





: Mr.KIRAN KUMAR CH

Age/Gender

: 36 Y 3 M 18 D/M

UHID/MR No Visit ID : CUPP.0000032472 : CUPPOPV139891

Ref Doctor

: Self

: 96268

Emp/Auth/TPA ID

Collected

: 28/Sep/2024 10:47AM

Received

: 28/Sep/2024 03:38PM : 28/Sep/2024 07:41PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.4	g/dL	13-17	Spectrophotometer
PCV	41.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.92	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	84.9	fL	83-101	Calculated
MCH	29.3	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	11,140	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (	DLC)			
NEUTROPHILS	36	%	40-80	Flow cytometry
LYMPHOCYTES	42	%	20-40	Flow cytometry
EOSINOPHILS	12	%	1-6	Flow cytometry
MONOCYTES	9	%	2-10	Flow cytometry
BASOPHILS	1	%	0-2	Flow cytometry
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4010.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	4678.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	1336.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	1002.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	111.4	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.86		0.78- 3.53	Calculated
PLATELET COUNT	504000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-15	Modified Westergrer
PERIPHERAL SMEAR				

RBC NORMOCYTIC NORMOCHROMIC

WBC MILD LEUCOCYTOSIS WITH EOSINOPHILIA

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

SIN No:UPP240902223

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

PLATELETS THROMBOCYTOSIS. CELLS ARRANGED DISCRETELY. NO HEMOPARASITES SEEN

FOR CLINICAL CORRELATION

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

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#### **DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACT	<b>TOR</b> , WHOLE BLOOD EDTA			
BLOOD GROUP TYPE	А			Microplate technology
Rh TYPE	Positive			Microplate technology

M. Wigosanoth

Dr.Muttavarapu Viswanath M.B.B.S.M.D(Pathology) Consultant Pathologist

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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. Interval	Method
GLUCOSE, FASTING, NAF PLASMA	109	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:

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	64	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.Matta Sujana Reddy M.B.B.S,M.D(Biochemistry) Consultant Biochemist

CAP ACCREDITED COLLEGE of AMERICAN PATHOLOGISTS



SIN No:UPP240902247

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WH	OLE BLOOD EDTA			1
HBA1C, GLYCATED HEMOGLOBIN	6.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	137	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

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

Dr.Matta Sujana Reddy M.B.B.S,M.D(Biochemistry) Consultant Biochemist CAP ACCREDITED COLLEGE of AMERICAN PATHOLOGISTS



SIN No:UPP240902225

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#### **DEPARTMENT OF BIOCHEMISTRY**

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

#### Chromatogram Report

HLC723G8 ID

UPP240902225

2024-09-28 17:03:26

Sample No.

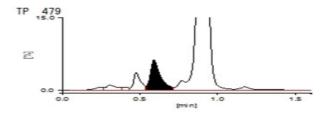
09280230 SL 0010 - 07

Patient ID Name Comment

CALIB	1	=1. 1039/	( + 0.5319
Name	%	Time	Area
A1A	0.4	0.24	8. 53
A1B	0.9	0.31	17.59
F	0.3	0.40	5.80
LA1C+	2.0	0.48	38.90
SA1C	6.4	0.59	96.66
AO	91.6	0.90	1753.37
H-VO			
H-V1			
H-V2			

HbA1c 6.4 % HbA1 7.8 %

Total Area 1920.85 IFCC 47 logi/log



Dr.Matta Sujana Reddy Consultant Biochemist

M.B.B.S.M.D(Biochemistry)

SIN No:UPP240902225

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Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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

28-09-2024 17:03:27 APOLLO

APOLLO DIAGNOSTICS GLOBAL BALANAGER

1/1

Dr.Matta Sujana Reddy M.B.B.S.M.D(Biochemistry) Consultant Biochemist

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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. Interval	Method
L <b>IPID PROFILE</b> , <i>SERUM</i>				
TOTAL CHOLESTEROL	172	mg/dL	<200	CHO-POD
TRIGLYCERIDES	88	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	134	mg/dL	<130	Calculated
LDL CHOLESTEROL	116.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.53		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

Dr.E.Maruthi Prasad PhD (Biochemistry) Consultant biochemist Dr.Matta Sujana Reddy M.B.B.S,M.D(Biochemistry) Consultant Biochemist





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1860 500 7788

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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. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.58	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.47	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	37	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.6		<1.15	Calculated
ALKALINE PHOSPHATASE	94.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.77	g/dL	6.6-8.3	Biuret
ALBUMIN	4.42	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.35	g/dL	2.0-3.5	Calculated
A/G RATIO	1.32		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. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age \*Bilirubin elevated-predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

Dr.E.Maruthi Prasad PhD (Biochemistry) Consultant biochemist Dr.Matta Sujana Reddy M.B.B.S.M.D(Biochemistry) Consultant Biochemist





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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

Dr.E.Maruthi Prasad PhD (Biochemistry) Consultant biochemist Dr.Matta Sujana Reddy M.B.B.S.M.D(Biochemistry) Consultant Biochemist





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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SEF	RUM		
CREATININE	0.86	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	13.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.55	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.34	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.69	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.77	g/dL	6.6-8.3	Biuret
ALBUMIN	4.42	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.35	g/dL	2.0-3.5	Calculated
A/G RATIO	1.32		0.9-2.0	Calculated

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

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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL	62.00	U/L	<55	IFCC
TRANSPEPTIDASE (GGT), SERUM				

Page 12 of 18



Dr.Matta Sujana Reddy M.B.B.S.M.D(Biochemistry) Consultant Biochemist

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#### **DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) ,	SERUM	'		
TRI-IODOTHYRONINE (T3, TOTAL)	1.16	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.77	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.181	μIU/mL	0.38-5.33	CLIA

#### **Comment:**

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

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

TSH	T3	<b>T4</b>	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

Dr.Matta Sujana Reddy M.B.B.S,M.D(Biochemistry) Consultant Biochemist

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF IMMUNOLOGY**

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

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.Matta Sujana Reddy M.B.B.S.M.D(Biochemistry) Consultant Biochemist

SIN No:UPP240902220

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



COLLEGE of AMERICAN PATHOLOGISTS

| 1860 <mark>| 500 |</mark> 7788 www.apolloclinic.com







: Mr.KIRAN KUMAR CH

Age/Gender

: 36 Y 3 M 18 D/M : CUPP.0000032472

UHID/MR No Visit ID

: CUPPOPV139891

Ref Doctor

: Self Emp/Auth/TPA ID : 96268 Collected

: 28/Sep/2024 10:47AM

Received

: 28/Sep/2024 04:47PM : 28/Sep/2024 05:43PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION	(CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	HAZY		CLEAR	Scattering of light
рН	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.013		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	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1- 1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET I	MOUNT AND MICROSCOPY			
PUS CELLS	3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	ABSENT	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	CALCIUM OXALATE CRYSTALS PRESENT	/hpf	Occasional-Few	Microscopy

#### **Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.



SIN No:UPP240902222

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











: Mr.KIRAN KUMAR CH

Age/Gender

: 36 Y 3 M 18 D/M

UHID/MR No Visit ID : CUPP.0000032472 : CUPPOPV139891

Ref Doctor Emp/Auth/TPA ID Self

: Self : 96268 Collected

: 28/Sep/2024 10:47AM

Received Reported : 28/Sep/2024 04:47PM : 28/Sep/2024 05:43PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

SIN No:UPP240902222

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







: Mr.KIRAN KUMAR CH

Age/Gender UHID/MR No : 36 Y 3 M 18 D/M : CUPP.0000032472

Visit ID

: CUPPOPV139891

Ref Doctor Emp/Auth/TPA ID

: Self : 96268 Collected

: 28/Sep/2024 11:18AM

Received

: 28/Sep/2024 04:46PM : 28/Sep/2024 06:47PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

M. Wigosanoth

Dr.Muttavarapu Viswanath M.B.B.S.M.D(Pathology) Consultant Pathologist

SIN No:UPP240902246

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



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: H. No 6-48/3, Peerzadiguda Pancha R R District,, Uppal, Hyderabad, Tela









: Mr.KIRAN KUMAR CH

Age/Gender

: 36 Y 3 M 18 D/M

UHID/MR No Visit ID : CUPP.0000032472

Ref Doctor

: CUPPOPV139891

Ref Doctor
Emp/Auth/TPA ID

: Self

: 96268

Collected

: 28/Sep/2024 10:47AM

Received

: 28/Sep/2024 04:44PM

Reported Status : 28/Sep/2024 05:40PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

Result/s to Follow: PERIPHERAL SMEAR

Page 18 of 18

ACCREDITED

COLLEGE of AMERICAN PATHOLOGISTS



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

SIN No:UPP240902224

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







: Mr.KIRAN KUMAR CH

Age/Gender

: 36 Y 3 M 18 D/M

UHID/MR No

: CUPP.0000032472

Visit ID Ref Doctor : CUPPOPV139891

: Self

Emp/Auth/TPA ID

: 96268

Collected

: 28/Sep/2024 10:47AM

Received

: 28/Sep/2024 04:44PM

Reported Status

: 28/Sep/2024 05:40PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.







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

SIN No:UPP240902224

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





: Mr. KIRAN KUMAR CH

: CUPP.000032472

OP Visit No.

Age

: 36Yrs 3Mths 19Days

**UHID** 

: CUPPOPV139891

Printed On Department : 28-09-2024 07:55 AM

Advised/Pres Doctor : --

: Radiology

Qualification

Referred By

: Self

Registration No.

Employeer Id

: 96268

## **DEPARTMENT OF RADIOLOGY**

Liver appears normal in size 110 mm and increased echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is partially distended.

**Spleen** appears normal in size 89 mm. No focal lesion seen. Splenic vein appears normal.

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

Right kidney: 106 x 46 mm.

**Left kidney**: 103 x 50 mm.

Both the kidneys appear normal in size, shape and echo pattern. Cortical thickness and CM differentiation are maintained. No calculus / hydro nephrosis seen on either side.

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 28 x 32 mm and echo texture. Volume measure 12 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.

---End Of The Report---

Dr. MATTA JYOTHIRMAI MBBS, MDRD APMC/FMR/74706 Radiology



: Mr. KIRAN KUMAR CH

UHID

: CUPP.0000032472

Printed On

: 28-09-2024 01:37 PM

Department

: Radiology

Referred By

: Self

Employeer Id

: 96268

Age

: 36Yrs 3Mths 19Days

OP Visit No.

: CUPPOPV139891

Advised/Pres Doctor : --

Qualification

: --

Registration No.

: --

# **DEPARTMENT OF RADIOLOGY**

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

For clinical correlation.

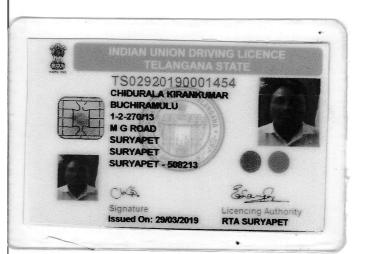
---End Of The Report---

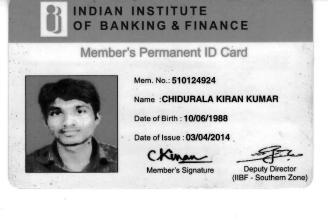
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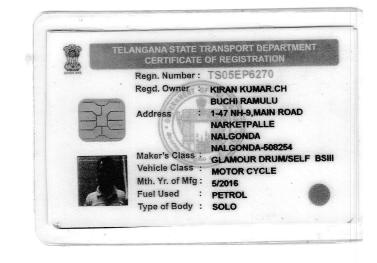
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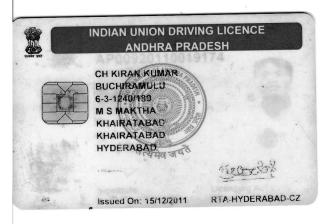
Radiology













In case this card is lost / found, kindly inform / return to: Income Tax PAN Services Unit, UTITSL Plot No. 3, Sector 11, CBD Belapur, Navi Mumbai - 400 614.

इस कार्ड के खोने/पाने पर कृपया सूचित करें/लौटाएं : आयकर पैन सेवा यूनीट,यूटीआईटीएसएल प्लाट नं: ३, सेक्टर १९ , सी.बी.डी.बेलापूर, नवी मुंबई-४०० ६१४.

Vehicle Non Transport, Motor Cycle Non Transport 09/06/2038 **Date of Validity** DL0803231/18 Transport Date of Validity Badge No. TS02920190001454 Reference No. RTA SURYAPET Original LA. 29/03/2019 Date of First Issue 10/06/1988 Date of Birth **Blood Group** Please plant trees for better environmen

Non Transport Motor Cycle With Gear **Date of Validity** 14/12/2031 Transport **Date of Validity** Badge No. Reference No. AP00920110019174 Original LA. RTA-HYDERABAD-CZ Date of First Issue 15/12/2011 Date of Birth 10/06/1988 **Blood Group** 

Instructions:

Institute Code: 19

1. This is a permanent Identity Card issued to a Member of the Institute. This should be produced, on demand, at the Examination Center and

for availing any services / products of the Institute.

3. For the purpose of examination, Institute will issue Admit Card which should be carried along with this ID Card while coming for the examination.

4. Duplicate ID Card will be issued for name change in the event of marriage or other reasons subject to production of appropriate

5. Duplicate card will be issued on payment of fees for the purpose from time to time.

If found, please return to, Indian Institute of Banking & Finance Southern Zonal Office No. 94, Jawaharlal Nehru Road (100 Ft Rōad) Opp. to Hotel Ambica Empire, Vadapalani, Chennai - 600026.

Registering Authority RTA NALGONDA Signature of the Owner Fre Cold Hypothecated To RC1146696/15 Rs. 5160 ( Life Tax ) ISX 23/09/2031 Regn. Valid Upto 24/09/2016 Date of Registration SBK Colour JZE Unladen Weight 2 Seating Capacity G9ZL Wheel Base 152 Cubic Capacity JA06EJGGE14053 Engine number **MBLJA06AMGGE19125** Chassis Number

मिलने-पर, निम्नलिखित को लौटाएँ

उप महाप्रबंधक

क्षेत्रीय कार्यालय (तेलंगाना), तरूमला एस्टेट, तीसरी मंजिल, हिमायत नगर, हैदराबाद - 560 029. भारत फोन / Phone : 91 040 23421607, 23421608 फेक्स / Fax : 91 040 23421648 www.bankofbaroda.com

If found, please return to: Deputy General Manager

Bank of Baroda, Regional Office, (Telangana)
3-6-262/6, Tirumala Estates. 3rd Floor, Himayatnagar, HYDERABAD-500 029

Phone: 040-23421607, 23421608, Fax: 040-23421648

Blood Group

: A+ve

Identification Marks: A Mole on the Right Shoulder

S. No.	PACKAGE NAME
50	Arcofemi MediWheel Full Body Health Annual Plus Check Female 2D ECHO
53	Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO

Booking ID	EMP-NAME	AGE	GENDER
22S33371	SHAGANTI MAYURI	32	F
22E33354	MR. CHIDURALA KIRAN KUMAR	36	М

EMAIL	CONTACT NO	Appointment Date	Appointment Time
KIRANKUMAR.CHIDURALA@BANKOFBARODA.COM	8247610909	28-Sep-24	9:00 AM
KIRANKUMAR.CHIDURALA@BANKOFBARODA.COM	8247610909	28-Sep-24	9:00 AM

CLINIC NAME	CLINIC STATE	CLINIC CITY
Apollo Clinic - Uppal	Telangana	Hyderabad
Apollo Clinic - Uppal	Telangana	Hyderabad

Booking Status	Status	Remarks
If 2D ECHO Slot are Full or 2D Echo Facility not Available book TMT Package	Confirmed	
If 2D ECHO Slot are Full or 2D Echo Facility not Available book TMT Package	Confirmed	





# **PHYSICAL EXAMINATION FOR**

Name	Mr. KIRAN KUMAR CH	Age & Gender	36Y/M
UHID	CUPP.0000032472	DATE	28.09.2024

Vitals			
Height (CM)	170		
Weight (KG)	73		
ВМІ	25.3		
ВР	120/80		
Pulse	71		
SPO2 (%)	NA		
Temperature	NA		

**1860 500 7788** 



: Mr. KIRAN KUMAR CH

UHID

: CUPP.0000032472

Printed On

: 28-09-2024 04:15 PM

Department

: Cardiology

Reffered By

: Self

Employeer Id

: 96268

Age

: 36Yrs 3Mths 18Days

OP Visit No.

: CUPPOPV139891

Advised/Pres Doctor : --

Qualification

: --

Registration No.

: --

# **DEPARTMENT OF CARDIOLOGY**

Ao (ed) 3.0 CM LA (es) 3.3 CM LVID (ed) 5.0 CM LVID (es) 3.6 CM IVS (Ed) 1.0 CM LVPW (Ed) 1.0 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 INTACT INTER VENTRICULAR SEPTUMINTACT **AORTA NORMAL RIGHT ATRIUM** NORMAL **LEFT ATRIUM NORMAL Pulmonary Valve NORMAL PERICARDIUM NORMAL** 



# **COLOUR AND DOPPLER STUDIES:**

PJV: 0.7

**AJV: 1.4** 

E: 0.8 m/s

A: 0.5 m/s

**IMPRESSION:-**

NORMAL CHAMBERS.

NO RWMA.

GOOD LV/ RV FUNCTION.

NO MR/ AR/ TR/ PAH.

NO CLOT.

NO PERICARDIAL EFFUSION.

---End Of The Report---

Ch

Dr. CH VENKATESHAM MBBS,PGDCC 41992 Cardiology

# **Apollo clinic Boduppal**

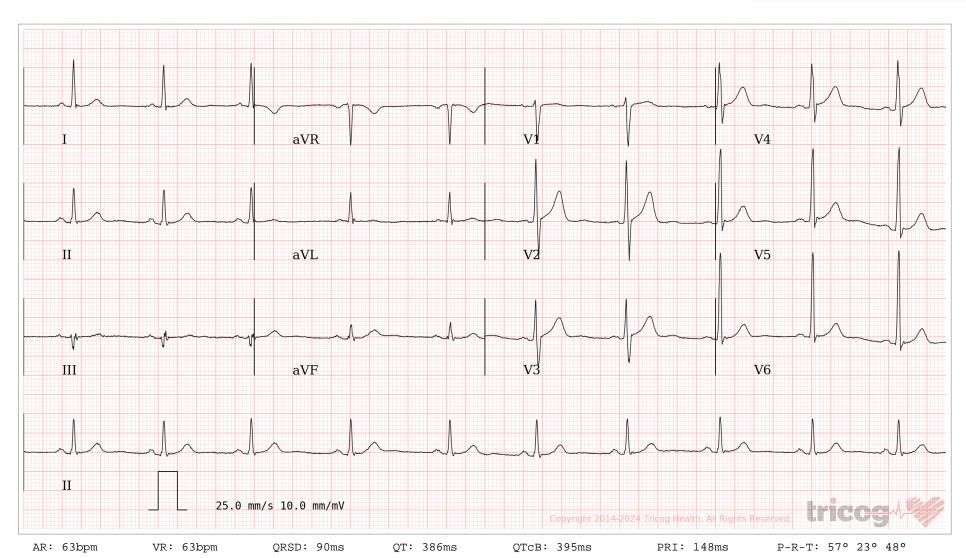


Age / Gender: 36/Male

Date and Time: 28th Sep 24 12:59 PM

Patient ID: 0000032472

Patient Name: Mr Kiran Kumar



ECG Within Normal Limits: Sinus Rhythm, Normal ECG, correlate clinically. Please correlate clinically.









# CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

Kwan kumau.ch on 30

•	Medically Fit	
•	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 afterrecommended	
	Unfit	-
<b>)</b> .		

This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7" 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







# POWER PRESCRIPTION

HAME: KIRON KORON. Ch

GENDER: M/F

DATE: 28/9/24

AGE: 36:

DISTANCE

VEAR

UHID: 3247

RIGHT EYE

SPH CYL AXIS VISION

Wb

LEFT EYE

SPH	CYL	AXIS	VISION
0.50			6/10
			106

COLOUR VISION : BE. NOOTHUL

DIAGNOSIS

OTHER FINDINGS:

INSTRUCTIONS

ril

SIGNATURE