

PRESCRIPTION

Besaid Bata Show Room ,Madinaguda opp SBI Bank Hyderabad .040-23046745
 VL NARAYANA RAO S Date: 24-02-2024

Age: 42

UHID: PH NO

	SPHE	CYL	AXIS	ADD	CVA
RIGHT	PL				1 20/20
LEFT	PL				1 20/20

- Single Vision Glass
- CR-39 Polycarbonate ARC
- Biofocal
- D- Biofocal (Glass/CR)
- High Index
- Progressive
- Normal Progressive
- Internal Progressive
- Photochromic

- Contact Lenses:**
- Daily Disposables
 - Monthly Disposables
 - Quarterly Disposables

- Yearly**
- Tori- ca
 - Cosmetics

Colour Vision Test:

RE: NORMAL LE: NORMAL

NEXT EXAMINATIONS : 1 YEAR Month / Year

Signature

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. SUDULA V L NARAYANARAO
EC NO.	181273
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	HYDERABAD,MADHAPUR
BIRTHDATE	09-07-1981
PROPOSED DATE OF HEALTH CHECKUP	24-02-2024
BOOKING REFERENCE NO.	23M181273100091692E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **17-02-2024** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



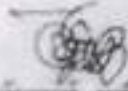
बैंक ऑफ बड़ौदा
Bank of Baroda



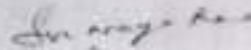
नाम वीएल नारायणराव सूडाला

Name V L NARAYANARAO SUDULA

EC No. 181273



जारीकर्ता प्राधिकारी
Issuing Authority


घास्क के हस्ताक्षर

Signature of Holder

OPHAL TEST IS PENDING

Patient Name	: Mr. V L NARAYANARAO SUDULA	Age	: 42 Y/M
UHID	: CCHA.0000148237	OP Visit No	: CCHAOPV324298
Reported By:	: Dr. A RAVINDRA	Conducted Date	: 24-02-2024 20:46
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 95 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 RESTING ECG.

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



Dr. A RAVINDRA

Patient Name : Mr. V L NARAYANARAO SUDULA Age : 42 Y/M
UHID : CCHA.0000148237 OP Visit No : CCHAOPV324298
Conducted By: : Dr. A RAVINDRA Conducted Date : 24-02-2024 20:47
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:
NORMAL

Standing:
NORMAL

Protocol Used:
BRUCE

Monitoring Leads:

Patient Name : Mr. V L NARAYANARAO SUDULA Age : 42 Y/M
UHID : CCHA.0000148237 OP Visit No : CCHAOPV324298
Conducted By: : Dr. A RAVINDRA Conducted Date : 24-02-2024 20:47
Referred By : SELF

12 LEADS

Grade Achieved:
16.00

% HR / METS:
12.50

Reason for Terminating Test:
LEG DISCOMFORT

Total Exercise Time:
09:46

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

III Blood Pressure Response :
NORMAL

Patient Name : Mr. V L NARAYANARAO SUDULA Age : 42 Y/M
UHID : CCHA.0000148237 OP Visit No : CCHAOPV324298
Conducted By: : Dr. A RAVINDRA Conducted Date : 24-02-2024 20:47
Referred By : SELF

IV Fitness Response :
GOOD

Impression:
Cardiac stress analysis is **NEGATIVE** for inducible myocardial ischaemia
at good work load and 96% of maximum heart.

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



Dr. A
RAVINDRA

CERTIFICATE OF MEDICAL FITNESS

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

Mr. V.L. Narayana Rao on 24/09/09 After reviewing the medical history on clinical examination it has been found that he/she is

Medically Fit Yes No

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.....

Recommended Unfit

Dr.  **Dr. BOLLINI MAANASA JAYARAM**
Reg No: TSMC/FMT/00039
Qualification: M.B.B.S., M.Sc (Perfusion)
Medical Officer
The Apollo Clinic, Chandanagar



This certificate is not meant for medico-legal purposes

TMT
3:40pm
Med - (No)

THE APOLLO CLINIC
PHYSICAL EXAMINATION FORM

BILL DATE : 24/2/24 UHID: 1418237

BILL NO: 84773

PATIENT NAME : Mrs. V. L. Alarajana
Retd.

AGE: 42 yrs

Weight : 67.8 Kgs

Height : 165 Cms

Chest Measurement : (in) (out)

Abdomen :

Pulse : / bpm

B.P : 120/80 / mm Hg

Waist - 85 cm
Hip : - 97 cm
BMI : - 24.9

Dr V I Narayanaswamy,
Patient ID: 148377
24.02.2024
4:08:55pm

Male 165 cm 67 kg
42 yrs Asian

Exercise Test / ECG Strips

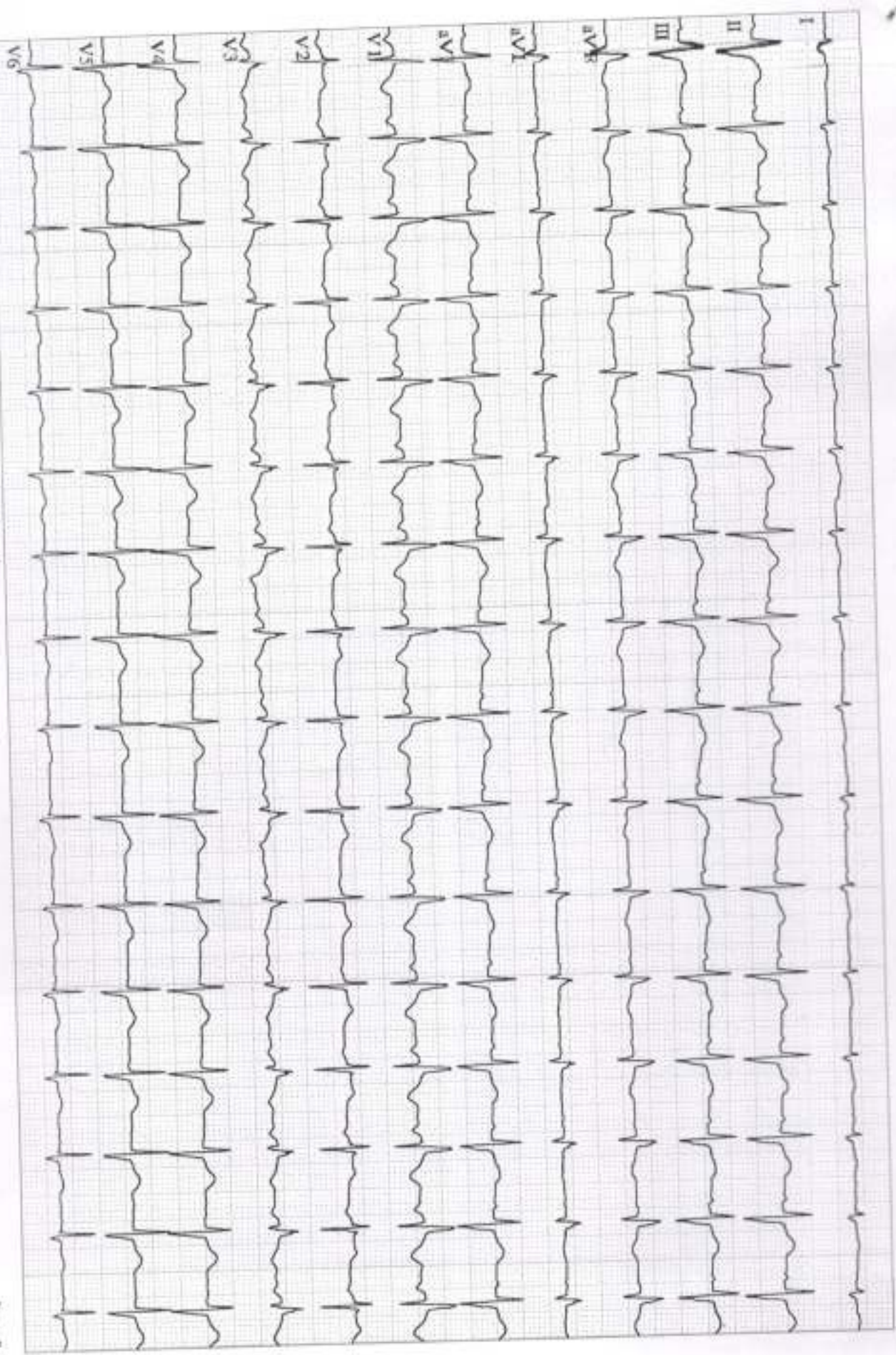
95 bpm
120/80 mmHg

PRETEST
SLEPINE
0.16

BRUCE
0.0 mph
0.0%

APOLLO CLINIC

W.S.N



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 60 Hz 0.04Hz FRF HEART V5.41.1 HR(V5.11)

Unconfirmed

Attending MD:

Mr V I MURAYARAO
 Patient ID: 148237
 24.02.2024
 4:08:27pm
 Male 165 cm 67 kg
 42 yrs Asian
 Mide

Test Reason:
 Medical History:
 Ref. MD: Ordering MD:
 Technician: Test Type:
 Comment:

BRUCE: Exercise Time 09:46
 Max HR: 171 bpm 96 % of max predicted 178 bpm HR at rest: 93
 Max BP: 120/80 mmHg BP at rest: 120/80 Max RPP: 20520 mmHg*bpm
 Maximum Workload: 12.50 METS
 Max ST: -1.05 mm, -3.13 mV/s in V3; RECOVERY 0.50
 Arrhythmia: PSVC2
 ST/HR index: 0.27 μ V/bpm
 HR reserve used: 89 %
 HR recovery: 39 bpm
 VE recovery: 0 VE/min
 ST/HR hysteresis: 0.054 mV (V3)
 QRS duration: BASELINE: 100 ms, PEAK EX: 98 ms, REC: 98 ms
 Reasons for Termination: Leg discomfort

Summary:
 Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall Impression: Normal stress test.
 Conclusions: max hr attained
 Prognosis:
 Duke Treadmill Score: 12 Risk Category: low
 5 Year Survival: 98.0 % Average Annual Mortality: 0.4 %
 Reason:
 Location: * 0 *

NEGATIVE

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	Workload [METS]	HR [bpm]	BP [mmHg]	RPP [mmHg*bpm]	VE [l/min]	ST Level V3 [mm]	Comment
PRETEST	SUPINE	00:23	0.00	0.00	1.0	95	120/80	11400	0	-0.25	
	STANDING	00:03	0.00	0.00	1.0	93		11160	0	-0.25	
	HYPERV.	00:03	0.00	0.00	1.0	91		10920	0	-0.25	
	WARM-UP	00:24	0.60	0.00	1.1	100		12000	0	-0.30	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	125		15000	0	-0.30	
	STAGE 2	03:00	2.50	12.00	7.0	139	120/80	16680	0	-0.15	
	STAGE 3	03:00	3.40	14.00	10.1	155	120/80	18600	0	-0.40	
	STAGE 4	00:46	4.20	16.00	12.5	169	120/80	20280	0	-0.25	
RECOVERY		01:03	0.00	0.00	1.0	127		15240	0	-0.95	

Dr. V. I. Narayana Rao,
Patient ID: 148321
24-02-2024
4:08:49pm

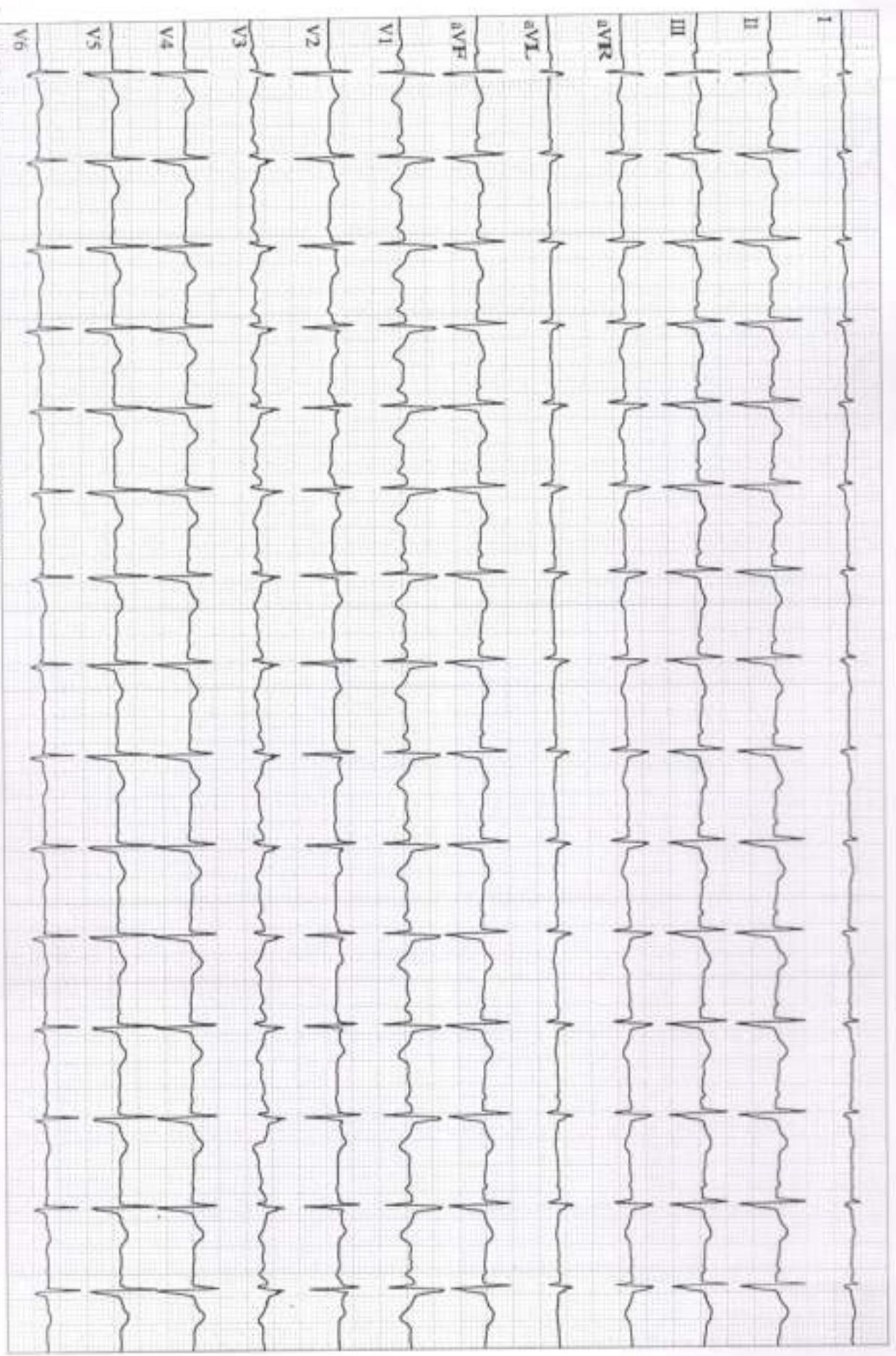
Male 165 cm 67 kg
42 yrs Asian

Exercise Test / ECG Strips

95 bpm
120/80 mmHg

PRETEST
SUIPNSB
0-22

BRUCE
0.0 mph
0.0 %



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 60 Hz 0.04Hz FRP HEART V5.41.1 HR(V5.ID)
Unconfirmed

Attending MD:

MR V1 NARAYAN 31780,
Patient ID: 148537
24.02.2024 Male 165 cm 67 kg
4:08:55pm 42 yrs Asian

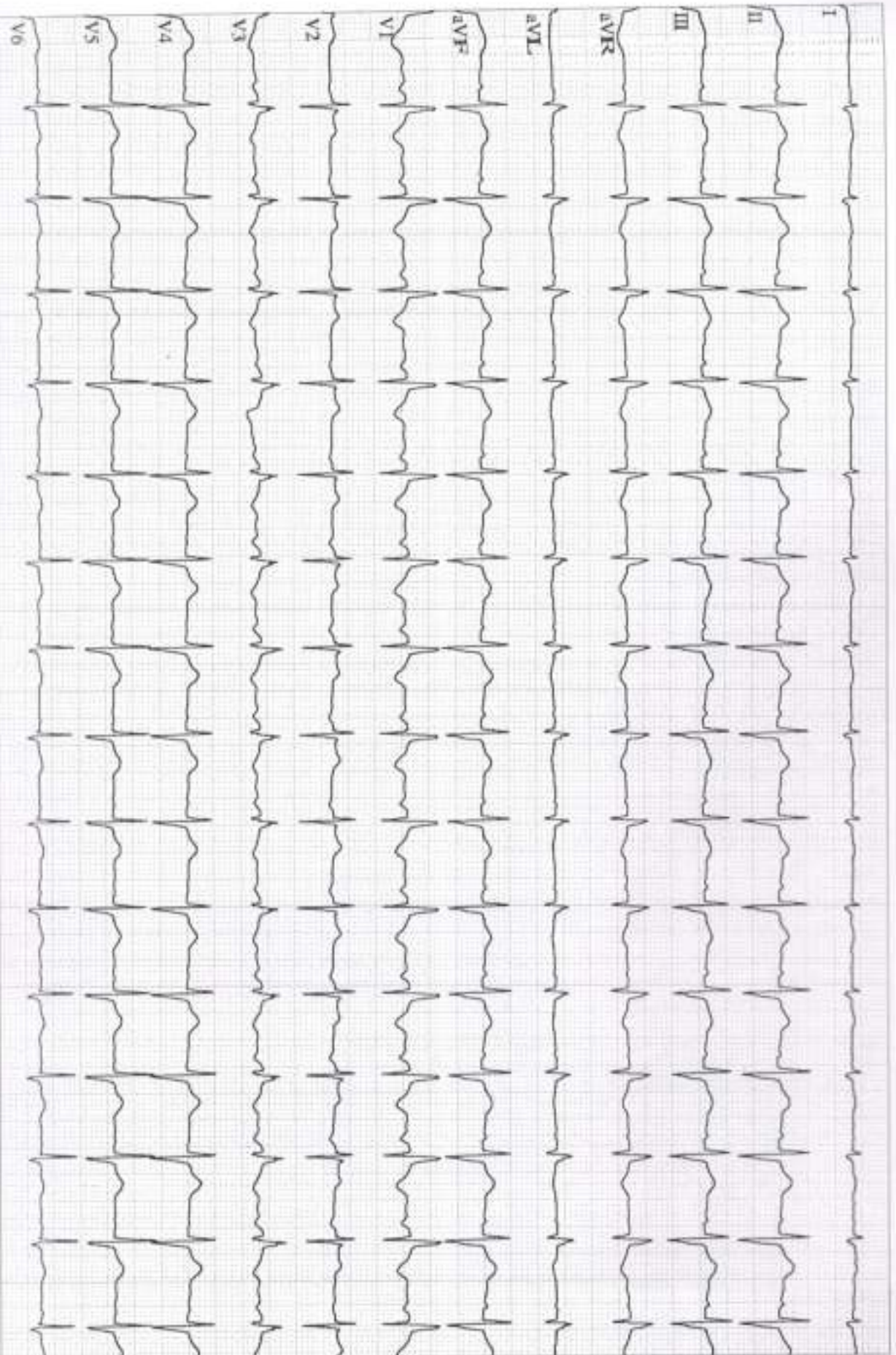
Exercise Test / ECG Strips

91 bpm
120/80 mmHg

PRETEST
HYPERV.
0:27

BRUCE
0.0 mph
0.0 %

APOLLOCLINIC



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 60 Hz 0.04Hz PRF HEART V5.41.1 HR(V5.D)

Unconfirmed

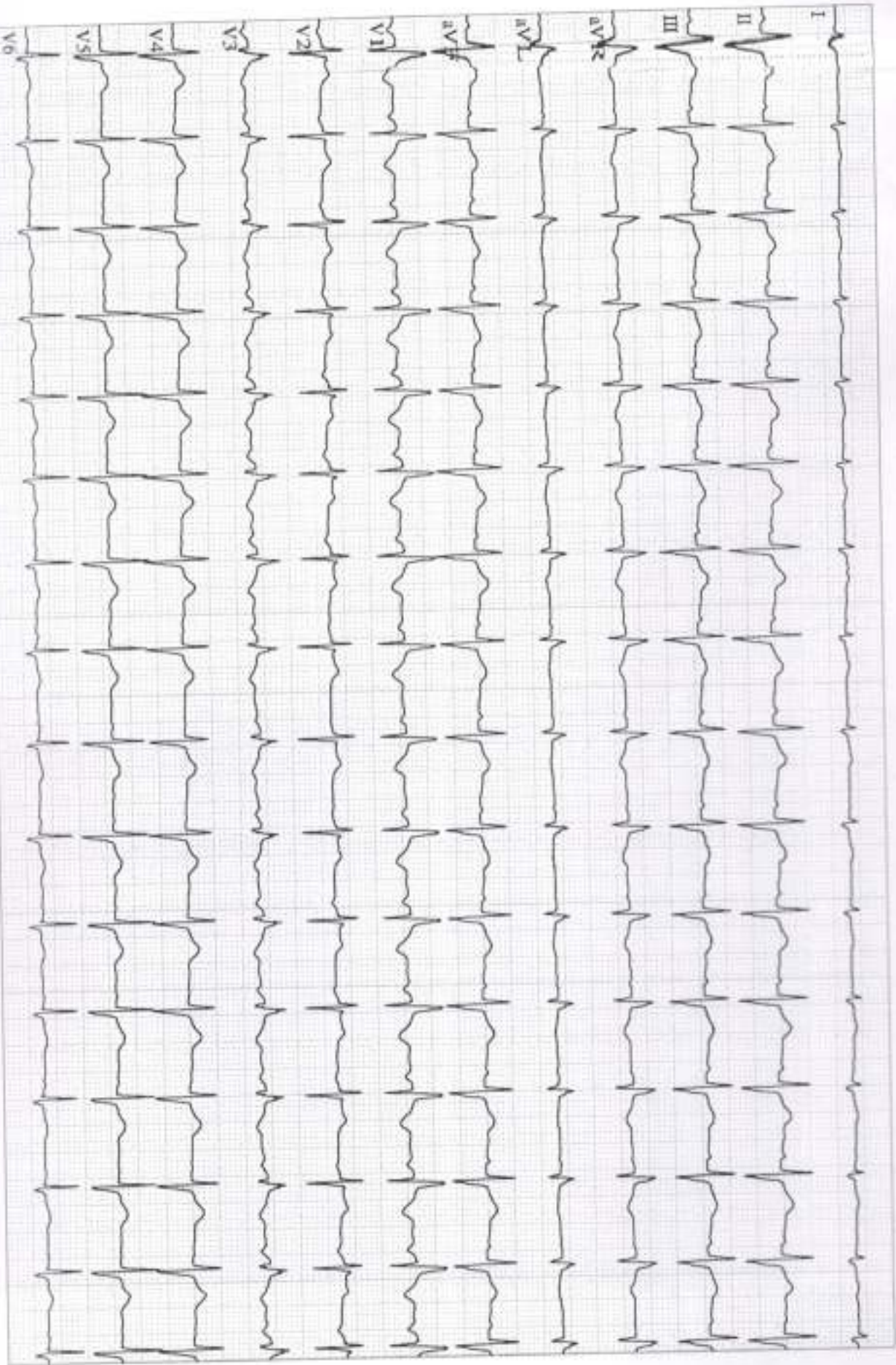
Attending MD:

Mr V I DARAYANARAJAN,
Patient ID: 14837
24.02.2024 Male 165 cm 67 kg
4:09:00pm 42 yrs Asian

92 bpm
120/80 mmHg

PRETEST
WARM-UP
0.32

BRUCE
0.0 mph
0.0 %



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 60 Hz 0.04Hz FRF HEART V5.41.1 HR(V5JD)
Unconfirmed

Attending MD:

Mr V J MARYAM, 28/01/2024

Patient ID: 1482

24.02.2024

4:09:19pm

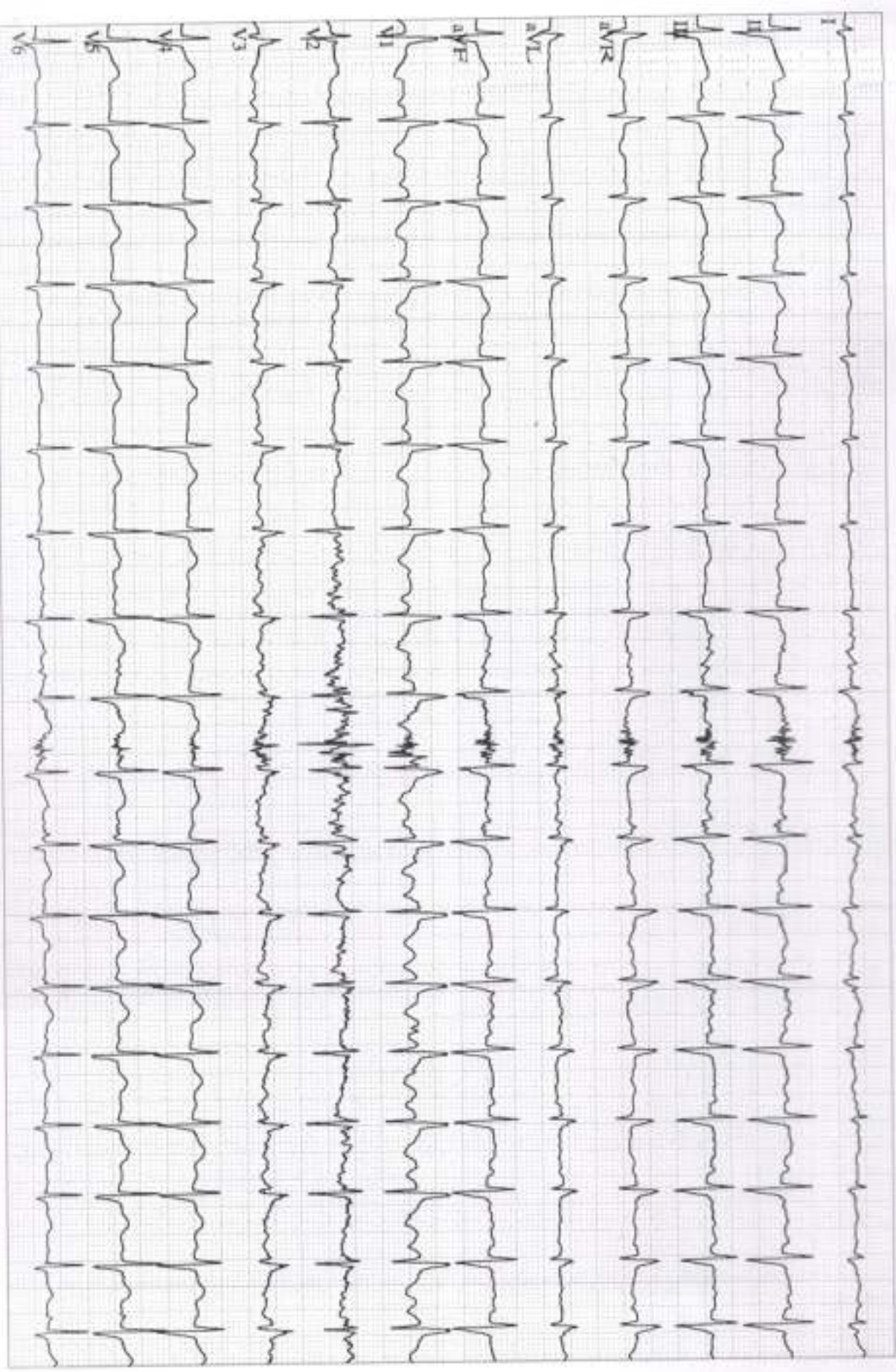
Exercise Test / ECG Strips

100 bpm
120/80 mmHg

PRETEST
WARM-UP
0.52

BRUCE
0.6 mph
0.0 %

APOLLO CLINIC



GE CardioSoft V7.0 (110)
25 mm/s 10 mm/mV 60 Hz 0.04Hz PRF HEART V5.41.1 HR(V5.LD)

Unconfirmed
Attending MD:

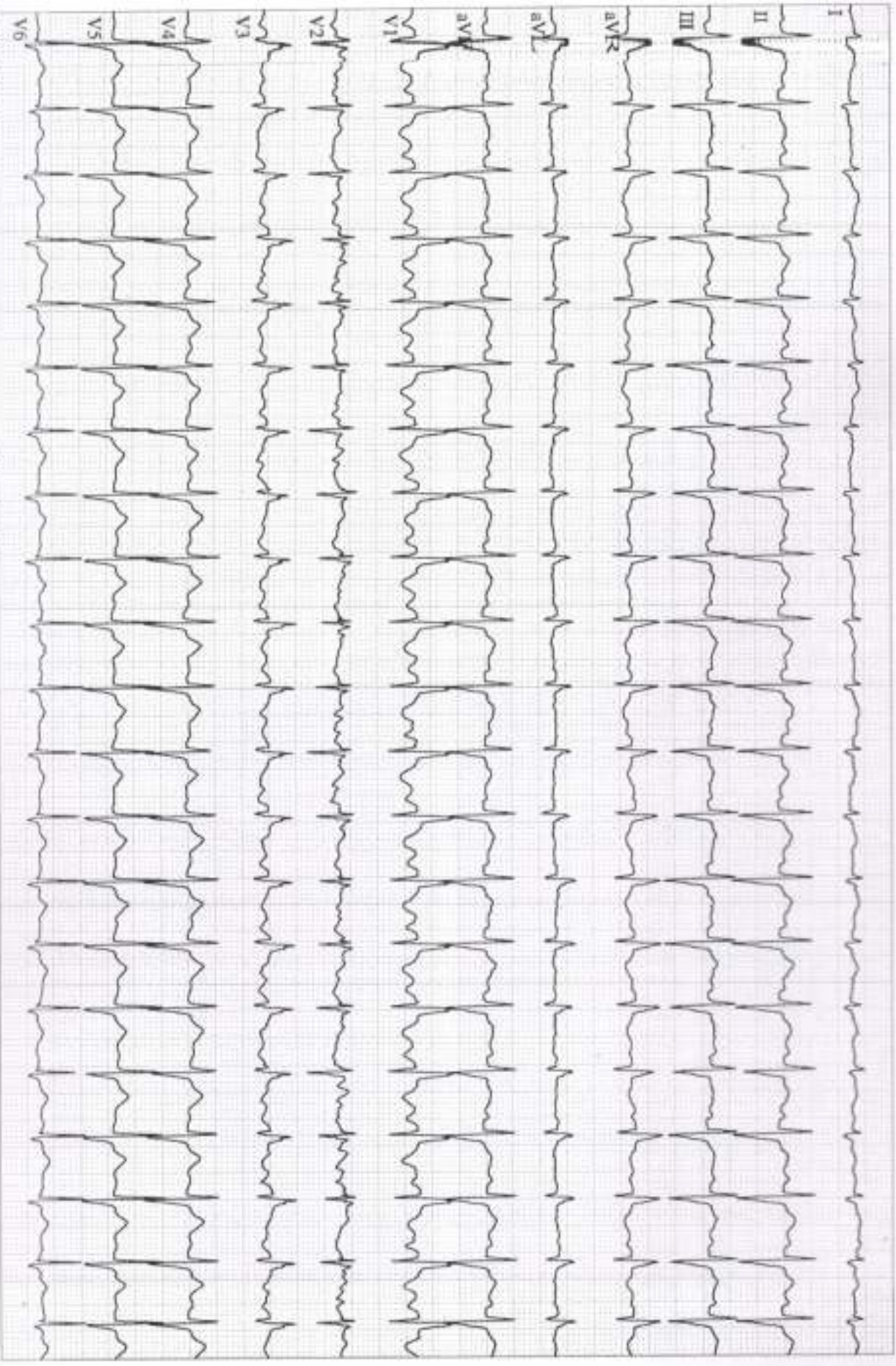
Dr. V. Narayanaswami,
Patient ID: 148877
24.02.2024 Male 165 cm 67 kg
4:12:09pm 42 yrs Asian

Exercise Test / ECG Strips
125 bpm

EXERCISE
STAGE 1
2:50

BRUCE
1.7 mph
10.0 %

APOLLOCLINIC



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 60 Hz 0.04Hz FRF HEART V5.41.1 HR(V5,II) Unconfirmed

Attending MD:

DR V I HARTYUJIA 2200

Patient ID: 14829

24.02.2024

4:15:09pm

Male 165 cm 67 kg

42 yrs Asian

Exercise Test / ECG Strips

139 bpm

120/80 mmHg

EXERCISE STAGE 2

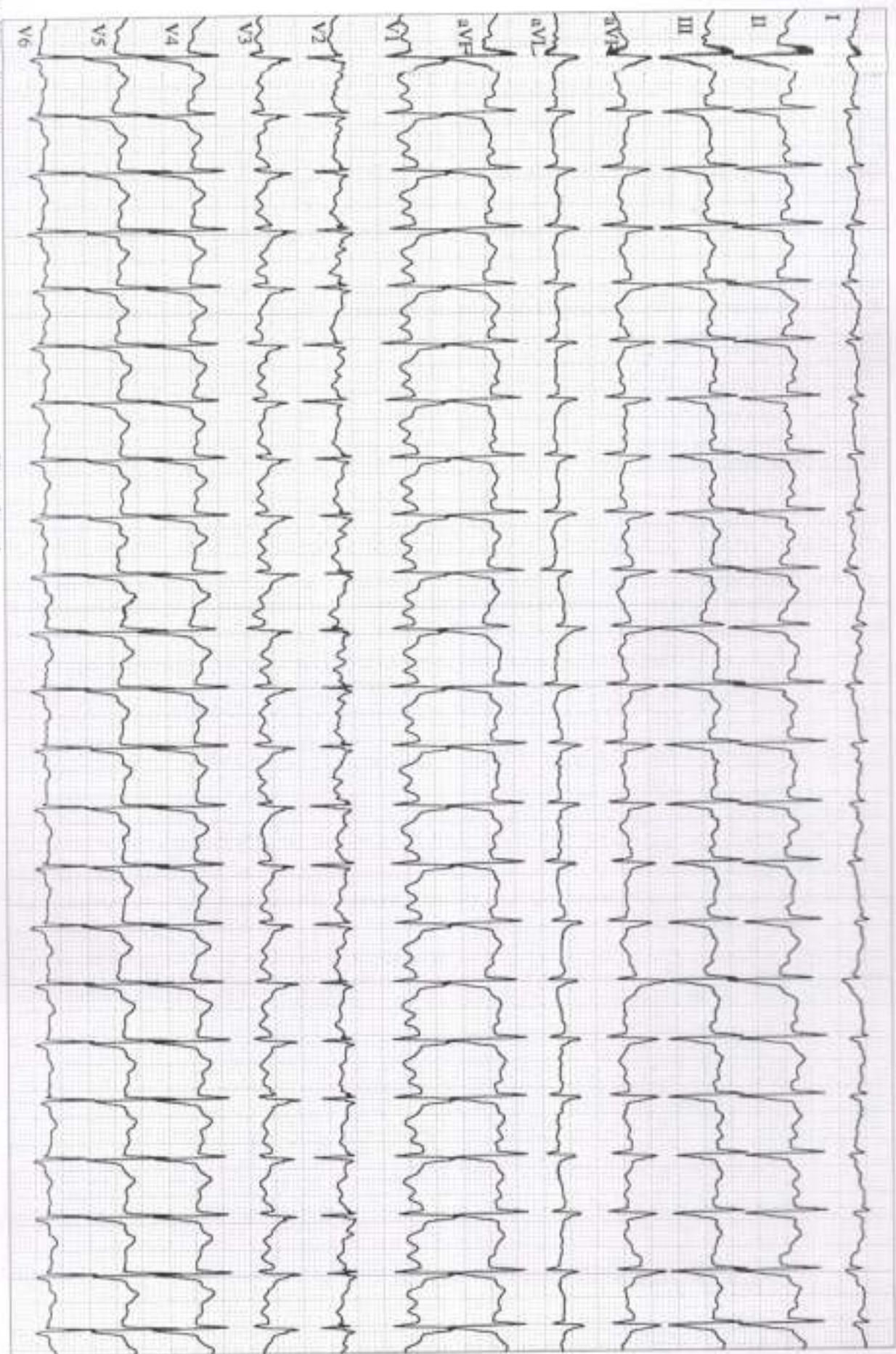
5:50

BRUCE

2.5 mph

12.0 %

APOLLO CLINIC



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 60 Hz 0.04Hz FRF HEART V5.A1.1 HR(V5.JD)

Unconfirmed

Attending MD:

mr V I narayanarao,

Patient ID: 14877

24.02.2024

A:18:09pm

Male 165 cm 67 kg

42 yrs Asian

Exercise Test / ECG Strips

155 bpm

120/80 mmHg

EXERCISE STAGE 3

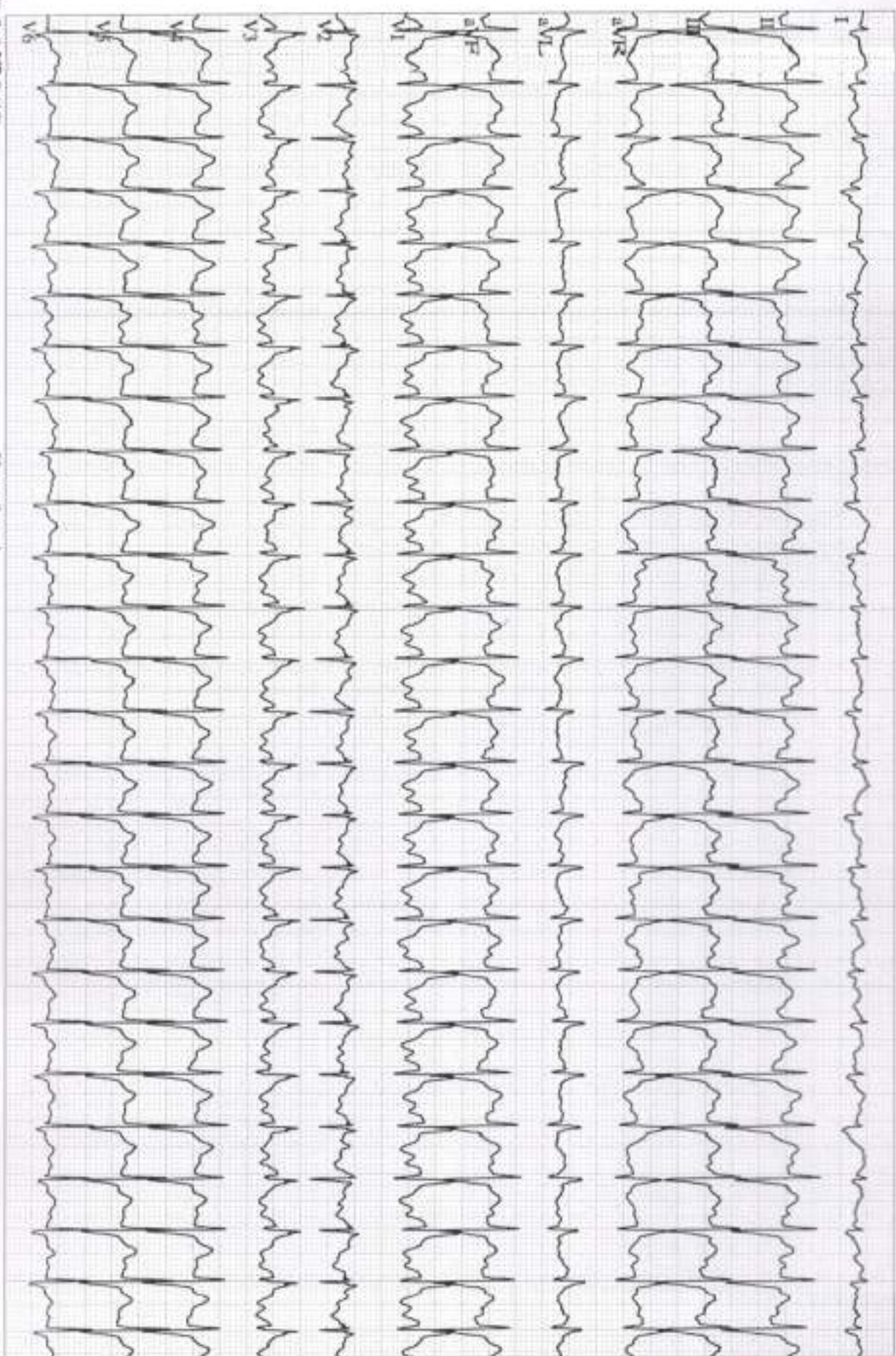
8:50

BRUCE

3.4 mph

14.0 %

APOLLOCLINIC



GE CardioSoft V7.0 (10)

25 mm/s 10 mm/mV 60 Hz 0.04mV PRP HEART V5.41.1 HR(V5JD)

Unconfirmed

Attending MD:

DR V I MURRYAN 2000

Patient ID: 1482

24.02.2024

4:19:05pm

Male 165 cm 67 kg

±2 yrs Asian

Exercise Test / ECG Strips

169 bpm

120/80 mmHg

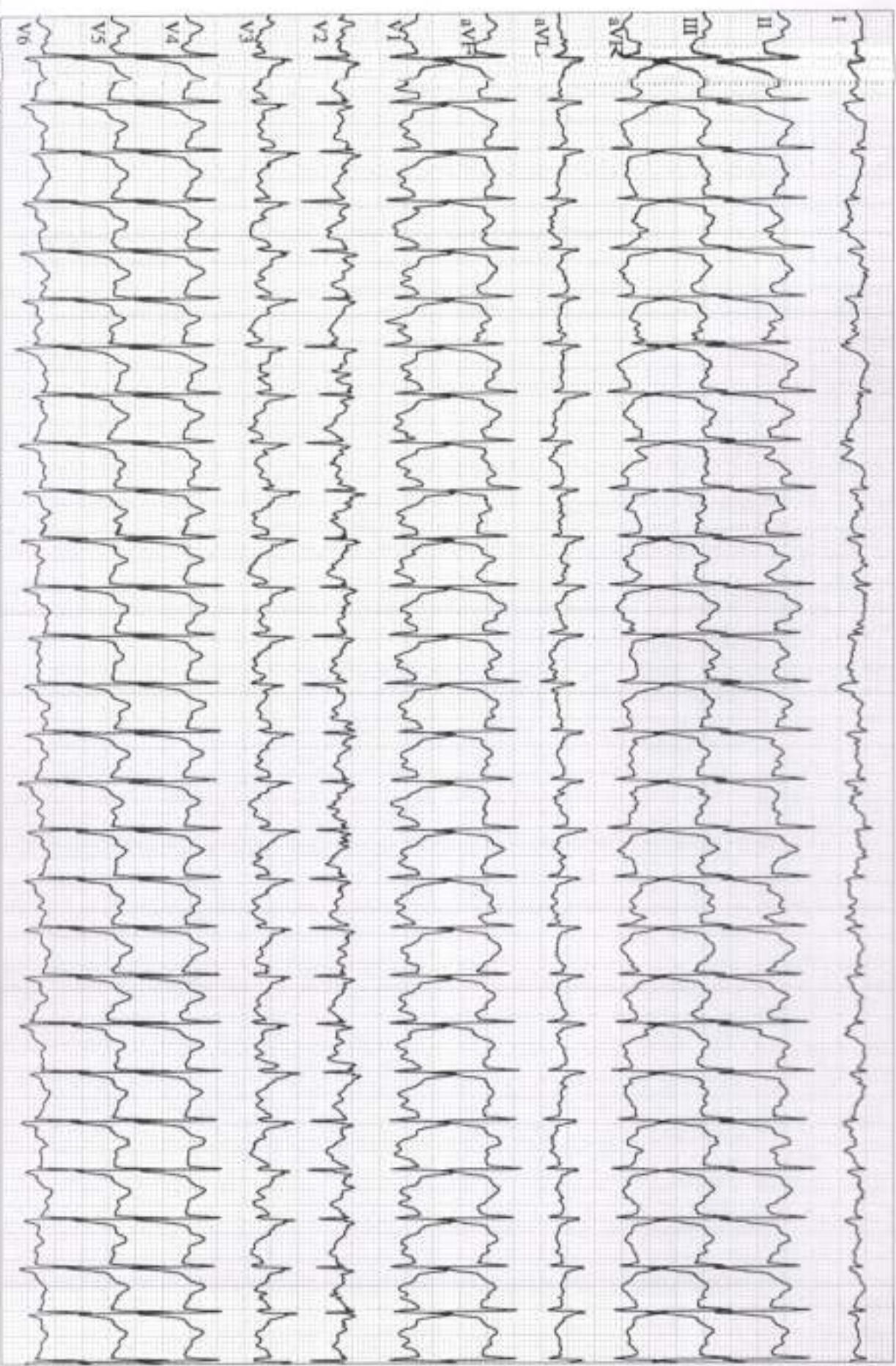
EXERCISE STAGE 4

9:46

HR/CE 4.2 mph

16.0 %

AMOLLOCLINIC



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 60 Hz 0.04Hz FRF HEART V5.41.1 HR(V5.II)

Unconfirmed

Attending MD:

MR V I BATHUA, MBBS

Patient ID: 14-8-77

24/02/2024

4:20:05pm

Male 165 cm 67 kg
42 yrs Asian

Exercise Test / ECG Strips

1:30 bpm

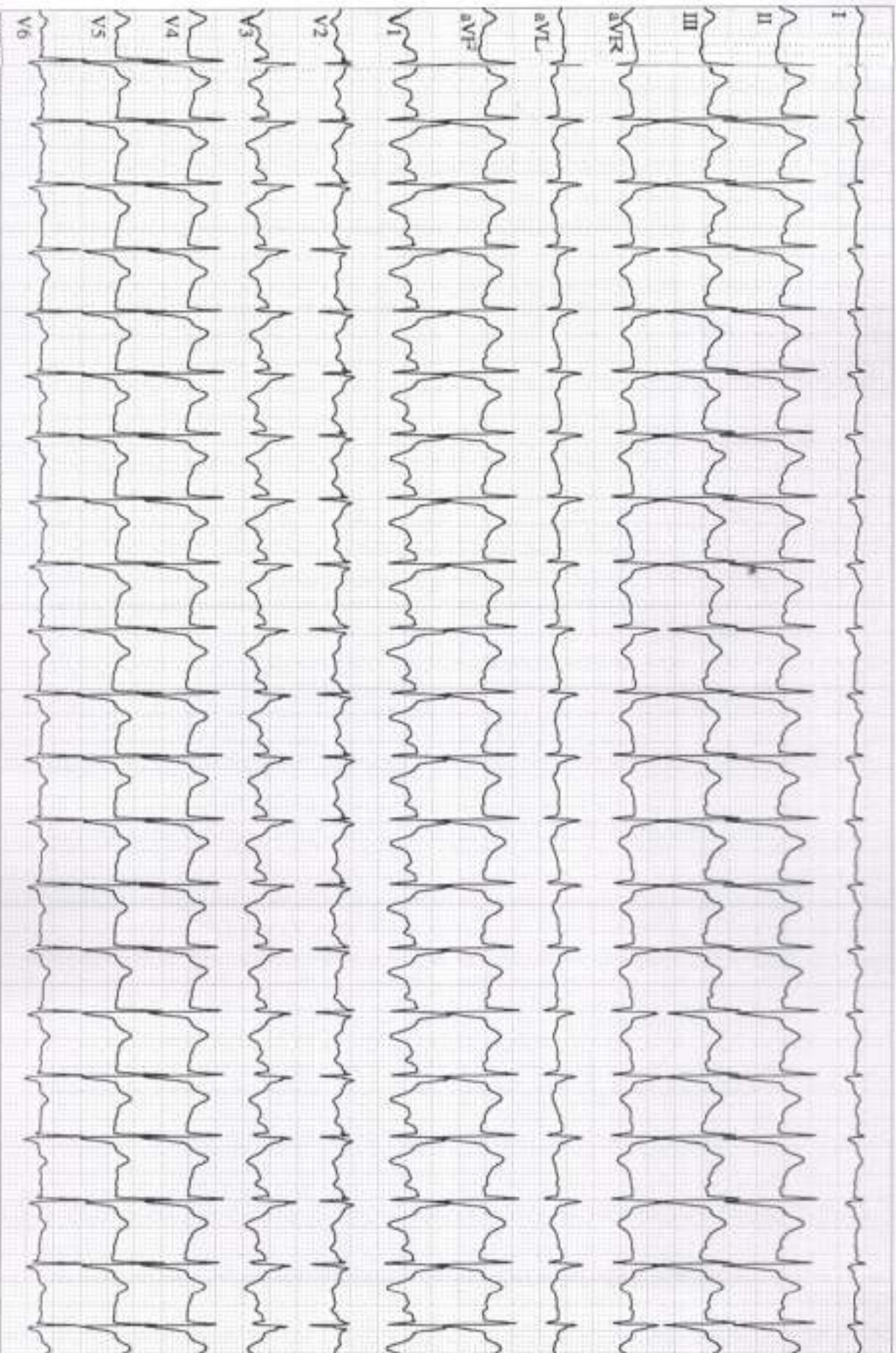
RECOVERY

1:00

BRUCE

0.0 mph
0.0 %

APOLLO CLINIC



GE CardioSoft V7.0 (10)

Unocfiltered

25 mm/s 10 mm/mV 60 Hz 0.04Hz FRF HEART V5.41.1 HR(V5.II)

Attending MD:

Page 11

Patient Name : Mr. V L NARAYANARAO SUDULA

Age/Gender : 42 Y/M

UHID/MR No. : CCHA.0000148237

OP Visit No : CCHAOPV324298

Sample Collected on :

Reported on : 25-02-2024 08:46

LRN# : RAD2247085

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE10059

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

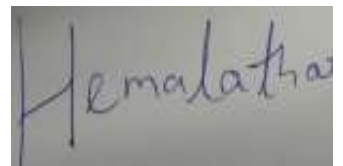
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. G HEMALATHA
MBBS,DNB
Radiology

Patient Name	: Mr. V L NARAYANARAO SUDULA	Age/Gender	: 42 Y/M
UHID/MR No.	: CCHA.0000148237	OP Visit No	: CCHAOPV324298
Sample Collected on	:	Reported on	: 24-02-2024 14:37
LRN#	: RAD2247085	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE10059		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals. **Liver measures** : 14.5 cm .

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

Spleen appears normal. No focal lesion seen. Splenic vein appears normal. **Spleen measures** : 7 cm .

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 measures** : 97 x 40 mm . , **Left kidney measures** : 105 x 45 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 normal in size and echo texture.No evidence of necrosis/calcification seen. **Prostate volume** - 19 cc .

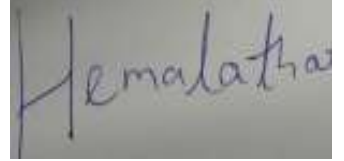
IMPRESSION:-

No significant abnormality detected.
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.

Patient Name : Mr. V L NARAYANARAO SUDULA

Age/Gender : 42 Y/M



Dr. G HEMALATHA
MBBS, DNB
Radiology

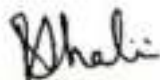
Patient Name : Mr.V L NARAYANARAO SUDULA	Collected : 24/Feb/2024 10:02AM
Age/Gender : 42 Y 7 M 15 D/M	Received : 24/Feb/2024 12:07PM
UHID/MR No : CCHA.0000148237	Reported : 24/Feb/2024 01:48PM
Visit ID : CCHAOPV324298	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10059	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.9	g/dL	13-17	Spectrophotometer
PCV	45.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.11	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89.7	fL	83-101	Calculated
MCH	31.1	pg	27-32	Calculated
MCHC	34.7	g/dL	31.5-34.5	Calculated
R.D.W	14.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,560	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60.8	%	40-80	Electrical Impedance
LYMPHOCYTES	32.7	%	20-40	Electrical Impedance
EOSINOPHILS	0.7	%	1-6	Electrical Impedance
MONOCYTES	5.2	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3380.48	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1818.12	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	38.92	Cells/cu.mm	20-500	Calculated
MONOCYTES	289.12	Cells/cu.mm	200-1000	Calculated
BASOPHILS	33.36	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.86		0.78- 3.53	Calculated
PLATELET COUNT	259000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				




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

SIN No: BED240048559

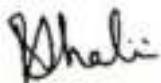
This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

Patient Name : Mr.V L NARAYANARAO SUDULA	Collected : 24/Feb/2024 10:02AM
Age/Gender : 42 Y 7 M 15 D/M	Received : 24/Feb/2024 12:07PM
UHID/MR No : CCHA.0000148237	Reported : 24/Feb/2024 01:48PM
Visit ID : CCHAOPV324298	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10059	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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

SIN No:BED240048559

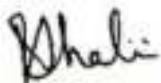
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Patient Name : Mr.V L NARAYANARAO SUDULA	Collected : 24/Feb/2024 10:02AM
Age/Gender : 42 Y 7 M 15 D/M	Received : 24/Feb/2024 12:07PM
UHID/MR No : CCHA.0000148237	Reported : 24/Feb/2024 02:37PM
Visit ID : CCHAOPV324298	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10059	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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

Dr.R.SHALINI
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Consultant Pathologist

SIN No:BED240048559

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

Patient Name : Mr.V L NARAYANARAO SUDULA	Collected : 24/Feb/2024 10:02AM
Age/Gender : 42 Y 7 M 15 D/M	Received : 24/Feb/2024 12:29PM
UHID/MR No : CCHA.0000148237	Reported : 24/Feb/2024 02:41PM
Visit ID : CCHAOPV324298	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10059	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	87	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	93	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) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE	103	mg/dL		Calculated

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SIN No:EDT240021854

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

(eAG)

Comment:

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

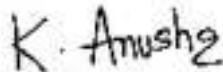
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

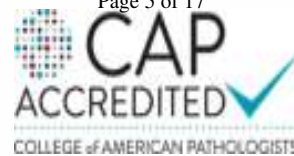
- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated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



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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

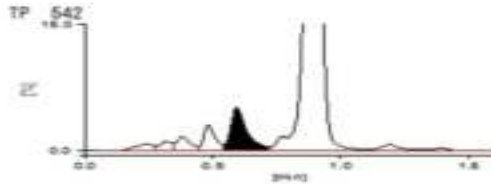
Chromatogram Report

VS. 28 1 2024-02-24 13:47:49
 ID EDT240021854
 Sample No. 02240110 SL 0008 - 02
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.7	0.24	11.30
A1B	0.6	0.32	10.14
F	1.1	0.38	17.95
LA1C+	1.7	0.48	27.32
SA1C	5.2	0.59	65.71
A0	93.0	0.89	1523.26
H-V0			
H-V1			
H-V2			

Total Area 1655.68

IBa1c 5.2 % IFCC 34 μ mol/mol
IBa1 6.6 % IBaF 1.1 %



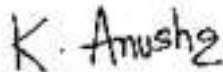
24-02-2024 13:47:49 APOLLO

APOLLO DIAGNOSTICS GLOBAL
BALNAGAR

1 / 1



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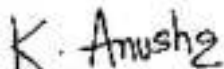
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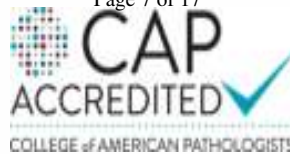
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324



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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	193	mg/dL	<200	CHO-POD
TRIGLYCERIDES	148	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	149	mg/dL	<130	Calculated
LDL CHOLESTEROL	119.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.39		0-4.97	Calculated

Comment:

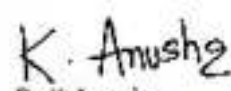
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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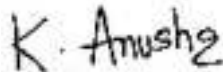
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.68	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.56	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	78.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.6-8.3	Biuret
ALBUMIN	4.62	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.08	g/dL	2.0-3.5	Calculated
A/G RATIO	1.5		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:

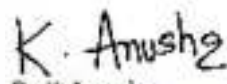
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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



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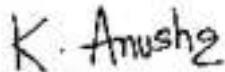
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.89	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	16.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.61	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.58	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.81	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)



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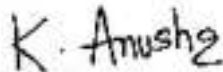
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	16.00	U/L	<55	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.17	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.08	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.743	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. RAJESH BATTINA

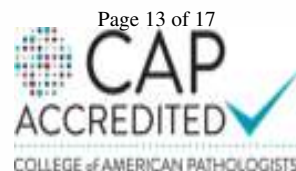
PhD.(Biochemistry)

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SIN No:SPL24032036

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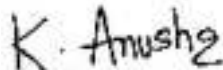
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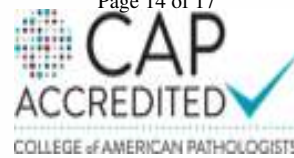
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324



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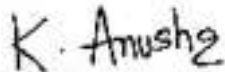
DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	2.060	ng/mL	0-4	CLIA



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



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



SIN No:SPL24032036

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

Patient Name : Mr.V L NARAYANARAO SUDULA	Collected : 24/Feb/2024 10:02AM
Age/Gender : 42 Y 7 M 15 D/M	Received : 24/Feb/2024 03:52PM
UHID/MR No : CCHA.0000148237	Reported : 24/Feb/2024 05:51PM
Visit ID : CCHAOPV324298	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10059	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - 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	1.010		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 MOUNT AND MICROSCOPY				
PUS CELLS	3-4	/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.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist

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ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:UR2290645

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

Patient Name : Mr.V L NARAYANARAO SUDULA	Collected : 24/Feb/2024 10:02AM
Age/Gender : 42 Y 7 M 15 D/M	Received : 24/Feb/2024 03:52PM
UHID/MR No : CCHA.0000148237	Reported : 24/Feb/2024 08:31PM
Visit ID : CCHAOPV324298	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10059	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - 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 ***

Result/s to Follow:
PERIPHERAL SMEAR

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

SIN No:UF010765

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

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