



Patient Name : Mr.UMA SHANKAR CHERUKURI	Collected : 10/Feb/2024 08:07 AM
Age/Gender : 50 Y 0 M 9 D/M	Received : 10/Feb/2024 11:42 AM
UHID/MR No : CWAN.0000059518	Reported : 10/Feb/2024 01:00 PM
Visit ID : CWANOPV226119	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 327279531302	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC Predominantly Normocytic Normochromic with Microcytes+
WBC are normal in number and morphology
Platelets are Adequate
No Abnormal cells/hemoparasite seen.



DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240032692

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



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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	13.7	g/dL	13-17	Spectrophotometer
PCV	39.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.91	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	80.7	fL	83-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	34.6	g/dL	31.5-34.5	Calculated
R.D.W	14.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,960	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	68.5	%	40-80	Electrical Impedence
LYMPHOCYTES	21.2	%	20-40	Electrical Impedence
EOSINOPHILS	3.7	%	1-6	Electrical Impedence
MONOCYTES	6.3	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5452.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1687.52	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	294.52	Cells/cu.mm	20-500	Calculated
MONOCYTES	501.48	Cells/cu.mm	200-1000	Calculated
BASOPHILS	23.88	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	247000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
<p>RBC Predominantly Normocytic Normochromic with Microcytes+ WBC are normal in number and morphology Platelets are Adequate No Abnormal cells/hemoparasite seen.</p>				



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Consultant Pathologist

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DEPARTMENT OF HAEMATOLOGY

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



DR. Sanjay Ingle
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UHID/MR No : CWAN.0000059518	Reported : 10/Feb/2024 03:12PM
Visit ID : CWANOPV226119	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 327279531302	

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	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



DR. Sanjay Ingle
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Consultant Pathologist

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Patient Name : Mr.UMA SHANKAR CHERUKURI	Collected : 10/Feb/2024 11:16AM
Age/Gender : 50 Y 0 M 9 D/M	Received : 10/Feb/2024 02:19PM
UHID/MR No : CWAN.0000059518	Reported : 10/Feb/2024 04:23PM
Visit ID : CWANOPV226119	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 327279531302	

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	114	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	224	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 Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:PLP1417311

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab





Patient Name : Mr.UMA SHANKAR CHERUKURI	Collected : 10/Feb/2024 08:07AM
Age/Gender : 50 Y 0 M 9 D/M	Received : 10/Feb/2024 11:44AM
UHID/MR No : CWAN.0000059518	Reported : 10/Feb/2024 02:05PM
Visit ID : CWANOPV226119	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 327279531302	

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	7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	154	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. Sanjay Ingle
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Consultant Pathologist

SIN No: EDT240014255

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab





Patient Name : Mr.UMA SHANKAR CHERUKURI	Collected : 10/Feb/2024 08:07AM
Age/Gender : 50 Y 0 M 9 D/M	Received : 10/Feb/2024 11:55AM
UHID/MR No : CWAN.0000059518	Reported : 10/Feb/2024 12:26PM
Visit ID : CWANOPV226119	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 327279531302	

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	131	mg/dL	<200	CHO-POD
TRIGLYCERIDES	120	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	80	mg/dL	<130	Calculated
LDL CHOLESTEROL	56.27	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.92	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.59		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.



Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04624271

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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	0.56	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28.82	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.6	U/L	<50	IFCC
ALKALINE PHOSPHATASE	63.59	U/L	30-120	IFCC
PROTEIN, TOTAL	7.24	g/dL	6.6-8.3	Biuret
ALBUMIN	4.51	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.73	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		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.


 Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04624271

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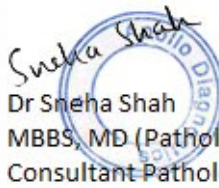


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DEPARTMENT OF BIOCHEMISTRY

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	0.87	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	24.62	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.70	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.07	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.93	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.87	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.9	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.37	mmol/L	101–109	ISE (Indirect)



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04624271

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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	17.88	U/L	<55	IFCC

Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04624271

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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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.06	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.44	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.984	µIU/mL	0.34-5.60	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. Sanjay Ingle
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Consultant Pathologist

SIN No: SPL24021412

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab





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Age/Gender : 50 Y 0 M 9 D/M	Received : 10/Feb/2024 11:57AM
UHID/MR No : CWAN.0000059518	Reported : 10/Feb/2024 01:10PM
Visit ID : CWANOPV226119	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 327279531302	

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	0.580	ng/mL	0-4	CLIA



DR. Sanjay Ingle
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Consultant Pathologist

SIN No: SPL24021412

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab





Patient Name : Mr.UMA SHANKAR CHERUKURI	Collected : 10/Feb/2024 08:07AM
Age/Gender : 50 Y 0 M 9 D/M	Received : 10/Feb/2024 02:17PM
UHID/MR No : CWAN.0000059518	Reported : 10/Feb/2024 02:33PM
Visit ID : CWANOPV226119	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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


 Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:UR2278727

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab





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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)	POSITIVE +		NEGATIVE	Dipstick

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

*** End Of Report ***

Sheha Shah

Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:UF010474

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab



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Name : Mr. UMA SHANKAR CHERUKURI

Age: 50 Y

Sex: M

UHID: CWAN.0000059518



OP Number: CWANOPV226119

Bill No : CWAN-OCR-50165

Date : 10.02.2024 07:56

Address : 27/12 DAD COMPLEX LULLANAGAR PUNE
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

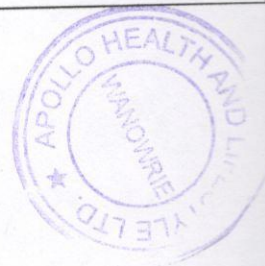
Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	2D ECHO	
4	LIVER FUNCTION TEST (LFT)	
5	GLUCOSE, FASTING	
6	HEMOGRAM + PERIPHERAL SMEAR	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE (POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
13	DENTAL CONSULTATION	
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 11:00 AM.	
15	URINE GLUCOSE (FASTING)	
16	HbA1c, GLYCATED HEMOGLOBIN	
17	X-RAY CHEST PA	
18	ENT CONSULTATION	
19	FITNESS BY GENERAL PHYSICIAN	
20	BLOOD GROUP ABO AND RH FACTOR	
21	LIPID PROFILE	
22	BODY MASS INDEX (BMI)	
23	OPHTHAL BY GENERAL PHYSICIAN	
24	ULTRASOUND - WHOLE ABDOMEN	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

BP - 140/70 mmHg

Ht - 165 cm

Wt - 62.1 kg

FREE CONSULTATIONS
DENTAL / PHYSIO / AUDIOMETRY



Date : 10-02-2024
MR NO : CWAN.0000059518

Department : GENERAL
Doctor :

Name : Mr. UMA SHANKAR CHERUKURI

Registration No :
Qualification :

Age/ Gender : 50 Y / Male

Consultation Timing: 07:55

Height : 165 cm	Weight : 62 kg	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 140/90 mmHg

General Examination / Allergies History

Clinical Diagnosis & Management Plan

H/O :- Angioplasty
1st Oct - 2023

: For AMI
No Cas. at the moment
Older CVS
CVS
Resp. WAS
Abd.

Oni.
Ecosprin Gold 4.5
Deplatt A- 25 O.D.
Telona 40mg H.S.
Metolac 25 O.D.
Aliclazide 50mg O.D.
Janumet 50/1000 B.D.
Pantocid 40mg O.D.

Flap & Report

DR. MUSHPIYA BAHRAINWALA
M.B.B.S
Reg. No.: 47527
Apollo Clinic Chancwarie
NIBM Road, Kondl.wa.

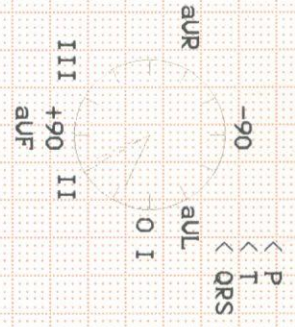
PATHOLOGY **COLLECTION**
SAMPLE
HC
9763461253
Clinic
9121226368
Follow up date:

Doctor Signature

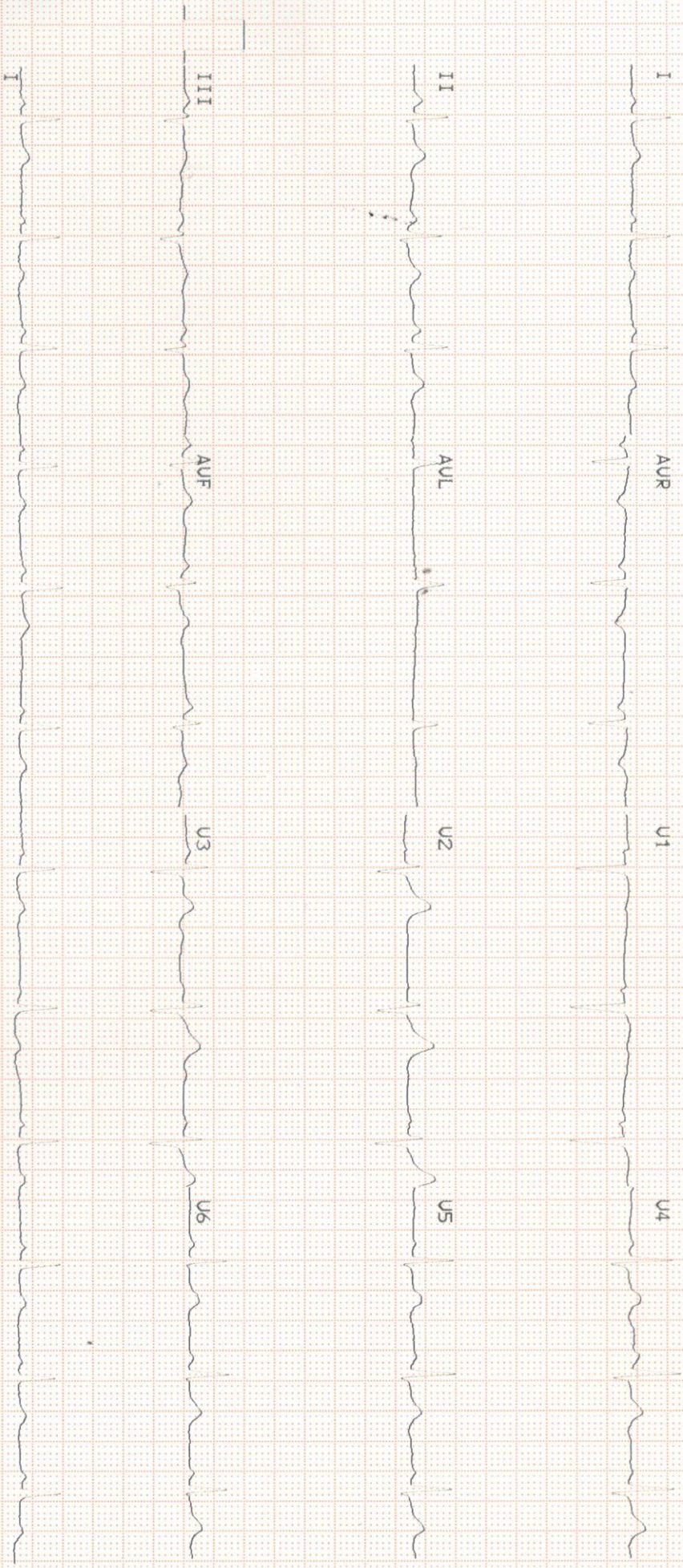
GE MAC1200 ST CHERUKURI, UMASHANAR 000059518, APOLLO CLINIC WANOWRIE
 Male, 50 Years (01.02.1974)

Arrow CE

Measurement Results:
 QRS : 90 ms
 QT/QTcB : 386 / 422 ms
 PR : 136 ms
 P : 110 ms
 RR/PP : 838 / 780 ms
 P/QRS/T : 65 / 25 / 60 degrees
 QTd/QTcBD : 38 / 42 ms
 Sokolow : 1.5 mV
 NK : 10



Interpretation:
 normal ECG



HR 72 bpm

DR. MUSHTAFA FARHANWALA
 Apollo Clinic Vancowarie
 NIBM Road, Kondli, wa.

Unconfirmed report.

10.Feb.2024 10:02:59 AM 25mm/s 10mm/mV ADS 50HZ 0.08 - 20HZ 3.F1_R Automatic U6:2 M12i (1)

2D ECHOCARDIOGRAPHY & COLOR DOPPLER STUDY

Name : MR.UMA SHANKAR ~~CHE~~RUKURI Age/Sex :50/M

Date : 10/02/2024.

2D Echo:- H/O ANGIOPLASTY

Cardiac chamber dimensions –Normal

Wall motion abnormalities - no RWMA

LV systolic function - Normal, LVEF -60%

LV diastolic function – Grade I LV diastolic dysfunction

Cardiac valves -

Mitral valve –Normal, minimal mitral regurgitation.

Aortic valve – Three thin leaflets, no aortic regurgitation, Aortic PG –8 mm Hg

Tricuspid valve – minimal tricuspid regurgitation, No PAH

Pulmonary valve - normal

Septae (IAS/IVS) – intact

Clot/vegetation/Pericardial effusion – No

Great Arteries (Aorta/pulmonary artery) - Normal

IVC - Normal

Measurements -

Aorta	LA	IVS	PWD	LVIDd	LVIDs	LVEF
25	30	11	11	39	28	60%

Conclusion:-

Normal chamber dimensions.

No RWMA, normal LV systolic function, LVEF – 60%

Grade I LV Diastolic dysfunction.

Normal PA pressure.



Dr. Bhushan Bari
DNB Medicine, DNB Cardiology
Consultant and Interventional Cardiologist

The Apollo Clinic

Wanowrie
Pune-411048

PATIENT NAME :- Mr. Umesh Oke

DATE :- 10/2/24

AGE/SEX :-

UHID :-

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	6/6 - plano -	6/6 +1.50 / +0.50 X 636
Near Vision	N/6 +1.00	N/6 +1.00
Anterior Segment Pupil	NORMAL ✓	NORMAL
Fundus	NORMAL ✓	NORMAL
Colour Vision	NORMAL ✓	NORMAL
Iop	NORMAL ✓	NORMAL
Family History/Medical History	NA	

IMPRESSION :- presbyopia / Lazy Left Eye

Advice :- use reading glasses

Umesh Oke
Ophthalmologist



Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mr. UMA SHANKAR CHERUKURI Age : 50 Y M
UHID : CWAN.0000059518 OP Visit No : CWANOPV226119
Reported on : 10-02-2024 10:05 Printed on : 10-02-2024 10:06
Adm/Consult Doctor : Ref Doctor : SELF

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 .

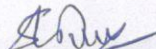
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Printed on:10-02-2024 10:05

---End of the Report---


Dr. SHAAZ AHMED KHAN
MBBS,DMRE
Radiology

Patient Name : Mr. UMA SHANKAR CHERUKURI Age : 50 Y M
UHID : CWAN.0000059518 OP Visit No : CWANOPV226119
Reported on : 10-02-2024 10:09 Printed on : 10-02-2024 10:12
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and shows fatty change. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

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

Spleen appears normal. 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 hydronephrosis seen on either side.

Left kidney shows a 5 mm calculus in the middle group of calyces.

Urinary Bladder is distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality.

Prostate is normal in size and echo texture. No evidence of necrosis/calcification.

No free fluid is detected in abdomen.

No retroperitoneal lymphadenopathy seen.

No obvious bowel mass detected.

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APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh) | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr. UMA SHANKAR CHERUKURI
UHID : CWAN.0000059518
Reported on : 10-02-2024 10:09
Adm/Consult Doctor :

Age : 50 Y M
OP Visit No : CWANOPV226119
Printed on : 10-02-2024 10:12
Ref Doctor : SELF

IMPRESSION:

Non obstructive left renal calculus (5 mm)

Grade I fatty liver.


Rest of the study within normal limits.

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.

Printed on:10-02-2024 10:09

---End of the Report---


Dr. SHAAZ AHMED KHAN
MBBS,DMRE
Radiology

Pending Test Form

I, Mr. Umashankar Cherukeri visiting from
Arcofomi Company for health check.

UHID: - 59518 Date: - 10/2/24.

This is a consent form to inform you that I do not wish to do this test.

Diet and Dental

Or will be doing their test later on _____.

Signature: - _____.

