

Health Check up Booking Request(UBOIE3398), Beneficiary Code-76273

Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>
Thu 01-02-2024 12:22

To:chinnamca837@gmail.com <chinnamca837@gmail.com>
Cc:Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>



011-41195959

Dear CHINNA BABU SAKIRI,

We have received your booking request for the following health checkup, please upload HRM Letter as soon as possible.

Upload HRM Letter

- Booking Date** : 01-02-2024
- User Package Name** : MediWheel Full Body Health Checkup Male 40 To 50
- Hospital Package Name** : Mediwheel Full Body Annual Plus Above 50 Male
- Health Check Code** : PKG10000367
- Name of Diagnostic/Hospital** : Apollo Clinic - Chandanagar
- Address of Diagnostic/Hospital-** : Apollo Clinic, Suresh Square, Opposite SBI Bank, Madeenaguda, Serilingampally Mandal, Chanda Nagar - 500050
- Appointment Date** : 07-02-2024
- Preferred Time** : 8:00am

Member Information		
Booked Member Name	Age	Gender
CHINNA BABU SAKIRI	47 year	Male

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

- Tests included in this Package** :
- Bmi Check
 - Ent Consultation
 - Dietician Consultation
 - Thyroid Profile
 - ESR
 - Blood Glucose (Fasting)
 - General Physician Consultation
 - TMT OR 2D ECHO
 - Blood Group
 - Blood Glucose (Post Prandial)
 - Chest X-ray

2/3/24, 3:52 PM

Mail - Customer Care :Mediwheel : New Delhi - Outlook

- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile
- Prostate Specific Antigen (PSA Male)

Thanks,
Mediwheel Team

You have received this mail because your e-mail ID is registered with This is a system-generated e-mail **Arcofemi Healthcare Limited**, please don't reply to this message.

Please visit to our **Terms & Conditions** for more informaion. This email is recieved because you are register with us [Click here to unsubscribe](#).

@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)



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Unique Identification Authority of India

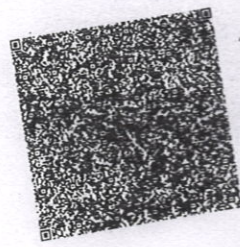
రిజిస్ట్రేషన్/ Enrolment No.: 1046/16042/01224

To
సాకిరి చిన్న బాబు
Sakiri Chinna Babu
S/O Sakiri Rajarao
H NO 27-23-38/3
Ameena Peta
25 division
Near SI Quarters
Eluru
West Godavari Andhra Pradesh - 534006
9885878569

Download Date: 13/09/2019

Generation Date: 23/09/2011

Signature valid
Digitally Signed
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA
Date: 2019.09.13 11:01:51
IST



QR Code with Photograph

మీ ఆధార్ సంఖ్య / Your Aadhaar No. :
5592 5049 7455

VID : 9105 6882 8242 7195

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం
Government of India



సాకిరి చిన్న బాబు
Sakiri Chinna Babu
పుట్టిన తేదీ/DOB: 17/01/1977
పురుషుడు/ MALE



5592 5049 7455
VID : 9105 6882 8242 7195

నా ఆధార్, నా గుర్తింపు

CERTIFICATE OF MEDICAL FITNESS

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

MR. S. Chinna Babu on 07/02/24 After reviewing

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

Medically Fit	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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/FMR/00039
Qualification: M.B.B.S., M.Sc (Perfusion)



Medical Officer

The Apollo Clinic, Chandanagar

This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

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

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

PRESCRIPTION

Besaid Bata Show Room ,Madinaguda opp SBI Bank Hyderabad .040-23046745

S CHINNA BABU

Date:

07-02-2024

Age:

47

UHID:

PH NO

	SPHE	CYL	AXIS	ADD	CVA
RIGHT	PL			1.75	20/20
LEFT	PL			1.75	20/20

Single Vision
Glass

Biofocal

Progressive
Normal Progressive

CR-39

D- Biofocal

Internal Progressive

Polycarbonate

(Glass/CR)

ARC

High Index

Photochromic

Contact Lenses:

Daily Disposables

Yearly

Monthly Disposables

Tori- ca

Quarterly Disposables

Cosmetics

Colour Vision Test:

RE: NORMAL

LE: NORMAL

NEXT EXAMINATIONS : 1 YEAR

Month / Year

Signature

Apollo Health and Lifestyle Limited

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

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Name <u>Mr. S. Chinnababu</u>	Date <u>7/2/24</u>
Age <u>47</u>	UHID No. <u>161466</u>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Ref. Physician <u>Ajcofermi</u>
Ref. Diagnosis	

Echocardiogram Report

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

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
Ao (ed) <u>2.8</u> cm	(1.5cm / m2)	IVS (Ed) <u>1.3</u> cm	(0.6 - 1.2 cm)
LA (es) <u>3.1</u> cm	(1.5cm / m2)	LVPW (Ed) <u>1.2</u> cm	(0.6 - 1.1 cm)
RVID (ed) _____ cm	(0.9 cm / m2)	EF <u>66</u>	(0.62 - 0.85)
LVID (ed) <u>4.4</u> cm	(2.6 - 3.4 cm / m2)	% FD <u>33</u>	(2.8% - 42%)
LVID (es) <u>2.9</u>			

MORPHOLOGICAL DATA

Mitral Valve	AML _____	Interatrial septum	_____
	PML _____	Interventricular septum	_____
Aortic Valve	_____	Pulmonary artery	_____ (N)
Tricuspid valve	_____ (N)	Aorta	_____
Pulmonary valve	_____	Right atrium	_____
Right ventricle	_____	Left atrium	_____

THE APOLLO CLINIC
PHYSICAL EXAMINATION FORM

ARCO FEM

BILL DATE : 7/2/24 UHID: 161466

BILL NO: 8424

PATIENT NAME : Mr. S. Chinnq baby

AGE: 77

Weight : 88.5 Kgs

Height : 170 Cms

Chest Measurement :

(in)

(out)

Abdomen :

Pulse : 63 / bpm

B.P : 180/110 / mm Hg

SpO2 - 99f.

waist - 105

Hip - 106

BMI - 30.6

ID: 161466
MR S. CHINNA
Male 47 Years
Req. No. :

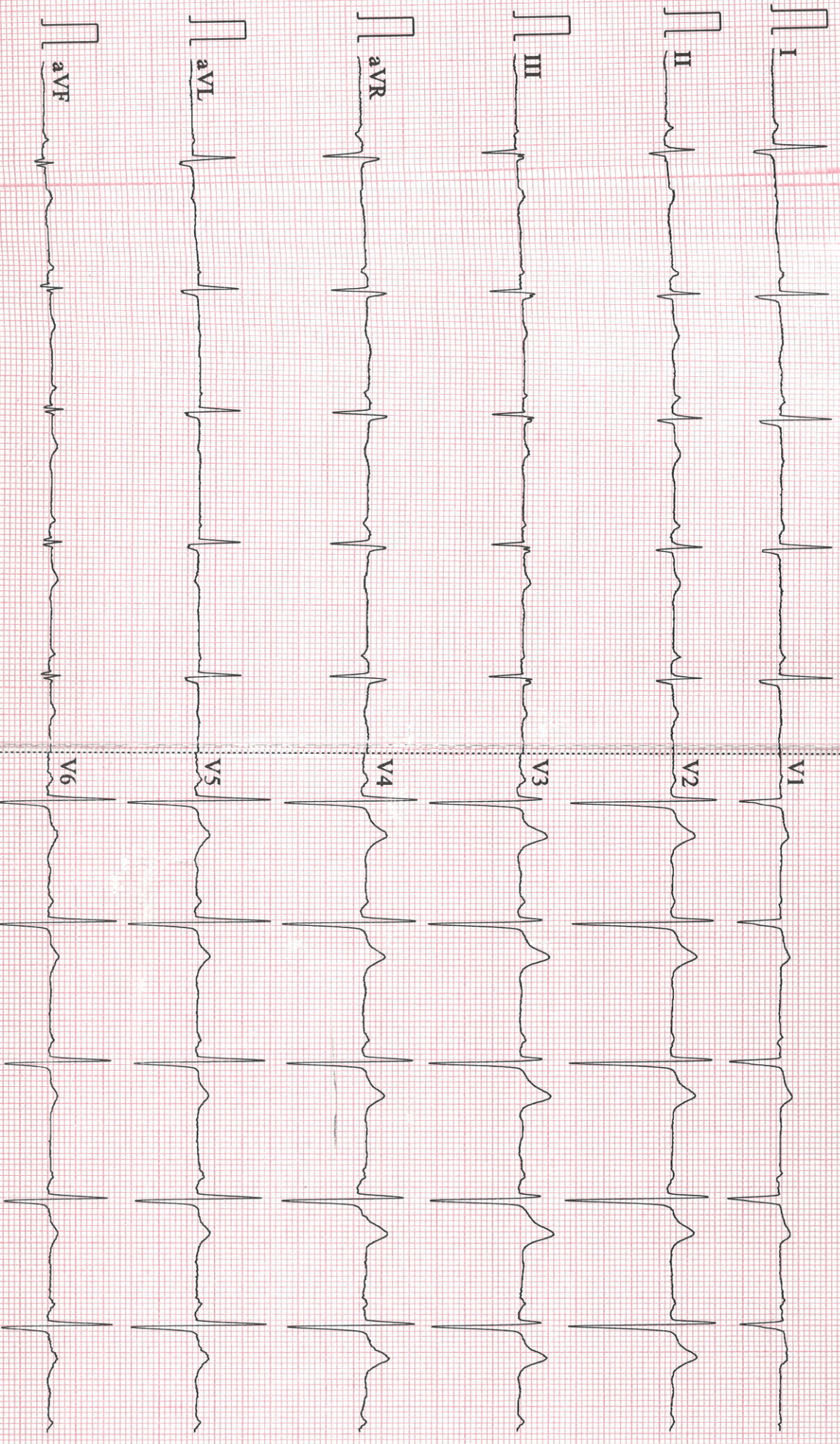
BABU

07-02-2024 09:27:11
HR : 63 bpm
P : 112 ms
PR : 162 ms
QRS : 104 ms
QT/QTcBz : 422/432 ms
P/QRS/T : 55/-5/75 °
RV5/SV1 : 1.217/0.814 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:

NSJ



0.67~35Hz AC50 25mm/s 10mm/mV 2*5.0s CARDIART 9108

V1.47 Glasgow V28.67 APOLLO CLINIC CHANDA NAGAR

CARDIART

Patient Name : Mr. S.CHINNABABU Age : 47 Y/M
UHID : CCHA.0000161466 OP Visit No : CCHAOPV322382
Conducted By: : Dr. A RAVINDRA Conducted Date : 07-02-2024 12:37
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.8 CM
LA (es)	3.1 CM
LVID (ed)	4.4 CM
LVID (es)	2.9 CM
IVS (Ed)	1.3 CM
LVPW (Ed)	1.2 CM
EF	66.00%
%FD	33.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	NORMAL
INTER VENTRICULAR SEPTUM	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NO EFFUSION
LEFT VENTRICLE: NO RWMA	

Patient Name : Mr. S.CHINNABABU Age : 47 Y/M
UHID : CCHA.0000161466 OP Visit No : CCHAOPV322382
Conducted By: : Dr. A RAVINDRA Conducted Date : 07-02-2024 12:37
Referred By : SELF

COLOUR AND DOPPLER STUDIES: MILD MR/ TRIVIAL TR/ NO AR/PR

PWD: E>A AT MITRAL INFLOW

E/A-E: 0.6m/sec A: 0.5m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO
1.1m/sec

VELOCITY ACROSS THE AV UPTO 1.2m/sec

IMPRESSION:-

CONCENTRIC LVH,

NO LV RWMA,

GOOD LV/RV FUNCTION,

MILD MR/ TRIVIAL TR/ NO AR/ PR,

NO PE/CLOT/VEGS.



Dr. A
RAVINDRA

Patient Name	: Mr. S.CHINNABABU	Age	: 47 Y/M
UHID	: CCHA.0000161466	OP Visit No	: CCHAOPV322382
Reported By:	: Dr. A RAVINDRA	Conducted Date	: 07-02-2024 13:31
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 63 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. S.CHINNABABU	Age/Gender	: 47 Y/M
UHID/MR No.	: CCHA.0000161466	OP Visit No	: CCHAOPV322382
Sample Collected on	:	Reported on	: 07-02-2024 12:01
LRN#	: RAD2228221	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 697398		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size. **Increased Echogenicity**. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals. **Liver measures : 14.0 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 is normal. No focal lesion seen. Splenic vein is normal. **Spleen measures : 9 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 : 110 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 Enlarged in size. Normal echo texture. No evidence of necrosis/calcification seen. **Prostate Volume = 21 cc**

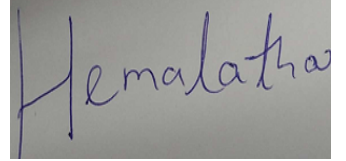
IMPRESSION:-

- 1 . GRADE - I PROSTATOMEGALY .
- 2 . GRADE - I 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.

Patient Name : Mr. S.CHINNABABU

Age/Gender : 47 Y/M



Dr. G HEMALATHA
MBBS, DNB
Radiology

Patient Name : Mr. S.CHINNABABU

Age/Gender : 47 Y/M

UHID/MR No. : CCHA.0000161466

OP Visit No : CCHAOPV322382

Sample Collected on :

Reported on : 07-02-2024 13:02

LRN# : RAD2228221

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 697398

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

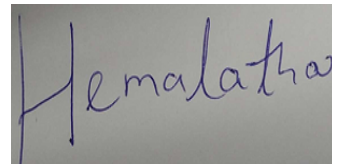
Both costophrenic and cardiophrenic angles are clear .

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

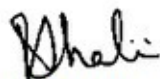
Patient Name : Mr.S.CHINNABABU	Collected : 07/Feb/2024 08:58AM
Age/Gender : 47 Y 0 M 21 D/M	Received : 07/Feb/2024 11:22AM
UHID/MR No : CCHA.0000161466	Reported : 07/Feb/2024 01:48PM
Visit ID : CCHAOPV322382	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 697398	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.5	g/dL	13-17	Spectrophotometer
PCV	45.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.15	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	87.6	fL	83-101	Calculated
MCH	30.1	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,140	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51	%	40-80	Electrical Impedence
LYMPHOCYTES	40.6	%	20-40	Electrical Impedence
EOSINOPHILS	3.4	%	1-6	Electrical Impedence
MONOCYTES	4.8	%	2-10	Electrical Impedence
BASOPHILS	0.2	%	0-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4661.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3710.84	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	310.76	Cells/cu.mm	20-500	Calculated
MONOCYTES	438.72	Cells/cu.mm	200-1000	Calculated
BASOPHILS	18.28	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	231000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm at the end of 1 hour	0-15	Modified Westergren

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR



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

SIN No:BED240029821

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



Patient Name	: Mr.S.CHINNABABU	Collected	: 07/Feb/2024 08:58AM
Age/Gender	: 47 Y 0 M 21 D/M	Received	: 07/Feb/2024 11:22AM
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Visit ID	: CCHAOPV322382	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 697398		

DEPARTMENT OF HAEMATOLOGY

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

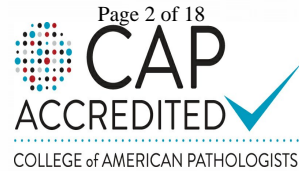
NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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

SIN No:BED240029821

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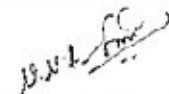


Patient Name : Mr.S.CHINNABABU	Collected : 07/Feb/2024 08:58AM
Age/Gender : 47 Y 0 M 21 D/M	Received : 07/Feb/2024 11:22AM
UHID/MR No : CCHA.0000161466	Reported : 07/Feb/2024 07:39PM
Visit ID : CCHAOPV322382	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 697398	

DEPARTMENT OF HAEMATOLOGY

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

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


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

SIN No:BED240029821

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



Patient Name : Mr.S.CHINNABABU	Collected : 07/Feb/2024 08:58AM
Age/Gender : 47 Y 0 M 21 D/M	Received : 07/Feb/2024 11:45AM
UHID/MR No : CCHA.0000161466	Reported : 07/Feb/2024 12:04PM
Visit ID : CCHAOPV322382	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 697398	

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	190	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.

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

SIN No:PLF02101322

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



Patient Name : Mr.S.CHINNABABU	Collected : 07/Feb/2024 11:53AM
Age/Gender : 47 Y 0 M 21 D/M	Received : 07/Feb/2024 02:32PM
UHID/MR No : CCHA.0000161466	Reported : 07/Feb/2024 03:25PM
Visit ID : CCHAOPV322382	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 697398	

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, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	286	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.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist

SIN No:PLP1416144

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:
9, #1-58/91/SS, Suresh Square, Madeenaguda, Seri Lingampally Mandal,
Chanda Nagar, Hyderabad, Telangana, India - 500050



Patient Name : Mr.S.CHINNABABU	Collected : 07/Feb/2024 08:58AM
Age/Gender : 47 Y 0 M 21 D/M	Received : 07/Feb/2024 11:19AM
UHID/MR No : CCHA.0000161466	Reported : 07/Feb/2024 11:50AM
Visit ID : CCHAOPV322382	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 697398	

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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	9.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	217	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)



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist

SIN No:EDT240012940

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



Patient Name	: Mr.S.CHINNABABU	Collected	: 07/Feb/2024 08:58AM
Age/Gender	: 47 Y 0 M 21 D/M	Received	: 07/Feb/2024 11:19AM
UHID/MR No	: CCHA.0000161466	Reported	: 07/Feb/2024 11:50AM
Visit ID	: CCHAOPV322382	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 697398		

DEPARTMENT OF BIOCHEMISTRY

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

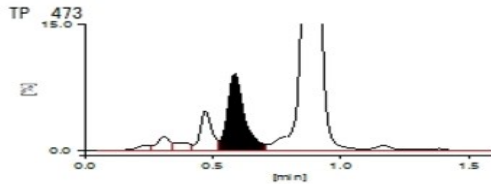
Chromatogram Report

HLC72368 V5.28 1 2024-02-07 11:42:01
 ID EDT240012940
 Sample No. 02070043 SL 0001 - 10
 Patient ID
 Name
 Comment

CALIB			
Name	%	Time	Area
A1A	0.4	0.24	8.75
A1B	1.0	0.31	19.45
F	0.7	0.39	14.59
LA1C+	2.7	0.47	53.68
SA1C	9.2	0.59	148.80
AO	88.5	0.89	1767.98
H-V0			
H-V1			
H-V2			

Total Area 2013.25

HbA1c 9.2 % **IFCC 77 mmol/mol**
 HbA1 10.6 % HbF 0.7 %



07-02-2024 11:42:01 APOLLO

1 / 1

APOLLO DIAGNOSTICS GLOBAL
BALANAGER



Dr. RAJESH BATTINA
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 Consultant Biochemist

SIN No:EDT240012940

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Patient Name : Mr.S.CHINNABABU	Collected : 07/Feb/2024 08:58AM
Age/Gender : 47 Y 0 M 21 D/M	Received : 07/Feb/2024 11:19AM
UHID/MR No : CCHA.0000161466	Reported : 07/Feb/2024 11:50AM
Visit ID : CCHAOPV322382	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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



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SIN No:EDT240012940

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Patient Name : Mr.S.CHINNABABU	Collected : 07/Feb/2024 08:58AM
Age/Gender : 47 Y 0 M 21 D/M	Received : 07/Feb/2024 12:07PM
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Visit ID : CCHAOPV322382	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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	207	mg/dL	<200	CHO-POD
TRIGLYCERIDES	302	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	156	mg/dL	<130	Calculated
LDL CHOLESTEROL	95.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	60.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.06		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:SE04621251

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.85	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.70	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	49	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	40.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	89.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.14	g/dL	6.6-8.3	Biuret
ALBUMIN	4.36	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.78	g/dL	2.0-3.5	Calculated
A/G RATIO	1.15		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 - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.77	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	20.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.55	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.72	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.81	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	99	mmol/L	101-109	ISE (Indirect)



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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	93.00	U/L	<55	IFCC



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Visit ID : CCHAOPV322382	Status : Final Report
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Emp/Auth/TPA ID : 697398	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.78	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	7.30	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.196	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



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SIN No:SPL24019546

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Patient Name	: Mr.S.CHINNABABU	Collected	: 07/Feb/2024 08:58AM
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Visit ID	: CCHAOPV322382	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 697398		

DEPARTMENT OF IMMUNOLOGY

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



Dr. RAJESH BATTINA
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SIN No:SPL24019546

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Patient Name : Mr.S.CHINNABABU	Collected : 07/Feb/2024 08:58AM
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.400	ng/mL	0-4	CLIA



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Visit ID : CCHAOPV322382	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
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 MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


 Dr.KASULA SIDDARTHA
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SIN No:UR2276659

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Patient Name : Mr.S.CHINNABABU	Collected : 07/Feb/2024 11:53AM
Age/Gender : 47 Y 0 M 21 D/M	Received : 07/Feb/2024 02:10PM
UHID/MR No : CCHA.0000161466	Reported : 07/Feb/2024 06:44PM
Visit ID : CCHAOPV322382	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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

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

SIN No:UPP016438

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



Patient Name : Mr.S.CHINNABABU	Collected : 07/Feb/2024 08:58AM
Age/Gender : 47 Y 0 M 21 D/M	Received : 07/Feb/2024 12:22PM
UHID/MR No : CCHA.0000161466	Reported : 07/Feb/2024 02:17PM
Visit ID : CCHAOPV322382	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 697398	

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(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:
PERIPHERAL SMEAR



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Consultant Pathologist

SIN No:UF010452

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