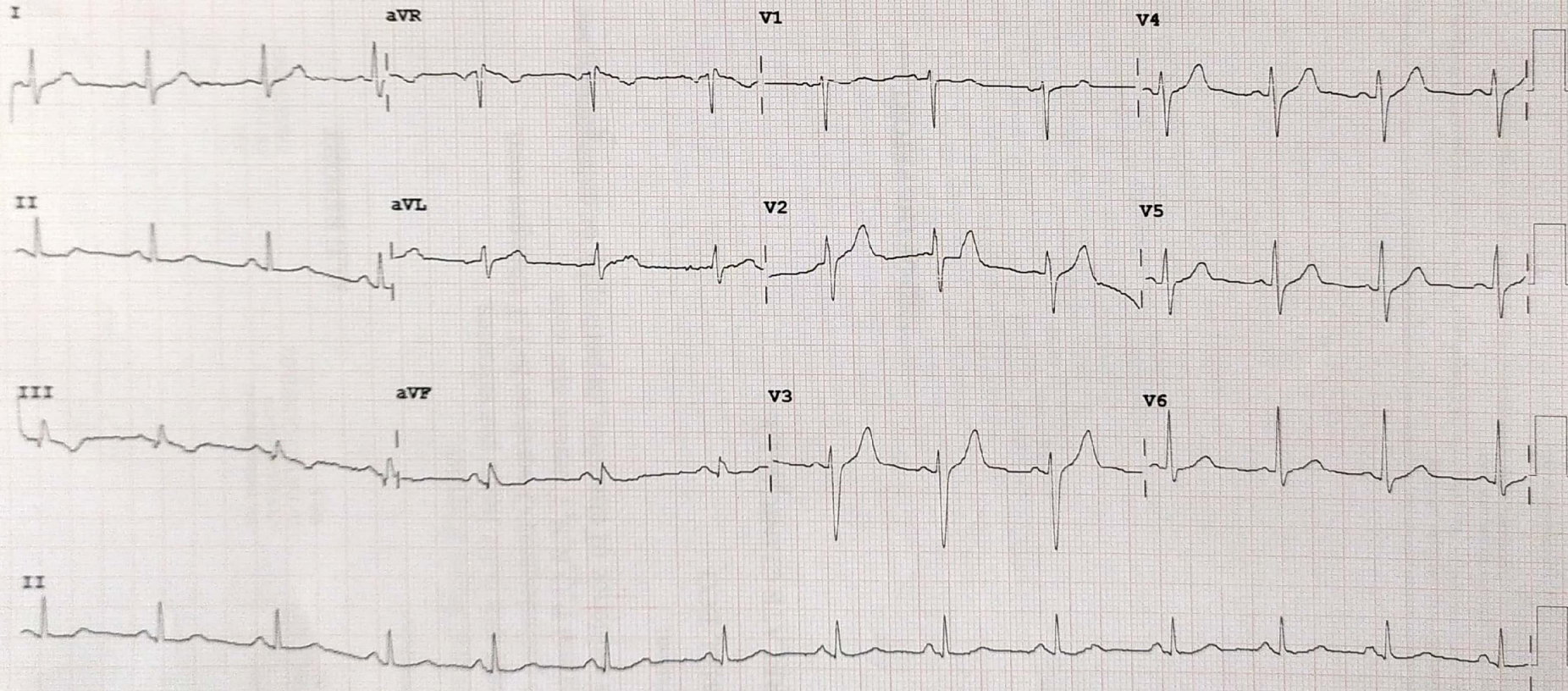
03/01/2010 06:07:38

Apollo Clinic A S Rao Nagar

Rate 81 . Sinus rhythm
RR 741
PR 133
QRSD 96
QT 358
QTcB 416
QTcF 396
--AXIS--
P 70
QRS 63
T -1
12 Lead; Standard Placement

Normal

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.15- 40 Hz

PH100B CL?

P?

PHILIPS

REORDER M3708A

706



The Apollo Clinic

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LAPORATORIA • EXAMINACIÓES

PHYSICAL EXAMINATION FORM

Date 23/3/24 Age 32 y/m
Name Mr. Palthy, Sangram UHID: 86930
Height 166 Cms BMI 31
Weight 85.1 Kgs BP 120/80

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



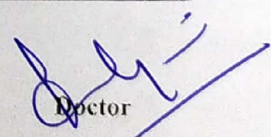
CERTIFICATE OF MEDICAL FITNESS

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

Rathya Sanyam on 25/3/24

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

	Tick
• Medically Fit	
• Fit with Restrictions/ Recommendations Though following restrictions have been revealed in my opinion, these are not impediments to the job. 1. <u>Diabetic</u> 2. _____ 3. _____ However the candidate should follow the advice medication that has been communicated to him/her. Review after _____	<input checked="" type="checkbox"/>
• Currently Unfit. Review after _____ recommended.	
• Unfit	


Doctor

Dr. Bottu Kalyani
MBBS MD (Gen. Med.)
Reg No. **MC/FMR/03476**

Apollo Health and Lifestyle Limited


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

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**



86930
32 Years

P. Sangram
Female

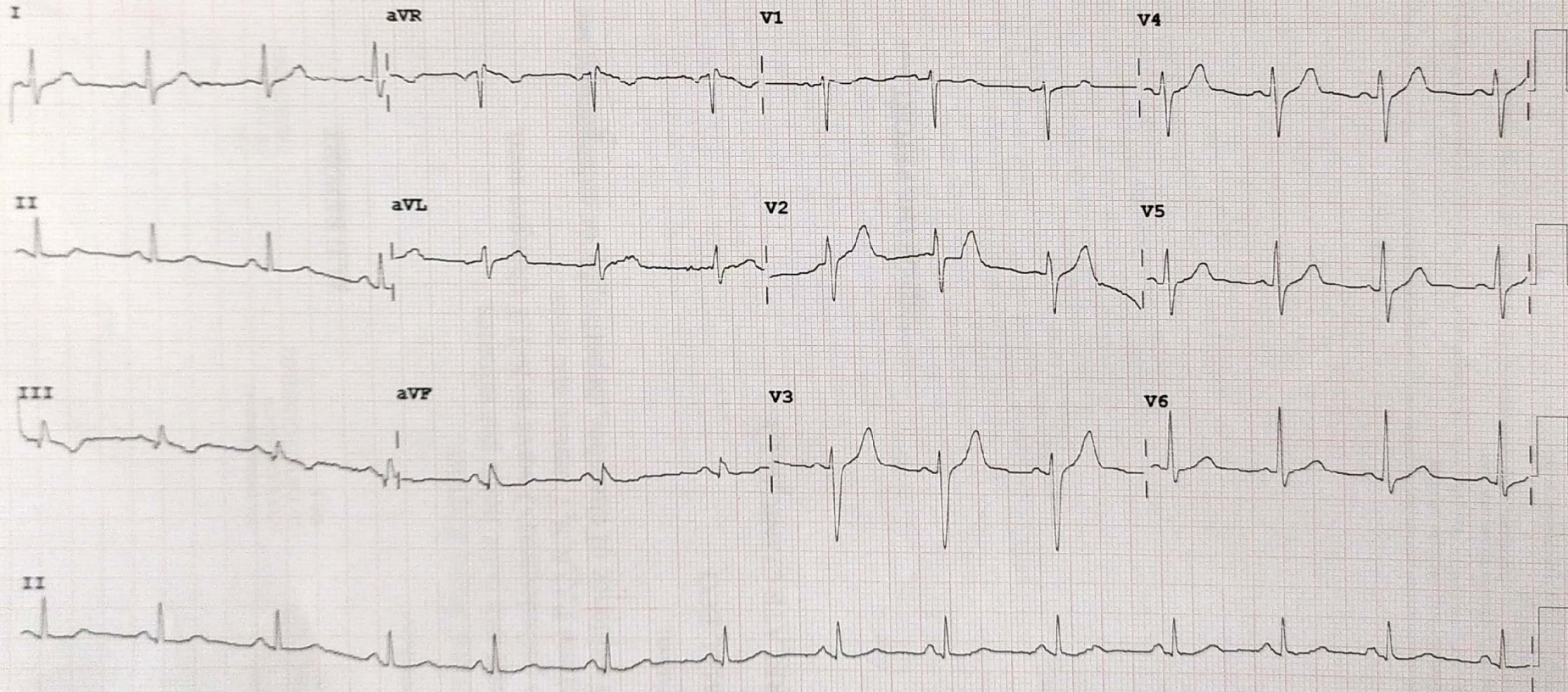
03/01/2010 06:07:38

Apollo Clinic A S Rao Nagar

Rate 81 . Sinus rhythm
RR 741
PR 133
QRSD 96
QT 358
QTcB 416
QTcF 396
--AXIS--
P 70
QRS 63
T -1
12 Lead; Standard Placement

Normal

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.15- 40 Hz

PH100B CL?

P?

PHILIPS

REORDER M3708A

706

S. No	Company Name	PACKAGE NAME	Booking ID	EMP-NAME	AGE
31	Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi M	bobS16566	Palhya sangram	32 year

GENDER	EMAIL	CONTACT NC	Appointment Date	Appointment Ti	CLINIC NAME	CLINIC STATE	CLINIC CITY
Male	gs122110@	9.97E+09	3/23/2024	9:00 AM	Apollo Clinic -	Telangana	Hyderabad

Looking Statu	Status	Remarks
If 2D ECHO	Confirmed	at 9:00 AM



భారత ప్రభుత్వం

Government of India



పాల్త్యా సంగ్రామ గ్రామ్

Palthya Sangram

పుట్టిన తేదీ/DOB: 02/03/1992

పురుషుడు/ MALE



7031 0305 2863

నా ఆధార్, నా గుర్తింపు

Patient Name	: Mr. Palthya Sangram	Age	: 32 Y/M
UHID	: CUPP.0000086930	OP Visit No	: CUPPOPV131389
Reported By:	: Dr. CH VENKATESHAM	Conducted Date	: 24-03-2024 12:27
Referred By	: SELF		

ECG REPORT

Observation :-


1. Normal Sinus Rhythm.
2. Heart rate is 81 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 see

Impression:

NORMAL ECG

CORRELATE CLINICALLY.

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



Dr. CH VENKATESHAM

Patient Name : Mr. Palthya Sangram

Age/Gender : 32 Y/M

UHID/MR No. : CUPP.0000086930

OP Visit No : CUPPOPV131389

Sample Collected on :

Reported on : 23-03-2024 18:00

LRN# : RAD2279430

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 122110/bobS16566

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

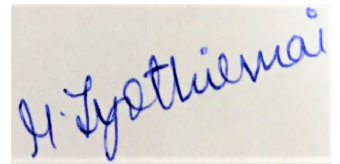
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. MATTA JYOTHIRMAI
MBBS, MDRD
Radiology

Patient Name : Mr. Palthya Sangram

Age/Gender : 32 Y/M

UHID/MR No. : CUPP.0000086930

OP Visit No : CUPPOPV131389

Sample Collected on :

Reported on : 23-03-2024 17:55

LRN# : RAD2279430

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 122110/bobS16566

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size 116 mm and **increased echotexture**. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

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

Spleen appears normal in size 86 mm. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney : 100 x 42 mm.

Left kidney : 100 x 42 mm.

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.

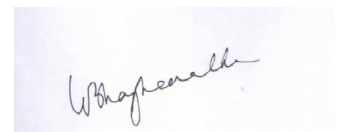
Prostate is normal in size 26 x 33 x 32 mm and echo texture. Volume measure 15 cc. No evidence of necrosis/calcification seen.

IMPRESSION:-

*** MILD FATTY LIVER.**

Suggest – clinical correlation.

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



Dr. K BHAGHEERATHI
MBBS, DNB Radiodiagnosis
Consultant Radiologist

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Address: HYD
Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. KOPPULA TRIVENI

MR No: CUPP.0000086930
Visit ID: CUPPOPV131389
Visit Date: 23-03-2024 11:30
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

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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
04-04-2024 19:37	86 Beats/min	120/80 mmHg	22 Rate/min	98.6 F	150 cms	72 Kgs	%	%	Years	32	cms	cms	cms		AHLL09781

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Patient Name : Mr. Palthya Sangram Age : 32 Y/M
UHID : CUPP.0000086930 OP Visit No : CUPPOPV131389
Conducted By: : Dr. CH VENKATESHAM Conducted Date : 23-03-2024 18:52
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.8 CM
LA (es)	3.0 CM
LVID (ed)	4.2 CM
LVID (es)	3.0 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	0.9 CM
EF	69.00%
%FD	35.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL

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COLOUR AND DOPPLER STUDIES

AJV - 1.3

PJV - 0.9

E - 0.9

A - 0.7

IMPRESSION :

NORMAL SIZED CARDIAC CHAMBERS& VALVES

NORMAL BLOOD FLOW

NO RWMA / LVH

GOOD LV AND RV FUNCTION

NO CLOT / P- E



Dr. CH
VENKATESHAM