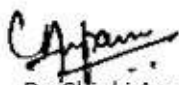


| | |
|--|--|
| Patient Name : Mr.MADUMURI PANCHAJANYA | Collected : 08/Mar/2024 09:59AM |
| Age/Gender : 32 Y 0 M 7 D/M | Received : 08/Mar/2024 12:53PM |
| UHID/MR No : CMAR.0000342751 | Reported : 08/Mar/2024 03:02PM |
| Visit ID : CMAROPV784173 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9154420648 | |

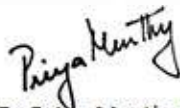
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 15.8 | g/dL | 13-17 | Spectrophotometer |
| PCV | 46.90 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 5.29 | Million/cu.mm | 4.5-5.5 | Electrical Impedence |
| MCV | 88.8 | fL | 83-101 | Calculated |
| MCH | 29.9 | pg | 27-32 | Calculated |
| MCHC | 33.7 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 13.6 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 7,000 | cells/cu.mm | 4000-10000 | Electrical Impedence |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 55.2 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 31.9 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 3.4 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 8.9 | % | 2-10 | Electrical Impedence |
| BASOPHILS | 0.6 | % | <1-2 | Electrical Impedence |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3864 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2233 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 238 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 623 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 42 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.73 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 311000 | cells/cu.mm | 150000-410000 | Electrical impedence |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 8 | mm at the end of 1 hour | 0-15 | Modified Westegren method |
| PERIPHERAL SMEAR | | | | |



Dr. Chinki Anupam
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SIN No:BED240061400

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited | CIN - U85110TG2000PLC11581W
 Regd. Office: 1-70-40562, Ashoka Raghavasthi Chambers, 5th Floor Begumpet, Hyderabad, Telangana - 500 016 |
 www.apolloclinics.com | Email ID: enquiry@apolloclinics.com, Ph No: 944-1564-7777, Fax No: 4094-7766

APOLLO CLINICS NETWORK

Telangana: Hyderabad (S Rao Nagar) | Charani Nagar | Kumbhari | Talakurki | Rajampet | Marakonda | Uppal | Andhra Pradesh: Vizag (Sriharikota Peta) | Karnataka: Bangalore (Basavanaguda) | Bellandur | Electronic City | Frazer Town | HSR Layout | Indira Nagar | J P Nagar | Kalyanahalli | Marathahalli | (Jr. Jyoti Road) | Mysore (V V Mohalla) | Maharashtra: Chennai | Anna Nagar | Kotturupalli | Puzosipati | T Nagar | Vilaswathuram | Vellore | Madhya Pradesh: Pune (Aundh) | Nagpur (Pachganga) | Shivajinagar | Rajasthan: Udaipur (Chhatrapati) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridkot (Railway Station Road)

Address:
11/10/111, Daddarhanga Village, N H Road Main Road,
Korvetur Nagar, Electronic City, Bangalore,
Karnataka - 560054

1860 500 7788
www.apolloclinic.com

Patient Name : Mr.MADUMURI PANCHAJANYA
Age/Gender : 32 Y 0 M 7 D/M
UHID/MR No : CMAR.0000342751
Visit ID : CMAROPV784173
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9154420648

Collected : 08/Mar/2024 09:59AM
Received : 08/Mar/2024 12:53PM
Reported : 08/Mar/2024 03:02PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

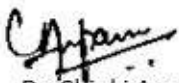
RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

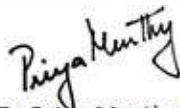
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



Dr. Chinki Anupam
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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SIN No:BED240061400

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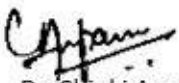
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| Patient Name : Mr.MADUMURI PANCHAJANYA | Collected : 08/Mar/2024 09:59AM |
| Age/Gender : 32 Y 0 M 7 D/M | Received : 08/Mar/2024 12:53PM |
| UHID/MR No : CMAR.0000342751 | Reported : 08/Mar/2024 03:48PM |
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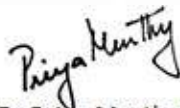
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|----------|------|-----------------|-----------------------------|
| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
| BLOOD GROUP TYPE | B | | | Microplate Hemagglutination |
| Rh TYPE | Positive | | | Microplate Hemagglutination |



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www.apolloclinics.com

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| Patient Name : Mr.MADUMURI PANCHAJANYA | Collected : 08/Mar/2024 09:59AM |
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 86 | mg/dL | 70-100 | HEXOKINASE |

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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




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CONSULTANT BIOCHEMIST

SIN No:BI18713567

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| Patient Name : Mr.MADUMURI PANCHAJANYA | Collected : 08/Mar/2024 09:59AM |
| Age/Gender : 32 Y 0 M 7 D/M | Received : 08/Mar/2024 01:19PM |
| UHID/MR No : CMAR.0000342751 | Reported : 08/Mar/2024 04:28PM |
| Visit ID : CMAROPV784173 | Status : Final Report |
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.4 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 108 | mg/dL | | Calculated |


Comment:

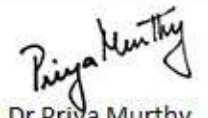
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

| 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)


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 Consultant Pathologist



SIN No: EDT240027762

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| | |
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| Patient Name : Mr.MADUMURI PANCHAJANYA | Collected : 08/Mar/2024 09:59AM |
| Age/Gender : 32 Y 0 M 7 D/M | Received : 08/Mar/2024 01:17PM |
| UHID/MR No : CMAR.0000342751 | Reported : 08/Mar/2024 04:27PM |
| Visit ID : CMAROPV784173 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9154420648 | |

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------------|-------|-----------------|----------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 191 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 79 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 46 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 145 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 129.4 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 15.8 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.16 | | 0-4.97 | Calculated |

Comment:

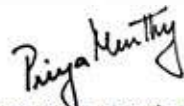
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

| | 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.



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SIN No:SE04653915

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Patient Name : Mr.MADUMURI PANCHAJANYA
Age/Gender : 32 Y 0 M 7 D/M
UHID/MR No : CMAR.0000342751
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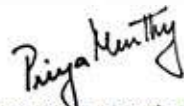
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324



DR.SHIVARAJA SHETTY
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|---------------|-------|-----------------|--------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.69 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.13 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.56 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 17 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 18.0 | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 135.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.56 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.60 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.96 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.55 | | 0.9-2.0 | Calculated |

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|--------|-----------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.97 | mg/dL | 0.67-1.17 | Jaffe's, Method |
| UREA | 23.20 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 10.8 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 6.17 | mg/dL | 3.5-7.2 | Uricase PAP |
| CALCIUM | 9.20 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.42 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 137 | mmol/L | 136-146 | ISE (Indirect) |
| POTASSIUM | 4.7 | mmol/L | 3.5-5.1 | ISE (Indirect) |
| CHLORIDE | 103 | mmol/L | 101-109 | ISE (Indirect) |
| PROTEIN, TOTAL | 7.56 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.60 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.96 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.55 | | 0.9-2.0 | Calculated |



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| Age/Gender : 32 Y 0 M 7 D/M | Received : 08/Mar/2024 01:17PM |
| UHID/MR No : CMAR.0000342751 | Reported : 08/Mar/2024 04:27PM |
| Visit ID : CMAROPV784173 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9154420648 | |

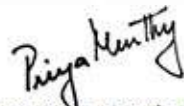
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM | 17.00 | U/L | <55 | IFCC |



DR.SHIVARAJA SHETTY
M.B.B.S.,M.D(Biochemistry)
CONSULTANT BIOCHEMIST



Dr Priya Murthy
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



SIN No:SE04653915

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

| | |
|--|--|
| Patient Name : Mr.MADUMURI PANCHAJANYA | Collected : 08/Mar/2024 09:59AM |
| Age/Gender : 32 Y 0 M 7 D/M | Received : 08/Mar/2024 01:18PM |
| UHID/MR No : CMAR.0000342751 | Reported : 08/Mar/2024 02:44PM |
| Visit ID : CMAROPV784173 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9154420648 | |

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324


| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 1.1 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 11 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 3.112 | µIU/mL | 0.34-5.60 | CLIA |

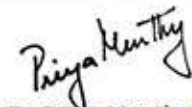
Comment:

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

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 |


DR.SHIVARAJA SHETTY
 M.B.B.S.,M.D(Biochemistry)
 CONSULTANT BIOCHEMIST


Dr Priya Murthy
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist



SIN No:SPL24040614

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

| | |
|--|--|
| Patient Name : Mr.MADUMURI PANCHAJANYA | Collected : 08/Mar/2024 09:59AM |
| Age/Gender : 32 Y 0 M 7 D/M | Received : 08/Mar/2024 01:16PM |
| UHID/MR No : CMAR.0000342751 | Reported : 08/Mar/2024 02:48PM |
| Visit ID : CMAROPV784173 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9154420648 | |

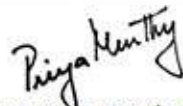
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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 | 6.0 | | 5-7.5 | DOUBLE INDICATOR |
| SP. GRAVITY | 1.005 | | 1.002-1.030 | Bromothymol Blue |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NEGATIVE | | NEGATIVE | GLUCOSE OXIDASE |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING REACTION |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | SODIUM NITRO PRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | MODIFIED EHRlich REACTION |
| BLOOD | NEGATIVE | | NEGATIVE | Peroxidase |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | LEUCOCYTE ESTERASE |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 2-3 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 1-2 | /hpf | <10 | MICROSCOPY |
| RBC | NIL | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UR2299943

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

| | |
|--|--|
| Patient Name : Mr.MADUMURI PANCHAJANYA | Collected : 08/Mar/2024 09:59AM |
| Age/Gender : 32 Y 0 M 7 D/M | Received : 08/Mar/2024 01:16PM |
| UHID/MR No : CMAR.0000342751 | Reported : 08/Mar/2024 02:48PM |
| Visit ID : CMAROPV784173 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9154420648 | |

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

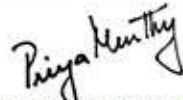
*** End Of Report ***

Result/s to Follow:

GLUCOSE (FASTING) - URINE, PERIPHERAL SMEAR



Dr. Vidya Aniket Gore
M.B.B.S, M.D (Pathology)
Consultant Pathologist



Dr Priya Murthy
M.B.B.S, M.D (Pathology)
Consultant Pathologist



SIN No: UR2299943

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

Date : 08-03-2024
MR NO : CMAR.0000342751

Department : GENERAL
Doctor :

Name : Mr. MADUMURI PANCHAJANYA

Registration No :

Age/ Gender : 32 Y / Male

Qualification :

Consultation Timing: 09:47

| | | | |
|-----------------|---------------|--------|------------------|
| Height : 170cms | Weight : 76kg | BMI : | Waist Circum : |
| Temp : | Pulse : 86b/m | Resp : | B.P : 120/75mmHg |

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

DEPARTMENT OF OPHTHALMOLOGY

| | |
|---|-----------------------|
| Employee Name: <i>Moduruni parthajanya.</i> | Date: <i>08/03/24</i> |
| Employee No: | Sex: <i>M</i> |
| Age: <i>52</i> | Systemic illness: |

| Examination | RE | LE |
|-------------------|--|----------------------|
| Anterior Segment | Normal/Abnormal | Normal/Abnormal |
| Vision Distance | <i>6/6</i> | <i>6/6</i> |
| Near vision | <i>N/6</i> | <i>N/6</i> |
| Colour (Ishihara) | Normal/Abnormal | Normal/Abnormal |
| Refractive Error | Present/Absent | Present/Absent |
| New Glass power | <i>- plano -</i> | <i>- plano - 6/6</i> |
| Add Power | <i>—</i> | <i>—</i> |
| Glass If any | To Continue / Change | To Continue / Change |
| IOP (mm of Hg) | Normal/Abnormal | Normal/Abnormal |
| Posterior Segment | Normal/Abnormal | Normal/Abnormal |
| Impression | Normal/Refractive Error/Presbyopic BE/Others | |

| | |
|-----------------|-------------------------------|
| Advice/Comments | <i>- Blue Filter glasses.</i> |
|-----------------|-------------------------------|


 Signature of Consultant & Optometrist

05 MAC1200 ST MADUMIRI PANCHAJAN, 00342751, APOLLO
 Male, 32 Years (01 03 1992)

Review CE

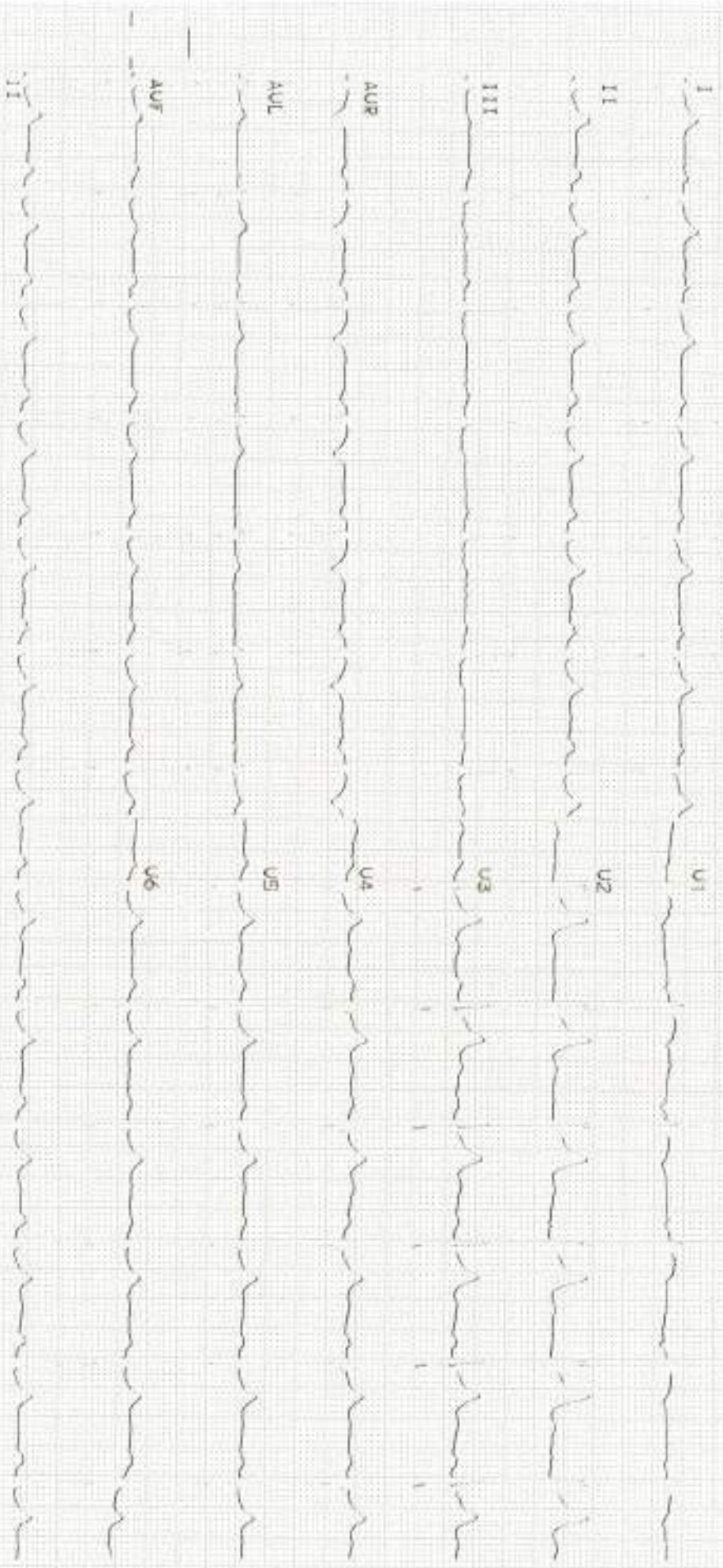
HR 76bpm

Measurement Results:

| | | | |
|----------|----------------------|-----|------------|
| QRS | 96 ms | | |
| QT/QTcB | 362 / 409 ms | -90 | < P |
| PR | 100 ms | | < T |
| P | 122 ms | | < QRS |
| PR/PP | 784 / 825 ms | | |
| P/QRS/T | 50 / 70 / 35 degrees | | |
| QTd/QTcd | 38 / 43 ms | | |
| Sokolow | 2.9 mV | 111 | 111 +90 II |
| Rx | 10 | aVF | aVF |

Interpretation:
 suspecter left ventr hypertrophy
 probably abnormal ECG

Unconfirmed report.



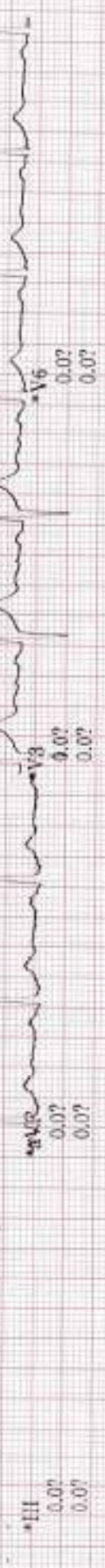
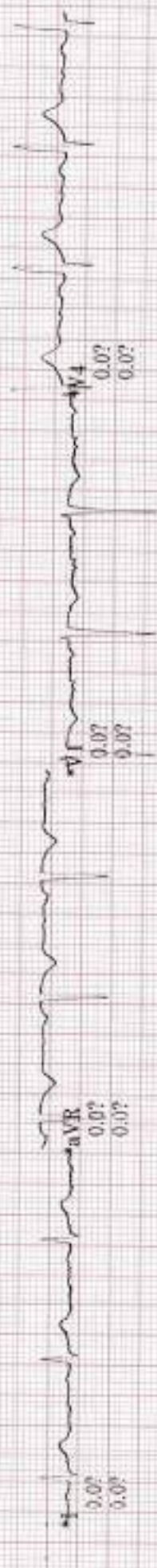
MADUMUKI, P
ID: 000342751
8-Mar-2024
11:25:36

75bpm
ST @ 10mm/mV
80ms postL

PRETEST
STANDING
0:26

BRUCE
** *mph
** *%

Lead
STV(mm)
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-HR 46

MAC55 009C

APOLW CE

* Computer Synthesized Rhythm

MADUMURI, P
ID: 006942751
8-Mar-2024
11:25:50

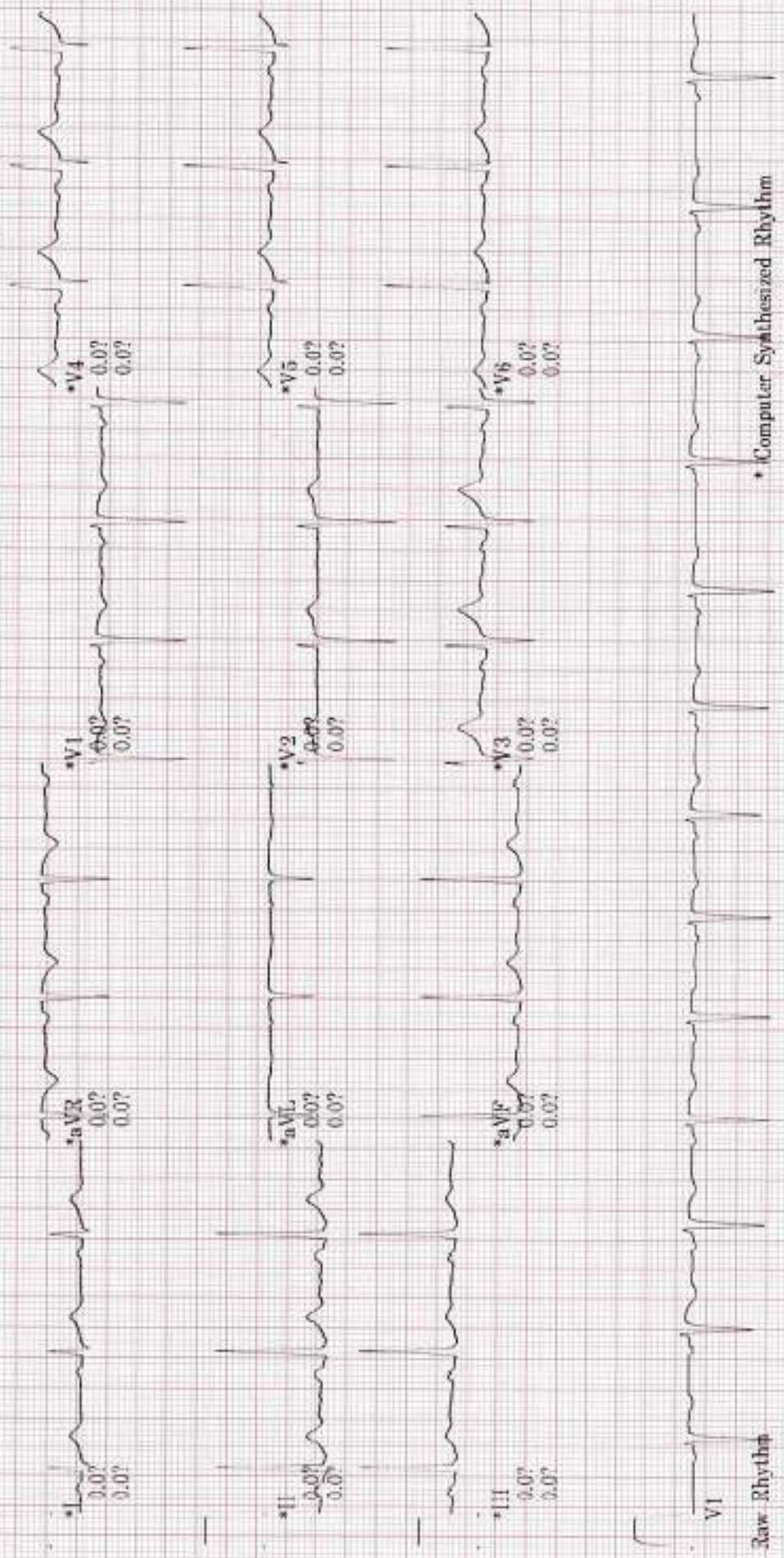
76bpm

PRETEST
HYPERVENT
0:42

BRUCE
**mph
**%

Lead
ST(mm)
Slope(mV/s)

ST @ 10mm/mV
80ms postJ



Raw Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV

A-H-S HR 46

MAC55 009C

II

MADUMURI, P
ID: 000342751
8-Mar-2024
11:26:04

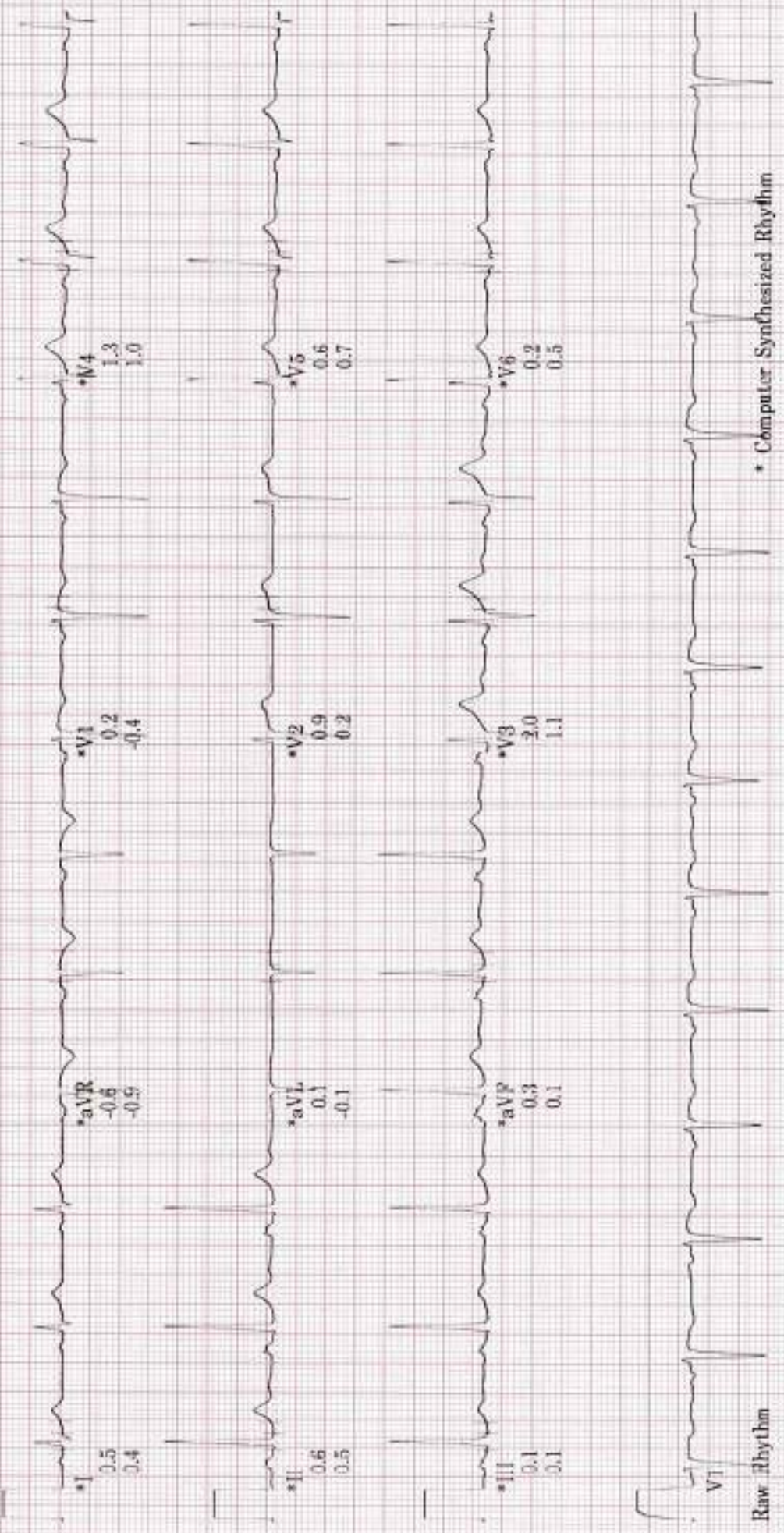
75bpm

PRETEST
SUPINE
0.56

BRUCE
**mph
**%

Lead
ST(mm)
Slope(mV/s)

ST @ 10mm/mV
80ms post.J



Raw rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-HR 46

* Computer Synthesized Rhythm

MAC55 009C

MADUMURI, P
ID: 000342751
8-Mar-2024
11:29:14

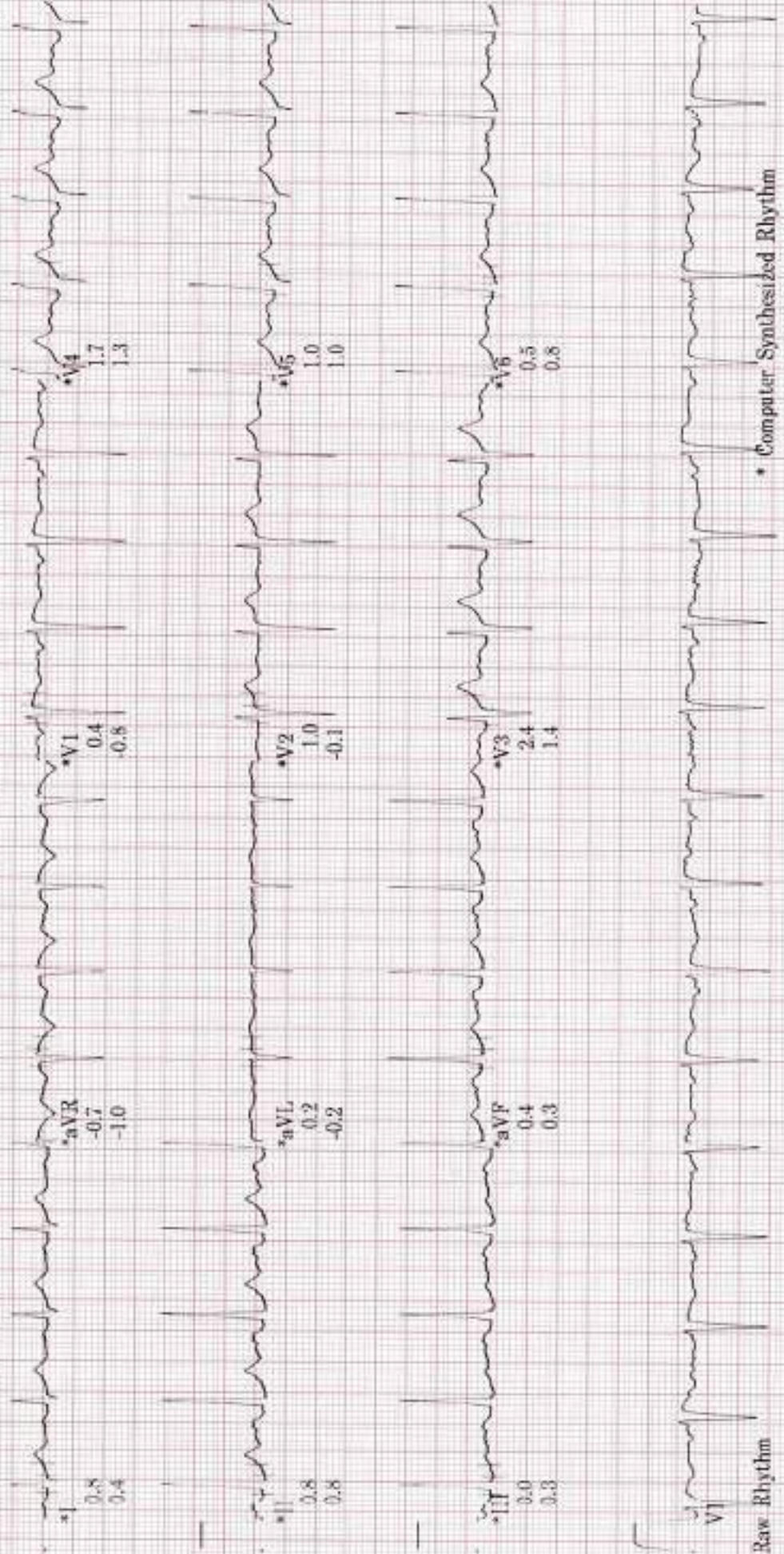
106bpm
BP: 120/70

ST @ 10mm/mV
80ms postLJ

EXERCISE
STAGE 1
2:50

BRUCE
1.7mph
10.0%

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-HR 46

MAC55 009C

2

AI2W CE

• Computer Synthesized Rhythm

MADUMURI, P
ID: 000342751
8-Mar-2024
11:32:14

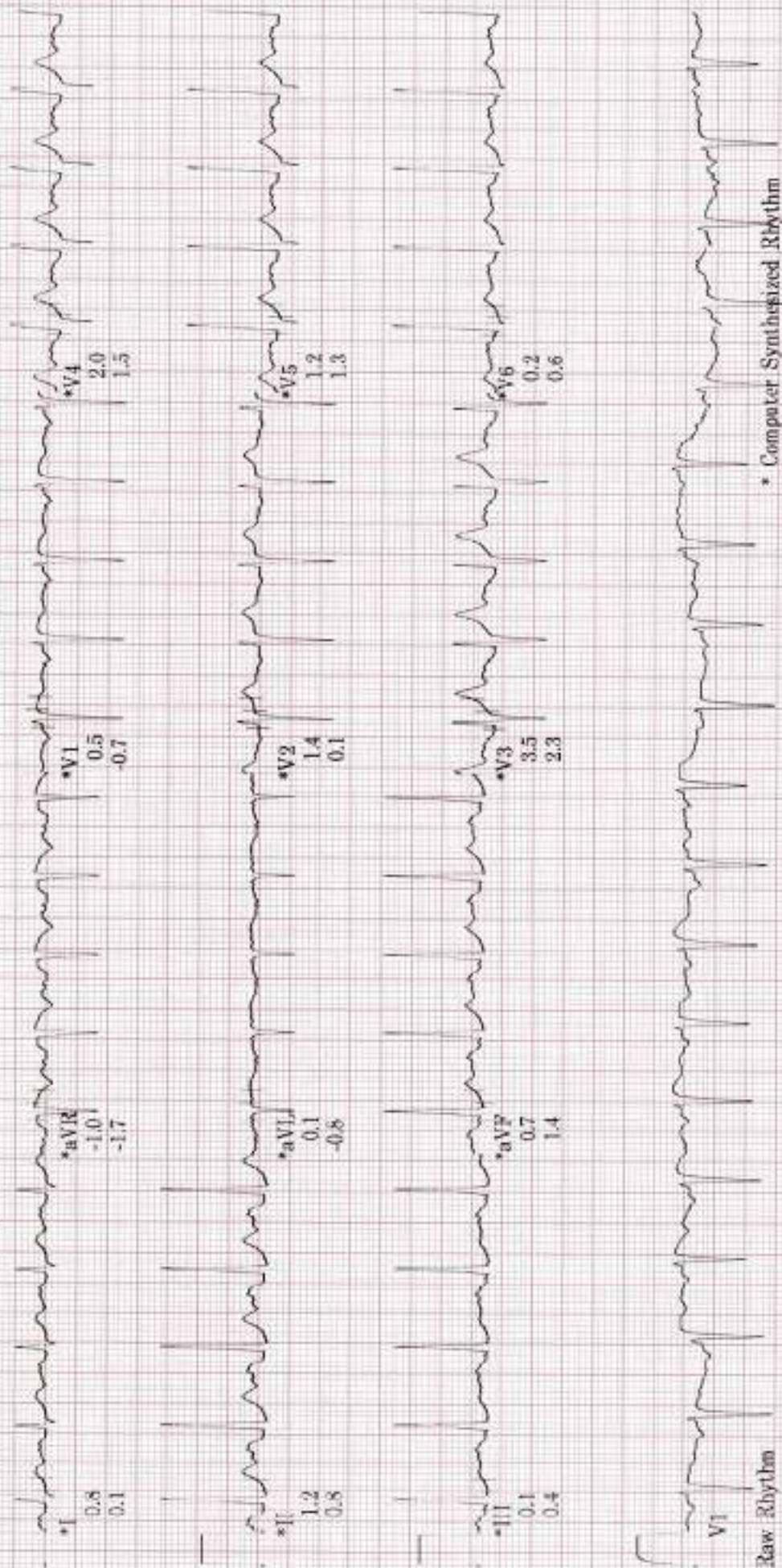
116bpm

EXERCISE
STAGE 2
5:50

BRUCE
2.5mph
12.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV

A- H- S- HR 46

MAC55 009C

II

ANOW CE

* Computer Synthesized Rhythm

MADUMURI, P
ID: 000342751
8-Mar-2024
11:35:14

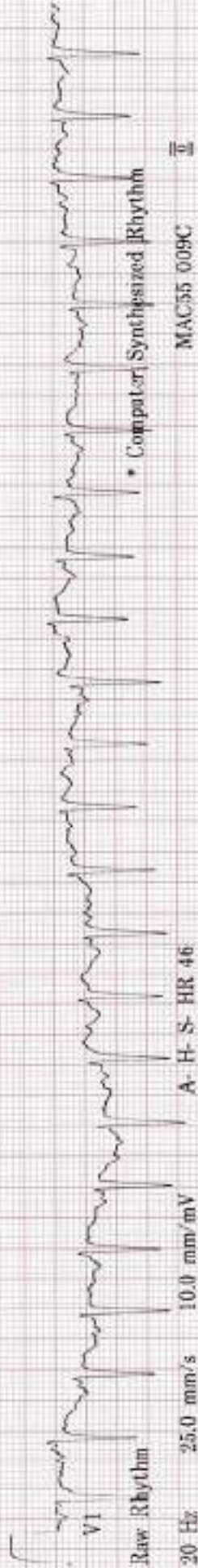
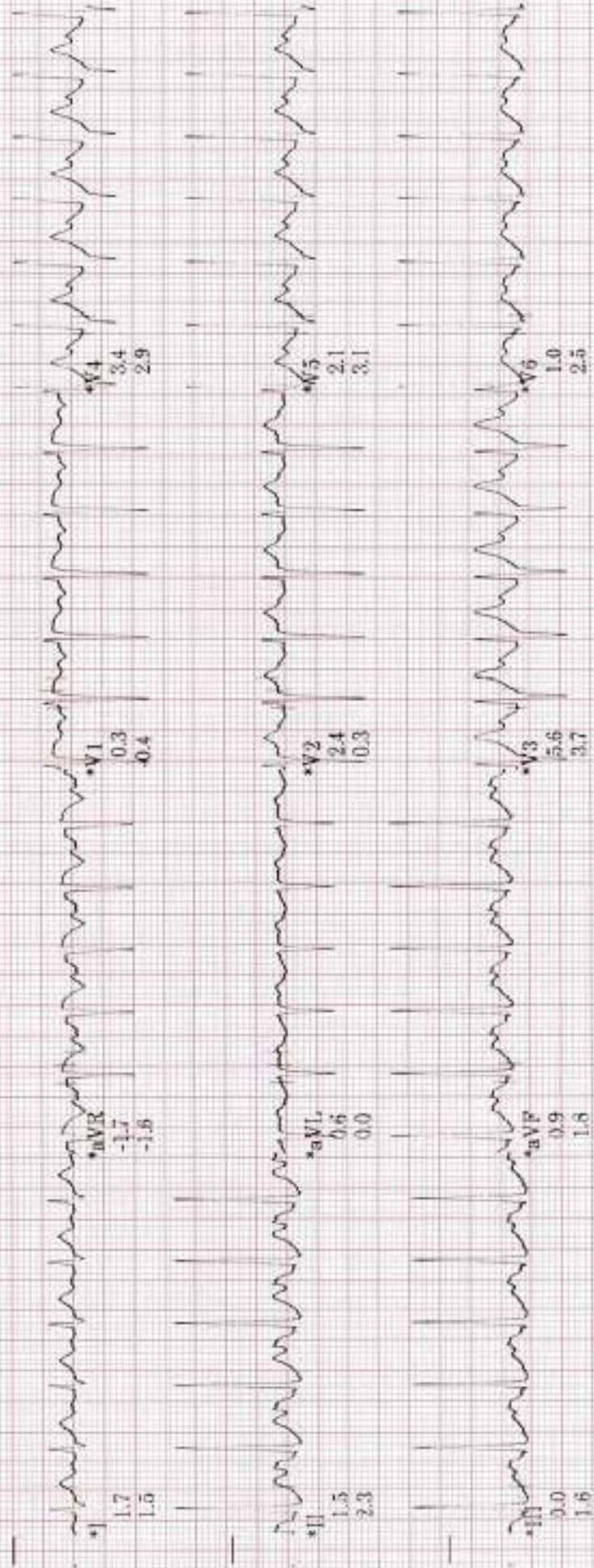
147bpm
BP: 120/70

EXERCISE
STAGE 3
8.50

BRUCE
3.4mph
14.0%

Lead
ST_T(mm)
Slope(mV/s)

ST @ 10mm/mV
80ms post J



A-H-S-HR 46

MAC55 009C

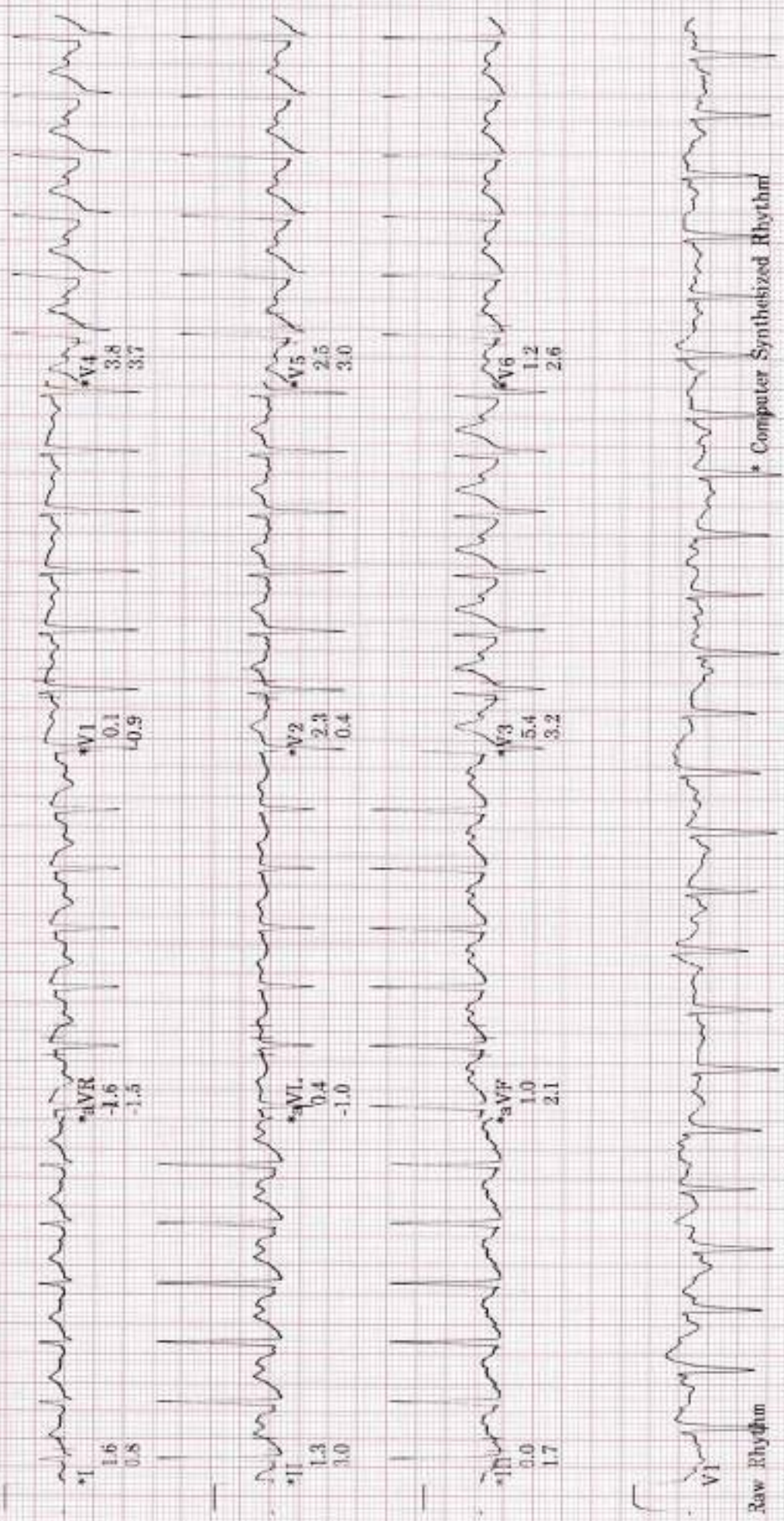
MADUMURI, P
ID: 000342751
8-Mar-2024
11:35:26

148bpm
ST @ 10mm/mV
80ms post J

EXERCISE
STAGE 4
9:00

BRUCE
3.4mph
14.0%

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-HR 46

* Computer Synthesized Rhythm

MAC55 009C

II

MADUMURI, P
ID: 000342751
8-Mar-2024
11:36:26

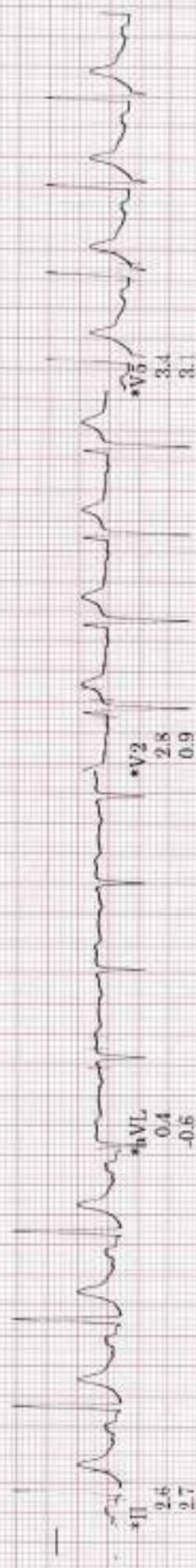
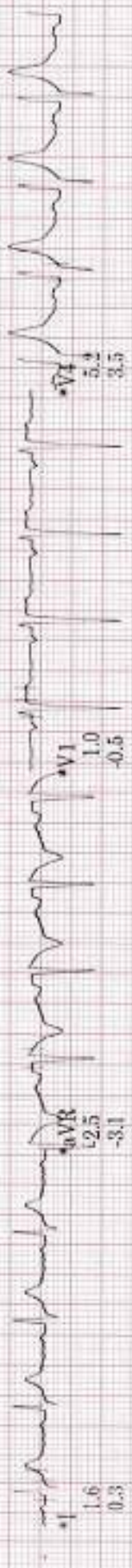
104bpm
BP: 120/70

RECOVERY
Post
1:00

BRUCE
**mph
**%

Lead
ST(mm)
Slope(mV/s)

ST @ 10mm/mV
80ms postJ



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-HR 46

MAC55 009C

II

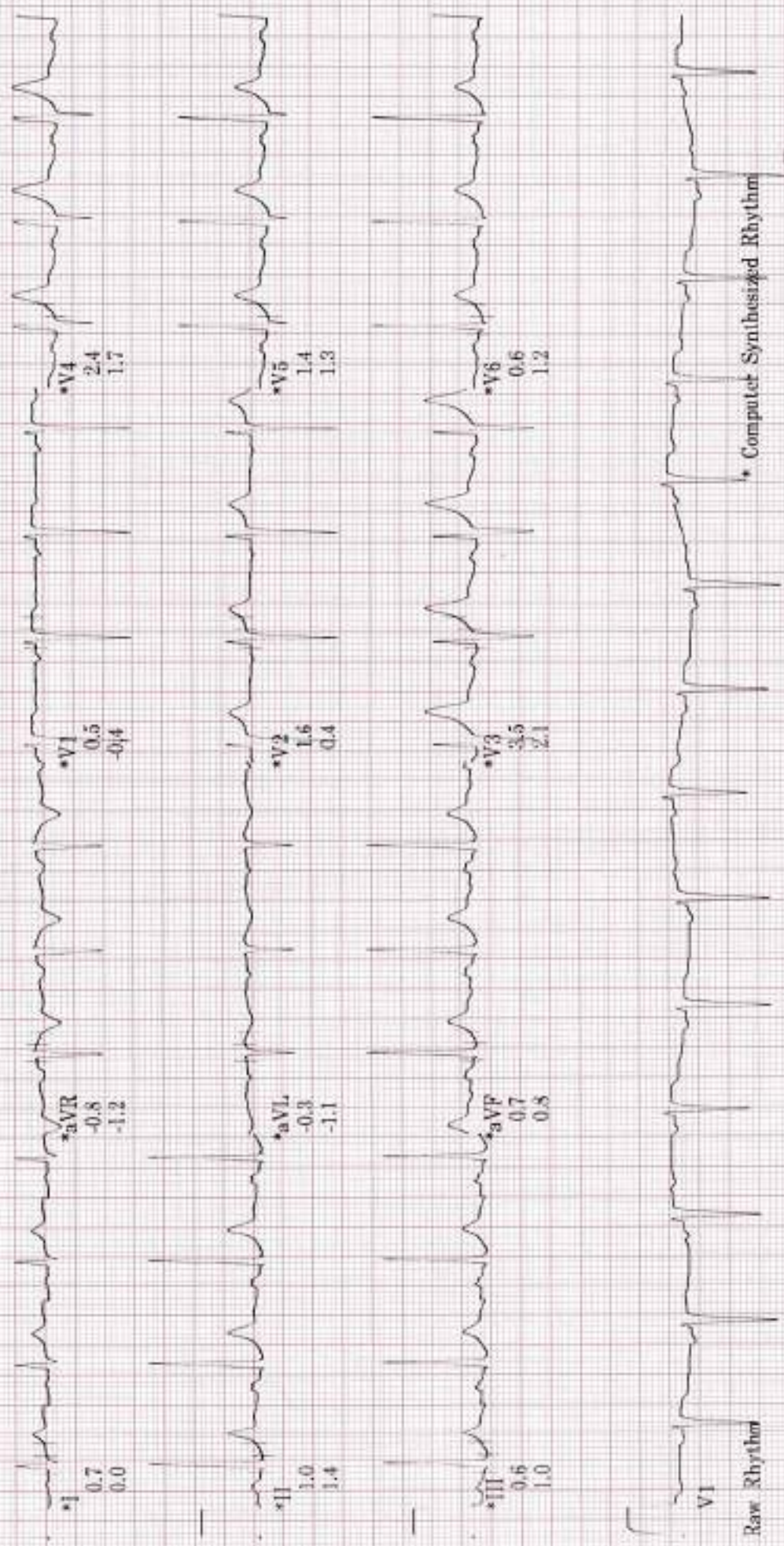
* Computer Synthesized Rhythm

MADUMURI, P
ID: 000342751
8-Mar-2024
11:38:26

86bpm
BP: 120/70
ST @ 10mm/mV
50ms postJ

BRUCE
**mph
**%

Lead
ST(mm)
Slope(mV/s)



* Computer Synthesized Rhythm

MAC55 009C

A-H-S HR 46

10.0 mm/mV

20 Hz 25.0 mm/s

Ar:W CE

MADUMURI, P
ID: 009342751

32 years
170cm

76kg

Male

BRUCZ
Total Exercise time: 9:02
Max HR: 148bpm 78% of max predicted 188bpm
Max EP: 120.70 Maximum workload: 10.1 METS

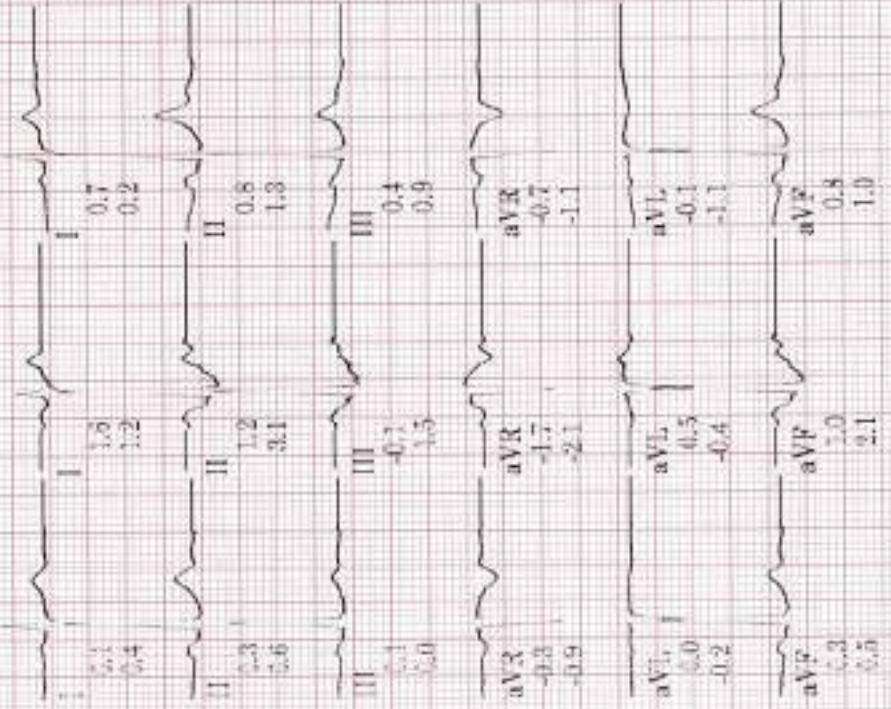
Reason for Termination: Patient fatigue
Comments: GOOD EFFORTS TOLERANCE
NORMAL HR AND BP RESPONSE
NO ANGINA / NO ARRHYTHMIA
NO SIGNIFICANT ST-T CHANGES NOTED DURING THE STUDY
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Referred by: ARCOPEMI

BASELINE EXERCISE
0:00
82bpm
BP: 120/70

PEAK EXERCISE
9:00
148bpm

TEST END RECOVERY
3:05
82bpm
BP: 120/70



25.0 mm/s
10.0 mm/mV
100hz

Technician:

Unconfirmed
APOLLO MEDICAL CENTRE MARATHAHALLI

MAC55 009C

Lead
ST(mm)
Slope(mV/s)

MADUMURI, P
ID: 000342751

32 years
170cm

Male

76kg

BRUCE

Max HR: 148bpm 78% of max predicted 188bpm

Max BP: 120/70

Reason for Termination: Patient fatigue

Comments: GOOD EFFORTS TOLERANCE

NORMAL HR AND BP RESPONSE

NO ANGINA / NO ARRHYTHMIA

NO SIGNIFICANT ST-T CHANGES NOTED DURING THE STUDY

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Total Exercise time: 9:02

Maximum workload: 10.1METS

Reason for Termination: Patient fatigue

Comments: GOOD EFFORTS TOLERANCE

NORMAL HR AND BP RESPONSE

NO ANGINA / NO ARRHYTHMIA

NO SIGNIFICANT ST-T CHANGES NOTED DURING THE STUDY

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

25.0 mm/s
10.0 mm/mV
100hz

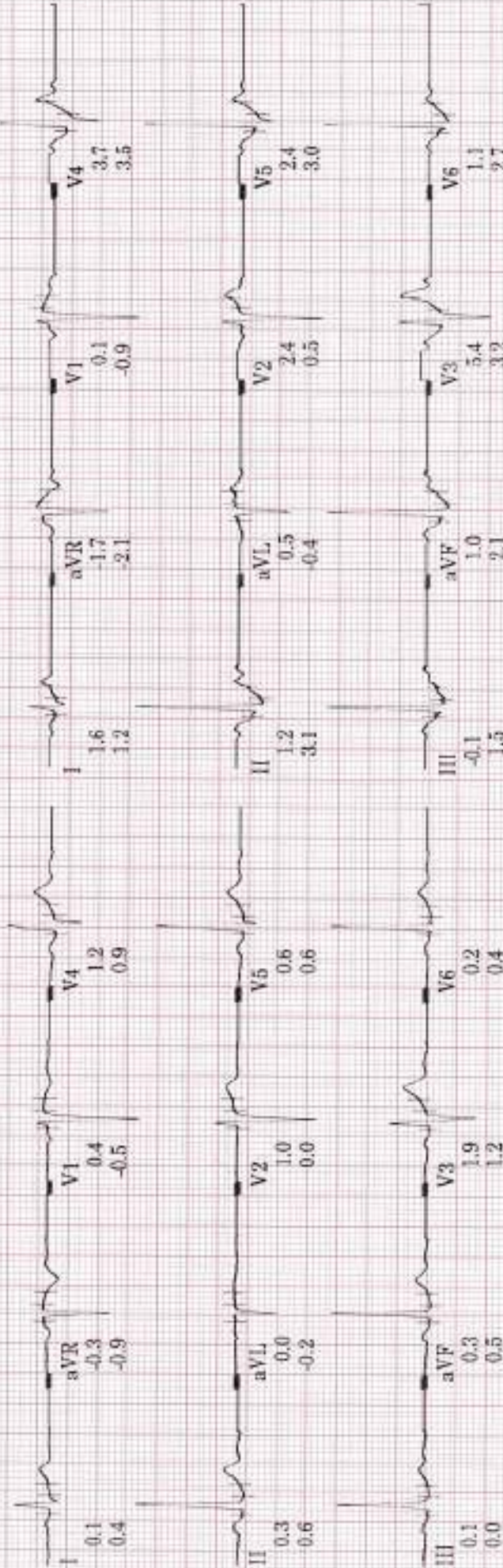
Referred by: ARCOFEMI

BASELINE

EXERCISE STAGE 1
0:00 1.1METS
82bpm
BP: 120/70
ST @ 10mm/mV
80ms postJ

PEAK

EXERCISE STAGE 4
9:00 10.1METS
148bpm
ST @ 10mm/mV
80ms postJ



Technician:

Unconfirmed

APOLLO MEDICAL CENTRE MARATHAHALLI

MAC55 009C

APOLLO W CE

MADUMURI, P
ID: 000342751

32years
170cm
76kg

Male

BRUCE

Max HR: 148bpm 78% of max predicted 188bpm
Max BP: 120/70
Maximum workload: 10.1METS

Total Exercise time: 9:02

25.0 mm/s
10.0 mm/mV
100hz

Referred by: ARCOFEMI

Reason for Termination: Patient fatigue
Comments: GOOD EFFORTS TOLERANCE
NORMAL HR AND BP RESPONSE
NO ANGINA / NO ARRHYTHMIA
NO SIGNIFICANT ST-T CHANGES NOTED DURING THE STUDY
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

| Phase Name | Stage Name | Time in Stage | Speed (mph) | Grade (%) | WorkLoad (METS) | HR (bpm) | BP (mmHg) | RPP (x100) |
|------------|------------|---------------|-------------|-----------|-----------------|----------|-----------|------------|
| PRETEST | STANDING | 0:15 | ** | ** | 1.0 | 76 | 120/70 | 91 |
| | HYPERVENT | 0:15 | ** | ** | 1.0 | 75 | 120/70 | 90 |
| | SUPINE | 0:20 | 0.8 | 0.0 | 1.1 | 82 | 120/70 | 98 |
| EXERCISE | STAGE 1 | 3:00 | 1.7 | 0.3 | 4.8 | 101 | 120/70 | 121 |
| | STAGE 2 | 3:00 | 2.5 | 2.3 | 7.0 | 117 | | |
| | STAGE 3 | 3:00 | 3.4 | 4.3 | 10.3 | 148 | | |
| | STAGE 4 | 0:02 | 3.4 | 4.3 | 10.3 | 148 | | |
| RECOVERY | Post | 3:05 | ** | ** | 1.0 | 85 | 120/70 | 102 |

Technician:

Unconfirmed

APOLLO MEDICAL CENTRE MARATHAHALLI

MAC55 009C

| | | | |
|----------------------------|----------------------------|--------------------|--------------------|
| Patient Name | : Mr. MADUMURI PANCHAJANYA | Age/Gender | : 32 Y/M |
| UHID/MR No. | : CMAR.0000342751 | OP Visit No | : CMAROPV784173 |
| Sample Collected on | : | Reported on | : 08-03-2024 14:16 |
| LRN# | : RAD2260029 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 9154420648 | | |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size (13.3cm), shape and shows diffuse increase in echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Partially distended.No definite calculi identified in this state of distension . No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 10.6cm and parenchymal thickness measures 1.1cm.

Left kidney measures 10.6cm and parenchymal thickness measures 1.6cm.

URINARY BLADDER: Partially distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in size and echo-pattern.

No free fluid or lymphadenopathy is seen.

Visualized bowel loops appears normal.

IMPRESSION:

GRADE I FATTY INFILTRATION OF LIVER.

NO OTHER SIGNIFICANT ABNORMALITY DETECTED.

Suggested clinical correlation and further evaluation if needed.

Report disclaimer :

- 1.Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically;this report is not valid for medicolegal purpose
- 3 .please note: non obstructing ureteric calculi; small renal/ ureteric calculi may not always be detected on USG; a CT KUB is advised if symptoms persist .
- 4.Printing mistakes should immediately be brought to notice for correction.
- 5.This is USG Abdomen screening.



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Madumuri Ramesh Babu on 8/3/24

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

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

Dr. 
Medical Officer

This certificate is not meant for medico-legal purposes