
Patient Name	: Mr. Venkateswara Rao p	Age	: 49Yrs 4Mths 20Days
UHID	: CNIZ.0000051963	OP Visit No.	: CNIZOPV209245
Printed On	: 29-09-2024 10:13 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: --		

DEPARTMENT OF RADIOLOGY

ULTRASOUND WHOLE ABDOMEN

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

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

Spleen appears normal. No focal lesion seen. Splenic vein is normal.

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

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

Right kidney measures : 95 x 42 mm. , **Left kidney measures** : 97 x 48 mm .

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

Prostate is normal in size and echo texture. No evidence of necrosis/calcification seen. Volume-12 cc.

IMPRESSION:-

Grade -I fatty liver.

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

---End Of The Report---



DR. P SATISH KUMAR
RADIOLOGY

--
Radiology

Patient Name : Mr.VENKATESWARA RAO P
 Age/Gender : 49 Y 4 M 18 D/M
 UHID/MR No : CNIZ.0000051963
 Visit ID : CNIZOPV209245
 Ref Doctor : Self

Collected : 28/Sep/2024 08:27AM
 Received : 28/Sep/2024 12:25PM
 Reported : 28/Sep/2024 03:33PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15	g/dL	13-17	Spectrophotometer
PCV	44.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.31	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83.1	fL	83-101	Calculated
MCH	28.1	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,600	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	49	%	40-80	Flow cytometry
LYMPHOCYTES	41	%	20-40	Flow cytometry
EOSINOPHILS	3	%	1-6	Flow cytometry
MONOCYTES	7	%	2-10	Flow cytometry
BASOPHILS	0	%	0-2	Flow cytometry
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2744	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2296	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	168	Cells/cu.mm	20-500	Calculated
MONOCYTES	392	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.2		0.78- 3.53	Calculated
PLATELET COUNT	251000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC WBC WITHIN NORMAL LIMITS PLATELETS ARE ADEQUATE ON SMEAR NO HEMOPARASITES SEEN IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE				

Page 1 of 22




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

SIN No: CPT240903522

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

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

Address: Plot no. 3 & 4, Survey no. 239 Qutbullapur mandal, R R Dist, Nizampet, Hyderabad, Telangana, India - 500072

1860 500 7788
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Patient Name : Mr.VENKATESWARA RAO P
Age/Gender : 49 Y 4 M 18 D/M
UHID/MR No : CNIZ.0000051963
Visit ID : CNIZOPV209245
Ref Doctor : Self

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324



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

SIN No:CPT240903522

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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Page 2 of 22
CAP
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COLLEGE of AMERICAN PATHOLOGISTS



 **1860 500 7788**
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Age/Gender : 49 Y 4 M 18 D/M	Received : 28/Sep/2024 12:25PM
UHID/MR No : CNIZ.0000051963	Reported : 28/Sep/2024 10:22PM
Visit ID : CNIZOPV209245	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

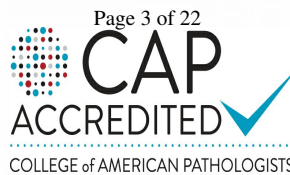
Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate technology
Rh TYPE	Negative			Microplate technology

M. Muttavarapu Viswanath

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

SIN No: CPT240903522

Apollo Health and Lifestyle Limited | Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad
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Patient Name : Mr.VENKATESWARA RAO P	Collected : 28/Sep/2024 12:37PM
Age/Gender : 49 Y 4 M 18 D/M	Received : 28/Sep/2024 02:33PM
UHID/MR No : CNIZ.0000051963	Reported : 28/Sep/2024 04:00PM
Visit ID : CNIZOPV209245	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	91	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

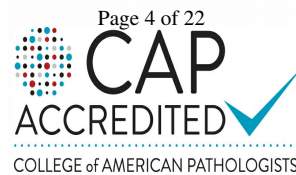
Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	79	mg/dL	70-140	HEXOKINASE

Comment:

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



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



Patient Name : Mr.VENKATESWARA RAO P	Collected : 28/Sep/2024 08:27AM
Age/Gender : 49 Y 4 M 18 D/M	Received : 28/Sep/2024 01:06PM
UHID/MR No : CNIZ.0000051963	Reported : 28/Sep/2024 02:38PM
Visit ID : CNIZOPV209245	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

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

Comment:

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

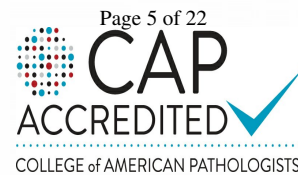
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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)

Maruthi
Dr.E.Maruthi Prasad
 PhD (Biochemistry)

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



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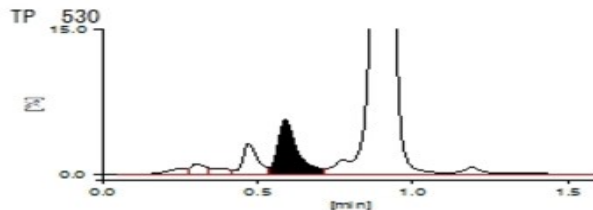
Chromatogram Report

V5.28 1 2024-09-28 14:27:15
 ID CPT240903526
 Sample No. 09280121 SL 0010 - 09
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.5	0.23	9.45
A1B	0.6	0.30	10.95
F	0.5	0.39	8.77
LA1C+	1.9	0.47	34.72
SA1C	5.7	0.59	80.58
AO	92.7	0.90	1714.83
H-V0			
H-V1			
H-V2			

Total Area 1859.30

HbA1c 5.7 % IFCC 39 mmol/mol
HbA1 6.8 % HbF 0.5 %



28-09-2024 14:27:15 APOLLO

APOLLO DIAGNOSTICS GLOBAL
BALNAGAR

1 / 1

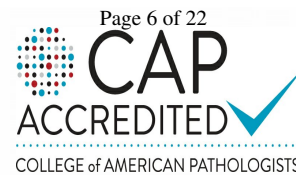
Maruthi...

Dr.E.Maruthi Prasad
PhD (Biochemistry)

Consultant biochemist

Sujana...

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



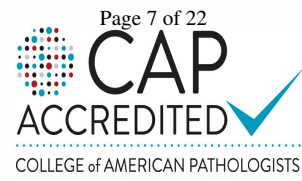
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

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

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



Apollo Consultant biochemist (OTG2000PLC115819)
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APOLLO This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad
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Age/Gender : 49 Y 4 M 18 D/M	Received : 28/Sep/2024 01:11PM
UHID/MR No : CNIZ.0000051963	Reported : 28/Sep/2024 03:56PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	217	mg/dL	<200	CHO-POD
TRIGLYCERIDES	128	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	166	mg/dL	<130	Calculated
LDL CHOLESTEROL	140.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	25.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.25		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.04		<0.11	Calculated

Comment:

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

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

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

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



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



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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.98	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.19	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.79	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.9		<1.15	Calculated
ALKALINE PHOSPHATASE	72.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.79	g/dL	6.6-8.3	Biuret
ALBUMIN	4.72	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.07	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. 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.

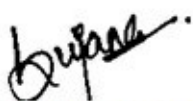
2. Cholestatic Pattern:

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

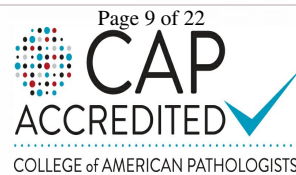
3. Synthetic function impairment:

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

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



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

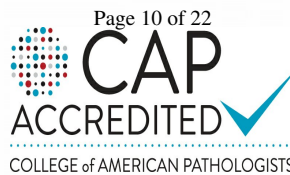


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Sujana
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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) WITH GGT , SERUM				
BILIRUBIN, TOTAL	0.98	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.19	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.79	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.9		<1.15	Calculated
ALKALINE PHOSPHATASE	72.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.79	g/dL	6.6-8.3	Biuret
ALBUMIN	4.72	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.07	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		0.9-2.0	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	19.00	U/L	<55	IFCC

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

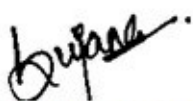
1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries. *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 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. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:



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



Patient Name	: Mr.VENKATESWARA RAO P	Collected	: 28/Sep/2024 08:27AM
Age/Gender	: 49 Y 4 M 18 D/M	Received	: 28/Sep/2024 01:11PM
UHID/MR No	: CNIZ.0000051963	Reported	: 28/Sep/2024 03:56PM
Visit ID	: CNIZOPV209245	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED

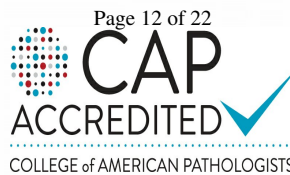
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.
4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

Sujana

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



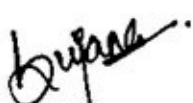
Patient Name : Mr.VENKATESWARA RAO P
 Age/Gender : 49 Y 4 M 18 D/M
 UHID/MR No : CNIZ.0000051963
 Visit ID : CNIZOPV209245
 Ref Doctor : Self

Collected : 28/Sep/2024 08:27AM
 Received : 28/Sep/2024 01:11PM
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 Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.16	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	24.20	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.75	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.41	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.43	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.79	g/dL	6.6-8.3	Biuret
ALBUMIN	4.72	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.07	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		0.9-2.0	Calculated


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



Patient Name	: Mr.VENKATESWARA RAO P	Collected	: 28/Sep/2024 08:27AM
Age/Gender	: 49 Y 4 M 18 D/M	Received	: 28/Sep/2024 01:11PM
UHID/MR No	: CNIZ.0000051963	Reported	: 28/Sep/2024 03:55PM
Visit ID	: CNIZOPV209245	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALKALINE PHOSPHATASE , SERUM	72.00	U/L	30-120	IFCC

Test Name	Result	Unit	Bio. Ref. Interval	Method
CALCIUM , SERUM	9.41	mg/dL	8.8-10.6	Arsenazo III

Comments:-

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.



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



Patient Name : Mr.VENKATESWARA RAO P
 Age/Gender : 49 Y 4 M 18 D/M
 UHID/MR No : CNIZ.0000051963
 Visit ID : CNIZOPV209245
 Ref Doctor : Self

Collected : 28/Sep/2024 08:27AM
 Received : 28/Sep/2024 01:12PM
 Reported : 28/Sep/2024 03:05PM
 Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.16	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.21	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.825	µIU/mL	0.38-5.33	CLIA

Comment:

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

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

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

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

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



Patient Name	: Mr.VENKATESWARA RAO P	Collected	: 28/Sep/2024 08:27AM
Age/Gender	: 49 Y 4 M 18 D/M	Received	: 28/Sep/2024 01:12PM
UHID/MR No	: CNIZ.0000051963	Reported	: 28/Sep/2024 03:05PM
Visit ID	: CNIZOPV209245	Status	: Final Report
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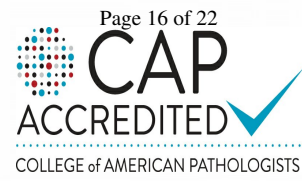
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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--

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

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



Patient Name : Mr.VENKATESWARA RAO P	Collected : 28/Sep/2024 08:27AM
Age/Gender : 49 Y 4 M 18 D/M	Received : 28/Sep/2024 01:12PM
UHID/MR No : CNIZ.0000051963	Reported : 28/Sep/2024 04:00PM
Visit ID : CNIZOPV209245	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	17.9	ng/mL	30 -100	CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

- Vitamin D intoxication.



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



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Visit ID : CNIZOPV209245	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

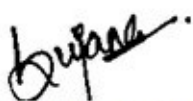
ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	133	pg/mL	190-900	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.



Dr. Matta Sujana Reddy
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Consultant Biochemist



Patient Name : Mr.VENKATESWARA RAO P	Collected : 28/Sep/2024 08:27AM
Age/Gender : 49 Y 4 M 18 D/M	Received : 28/Sep/2024 01:12PM
UHID/MR No : CNIZ.0000051963	Reported : 28/Sep/2024 03:05PM
Visit ID : CNIZOPV209245	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.430	ng/mL	0-4	CLIA

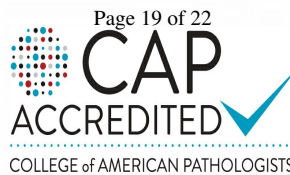
Maruthi...

Dr.E.Maruthi Prasad
PhD (Biochemistry)

Consultant biochemist

Sujana...

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



Patient Name : Mr.VENKATESWARA RAO P
Age/Gender : 49 Y 4 M 18 D/M
UHID/MR No : CNIZ.0000051963
Visit ID : CNIZOPV209245
Ref Doctor : Self

Collected : 28/Sep/2024 08:27AM
Received : 28/Sep/2024 12:00PM
Reported : 28/Sep/2024 01:19PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.007		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	ABSENT	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT	/hpf	Occasional-Few	Microscopy

Comment:

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

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



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

SIN No: CPT240903525

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamil Nadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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Patient Name	: Mr.VENKATESWARA RAO P	Collected	: 28/Sep/2024 08:27AM
Age/Gender	: 49 Y 4 M 18 D/M	Received	: 28/Sep/2024 05:46PM
UHID/MR No	: CNIZ.0000051963	Reported	: 28/Sep/2024 06:44PM
Visit ID	: CNIZOPV209245	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

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

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



SIN No:CPT240903527

Apollo Health and Lifestyle Limited Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad
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Plot no. 3 & 4, Survey no. 239 Qutubullapur mandal, R R Dist,
 Nizampet, Hyderabad, Telangana, India - 500072



Patient Name : Mr.VENKATESWARA RAO P
Age/Gender : 49 Y 4 M 18 D/M
UHID/MR No : CNIZ.0000051963
Visit ID : CNIZOPV209245
Ref Doctor : Self

Collected : 28/Sep/2024 08:27AM
Received : 28/Sep/2024 12:04PM
Reported : 28/Sep/2024 02:47PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED


DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

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

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

Result/s to Follow:
PERIPHERAL SMEAR



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

SIN No:CPT240903528

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



Patient Name : Mr.VENKATESWARA RAO P
Age/Gender : 49 Y 4 M 18 D/M
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Reported : 28/Sep/2024 02:47PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

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

Laboratories not be responsible for any interpretation whatsoever.

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

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

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

This report is not valid for medico legal purposes.



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

SIN No:CPT240903528

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

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Nizampet, Hyderabad, Telangana, India - 500072



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Patient Name	: Mr. Venkateswara Rao p	Age	: 49Yrs 4Mths 19Days
UHID	: CNIZ.0000051963	OP Visit No.	: CNIZOPV209245
Printed On	: 28-09-2024 02:03 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: --		

DEPARTMENT OF CARDIOLOGY

Observation :-

1. Sinus Rhythm.
2. Heart rate is 101 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

SINUS TACHYACRDIA

NON SPECIFIC ST-T CHANGES

ADV;

2D ECHO

CLINICAL CORRELATION

---End Of The Report---



Dr. VIKASH KUMAR SHUKLA
MBBS, Dip.Cardio
03279
Cardiology

Patient Name	: Mr. Venkateswara Rao p	Age	: 49Yrs 4Mths 20Days
UHID	: CNIZ.0000051963	OP Visit No.	: CNIZOPV209245
Printed On	: 29-09-2024 03:11 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: --		

DEPARTMENT OF CARDIOLOGY

2D ECHO COLOR DOPPLER

DIMENSIONS:

AO (ed) 2.7 CM
LA (es) 2.8 CM
LVID (ed) 4.2 CM
LVID (es) 2.6 CM
IVS (Ed) 1.0 CM
LVPW (Ed) 1.0CM
EF 69%
% FD 39%

MORPHOLOGICAL DATA :

MITRAL VALVE	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
PULMONARY VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
PULMONARY ARTERY	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL

PERICARDIUM NORMAL

DOPLER STUDIES MITRAL INFLOW :

VALVE	VELOCITY (m / sec)
PULMONARY VALVE	0.6
AORTIC VALVE	1.3
TRICUSPID VALVE	0.8
MITRAL VALVE : E WAVE :	0.6
MITRAL VALVE : A WAVE :	0.5

IMPRESSION :

NORMAL SIZED CARDIAC CHAMBERS

NO RWAM AT REST

GOOD LV/RV FUNCTION

NO MR/PR/TR/AR

NO PE/PAH

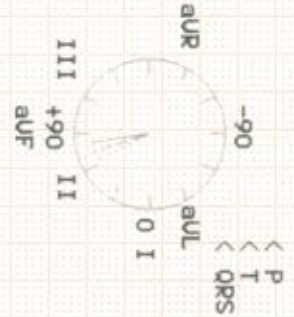
---End Of The Report---



Dr. VIKASH KUMAR SHUKLA
MBBS, Dip.Cardio
03279
Cardiology

HR 101 bpm

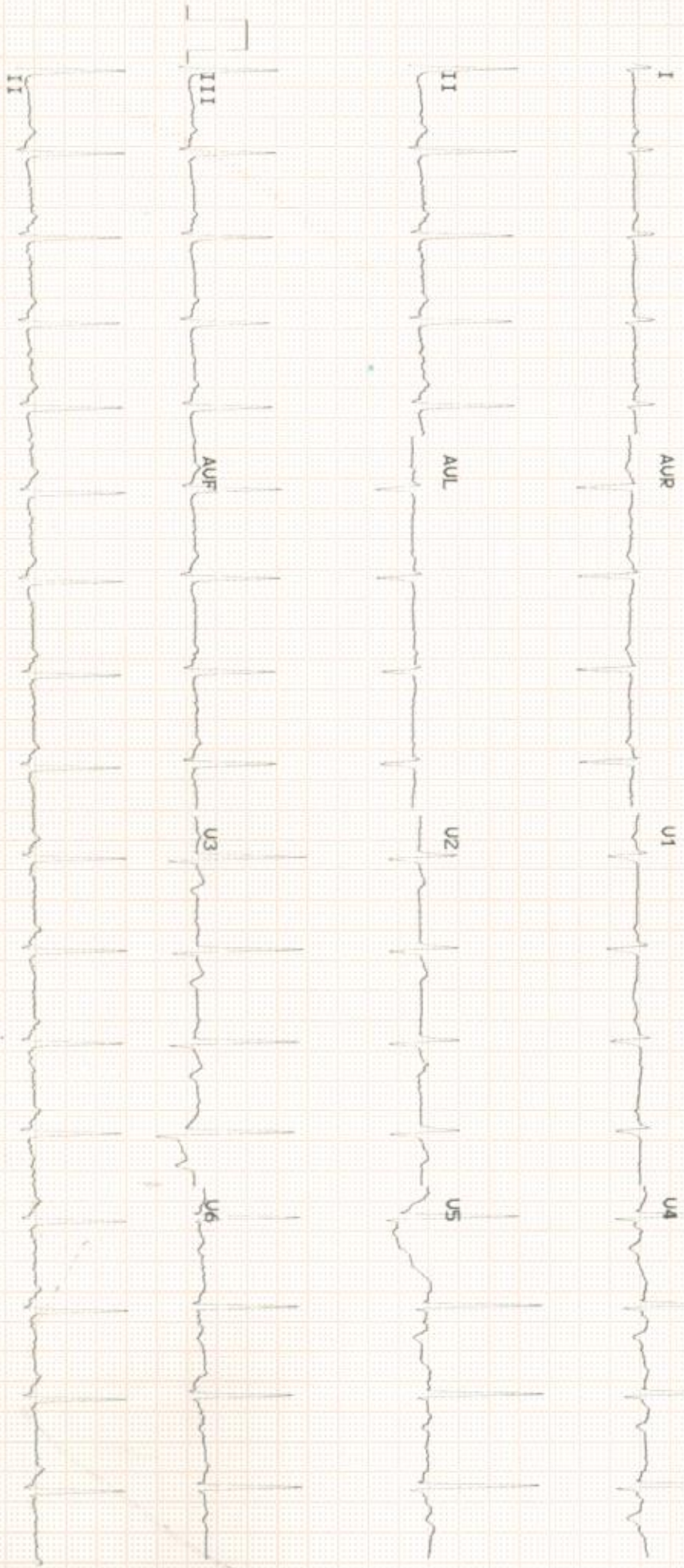
AGE : 49
 Measurement Results:
 QRS : 90 ms
 QT/QTcB : 294 / 381 ms
 PR : 144 ms
 P : 104 ms
 RR/PP : 590 / 590 ms
 P/QRS/T : 64 / 81 / 71 degrees



Interpretation:
 12SL - Interpretation:
 Sinus tachycardia
 T wave abnormality, consider anterolateral Ischemia
 Abnormal ECG

Unconfirmed report.

*After
 12SL
 consider
 anterolateral
 ischemia*



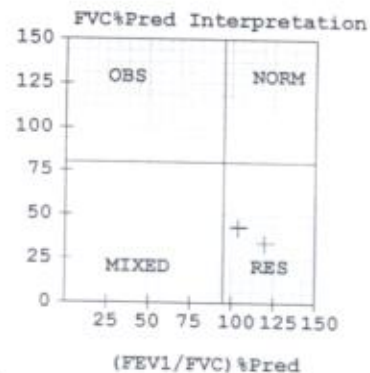
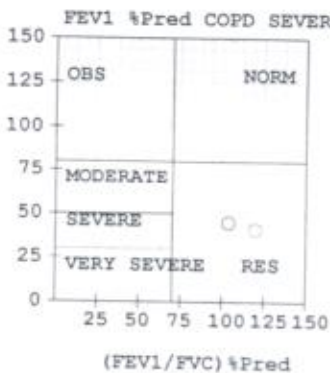
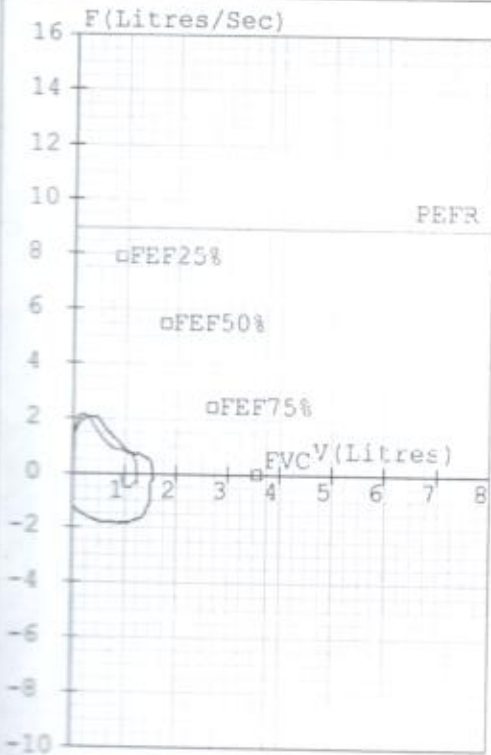
APOLLO CLINIC , NIZAMPET

Plot 3&4 , Near Bhavyas Anandam ,Nizampet -500090

Patient: MR VENKATESWARA RAO P
 Refd.By:
 Pred.Eqns: RECORDERS
 Date : 28-Sep-2024 10:31 AM

Age : 49 Yrs
 Height : 175 Cms
 Weight : 76 Kgs
 ID : 51963

Gender : Male
 Smoker : No
 Eth. Corr: 100
 Temp :



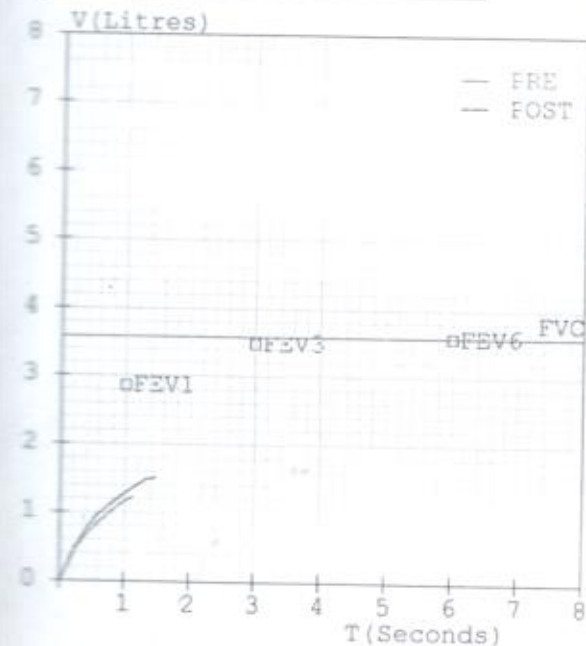
FVC Results

Parameter	Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC (L)	03.57	01.23	034	01.55	043	+26
FEV1 (L)	02.84	01.17	041	01.28	045	+09
FEV1/FVC (%)	79.55	95.12	120	82.58	104	-13
FEF25-75 (L/s)	03.63	01.15	032	01.19	033	+03
PEFR (L/s)	08.89	02.14	024	02.07	023	-03
FIVC (L)	-----	00.27	---	01.79	---	+563
FEV.5 (L)	-----	00.77	---	00.88	---	+14
FEV3 (L)	03.47	01.23	035	01.55	045	+26
PIFR (L/s)	-----	00.53	---	01.85	---	+249
FEF75-85 (L/s)	-----	00.77	---	00.68	---	-12
FEF.2-1.2 (L/s)	06.53	01.03	016	01.26	019	+22
FEF 25% (L/s)	07.88	02.03	026	02.06	026	+01
FEF 50% (L/s)	05.48	01.17	021	01.31	024	+12
FEF 75% (L/s)	02.42	00.85	035	00.72	030	-15
FEV.5/FVC (%)	-----	62.60	---	56.77	---	-09
FEV3/FVC (%)	97.20	100.00	103	100.00	103	---
FET (Sec)	-----	01.12	---	01.51	---	---
ExplTime (Sec)	-----	00.11	---	00.18	---	---
Lung Age (Yrs)	049	078	159	076	155	-03
FEV6 (L)	03.57	-----	---	-----	---	---
FIF25% (L/s)	-----	01.98	---	01.85	---	--07
FIF50% (L/s)	-----	01.70	---	01.71	---	+01
FIF75% (L/s)	-----	01.53	---	01.23	---	--20

Restrictive stage COPD as FEV1/FVC >= 70% and FEV1 < 80%

Post Test COPD Severity

Restrictive stage COPD as FEV1/FVC >= 70% and FEV1 < 80%



Pre Medication Report Indicates

Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70

Severe Restriction as (FEV1/FVC)%Pred >95 and FVC%Pred <44

Post Medication Report Indicates

Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70

Severe Restriction as (FEV1/FVC)%Pred >95 and FVC%Pred <44

SPECTACLE PRESCRIPTION

NAME: Venkateswara Rao GENDER: M DATE: 28/09/2024

AGE: 49 UHID: C01251963 CELL: 9133366622

RIGHT EYE

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	Plan	_____		6/6
NEAR	+2.00	_____		N6

	SPH	CYL	AXIS	VISION
DISTANCE	Plan	_____		6/6
NEAR	+2.00	_____		N6

COLOUR VISION : Normal

DIAGNOSIS : Presbyopia

OTHER FINDINGS : } ant.

INSTRUCTIONS :

A.Madhav Reddy
SIGNATURE

Fwd: Health Check up Booking Confirmed Request(36E2088),Package Code-PKG10000445, Beneficiary Code-320758

From Parimivenkat Rao <parimivenkat5@gmail.com>
Date Sat 9/28/2024 8:13 AM
To Nizampet Apolloclinic <nizampet@apolloclinic.com>

Sent from my iPhone

Begin forwarded message:

From: Venkateswara Rao <Venkateswara.Rao@jmfl.com>
Date: September 25, 2024 at 5:01:29 PM GMT+5:30
To: parimivenkat5@gmail.com
Subject: **FW: Health Check up Booking Confirmed Request(36E2088),Package Code-PKG10000445, Beneficiary Code-320758**

Venkateswara Rao

[<http://>]

Vice President - Branch Head | Equity Broking Group - Branch Broking

JM Financial Services Ltd.

Corporate Identity Number: U67120MH1998PLC115415

Sujatha Building 3rd Floor 6-3-346/1/F Road No 1, Banjara Hills, Hyderabad - 500 034

Phone : Direct :040-40105203 | Board : 040-40105200

Fax : 040 -40105240

E-Mail: Venkateswara.Rao@jmfl.com | Website : www.jmfinancialservices.in



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From: Mediwheel <wellness@mediwheel.in>
Sent: Tuesday, September 24, 2024 5:00 PM
To: Venkateswara Rao <Venkateswara.Rao@jmfl.com>
Cc: customercare@mediwheel.in
Subject: Health Check up Booking Confirmed Request(36E2088),Package Code-PKG10000445, Beneficiary Code-320758

Caution! This email originated from outside of the Organization. Do not click on any links or open attachments unless you recognize the sender and know the content is safe.

011-41195959

Dear **P Venkateswara Rao**,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Plus Comprehensive With Vitamin Male

Name of Diagnostic/Hospital : Apollo Clinic - Nizampet

Address of Diagnostic/Hospital : Apollo Clinic, # 239, Ground Floor, Near Bhavyas Anandam Apartments, Nizampet - 500090

City : Hyderabad
State : Telangana
Pincode : 500090
Appointment Date : 28-09-2024
Confirmation Status : Booking Confirmed
Preferred Time : 09:00 AM - 09:30 AM
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
P Venkateswara Rao	49 year	Male

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team
Please Download Mediwheel App

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