Apollo Clinic Uppal

From: noreply@apolloclinics.info

Sent: Friday, February 23, 2024 2:24 PM **To:** Sravan.Rapelli@bankofbaroda.com

Cc: Apollo Clinic Uppal; Nishanth Reddy; Syamsunder M

Subject: Your appointment is confirmed



Dear MR. RAPELLI SRAVAN KUMAR,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at UPPAL clinic on 2024-02-24 at 07:15-07:30.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

- 1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- 2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
- 3. Please bring all your medical prescriptions and previous health medical records with you.
- 4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

- 1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
- 2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: APOLLO HEALTH AND LIFESTYLE LIMITED HNO- 6-48/3, PEERZADIGUDA PANCHAYAT, BODUPPAL, R DISTRICT, HYDERABAD-500039.

Contact No: (040) 49503373 -74/.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards, Apollo Clinic Established Patient: No

Vitals

II)afe	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	Weight	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
24-02-2024 15:11				_	172 cms	67 Kgs	%	%	Years	22.65	cms	cms	cms		AHLL06629

Name: Mr. RAPELLI SRAVAN KUMAR

Age/Gender: 32 Y/M Address: HYD

Location: HYDERABAD, TELANGANA

Doctor:

Department: GENERAL Rate Plan: UPPAL_06042023

Sponsor: ARCOFEMI HEALTHCARE LIMITED Consulting Doctor: Dr. AYYAPPA SWAMY AMARA

Doctor's Signature

MR No: CUPP.0000086259
Visit ID: CUPPOPV130145
Visit Date: 24-02-2024 09:12

Discharge Date:

Referred By: SELF

Established Patient: No

Vitals

II)afe	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	Weight	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
24-02-2024 15:11				_	172 cms	67 Kgs	%	%	Years	22.65	cms	cms	cms		AHLL06629

UHID : CUPP.0000086259 OP Visit No : CUPPOPV130145
Reported By: : Dr. VINAY KUMAR GUPTA Conducted Date : 26-02-2024 11:52

Referred By : SELF

ECG REPORT

Observation:-

- 1. Normal Sinus Rhythm.
- 2. Heart rate is 99 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:

SINUS RHYTHM WITH OCCASIONAL PREMATURE VENTRICULAR COMPLEXES CORRELATE CLINICALLY.

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

Dr. VINAY KUMAR GUPTA

Mr. RAPELLI SRAVAN KUMAR
Age/Gender: 32 Y/M
Address: HYD
Location:

Doctor:

Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOEFMI HEAL

ARCOFEMI HEALTHCARE LIMITED Sponsor:

Consulting Doctor: Dr. KOPPULA TRIVENI

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

MR No: CUPP.0000086259 CUPPOPV130145 Visit ID: Visit Date: 24-02-2024 09:12

Discharge Date:

Referred By: SELF Name: Mr. RAPELLI SRAVAN KUMAR

Age/Gender: 32 Y/M Address: HYD

Location: HYDERABAD, TELANGANA

Doctor:

Department: GENERAL Rate Plan: UPPAL_06042023

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Vitals

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Established Patient: No

Vitals

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Age/Gender: 32 Y/M
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Location:

Doctor:

Department: GENERAL
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ARCOFEMI HEALTHCARE LIMITED Sponsor:

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SYSTEMIC REVIEW

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IMPRESSION

RECOMMENDATION

Doctor's Signature

MR No: CUPP.0000086259 CUPPOPV130145 Visit ID: Visit Date: 24-02-2024 09:12

Discharge Date:

Referred By: SELF

UHID : CUPP.0000086259 OP Visit No : CUPPOPV130145 Conducted By: : Dr. CH VENKATESHAM Conducted Date : 24-02-2024 17:04

Referred By : SELF

CARDIOLOGY

	CARDIAC STRESS TEST - (TMT)
Angina Pectoria: NO	
Previous MI: NO	
PTCA: NO	
CABG: NO	
HTN: NO	
DM: NO	
Smoking: NO	
Obesity: NO	
Lipidemia: NO	
Resting ECG Supine: 80 BPM	
Standing: 91 BPM	
Protocol Used: BRUCE	
Monitoring Leads: 12 LEADS	

UHID : CUPP.0000086259 OP Visit No : CUPPOPV130145 Conducted By: : Dr. CH VENKATESHAM Conducted Date : 24-02-2024 17:04

Referred By : SELF

Grade Achieved:

81%

% HR / METS: 188 BPM / 9.0 METS

Reason for Terminating Test: MAX HR ATTAINED

Total Exercise Time:

7:18

Symptoms and ECG Changes during Exercise: NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

0 mts:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

3 mts:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

6 mts:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

INTERPRETATION:

Rhythm:

NORMAL

S.T. Segment :

NORMAL

UHID : CUPP.0000086259 OP Visit No : CUPPOPV130145 Conducted By: : Dr. CH VENKATESHAM Conducted Date : 24-02-2024 17:04

Referred By : SELF

III Blood Pressure Response:

NORMAL

IV Fitness Response:

GOOD

Impression:

TMT IS NEGATIVE FOR EXERSICE INDUCED ISCHEMIA.

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





Age/Gender **Patient Name** : Mr. RAPELLI SRAVAN KUMAR : 32 Y/M

UHID/MR No.

: CUPP.0000086259

OP Visit No Reported on : CUPPOPV130145

Sample Collected on

: RAD2246845

: 24-02-2024 14:49

Ref Doctor Emp/Auth/TPA ID

LRN#

: SELF : 120893 Specimen

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

H. Tysthiemai Dr. MATTA JYOTHIRMAI

MBBS, MDRD Radiology



UHID/MR No. : 0

: CUPP.0000086259

n .

Sample Collected on LRN#

: RAD2246845

Ref Doctor : SELF **Emp/Auth/TPA ID** : 120893

OP Visit No

Reported on

: CUPPOPV130145 : 24-02-2024 16:25

Specimen

:

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

<u>Liver</u> appears normal in size 130 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 108 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 : 96 x 42 mm. **Left kidney :** 101 x 49 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 30 x 30 x 28 mm and echo texture. Volume measure 14 cc. No evidence of necrosis/calcification seen.

IMPRESSION:-

* GRADE I 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.

J. Typtliemai Dr. MATTA JYOTHIRMAI

MBBS, MDRD

Radiology







Patient Name : Mr.RAPELLI SRAVAN KUMAR

Age/Gender : 32 Y 9 M 0 D/M UHID/MR No : CUPP.0000086259 Visit ID : CUPPOPV130145

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 120893

Collected : 24/Feb/2024 09:58AM

Received : 24/Feb/2024 12:48PM Reported : 24/Feb/2024 02:17PM

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

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	16.2	g/dL	13-17	Spectrophotometer
PCV	47.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.21	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	90.3	fL	83-101	Calculated
MCH	31.1	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,900	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	45	%	40-80	Electrical Impedance
LYMPHOCYTES	38	%	20-40	Electrical Impedance
EOSINOPHILS	7.6	%	1-6	Electrical Impedance
MONOCYTES	8.4	%	2-10	Electrical Impedance
BASOPHILS	1	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2655	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2242	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	448.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	495.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	59	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.18		0.78- 3.53	Calculated
PLATELET COUNT	171000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	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

M.B.B.S, M.D(Pathology) Consultant Pathologist

SIN No:BED240048520

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



COLLEGE of AMERICAN PATHOLOGISTS







: Mr.RAPELLI SRAVAN KUMAR

Age/Gender

: 32 Y 9 M 0 D/M

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

NO HEMOPARASITES SEEN IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

M.B.B.S, M.D(Pathology) Consultant Pathologist

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: 24/Feb/2024 04:12PM

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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	R, WHOLE BLOOD EDTA			
BLOOD GROUP TYPE	0			Microplate technology
Rh TYPE	Positive			Microplate technology

Aidlath.k. Dr.KASULA SIDDARTHA M.B.B.S, DNB (Pathology)

Consultant Pathologist

SIN No:BED240048520

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COLLEGE of AMERICAN PATHOLOGISTS







Patient Name : Mr.RAPELLI SRAVAN KUMAR

: CUPPOPV130145

Age/Gender : 32 Y 9 M 0 D/M UHID/MR No : CUPP.0000086259

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 120893 Collected : 24/Feb/2024 09:58AM

Received : 24/Feb/2024 12:56PM Reported : 24/Feb/2024 04:04PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	88	mg/dL	70-100	Hexokinase

Comment:

Visit ID

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:

- 1.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.
- $2. \ Very \ high \ glucose \ levels \ (>450 \ mg/dL \ in \ adults) \ may \ result \ in \ Diabetic \ Ketoacidosis \ \& \ is \ considered \ critical.$

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	92	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN), I	WHOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE	105	mg/dL		Calculated

Dr.RAJESH BATTINA PhD.(Biochemistry) Consultant Biochemist Dr.K.Anusha
M.B.S.M.D(Biochemistry)
Consultant Biochemist





SIN No:EDT240021831









Patient Name : Mr.RAPELLI SRAVAN KUMAR

Age/Gender : 32 Y 9 M 0 D/M
UHID/MR No : CUPP.0000086259
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

(eAG)

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.
- 2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 3. 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.
- 4. 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.
- 5. 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)

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





SIN No:EDT240021831









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

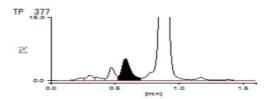
Chromatogram Report

HLC723G8 2024-02-24 15:31:57 V5. 28 1 EDT240021831 02240172 ID SL 0005 - 06 Sample No Patient ID

Comment

CALIB	Y	=1.1689)	+ 0.6048
Name	%	Time	Area
A1A	0.4	0. 24	7. 02
A1B	0.7	0.30	13. 17
F	0.5	0.39	8. 24
LA1C+	1. 7	0.47	30.14
SA1C	5.3	0.58	72.70
AO	93. 1	0.87	1650. 52
H-VO			
H-V1			
H-W2			

Total Area 1781.79 HbA1c 5.3 % IFCC 34 mmol/m HbF 0.5 %



24-02-2024 15:36:36 APOLLO

APOLLO DIAGNOSTICS GLOBAL BALANAGER

1/1

Dr. RAJESH BATTINA PhD.(Biochemistry) Consultant Biochemist M.B.B.S, M.D (Biochemistry) Consultant Biochemist

COLLEGE of AMERICAN PATHOLOGISTS



SIN No:EDT240021831









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DEPARTMENT OF BIOCHEMISTRY

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Dr.RAJESH BATTINA PhD.(Biochemistry) Consultant Biochemist Dr.K.Anusha
M.B.S.M.D(Biochemistry)
Consultant Biochemist

ACCREDITED COLLEGE of AMERICAN PATHOLOGISTS



SIN No:EDT240021831









Patient Name : Mr.RAPELLI SRAVAN KUMAR

Age/Gender : 32 Y 9 M 0 D/M
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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	209	mg/dL	<200	CHO-POD
TRIGLYCERIDES	194	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	163	mg/dL	<130	Calculated
LDL CHOLESTEROL	124.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	38.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.54		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

- 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.
- 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.

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





SIN No:SE04640402









Patient Name : Mr.RAPELLI SRAVAN KUMAR

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Test Name	Result	Unit	Bio. Ref. Range	Method
IVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.18	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.01	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	100.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.65	g/dL	6.6-8.3	Biuret
ALBUMIN	4.80	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.85	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68	+	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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.
- 2. Cholestatic Pattern:
- ALP Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.• ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.
- 3. Synthetic function impairment: Albumin- Liver disease reduces albumin levels. Correlation with PT (Prothrombin Time) helps.

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M.B.B.S,M.D(Biochemistry)
Consultant Biochemist





SIN No:SE04640402









: Mr.RAPELLI SRAVAN KUMAR

Age/Gender

: 32 Y 9 M 0 D/M

UHID/MR No

: CUPP.0000086259

Visit ID Ref Doctor : CUPPOPV130145

Emp/Auth/TPA ID

: Dr.SELF

: 120893

Collected

: 24/Feb/2024 09:58AM

Received

: 24/Feb/2024 12:59PM : 24/Feb/2024 02:53PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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), SEF	RUM		
CREATININE	0.79	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	21.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	8.17	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.84	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.11	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	19.00	U/L	<55	IFCC

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Age/Gender : 32 Y 9 M 0 D/M
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Visit ID : CUPPOPV130145

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 120893 Collected : 24/Feb/2024 09:58AM

Received : 24/Feb/2024 12:58PM Reported : 24/Feb/2024 02:19PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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)	1.36	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	12.13	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.167	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

- 1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- 2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- 3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	Т3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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SIN No:SPL24032003









: Mr.RAPELLI SRAVAN KUMAR

Age/Gender

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UHID/MR No

: CUPP.0000086259

Visit ID

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Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 120893 Collected

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: 24/Feb/2024 12:58PM

Reported Status

: 24/Feb/2024 02:19PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

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SIN No:SPL24032003









Patient Name : Mr.RAPELLI SRAVAN KUMAR

Age/Gender : 32 Y 9 M 0 D/M
UHID/MR No : CUPP.0000086259
Visit ID : CUPPOPV130145

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 120893 Collected : 24/Feb/2024 09:58AM

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	5.5		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	1		
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

Aiddath.k.

Dr.KASULA SIDDARTHA M.B.B.S,DNB(Pathology) Consultant Pathologist ACCREDITED COLLEGE of AMERICAN PATHOLOGISTS



SIN No:UR2290608









: Mr.RAPELLI SRAVAN KUMAR

Age/Gender

: 32 Y 9 M 0 D/M

UHID/MR No

: CUPP.0000086259

Visit ID

: CUPPOPV130145

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 120893

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: 24/Feb/2024 08:02PM

: 24/Feb/2024 09:58AM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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
Tost Namo	Pocult	Unit	Rio Pof Pango	Mathad
Test Name	Result	Unit	Bio. Ref. Range	Method

*** End Of Report ***

Result/s to Follow: PERIPHERAL SMEAR

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18.34 1.25 Com. 1 Dr. SRINIVAS N.S. NORI M.B.B.S, M.D(Pathology) CONSULTANT PATHOLOGY

SIN No:UF010761

