

Physical Medical Examination Format

| | |
|-------------------------------|-----------------------------------|
| NAME:- <u>N. Sanjay Kumar</u> | DATE:- <u>24/2/24</u> |
| DESIGNATION:- | AGE:- <u>32/yr</u> |
| EMP CODE:- | UNIT/DEPARTMENT:- |
| BLOOD GROUP:- | MARTIAL STATUS:-MARRIED/UNMARRIED |

MEDICAL EXAMINATION

| | |
|------------------------------|---------------------|
| Complaints (if any) | <u>Nil</u> |
| Personal /family history | <u>M/Diarr, HTN</u> |
| Past Medical /Surgical | <u>Nil</u> |
| Sensitivity/Allergy (if any) | <u>Nil</u> |
| Habits | <u>Nil</u> |
| Occupational History | <u>-</u> |

| | | | |
|--------------------|-------------------|-----------------|--------------------|
| Height: <u>166</u> | Weight: <u>70</u> | BMI: | Pulse: |
| Temp: <u>98.6</u> | Spo2: <u>99%</u> | Resp: <u>18</u> | B.P: <u>110/70</u> |

Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms. N. Sanjay Kumar for pre-employment /periodical medical examination, I have found / not found any disease, illness, contagious illness

I Certify That Employee Is Medically fit

Sanjay
Fit

Signature Of Employee

Unfit

Dr.G. INDIRA PRIYADARSHINI
MBBS
Signature & Seal Of Medical Examiner With
Apollo Family Physician
Registration No. 62148
Apollo Clinic, Seethammapet, Vizag.....

BANK OF BARODA

NAME : Mr. N. SANJAY KUMAR GENDER : M
 AGE : 31 DATE : 24/2/24

OPHTHALMOLOGY SCREENING REPORT

VISION : OD 6/6 OS 6/6
 DISTANCE : 26 26
 NEAR VISION :
 COLOUR VISION : - WNL -
 ANT.SEGMENT :
 CONJUNCTIVA : - Conj -
 CORNEA : - Clear -
 PUPIL : - R/R -
 FUNDUS :
 IMPRESSION : WNL



T. Khan
SIGNATURE

Dr ABHISHEK RAVURI (B.D.S)
Partner Consultant
Apollo Dental
Reg No: -A24146

Patient Name: - Netam Sanjay Kumar Age/Sex: - 32/M Date: - 24/2/24

c/c + pt. came for general check up

O/F #. ① stains +
② calculus +

Plan: ① advised scaling oral prophylaxis phase I

Done: complete scaling done and oral hygiene instructions
given


Dr. Abhishek Ravuri
Apollo Dental
865 050 7071

Apollo Health and Lifestyle Limited

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

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

| | | | |
|--------------------|--------------------------|-------------|--------------------|
| Patient Name | : Mr. NETAM SANJAY KUMAR | Age | : 32 Y M |
| UHID | : CVIS.0000124052 | OP Visit No | : CVISOPV121814 |
| Reported on | : 24-02-2024 14:06 | Printed on | : 24-02-2024 14:06 |
| 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:24-02-2024 14:06

---End of the Report---



Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

ID: 124052

n sanjay kumar
Male 32Years

Req. No. :

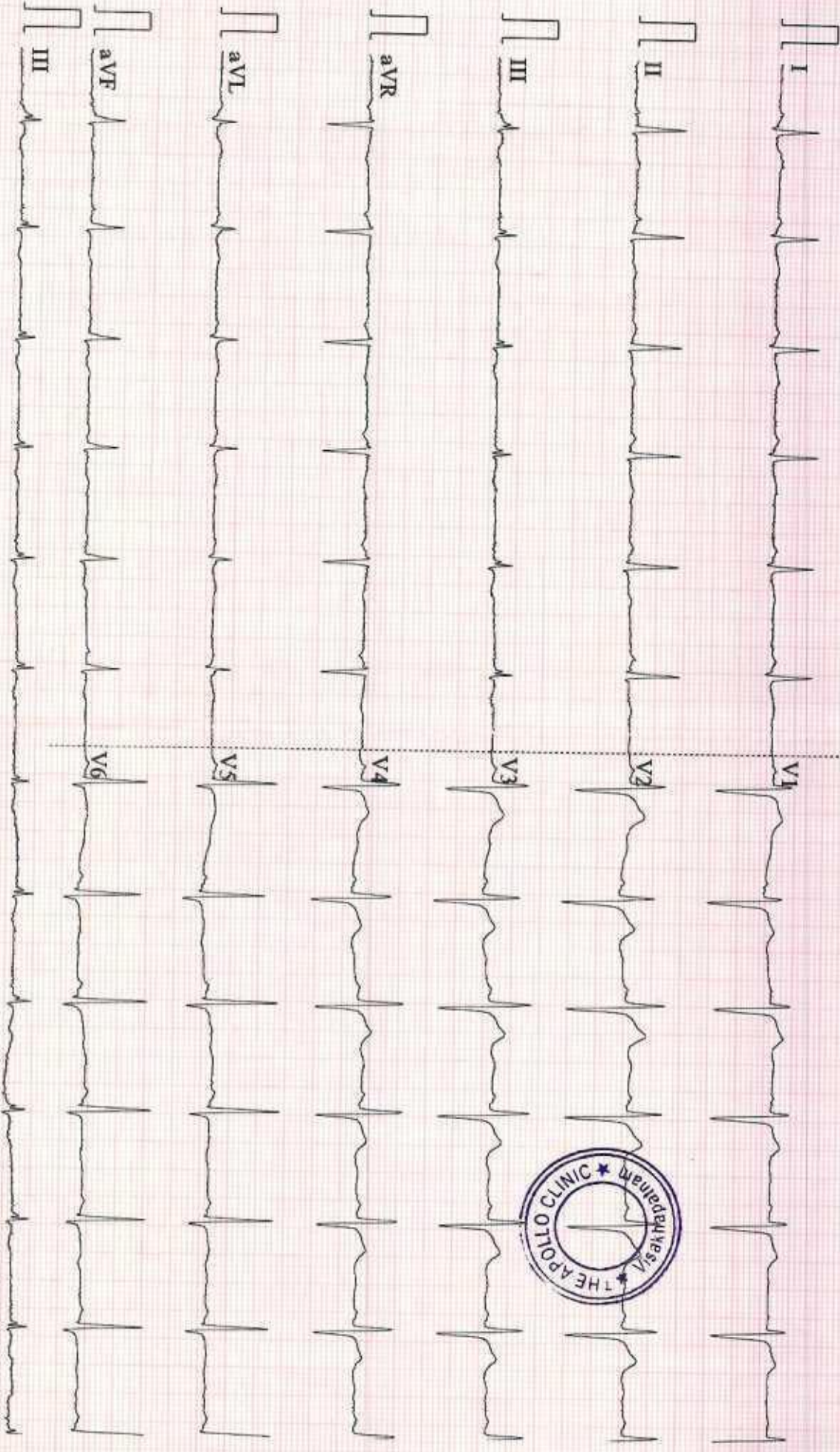
24-02-2024 09:16:39

| | | |
|----------|---------------|-----|
| HR | : 75 | bpm |
| P | : 108 | ms |
| PR | : 134 | ms |
| QRS | : 112 | ms |
| QT/QTcBz | : 358/400 | ms |
| P/QRS/T | : 14/42/2 | ° |
| RV5/SV1 | : 1.165/1.027 | mV |

Diagnosis Information:

Sinus rhythm
 Inferior T wave abnormality is nonspecific
 Borderline ECG

Report Confirmed by:



Name: Mr. NETAM SANJAY KUMAR
 Age/Gender: 32 Y/M
 Address: VSKP
 Location: VISAKHAPATNAM, ANDHRA PRADESH
 Doctor:
 Department: LABORATORY
 Rate Plan: VISHAKAPATNAM_06042023
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000124052
 Visit ID: CVISOPV121814
 Visit Date: 24-02-2024 07:33
 Discharge Date:
 Referred By: SELF

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 |
|---------------------|-------------------|----------------|-----------------|-----------|--------------|--------------|-------------------------|------------------------|------------------|------|--------------------|-----------|-------------|-------------------|-----------|
| 24-02-2024 15:06 | 75 Beats/min | 110/70 mmHg | 18 Rate/min | 98.6 F | 166 cms | 70 Kgs | % | % | Years | 25.4 | cms | cms | cms | | AHLL06520 |



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 Vizag (Seethamma Peta)
 Online appointments: www.apolloclinic.com

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| Patient Name | : Mr. NETAM SANJAY KUMAR | Age | : 32 Y/M |
| UHID | : CVIS.0000124052 | OP Visit No | : CVISOPV121814 |
| Reported By: | : Dr. SHASHANKA CHUNDURI | Conducted Date: | : 24-02-2024 15:07 |
| Referred By | : SELF | | |

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 75beats 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 seen.

Impression:

NORMAL RESTING ECG.

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

Dr. SHASHANKA CHUNDURI



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| | | | |
|--------------------|--------------------------|-------------|--------------------|
| Patient Name | : Mr. NETAM SANJAY KUMAR | Age | : 32 Y M |
| UHID | : CVIS.0000124052 | OP Visit No | : CVISOPV121814 |
| Reported on | : 24-02-2024 15:51 | Printed on | : 24-02-2024 15:52 |
| Adm/Consult Doctor | : | Ref Doctor | : SELF |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver :12.8cm, appears normal in size and 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. 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 : 10.5 x 4.4 cm

Left kidney : 10.5 x 5.3 cm

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

Prostate :Normal in size and echo texture.No evidence of necrosis/calcification seen. its volume 12 cc



There is no evidence of ascites/ pleural effusion seen.

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IMPRESSION:-

***No significant abnormality detected.**

For clinico-lab correlation / follow - up / further work up.

This is only a screening test.

Printed on:24-02-2024 15:51

---End of the Report---

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology



| | | | |
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| UHID | : CVIS.0000124052 | OP Visit No | : CVISOPV121814 |
| Conducted By: | : Dr. SHASHANKA CHUNDURI | Conducted Date | : 24-02-2024 15:37 |
| Referred By | : SELF | | |

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

| | |
|-----------|--------|
| Ao (ed) | 2.6 CM |
| LA (es) | 2.6 CM |
| LVID (ed) | 4.8 CM |
| LVID (es) | 2.4 CM |
| IVS (Ed) | 0.9 CM |
| LVPW (Ed) | 1.0 CM |
| EF | 70.00% |
| %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 SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION



COLOUR AND DOPPLER STUDIES:

PF: 0.8 m/sec.
MFE > A.
AF: 1.1 m/sec

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IMPRESSION:

NORMAL CARDIAC SIZE.
NO RWMA.
NORMAL LV SYSTOLIC FUNCTION.
LVEF:70%

Dr. SHASHANKA
CHUNDURI



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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr.NETAM SANJAY KUMAR
Age/Gender : 32 Y 6 M 24 D/M
UHID/MR No : CVIS.0000124052
Visit ID : CVISOPV121814
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 357228

Collected : 24/Feb/2024 08:06AM
Received : 24/Feb/2024 12:28PM
Reported : 24/Feb/2024 02:52PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

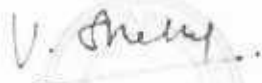
Red cells show Normocytic normochromic morphology. Mild anisocytosis poikilocytosis. no fragmented red cells, no nucleated red cells. No polychromatophilia, no target cells seen. No intracellular hemo-parasite.

TLC in normal limits , No toxic granules. No shift to left in nuclear index , Lymphocytes normal in morphology. No atypical leucocytes seen.

Platelets are in low numbers .

Normocytic normochromic blood picture with thrombocytopenia.

Page 1 of 12



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No:BED240047539

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

MC-2373

Patient Name : Mr.NETAM SANJAY KUMAR
 Age/Gender : 32 Y 6 M 24 D/M
 UHID/MR No : CVIS.0000124052
 Visit ID : CVISOPV121814
 Ref Doctor : Dr.SELF
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 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. Range | Method |
|---|--------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 14.2 | g/dL | 13-17 | Spectrophotometer |
| PCV | 44.40 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 6.3 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 84 | fL | 83-101 | Calculated |
| MCH | 27.6 | pg | 27-32 | Calculated |
| MCHC | 32 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 15.6 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 7,500 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 65 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 26 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 2.9 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 6.1 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 4875 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1950 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 217.5 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 457.5 | Cells/cu.mm | 200-1000 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 2.5 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 127000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 20 | mm at the end of 1 hour | 0-15 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

Page 2 of 12

DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No: BHD240047539

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

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1860 500 7788

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| Visit ID : CVISOPV121814 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 357228 | |

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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 | | | Forward & Reverse Grouping with Slide/Tube Aggluti |
| Rh TYPE | POSITIVE | | | Forward & Reverse Grouping with Slide/Tube Agglutination |



V. Snehal

DR. V. SNEHAL
M.D (PATH)
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. Range | Method |
|-------------------------------|--------|-------|-----------------|-----------|
| GLUCOSE, FASTING , NAF PLASMA | 109 | mg/dL | 70-100 | GOD - POD |

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) | 128 | mg/dL | 70-140 | GOD - POD |

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other. Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.7 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 117 | mg/dL | | Calculated |

Page 4 of 12

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No: EHY240021170

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

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Vizag (Seethamma Peta)

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

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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



V. Sneh

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No:EDT240021170

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

MC-2373

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 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 357228

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 Reported : 24/Feb/2024 01:18PM
 Status : Final Report
 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. Range | Method |
|------------------------------|--------|-------|-----------------|-------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 172 | mg/dL | 0-200 | CHOD-PAP |
| TRIGLYCERIDES | 187 | mg/dL | 0-149 | Enzymatic |
| HDL CHOLESTEROL | 42 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 130 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 92.8 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 37.3 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.10 | | 0-4.97 | Calculated |

Comment:

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

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

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

Page 6 of 12

DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No:SE04639364

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

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 | Nailakunta | Nizampet | Uppal)
 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mr.NETAM SANJAY KUMAR
 Age/Gender : 32 Y 6 M 24 D/M
 UHID/MR No : CVIS.0000124052
 Visit ID : CVISOPV121814
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 357228

Collected : 24/Feb/2024 08:06AM
 Received : 24/Feb/2024 11:41AM
 Reported : 24/Feb/2024 01:18PM
 Status : Final Report
 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. Range | Method |
|--|--------|-------|-----------------|----------------------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.82 | mg/dL | 0.10-1.20 | Diazotized 2,4? Dichloroaniline |
| BILIRUBIN CONJUGATED (DIRECT) | 0.22 | mg/dL | 0.0-0.20 | Diazotized 2,4? Dichloroaniline |
| BILIRUBIN (INDIRECT) | 0.60 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 39.99 | U/L | 0-45 | IFCC Modified method without PLP |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 31.9 | U/L | 0-31 | IFCC |
| ALKALINE PHOSPHATASE | 169.50 | U/L | 53-128 | IFCC |
| PROTEIN, TOTAL | 7.47 | g/dL | 6.4-8.3 | Biuret METHOD |
| ALBUMIN | 4.37 | g/dL | 3.5-5.2 | Bromocresol Green |
| GLOBULIN | 3.10 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.41 | | 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 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. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



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APOLLO CLINICS NETWORK TELANGANA & AP

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

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

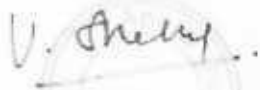
Patient Name : Mr.NETAM SANJAY KUMAR
 Age/Gender : 32 Y 6 M 24 D/M
 UHID/MR No : CVIS.0000124052
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 Ref Doctor : Dr.SELF
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Collected : 24/Feb/2024 08:06AM
 Received : 24/Feb/2024 11:41AM
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 Status : Final Report
 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. Range | Method |
|---|--------------|--------|-----------------|--------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.81 | mg/dL | 0.7-1.2 | Jaffe |
| UREA | 14.57 | mg/dL | 19-44 | Urease with GLDH |
| BLOOD UREA NITROGEN | 6.8 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 6.16 | mg/dL | 3.5-7.2 | URICASE/PEROXIDASE |
| CALCIUM | 9.40 | mg/dL | 8.6-10.3 | Arsenazo-III |
| PHOSPHORUS, INORGANIC | 2.65 | mg/dL | 2.7-4.5 | PHOSPHOMOLYBDATE |
| SODIUM | 136 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 3.9 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 100 | mmol/L | 98 - 107 | Direct ISE |



DR. V. SNEHAL
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SIN No:SF04639364

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

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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**

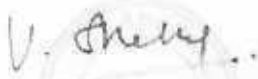
Patient Name : Mr.NETAM SANJAY KUMAR
 Age/Gender : 32 Y 6 M 24 D/M
 UHID/MR No : CVIS.0000124052
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 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 47.00 | U/L | 0-55 | IFCC |



DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No:SE04639364

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017
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**

Patient Name : Mr.NETAM SANJAY KUMAR
Age/Gender : 32 Y 6 M 24 D/M
UHID/MR No : CVIS.0000124052
Visit ID : CVISOPV121814
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 357228

Collected : 24/Feb/2024 08:06AM
Received : 24/Feb/2024 11:41AM
Reported : 24/Feb/2024 01:16PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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) | 1.41 | ng/ml | 0.69-2.15 | CLIA |
| THYROXINE (T4, TOTAL) | 83.30 | ng/ml | 52-127 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 1.560 | µIU/mL | 0.3-4.5 | 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 |

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 | 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 |



V. Snehal
DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No: SPL24031205

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Apollo Health and Lifestyle Limited

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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

MC-2373

Patient Name : Mr.NETAM SANJAY KUMAR
 Age/Gender : 32 Y 6 M 24 D/M
 UHID/MR No : CVIS.0000124052
 Visit ID : CVISOPV121814
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 357228

Collected : 24/Feb/2024 08:06AM
 Received : 24/Feb/2024 12:44PM
 Reported : 24/Feb/2024 01:38PM
 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. Range | Method |
|--|-------------|------|------------------|----------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Visual |
| pH | 6.5 | | 5-7.5 | Bromothymol Blue |
| SP. GRAVITY | 1.025 | | 1.002-1.030 | Dipstick |
| 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 | NITROPRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | EHRlich |
| BLOOD | NEGATIVE | | NEGATIVE | Dipstick |
| NITRITE | NEGATIVE | | NEGATIVE | Dipstick |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | PYRROLE HYDROLYSIS |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 2-4 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 1-2 | /hpf | <10 | MICROSCOPY |
| RBC | 0.00 | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |

Page 11 of 12

V. Snehal

DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No:UR2289695

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

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

Patient Name : Mr.NETAM SANJAY KUMAR
 Age/Gender : 32 Y 6 M 24 D/M
 UHID/MR No : CVIS.0000124052
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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:
 GLUCOSE (POST PRANDIAL) - URINE



V. Snehal
 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist

SIN No:UF010680

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-S30017

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**

LETTER OF APPROVAL / RECOMMENDATION

To,

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

Dear Sir / Madam,

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

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

| PARTICULARS | EMPLOYEE DETAILS |
|---------------------------------|--------------------------|
| NAME | MR. NETAM SANJAY KUMAR |
| EC NO. | 122291 |
| DESIGNATION | SINGLE WINDOW OPERATOR A |
| PLACE OF WORK | MADHOTA |
| BIRTHDATE | 31-07-1991 |
| PROPOSED DATE OF HEALTH CHECKUP | 29-07-2023 |
| BOOKING REFERENCE NO. | 23S122291100063836E |

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **11-07-2023** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

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

SUGGESTIVE LIST OF MEDICAL TESTS

| FOR MALE | FOR FEMALE |
|-------------------------------------|---|
| CBC | CBC |
| ESR | ESR |
| Blood Group & RH Factor | Blood Group & RH Factor |
| Blood and Urine Sugar Fasting | Blood and Urine Sugar Fasting |
| Blood and Urine Sugar PP | Blood and Urine Sugar PP |
| Stool Routine | Stool Routine |
| Lipid Profile | Lipid Profile |
| Total Cholesterol | Total Cholesterol |
| HDL | HDL |
| LDL | LDL |
| VLDL | VLDL |
| Triglycerides | Triglycerides |
| HDL / LDL ratio | HDL / LDL ratio |
| Liver Profile | Liver Profile |
| AST | AST |
| ALT | ALT |
| GGT | GGT |
| Bilirubin (total, direct, indirect) | Bilirubin (total, direct, indirect) |
| ALP | ALP |
| Proteins (T, Albumin, Globulin) | Proteins (T, Albumin, Globulin) |
| Kidney Profile | Kidney Profile |
| Serum creatinine | Serum creatinine |
| Blood Urea Nitrogen | Blood Urea Nitrogen |
| Uric Acid | Uric Acid |
| HBA1C | HBA1C |
| Routine urine analysis | Routine urine analysis |
| USG Whole Abdomen | USG Whole Abdomen |
| General Tests | General Tests |
| X Ray Chest | X Ray Chest |
| ECG | ECG |
| 2D/3D ECHO / TMT | 2D/3D ECHO / TMT |
| Stress Test | Thyroid Profile (T3, T4, TSH) |
| PSA Male (above 40 years) | Mammography (above 40 years) and Pap Smear (above 30 years). |
| Thyroid Profile (T3, T4, TSH) | Dental Check-up consultation |
| Dental Check-up consultation | Physician Consultation |
| Physician Consultation | Eye Check-up consultation |
| Eye Check-up consultation | Skin/ENT consultation |
| Skin/ENT consultation | Gynaec Consultation |



भारत सरकार
Government of India

Download Date: 27/11/2021



शंकर कुमार नेलियम
Sanjay Kumar Neliem
जन्म तिथि / DOB : 31/07/1991
पुंल / MALE



Issue Date: 29/10/2021

8857 2658 2018

शंकर आचार्य, शंरी पहवाल

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 |
|---------------------|----------------------|----------------|--------------------|-------------|-----------------|-----------------|-------------------------------|------------------------------|------------------------|------|--------------------------|--------------|----------------|-------------------------|-----------|
| 24-02-2024 15:06 | 75 Beats/min | 110/70 mmHg | 18 Rate/min | 98.6 F | 166 cms | 70 Kgs | % | % | Years | 25.4 | cms | cms | cms | | AHLL06520 |

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 |
|---------------------|----------------------|----------------|--------------------|-------------|-----------------|-----------------|-------------------------------|------------------------------|------------------------|------|--------------------------|--------------|----------------|-------------------------|-----------|
| 24-02-2024 15:06 | 75 Beats/min | 110/70 mmHg | 18 Rate/min | 98.6 F | 166 cms | 70 Kgs | % | % | Years | 25.4 | cms | cms | cms | | AHLL06520 |

Name: Mr. NETAM SANJAY KUMAR
Age/Gender: 32 Y/M
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. N MUKUNDA RAO

MR No: CVIS.0000124052
Visit ID: CVISOPV121814
Visit Date: 24-02-2024 07:33
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 |
|---------------------|----------------------|----------------|--------------------|-------------|-----------------|-----------------|-------------------------------|------------------------------|------------------------|------|--------------------------|--------------|----------------|-------------------------|-----------|
| 24-02-2024 15:06 | 75 Beats/min | 110/70 mmHg | 18 Rate/min | 98.6 F | 166 cms | 70 Kgs | % | % | Years | 25.4 | cms | cms | cms | | AHLL06520 |

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 |
|---------------------|----------------------|----------------|--------------------|-------------|-----------------|-----------------|-------------------------------|------------------------------|------------------------|------|--------------------------|--------------|----------------|-------------------------|-----------|
| 24-02-2024 15:06 | 75 Beats/min | 110/70 mmHg | 18 Rate/min | 98.6 F | 166 cms | 70 Kgs | % | % | Years | 25.4 | cms | cms | cms | | AHLL06520 |

Name: Mr. NETAM SANJAY KUMAR
Age/Gender: 32 Y/M
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. GOLI INDIRA PRIYADARSHINI

MR No: CVIS.0000124052
Visit ID: CVISOPV121814
Visit Date: 24-02-2024 07:33
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. NETAM SANJAY KUMAR
Age/Gender: 32 Y/M
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. DEEPANKAR SETH

MR No: CVIS.0000124052
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Doctor:
Department: LABORATORY
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Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. R ABHISHEK

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Doctor's Signature

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| Patient Name | : Mr. NETAM SANJAY KUMAR | Age/Gender | : 32 Y/M |
| UHID/MR No. | : CVIS.0000124052 | OP Visit No | : CVISOPV121814 |
| Sample Collected on | : | Reported on | : 24-02-2024 14:06 |
| LRN# | : RAD2246039 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 357228 | | |

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. KARROTU SUDHA
MD RADIOLOGY
Radiology

| | | | |
|----------------------------|--------------------------|--------------------|--------------------|
| Patient Name | : Mr. NETAM SANJAY KUMAR | Age/Gender | : 32 Y/M |
| UHID/MR No. | : CVIS.0000124052 | OP Visit No | : CVISOPV121814 |
| Sample Collected on | : | Reported on | : 24-02-2024 15:52 |
| LRN# | : RAD2246039 | Specimen | : |
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DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver :12.8cm. appears normal in size and 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. 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 : 10.5 x 4.4 cm

Left kidney : 10.5 x 5.3 cm

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

Prostate :Normal in size and echo texture.No evidence of necrosis/calcification seen. its volume 12 cc

There is no evidence of ascites/ pleural effusion seen.

IMPRESSION:-

***No significant abnormality detected.**

For clinico-lab correlation / follow - up / further work up.

This is only a screening test.



Patient Name : Mr. NETAM SANJAY KUMAR

Age/Gender : 32 Y/M

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

| | |
|--------------------------------------|--|
| Patient Name : Mr.NETAM SANJAY KUMAR | Collected : 24/Feb/2024 08:06AM |
| Age/Gender : 32 Y 6 M 24 D/M | Received : 24/Feb/2024 12:28PM |
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DEPARTMENT OF HAEMATOLOGY

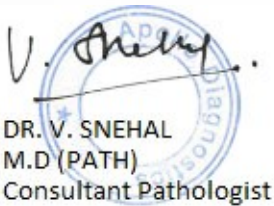
PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Red cells show Normocytic normochromic morphology. Mild anisocytosis poikilocytosis. no fragmented red cells, no nucleated red cells. No polychromatophilia, no target cells seen. No intracellular hemo-parasite.

TLC in normal limits , No toxic granules, No shift to left in nuclear index , Lymphocytes normal in morphology. No atypical leucocytes seen.

Platelets are in low numbers .

Normocytic normochromic blood picture with thrombocytopenia.



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:BED240047539

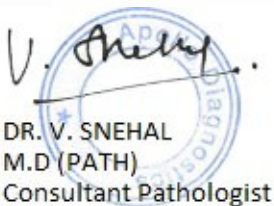
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DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---------------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 14.2 | g/dL | 13-17 | Spectrophotometer |
| PCV | 44.40 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 6.3 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 84 | fL | 83-101 | Calculated |
| MCH | 27.6 | pg | 27-32 | Calculated |
| MCHC | 32 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 15.6 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 7,500 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 65 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 26 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 2.9 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 6.1 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 4875 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1950 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 217.5 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 457.5 | Cells/cu.mm | 200-1000 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 2.5 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 127000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 20 | mm at the end of 1 hour | 0-15 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:BED240047539

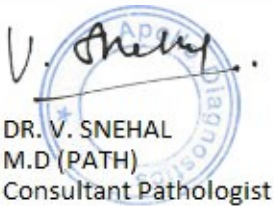
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DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|----------|------|-----------------|--|
| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
| BLOOD GROUP TYPE | O | | | Forward & Reverse Grouping with Slide/Tube Aggluti |
| Rh TYPE | POSITIVE | | | Forward & Reverse Grouping with Slide/Tube Agglutination |



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:BED240047539

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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 | 109 | mg/dL | 70-100 | GOD - POD |

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.

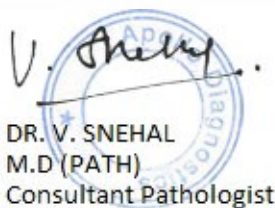
| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|------------|-------|-----------------|-----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 128 | mg/dL | 70-140 | GOD - POD |

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.7 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 117 | mg/dL | | Calculated |



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:EDT240021170

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DEPARTMENT OF BIOCHEMISTRY

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

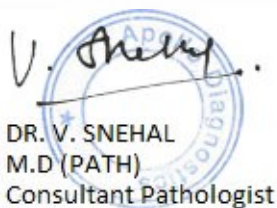
Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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Consultant Pathologist



SIN No:EDT240021170

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DEPARTMENT OF BIOCHEMISTRY

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

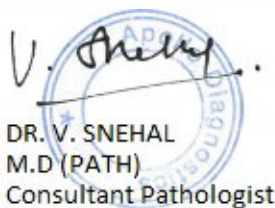
| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|-------------|-------|-----------------|-------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 172 | mg/dL | 0-200 | CHOD-PAP |
| TRIGLYCERIDES | 187 | mg/dL | 0-149 | Enzymatic |
| HDL CHOLESTEROL | 42 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 130 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 92.8 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 37.3 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.10 | | 0-4.97 | Calculated |

Comment:

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

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

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



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SE04639364

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

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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 |
|--|---------------|-------|-----------------|----------------------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.82 | mg/dL | 0.10-1.20 | Diazotized 2,4? Dichloroaniline |
| BILIRUBIN CONJUGATED (DIRECT) | 0.22 | mg/dL | 0.0-0.20 | Diazotized 2,4? Dichloroaniline |
| BILIRUBIN (INDIRECT) | 0.60 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 39.99 | U/L | 0-45 | IFCC Modified method without PLP |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 31.9 | U/L | 0-31 | IFCC |
| ALKALINE PHOSPHATASE | 169.50 | U/L | 53-128 | IFCC |
| PROTEIN, TOTAL | 7.47 | g/dL | 6.4-8.3 | Biuret METHOD |
| ALBUMIN | 4.37 | g/dL | 3.5-5.2 | Bromocresol Green |
| GLOBULIN | 3.10 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.41 | | 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:

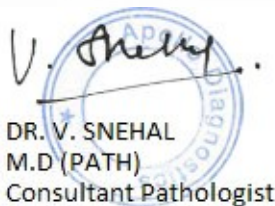
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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 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. V. SNEHAL
M.D (PATH)
Consultant Pathologist



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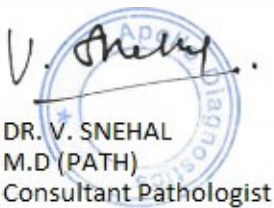
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------------|--------|-----------------|--------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.81 | mg/dL | 0.7-1.2 | Jaffe |
| UREA | 14.57 | mg/dL | 19-44 | Urease with GLDH |
| BLOOD UREA NITROGEN | 6.8 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 6.16 | mg/dL | 3.5-7.2 | URICASE/PEROXIDASE |
| CALCIUM | 9.40 | mg/dL | 8.6-10.3 | Arsenazo-III |
| PHOSPHORUS, INORGANIC | 2.65 | mg/dL | 2.7-4.5 | PHOSPHOMOLYBDATE |
| SODIUM | 136 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 3.9 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 100 | mmol/L | 98 - 107 | Direct ISE |



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| Emp/Auth/TPA ID : 357228 | |

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 | 47.00 | U/L | 0-55 | IFCC |



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SE04639364

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

| | |
|--------------------------------------|--|
| Patient Name : Mr.NETAM SANJAY KUMAR | Collected : 24/Feb/2024 08:06AM |
| Age/Gender : 32 Y 6 M 24 D/M | Received : 24/Feb/2024 11:41AM |
| UHID/MR No : CVIS.0000124052 | Reported : 24/Feb/2024 01:16PM |
| Visit ID : CVISOPV121814 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 357228 | |

DEPARTMENT OF IMMUNOLOGY

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

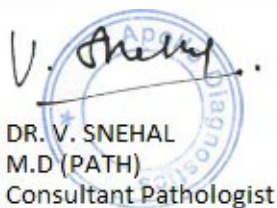
| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-iodothyronine (T3, TOTAL) | 1.41 | ng/ml | 0.69-2.15 | CLIA |
| THYROXINE (T4, TOTAL) | 83.30 | ng/ml | 52-127 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 1.560 | µIU/mL | 0.3-4.5 | 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 |

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 | 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:SPL24031205

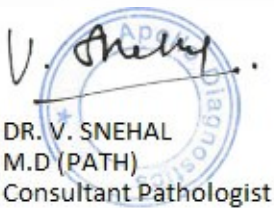
This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

| | |
|--------------------------------------|--|
| Patient Name : Mr.NETAM SANJAY KUMAR | Collected : 24/Feb/2024 08:06AM |
| Age/Gender : 32 Y 6 M 24 D/M | Received : 24/Feb/2024 12:44PM |
| UHID/MR No : CVIS.0000124052 | Reported : 24/Feb/2024 01:38PM |
| Visit ID : CVISOPV121814 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 357228 | |

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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 | 6.5 | | 5-7.5 | Bromothymol Blue |
| SP. GRAVITY | 1.025 | | 1.002-1.030 | Dipstick |
| 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 | NITROPRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | EHRlich |
| BLOOD | NEGATIVE | | NEGATIVE | Dipstick |
| NITRITE | NEGATIVE | | NEGATIVE | Dipstick |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | PYRROLE HYDROLYSIS |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 2-4 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 1-2 | /hpf | <10 | MICROSCOPY |
| RBC | 0.00 | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:UR2289695

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

| | |
|--------------------------------------|--|
| Patient Name : Mr.NETAM SANJAY KUMAR | Collected : 24/Feb/2024 08:06AM |
| Age/Gender : 32 Y 6 M 24 D/M | Received : 24/Feb/2024 12:44PM |
| UHID/MR No : CVIS.0000124052 | Reported : 24/Feb/2024 01:38PM |
| Visit ID : CVISOPV121814 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 357228 | |

DEPARTMENT OF CLINICAL PATHOLOGY

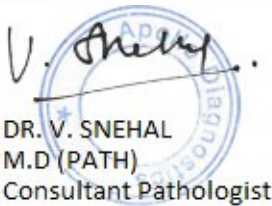
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

*** End Of Report ***

Result/s to Follow:

GLUCOSE (POST PRANDIAL) - URINE



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SIN No:UF010680

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017