

16/1/24 69

Health checkup at tie-up Ctr

Health Checkup Authorisation letter



Union Bank of India  
RO - CHENNAI SOUTH  
38 & 39, WHITES ROAD, CHENNAI 600  
014, Tamil Nadu, - 0

To,  
The Chief Medical Officer  
M/S Medi Wheel  
<https://mediwheel.in/signup?11-41185959> (A branch name of  
Arcofemi Healthcare Ltd),  
Mumbai 400021

Dear Sir,

**Tie-up arrangement for Health Checkup under Health Checkup 40-50 Male**

Shri/Smt./Kum. **RAO, TADAKAMALLA SREENIVAS**

PI. No. **672702** Designation : **Asst Manager**

Checkup for Financial Year **2023-2024** **Approved Charges Rs. 3500.00**

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

Yours Faithfully,

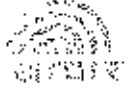
(Signature of the Employee)

BRANCH MANAGER/SENIOR MANAGER

Credit Officer

PS. Status of the application - **Sanctioned**

05 Feb 2024



**భారత ప్రభుత్వం**  
**Unique Identification Authority of India**

సంఖ్య / Enrolment No.: 2189/64590/31729

To  
 ఆకామల స్రీనివాస్ రావు  
 Mr:Jakamalla Sreenivas Rao  
 S/O Tadakamalla Hariprasad Rao  
 4-90/A, Sri Venkateswara colony, Ganapanguda, Saracornagala  
 Narketgul (rural)  
 Rajagareddi Andhra Pradesh - 501510  
 9966042911

Download Date: 02/12/2018

Generation Date: 01/01/2018

Signature valid



QR Code with P-Validation

మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

**8753 8183 1495**

VII : 9187 0549 4306 6132

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం  
 Government of India



ఆకామల స్రీనివాస్ రావు  
 Tadakamalla Sreenivas Rao  
 పుట్టిన తేదీ/DOB: 01/01/1975  
 పునాది/MAIF

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నా ఆధార్, నా గుర్తింపు



**CERTIFICATE OF MEDICAL FITNESS**

Height : 177 Cm	Weight : 87 kg	BMI : 27.8	BP : 130 / 80 mmHg
OPTHAL CHECK : Right Eye : 6/6		Left Eye : 6/6	Colour vision : ②

This is to certify that I have conducted the clinical examination  
Of Ms. Tadakamala on 10.2.24.

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

- Medically Fit ✓  
Fit for work.
- Fit with restrictions/recommendations

Though following restrictions have been revealed, in my opinion, these are not impediments to the job.

- 1.....
- 2.....
- 3.....

However the employee should follow the advice/medication that has been communicated to him/her.

Review after \_\_\_\_\_

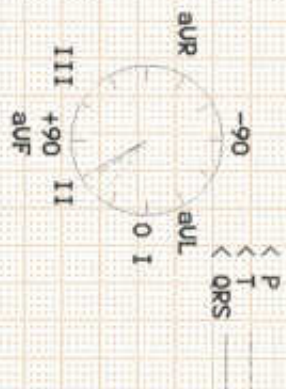
- Currently Unfit.  
Review after nil recommended
- Unfit nil

Dr. \_\_\_\_\_  
Medical officer  
Apollo clinic(Location)

This certificate is not meant for medico-legal purposes

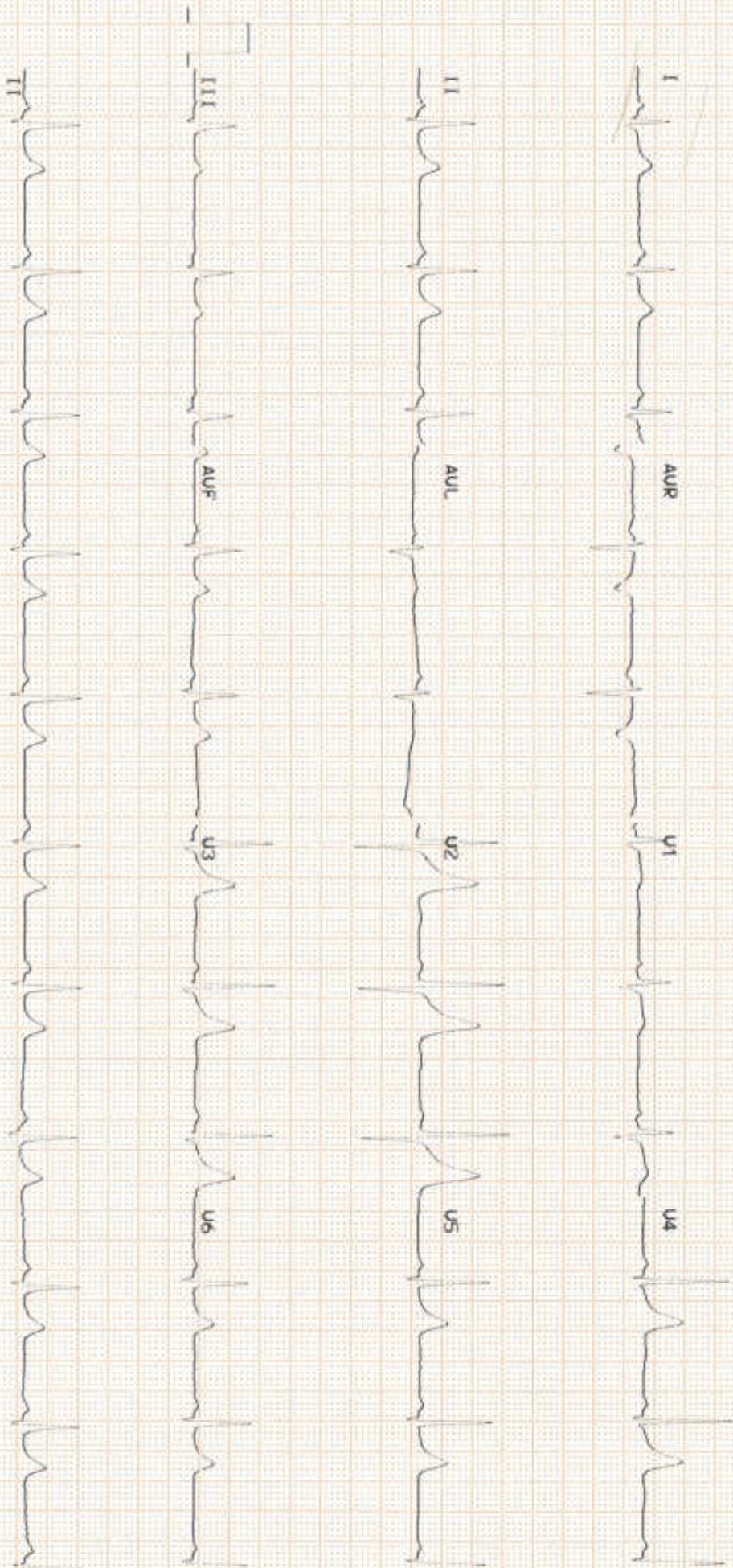
**Dr. M S KOUTILYA CHOUDARY**  
MBBS., MD.,  
Sqn Ldr (Retd),  
Reg. No. TNMC 167543

Measurement Results:  
 QRS : 96 ms  
 QT/QTcB : 402 / 411 ms  
 PR : 138 ms  
 P : 110 ms  
 RR/PP : 958 / 940 ms  
 p/qRS/T : 40 / 60 / 55 degrees  
 QTd/QTcBd : 24 / 25 ms  
 Sokolow : 1.4 mV  
 NK : 9



Interpretation:

Unconfirmed report.



Date: 10/02/24

Ref. by:

Name: Mr. Tadakamalla Sreenivas Rao

Age: 47y Sex: M/F

Consultant: Dr. Niranjana

UHID: 141469

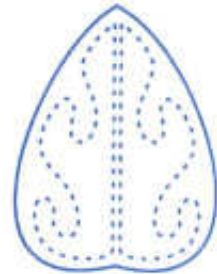
**ALLERGIES :**

Chief Complaints:

Pain Score : \_\_\_\_\_ Location : \_\_\_\_\_ Character : \_\_\_\_\_

No specific ENT complaints

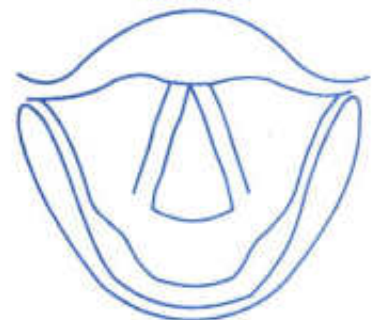
NOSE



THROAT



LARYNX



Past History :

Nutritional assessment :

Build :

Social History : Smoking  Ethanol  Tobacco

Clinical Examination :

B/L TM intact



Nose /  
Throat / NAD



# OPHTHALMOLOGY

Name: Mr. Tachakamalla Sreenivas Rao	Date: 10/2/2024
Age: 49 yrs	UHID No: 141469
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	

## OPHTHAL FITNESS CERTIFICATE

	RE	LE
DV-UCVA :	6/18 <sup>st</sup>	6/18 <sup>st</sup> PGM 6/6 6/6
DV-BCVA :		
NEAR VISION :	N <sub>6</sub> <sup>st</sup>	N <sub>6</sub> <sup>st</sup> PGM N <sub>6</sub> N <sub>6</sub>
ANTERIOR SEGMENT :		
IOP :		
FIELDS OF VISION :		
E O M :		
COLOUR VISION :	Normal	Normal
FUNDUS :		
IMPRESSION :		
ADVICE :	fit for work	R/A - 6 months

  
10/2/2024

16/1/24

Health checkup at tie-up Ctr

Health Checkup Authorisation letter



Union Bank of India  
RO - CHENNAI SOUTH  
38 & 39, WHITES ROAD, CHENNAI 600  
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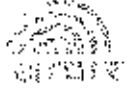
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నా ఆధార్, నా గుర్తింపు





Name: Mr. TADAKAMALLA SREENIVAS RAO  
Age/Gender: 49 Y/M  
Address: CHENNAI  
Location: CHENNAI, TAMIL NADU  
Doctor:  
Department: GENERAL  
Rate Plan: VELACHERY\_03122022  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. V J NIRANJANA BHARATHI

MR No: CVEL.0000141469  
Visit ID: CVELOPV198652  
Visit Date: 10-02-2024 07:56  
Discharge Date:  
Referred By: SELF

**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
10-02-2024 14:41	82 Beats/min	130/80 mmHg	18 Rate/min	98 F	177 cms	87 Kgs	%	%	Years	27.77	93 cms	99 cms	cms		AHLL03253

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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Doctor:  
Department: GENERAL  
Rate Plan: VELACHERY\_03122022  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. YASODHA KUMARA REDDY MOKKALA

MR No: CVEL.0000141469  
Visit ID: CVELOPV198652  
Visit Date: 10-02-2024 07:56  
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**

Patient Name : Mr. TADAKAMALLA SREENIVAS RAO Age : 49 Y/M  
UHID : CVEL.0000141469 OP Visit No : CVELOPV198652  
Conducted By: : Dr. SHANMUGA SUNDARAM D Conducted Date : 13-02-2024 10:55  
Referred By : SELF

---

### **2D-ECHO WITH COLOUR DOPPLER**

#### Dimensions:

Ao (ed) 3.5 CM

LA (es) 3.5 CM

LVID (ed) 4.6 CM

LVID (es) 2.8 CM

IVS (Ed) 0.9 CM

LVPW (Ed) 1.0 CM

EF 69.00%

%FD 39.00%

MITRAL VALVE : NORMAL

AML **AML TIP CALCIFIC WITH**  
**\* GRADE II MVP+IN AML WITH**  
**DIASTOLIC SYSTOLIC DOMING +**  
PML **CALCIFIED PML & PML VALUE**  
**MOTION REDUCED**

AORTIC VALVE SCLEROSED AV

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

Patient Name : Mr. TADAKAMALLA SREENIVAS RAO Age : 49 Y/M  
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PERICARDIUM NORMAL

LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY

COLOUR AND DOPPLER STUDIES

**AV max 1.0 m/s; PG 4.5 mmHg;**

**PV max 1.0 m/s; PG 4.5 mmHg;**

**MV E 0.9 m/s ; MV A 0.2 m/s;**

**TV E 0.5 m/s; TV A 0.4 m/s.**

**Impression**

**\*NO REGIONAL WALL MOTION ABNORMALITY;**

**\*NORMAL LEFT VENTRICULAR IN SIZE & SYSTOLIC**

**FUNCTION;**

**\*GRADE I LEFT VENTRICULAR DIASTOLIC DYSFUNCTION;**

**\*GRADE II MVP PRESENT IN AML, AML TIP CALCIFIED WITH**

**DIASTOLIC & SYSTOLIC DOMING PRESENT PML VALUE MOTION**

**REDUCED.**



Patient Name : Mr. TADAKAMALLA SREENIVAS RAO Age : 49 Y/M  
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**MILD TO MODERATE MR (ECCENTRIC JET )**

**PG -OF MV max 8 mmHg**

**mean --4 mmHg**

**MVA -1.96 cm<sup>2</sup>**

**MV(PAH)-2.0 7 cm<sup>2</sup>.**

**MILD TRICUSPID REGURGITATION /TRIVIAL AORTIC**

**REGURGITATION ;**

**\*NO PERICARDIAL EFFUSION / PULMONARY ARTERY**

**HYPERTENSION/ NO LV CLOT .**



**DR SHANMUGASUNDARAM**

**CONSULTANT CARDIOLOGIST**

Patient Name : Mr. TADAKAMALLA SREENIVAS RAO Age : 49 Y/M  
UHID : CVEL.0000141469 OP Visit No : CVELOPV198652  
Conducted By: : Dr. SHANMUGA SUNDARAM D Conducted Date : 13-02-2024 10:55  
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**Doctor's Signature**

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**RECOMMENDATION**

**Doctor's Signature**

<b>Patient Name</b>	: Mr. TADAKAMALLA SREENIVAS RAO	<b>Age/Gender</b>	: 49 Y/M
<b>UHID/MR No.</b>	: CVEL.0000141469	<b>OP Visit No</b>	: CVELOPV198652
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 10-02-2024 10:44
<b>LRN#</b>	: RAD2231218	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 67257		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver** appears normal in size (12.0 cms) with increased echogenicity. 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 (8.9 cms). No focal lesion seen. Splenic vein appears normal.

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

**Both the kidneys** appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.  
Right kidney - 9.1 x 3.7 cms Left kidney - 9.9 x 4.1 cms

**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 3.0 x 2.8 x 3.2 cms (vol 14.8 cc) and echo texture.

**IMPRESSION: \* GRADE 1 FATTY LIVER.**

(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. PASUPULETI SANTOSH KUMAR**  
**M.B.B.S., DNB (RADIOLOGY)**  
Radiology

**Patient Name** : Mr. TADAKAMALLA SREENIVAS RAO

**Age/Gender** : 49 Y/M

**UHID/MR No.** : CVEL.0000141469

**OP Visit No** : CVELOPV198652

**Sample Collected on** :

**Reported on** : 10-02-2024 16:37

**LRN#** : RAD2231218

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 67257

---

**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. PASUPULETI SANTOSH KUMAR**  
**M.B.B.S., DNB (RADIODIAGNOSIS)**

Radiology

Patient Name : Mr.TADAKAMALLA SREENIVAS RAO	Collected : 10/Feb/2024 08:17AM
Age/Gender : 49 Y 1 M 9 D/M	Received : 10/Feb/2024 02:48PM
UHID/MR No : CVEL.0000141469	Reported : 10/Feb/2024 07:18PM
Visit ID : CVELOPV198652	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 67257	

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



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

SIN No:BED240032752

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115B19)  
Regd. Office: 1-10-66/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 940-4904 7777, Fax No: 4904 7744

Address:  
D No.36, F - Block, 2nd Avenue, Anna Nagar East, Chennai-600 102.  
Phone - 044 26224504 / 85

  
1860 500 7788  
www.apolloclinic.com

**APOLLO CLINICS NETWORK**

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | **Andhra Pradesh: Vizag** (Seethamma Peta) | **Karnataka: Bangalore** (Binwanagudi | Bellandur | Electronics City | Frazer Town | Hill Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | **Mysore** (VV Mohalla) | **Tamil Nadu: Chennai** (Anna Nagar | Kotturpuram | Moggappair | T Nagar | Velamavakkam | Velachery) | **Maharashtra: Pune** (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | **Uttar Pradesh: Ghazalbad** (Indrapuram) | **Gujarat: Ahmedabad** (Satellite) | **Punjab: Amritsar** (Court Road) | **Haryana: Faridabad** (Railway Station Road)



Patient Name : Mr.TADAKAMALLA SREENIVAS RAO	Collected : 10/Feb/2024 08:17AM
Age/Gender : 49 Y 1 M 9 D/M	Received : 10/Feb/2024 02:48PM
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Emp/Auth/TPA ID : 67257	

**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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.3	g/dL	13-17	Spectrophotometer
PCV	44.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.45	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>82</b>	fL	83-101	Calculated
MCH	<b>26.2</b>	pg	27-32	Calculated
MCHC	32	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.8</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,700	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	64.4	%	40-80	Electrical Impedance
LYMPHOCYTES	24.1	%	20-40	Electrical Impedance
EOSINOPHILS	2.6	%	1-6	Electrical Impedance
MONOCYTES	8.3	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5602.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2096.7	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	226.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	722.1	Cells/cu.mm	200-1000	Calculated
BASOPHILS	52.2	Cells/cu.mm	0-100	Calculated
<b>PLATELET COUNT</b>	174000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	5	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.



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Consultant Pathologist

SIN No:BED240032752

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This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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Patient Name	: Mr.TADAKAMALLA SREENIVAS RAO	Collected	: 10/Feb/2024 08:17AM
Age/Gender	: 49 Y 1 M 9 D/M	Received	: 10/Feb/2024 02:48PM
UHID/MR No	: CVEL.0000141469	Reported	: 10/Feb/2024 07:18PM
Visit ID	: CVELOPV198652	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 67257		

**DEPARTMENT OF HAEMATOLOGY**

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

**WBC MORPHOLOGY** : Normal in number, morphology and distribution. No abnormal cells seen.

**PLATELETS** : Adequate in number.

**PARASITES** : No haemoparasites seen.

**IMPRESSION** : Normocytic normochromic blood picture.

**NOTE/ COMMENT** : Please correlate clinically.



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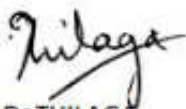
Patient Name : Mr.TADAKAMALLA SREENIVAS RAO	Collected : 10/Feb/2024 08:17AM
Age/Gender : 49 Y 1 M 9 D/M	Received : 10/Feb/2024 02:48PM
UHID/MR No : CVEL.0000141469	Reported : 10/Feb/2024 08:17PM
Visit ID : CVELOPV198652	Status : Final Report
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**DEPARTMENT OF HAEMATOLOGY**

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

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

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



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Patient Name : Mr.TADAKAMALLA SREENIVAS RAO	Collected : 10/Feb/2024 08:17AM
Age/Gender : 49 Y 1 M 9 D/M	Received : 10/Feb/2024 03:48PM
UHID/MR No : CVEL.0000141469	Reported : 10/Feb/2024 04:35PM
Visit ID : CVELOPV198652	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 67257	

**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	91	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	84	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.



**DR. R. SRIVATSAN**  
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SIN No:PLP1417092

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Patient Name : Mr.TADAKAMALLA SREENIVAS RAO	Collected : 10/Feb/2024 08:17AM
Age/Gender : 49 Y 1 M 9 D/M	Received : 10/Feb/2024 02:48PM
UHID/MR No : CVEL.0000141469	Reported : 10/Feb/2024 06:16PM
Visit ID : CVELOPV198652	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 67257	

**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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	mg/dL		Calculated


**Comment:**

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

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

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

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- 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:EDT240014291

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Patient Name : Mr.TADAKAMALLA SREENIVAS RAO	Collected : 10/Feb/2024 08:17AM
Age/Gender : 49 Y 1 M 9 D/M	Received : 10/Feb/2024 01:42PM
UHID/MR No : CVEL.0000141469	Reported : 10/Feb/2024 03:59PM
Visit ID : CVELOPV198652	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 67257	

**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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	198	mg/dL	<200	CHO-POD
TRIGLYCERIDES	61	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>39</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>159</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>146.8</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>5.08</b>		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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SIN No:SE04624330

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Patient Name : Mr.TADAKAMALLA SREENIVAS RAO	Collected : 10/Feb/2024 08:17AM
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Visit ID : CVELOPV198652	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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.22	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.18	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.04	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	84.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.75		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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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	1.00	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	22.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>7.50</b>	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	<b>2.30</b>	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)



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Patient Name : Mr.TADAKAMALLA SREENIVAS RAO	Collected : 10/Feb/2024 08:17AM
Age/Gender : 49 Y 1 M 9 D/M	Received : 10/Feb/2024 01:42PM
UHID/MR No : CVEL.0000141469	Reported : 10/Feb/2024 03:59PM
Visit ID : CVELOPV198652	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 67257	

**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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	29.00	U/L	<55	IFCC



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No:SE04624330

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Patient Name : Mr.TADAKAMALLA SREENIVAS RAO	Collected : 10/Feb/2024 08:17AM
Age/Gender : 49 Y 1 M 9 D/M	Received : 10/Feb/2024 01:48PM
UHID/MR No : CVEL.0000141469	Reported : 10/Feb/2024 03:52PM
Visit ID : CVELOPV198652	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 67257	

**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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.3	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.80	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.877	µIU/mL	0.34-5.60	CLIA

**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No:SPL24021459

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Patient Name : Mr.TADAKAMALLA SREENIVAS RAO	Collected : 10/Feb/2024 08:17AM
Age/Gender : 49 Y 1 M 9 D/M	Received : 10/Feb/2024 01:48PM
UHID/MR No : CVEL.0000141469	Reported : 10/Feb/2024 03:52PM
Visit ID : CVELOPV198652	Status : Final Report
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Emp/Auth/TPA ID : 67257	

**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
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.830	ng/mL	0-4	CLIA

The normal reference PSA for the decadal age group of 40-49 years is 0-2.5 ng/mL



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Patient Name : Mr.TADAKAMALLA SREENIVAS RAO	Collected : 10/Feb/2024 08:17AM
Age/Gender : 49 Y 1 M 9 D/M	Received : 10/Feb/2024 03:16PM
UHID/MR No : CVEL.0000141469	Reported : 10/Feb/2024 04:44PM
Visit ID : CVELOPV198652	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 67257	

**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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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Age/Gender : 49 Y 1 M 9 D/M	Received : 10/Feb/2024 03:18PM
UHID/MR No : CVEL.0000141469	Reported : 10/Feb/2024 04:45PM
Visit ID : CVELOPV198652	Status : Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

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



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SIN No:UF010479

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