


Patient Name : Mr.VANKDOTH RAMESH	Collected : 23/Mar/2024 07:58AM
Age/Gender : 40 Y 10 M 10 D/M	Received : 23/Mar/2024 11:02AM
UHID/MR No : CUPP.0000086887	Reported : 23/Mar/2024 12:47PM
Visit ID : CUPPOPV131329	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 151270	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	16.1	g/dL	13-17	Spectrophotometer
PCV	46.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>5.51</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	84.1	fL	83-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	<b>34.7</b>	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,310	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	52.1	%	40-80	Electrical Impedance
LYMPHOCYTES	35.9	%	20-40	Electrical Impedance
EOSINOPHILS	3.7	%	1-6	Electrical Impedance
MONOCYTES	8.1	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	0-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4329.51	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2983.29	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	307.47	Cells/cu.mm	20-500	Calculated
MONOCYTES	673.11	Cells/cu.mm	200-1000	Calculated
BASOPHILS	16.62	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.45		0.78- 3.53	Calculated
PLATELET COUNT	239000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				

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



SIN No:BED240078680

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

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## DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN  
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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

SIN No:BED240078680

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Patient Name : Mr.VANKDOTH RAMESH	Collected : 23/Mar/2024 07:58AM
Age/Gender : 40 Y 10 M 10 D/M	Received : 23/Mar/2024 11:18AM
UHID/MR No : CUPP.0000086887	Reported : 23/Mar/2024 11:44AM
Visit ID : CUPPOPV131329	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	117	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

K. Anusha

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Consultant Biochemist

SIN No:PLF02130728

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Patient Name : Mr.VANKDOTH RAMESH	Collected : 23/Mar/2024 11:50AM
Age/Gender : 40 Y 10 M 10 D/M	Received : 23/Mar/2024 04:51PM
UHID/MR No : CUPP.0000086887	Reported : 23/Mar/2024 06:36PM
Visit ID : CUPPOPV131329	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	95	mg/dL	70-140	HEXOKINASE

FBS and PPBS should be interpreted based on their biological reference ranges, not with each other.

**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.

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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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	mg/dL		Calculated

**Comment:**

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

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

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

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

**K. Anusha**  
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SIN No:EDT240035886

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

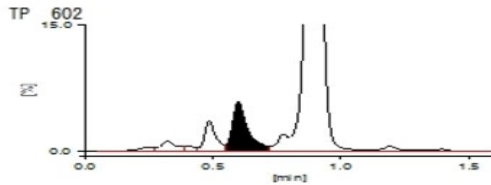
Chromatogram Report

I V5.28 1 2024-03-23 12:05:38  
 ID EDT240035886  
 Sample No. 03230052 SL 0003 - 02  
 Patient ID  
 Name  
 Comment

CALIB Name	%	Time	Area
A1A	0.4	0.25	6.61
A1B	1.0	0.32	17.43
F	0.3	0.41	5.22
LA1C+	2.1	0.48	35.66
SA1C	5.9	0.60	80.29
AO	91.9	0.89	1587.94
H-V0			
H-V1			
H-V2			

Total Area 1733.15

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



23-03-2024 12:05:38 APOLLO

APOLLO DIAGNOSTICS GLOBAL  
BALNAGAR

1 / 1

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	176	mg/dL	<200	CHO-POD
TRIGLYCERIDES	323	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	27	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	149	mg/dL	<130	Calculated
LDL CHOLESTEROL	84.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	64.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.52		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.72		<0.11	Calculated

**Comment:**

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

**Note:**

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

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DEPARTMENT OF BIOCHEMISTRY

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

- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.42	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.34	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	38	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	52.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.39	g/dL	6.6-8.3	Biuret
ALBUMIN	4.48	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.91	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		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:**

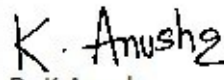
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • 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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.99	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	20.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>8.05</b>	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.78	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	<b>2.30</b>	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.39	g/dL	6.6-8.3	Biuret
ALBUMIN	4.48	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.91	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		0.9-2.0	Calculated

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

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

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SIN No:SE04671765

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Patient Name : Mr.VANKDOTH RAMESH	Collected : 23/Mar/2024 07:58AM
Age/Gender : 40 Y 10 M 10 D/M	Received : 23/Mar/2024 11:15AM
UHID/MR No : CUPP.0000086887	Reported : 23/Mar/2024 01:34PM
Visit ID : CUPPOPV131329	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 151270	

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	107.00	U/L	<55	IFCC

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

*K. Anusha*  
**Dr.K.Anusha**  
 M.B.B.S.,M.D(Biochemistry)  
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SIN No:SE04671765

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Patient Name : Mr.VANKDOTH RAMESH	Collected : 23/Mar/2024 07:58AM
Age/Gender : 40 Y 10 M 10 D/M	Received : 23/Mar/2024 11:15AM
UHID/MR No : CUPP.0000086887	Reported : 23/Mar/2024 01:24PM
Visit ID : CUPPOPV131329	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 151270	

DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.96	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	7.55	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.979	µIU/mL	0.38-5.33	CLIA

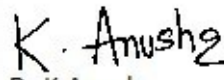
Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

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

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

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

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SIN No:SPL24052596

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Patient Name : Mr.VANKDOTH RAMESH  
Age/Gender : 40 Y 10 M 10 D/M  
UHID/MR No : CUPP.0000086887  
Visit ID : CUPPOPV131329  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 151270

Collected : 23/Mar/2024 07:58AM  
Received : 23/Mar/2024 11:15AM  
Reported : 23/Mar/2024 01:24PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

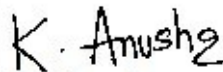
DEPARTMENT OF IMMUNOLOGY

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



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

SIN No:SPL24052596



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Consultant Biochemist

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Patient Name : Mr.VANKDOTH RAMESH	Collected : 23/Mar/2024 07:58AM
Age/Gender : 40 Y 10 M 10 D/M	Received : 23/Mar/2024 11:41AM
UHID/MR No : CUPP.0000086887	Reported : 23/Mar/2024 12:48PM
Visit ID : CUPPOPV131329	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 151270	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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. B Pavani**  
 M.B.B.S, M.D(pathalogy)  
 Consultant Pathologist

SIN No:UR2313092

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



Patient Name : Mr.VANKDOTH RAMESH	Collected : 23/Mar/2024 11:50AM
Age/Gender : 40 Y 10 M 10 D/M	Received : 23/Mar/2024 05:24PM
UHID/MR No : CUPP.0000086887	Reported : 23/Mar/2024 08:05PM
Visit ID : CUPPOPV131329	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 151270	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

SIN No:UPP017247

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





Patient Name : Mr.VANKDOTH RAMESH	Collected : 23/Mar/2024 07:58AM
Age/Gender : 40 Y 10 M 10 D/M	Received : 23/Mar/2024 11:41AM
UHID/MR No : CUPP.0000086887	Reported : 23/Mar/2024 12:47PM
Visit ID : CUPPOPV131329	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 151270	

**DEPARTMENT OF CLINICAL PATHOLOGY**


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

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

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

Result/s to Follow:

BLOOD GROUP ABO AND RH FACTOR, PERIPHERAL SMEAR

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

SIN No:UF011266

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CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of  
Mr. V. Ramerh on 25/3/24

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

	Tick
<ul style="list-style-type: none"> <li>Medically Fit</li> </ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>Fit with Restrictions/ Recommendations</li> </ul> <p>Though following restrictions have been revealed in my opinion, these are not impediments to the job.</p> <p>1. ....</p> <p>2. ....</p> <p>3. ....</p> <p>However the candidate should follow the advice medication that has been communicated to him/her.</p> <p>Review after .....</p>	
<ul style="list-style-type: none"> <li>Currently Unfit.</li> </ul> <p>Review after.....recommended.</p>	
<ul style="list-style-type: none"> <li>Unfit</li> </ul>	

*K. J. Triveni*  
**Dr. Koppula Triveni**  
 Reg No :05078  
 Consultant physician  
 Apollo Clinic  
 Uppal  
**Dr. KOPPULA TRIVENI**  
 MBBS  
**TSMC/ FMR/05078**  
**APOLLO FAMILY PHYSICIAN**


**Apollo Health and Lifestyle Limited**

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

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The Apollo Clinic  
PHYSICAL EXAMINATION FORM

Apollo Clinic  
Expertise. Clarity. Care.

Date 23/3/24

Age 40yrs

Name Mr - V. Ramekh

UHID: 86887

Height

177 Cms

BMI

23

Weight

75 Kgs

BP

110/70

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

# POWER PRESCRIPTION

NAME: V. Ramesh

GENDER: M/f

DATE: 22/2/24

AGE: 40

UHID: 96987

## RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	— 0.50	—		0/6
NEAR				0/6

## LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	— 0.50	—		0/6
NEAR				0/6

COLOUR VISION : Normal

DIAGNOSIS :  
OTHER FINDINGS : } myopia

INSTRUCTIONS :

  
SIGNATURE



40 years

Mr V Ramesh  
Male

03/01/2010 03:19:44

Apollo Clinic A S Rao Nagar

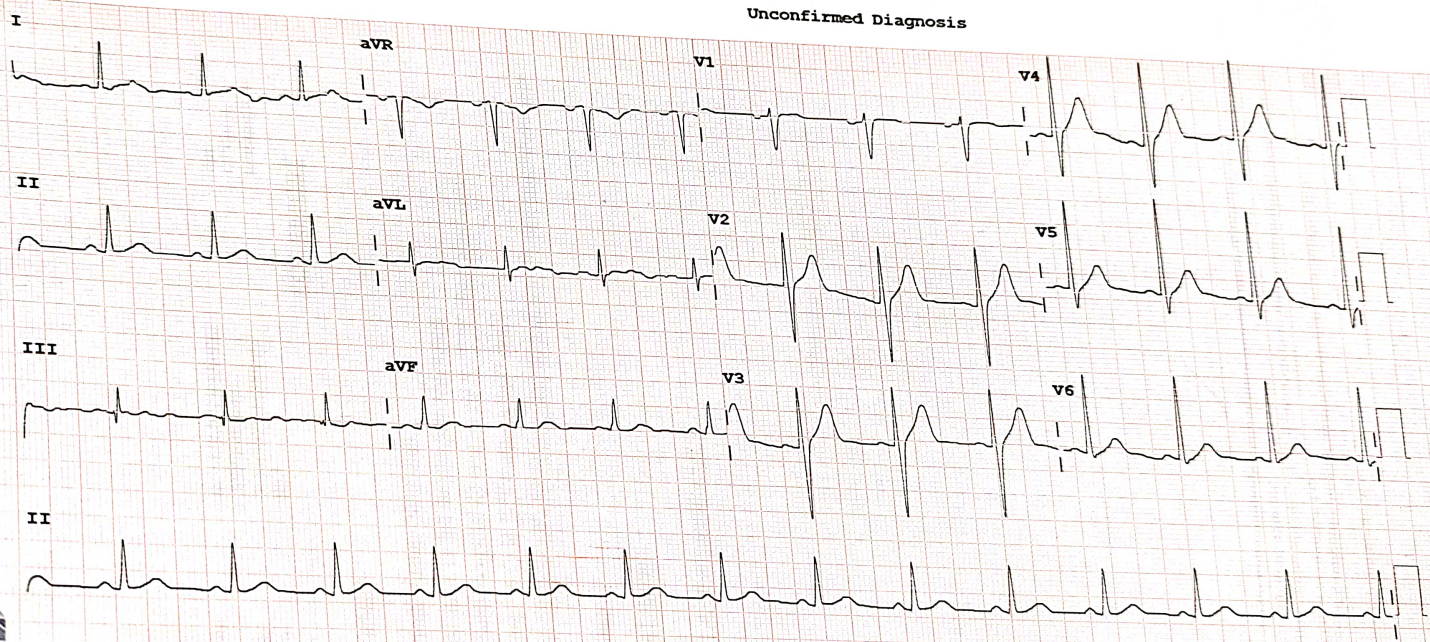
Rate 84 . Sinus rhythm  
 RR 714 . Consider left ventricular hypertrophy  
 PR 129 . ST elev, probable normal early repol pattern  
 QRSD 91 . Baseline wander in lead(s) V2,V4  
 QT 349  
 QTcB 413  
 QTcF 390

--AXIS--

P 66  
 QRS 47  
 T 34

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50~ 0.15- 40 Hz PH100B CL P?

PHILIPS

REORDER M3708A

Patient Name	: Mr. VANKDOTH RAMESH	Age	: 40 Y/M
UHID	: CUPP.0000086887	OP Visit No	: CUPPOPV131329
Reported By:	: Dr. CH VENKATESHAM	Conducted Date	: 24-03-2024 12:36
Referred By	: SELF		

---

### ECG REPORT

#### **Observation :-**


1. Normal Sinus Rhythm.
2. Heart rate is 84 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

#### **Impression:**

NORMAL ECG

CORRELATE CLINICALLY.

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



Dr. CH VENKATESHAM

**Patient Name** : Mr. VANKDOTH RAMESH

**Age/Gender** : 40 Y/M

**UHID/MR No.** : CUPP.0000086887

**OP Visit No** : CUPPOPV131329

**Sample Collected on** :

**Reported on** : 23-03-2024 18:20

**LRN#** : RAD2277547

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 151270

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size 135 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 115 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** : 110 x 51 mm.

**Left kidney** : 115 x 43 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.

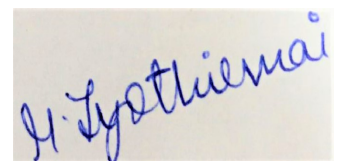
**Prostate** is normal in size 25 x 37 x 26 mm and echo texture. Volume measure 13 cc. No evidence of necrosis/calcification seen.

### **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.



**Dr. MATTA JYOTHIRMAI**  
**MBBS, MDRD**  
Radiology

**Patient Name** : Mr. VANKDOTH RAMESH

**Age/Gender** : 40 Y/M

**UHID/MR No.** : CUPP.0000086887

**OP Visit No** : CUPPOPV131329

**Sample Collected on** :

**Reported on** : 23-03-2024 17:31

**LRN#** : RAD2277547

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 151270

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. MATTA JYOTHIRMAI**  
**MBBS, MDRD**  
Radiology



Name: Mr. VANKDOTH RAMESH  
Age/Gender: 40 Y/M  
Address: HYD  
Location: HYDERABAD, TELANGANA  
Doctor:  
Department: GENERAL  
Rate Plan: UPPAL\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. AYYAPPA SWAMY AMARA

MR No: CUPP.0000086887  
Visit ID: CUPPOPV131329  
Visit Date: 23-03-2024 07:41  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: Mr. VANKDOTH RAMESH  
Age/Gender: 40 Y/M  
Address: HYD  
Location: HYDERABAD, TELANGANA  
Doctor:  
Department: GENERAL  
Rate Plan: UPPAL\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. KOPPULA TRIVENI

MR No: CUPP.0000086887  
Visit ID: CUPPOPV131329  
Visit Date: 23-03-2024 07:41  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

Name: Mr. VANKDOTH RAMESH  
Age/Gender: 40 Y/M  
Address: HYD  
Location: HYDERABAD, TELANGANA  
Doctor:  
Department: GENERAL  
Rate Plan: UPPAL\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. KOPPULA TRIVENI

MR No: CUPP.0000086887  
Visit ID: CUPPOPV131329  
Visit Date: 23-03-2024 07:41  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

Name: Mr. VANKDOTH RAMESH  
Age/Gender: 40 Y/M  
Address: HYD  
Location: HYDERABAD, TELANGANA  
Doctor:  
Department: GENERAL  
Rate Plan: UPPAL\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. AYYAPPA SWAMY AMARA

MR No: CUPP.0000086887  
Visit ID: CUPPOPV131329  
Visit Date: 23-03-2024 07:41  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**



Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
25-03-2024 13:52	94 Beats/min	110/70 mmHg	22 Rate/min	98.6 F	177 cms	75 Kgs	%	%	Years	23.94	cms	cms	cms		AHLL09781

Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Established Patient: No

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Established Patient: No

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બંકો ઝીંબં વડોદરા  
Bank of Baroda

જાણ રમેશ વંકડોત

Name Ramesh Vankdoth

EC NO. 151270

જાણકારી સંસ્થા  
Issuing Authority



જાણકારી સંસ્થા  
Signature of Holder

S. No.	Company Name	PACKAGE NAME
22	Arcofemi/Mediwheel/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE

Booking ID	EMP-NAME	AGE	GENDER	EMAIL
bobE16059	MR. VANKDOTH RAMESH	38 year	Male	ramesh13v@gmail.com

CONTACT NO	Appointment Date	Appointment Time	CLINIC NAME	CLINIC STATE
9440715140	23-03-2024	9:00 AM	Apollo Clinic - Uppal	Telangana



CLINIC CITY	Booking Status	pollo Statu
Hyderabad	If 2D ECHO Slot are Full or 2D Echo Facility not Available book TMT Package	Confirm

Remarks

Patient Name : Mr. VANKDOTH RAMESH Age : 40 Y/M  
UHID : CUPP.0000086887 OP Visit No : CUPPOPV131329  
Conducted By: : Dr. CH VENKATESHAM Conducted Date : 23-03-2024 17:39  
Referred By : SELF

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**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed)	2.9 CM
LA (es)	3.4 CM
LVID (ed)	4.7 CM
LVID (es)	2.9 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	68.00%
%FD	34.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL

Patient Name : Mr. VANKDOTH RAMESH  
UHID : CUPP.0000086887  
Conducted By: : Dr. CH VENKATESHAM  
Referred By : SELF

Age : 40 Y/M  
OP Visit No : CUPPOPV131329  
Conducted Date : 23-03-2024 17:39

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#### COLOUR AND DOPPLER STUDIES

AJV -1.3

PJV - 0.7

E - 0.8

A - 0.6

#### IMPRESSION :

NORMAL SIZED CARDIAC CHAMBERS& VALVES

NORMAL BLOOD FLOW

NO RWMA / LVH

GOOD LV AND RV FUNCTION

NO CLOT / P- E

