

Patient Name : Mr.SRIKANTH JANJIRALA	Collected : 26/Oct/2024 10:13AM
Age/Gender : 35 Y 5 M 11 D/M	Received : 26/Oct/2024 12:35PM
UHID/MR No : APJ1.0014701516	Reported : 26/Oct/2024 02:49PM
Visit ID : CJPNOPV210666	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E33464	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15	g/dL	13-17	Spectrophotometer
PCV	44.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.9	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90	fL	83-101	Calculated
MCH	30.6	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	12.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,000	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58.9	%	40-80	Electrical Impedance
LYMPHOCYTES	30.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.1	%	1-6	Electrical Impedance
MONOCYTES	8.7	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4123	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2114	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	147	Cells/cu.mm	20-500	Calculated
MONOCYTES	609	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.95		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	<b>418000</b>	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>27</b>	mm at the end of 1 hour	0-15	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

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





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UHID/MR No : APJ1.0014701516	Reported : 26/Oct/2024 04:19PM
Visit ID : CJPNOPV210666	Status : Final Report
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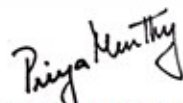
**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Patient Name : Mr.SRIKANTH JANJIRALA	Collected : 26/Oct/2024 01:42PM
Age/Gender : 35 Y 5 M 11 D/M	Received : 26/Oct/2024 04:38PM
UHID/MR No : APJ1.0014701516	Reported : 26/Oct/2024 05:28PM
Visit ID : CJPNOPV210666	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	87	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	146	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 Priya Murthy  
 M.B.B.S.,M.D(Pathology)  
 Consultant Pathologist









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Age/Gender : 35 Y 5 M 11 D/M	Received : 26/Oct/2024 12:42PM
UHID/MR No : APJ1.0014701516	Reported : 26/Oct/2024 02:47PM
Visit ID : CJPNOPV210666	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.67	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.57	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	<b>1.8</b>		<1.15	Calculated
ALKALINE PHOSPHATASE	94.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.64	g/dL	6.6-8.3	Biuret
ALBUMIN	4.58	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.06	g/dL	2.0-3.5	Calculated
A/G RATIO	1.5		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 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.Govinda Raju N L**  
 MSc,PhD(Biochemistry)  
 Consultant Biochemistry

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



SIN No:JPR241003031



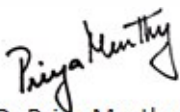


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UHID/MR No : APJ1.0014701516	Reported : 26/Oct/2024 02:41PM
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	39.00	U/L	<55	IFCC



Dr Priya Murthy  
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Patient Name : Mr.SRIKANTH JANJIRALA	Collected : 26/Oct/2024 10:13AM
Age/Gender : 35 Y 5 M 11 D/M	Received : 26/Oct/2024 12:44PM
UHID/MR No : APJ1.0014701516	Reported : 26/Oct/2024 01:40PM
Visit ID : CJPNOPV210666	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E33464	

**DEPARTMENT OF IMMUNOLOGY**

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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**Dr.Govinda Raju N L**  
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 Consultant Biochemistry

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 Consultant Pathologist



SIN No: JPR241003037

**Apollo Health and Lifestyle Limited**

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

Regd. Office: 10/22/02, Anand Nagar, 4th Cross, 4th Block, 4th Stage, 4th Cross, Anand Nagar, Hyderabad, Telangana - 500016

www.apolloclinic.com | Email ID: enquiry@apolloclinic.com, Ph No: 040-6664 7777, Fax No: 040-6664 7766

**APOLLO CLINIC'S NETWORK:**  
 Telangana: Hyderabad (45 Rao Nagar) | Chandigarh: Sector 29 | Karnataka: Bangalore (Basavanagudi) | Solapur | Electronic City | Trivandrum: HSR Layout (India)  
 Kerala: Kochi (Kalamassery) | Andhra Pradesh: Hyderabad (Kondapur) | Maharashtra: Mumbai (Khar) | Gujarat: Gandhinagar | Odisha: Bhubaneswar (Bhubaneswar)  
 Uttar Pradesh: Lucknow (Indira Park) | West Bengal: Kolkata (Park Street) | Jharkhand: Ranchi (Ranchi) | Chhattisgarh: Raipur (Raipur) | Madhya Pradesh: Bhopal (Bhopal) | Rajasthan: Jaipur (Jaipur) | Haryana: Gurgaon (Gurgaon) | Punjab: Chandigarh (Chandigarh) | Himachal Pradesh: Shimla (Shimla) | Uttarakhand: Dehradun (Dehradun) | Jammu & Kashmir: Srinagar (Srinagar) | Arunachal Pradesh: Itanagar (Itanagar) | Assam: Dispur (Dispur) | Mizoram: Aizawl (Aizawl) | Nagaland: Kohima (Kohima) | Manipal: Imphal (Imphal) | Tripura: Agartala (Agartala) | West Bengal: Kolkata (Kolkata) | Jharkhand: Ranchi (Ranchi) | Chhattisgarh: Raipur (Raipur) | Madhya Pradesh: Bhopal (Bhopal) | Rajasthan: Jaipur (Jaipur) | Haryana: Gurgaon (Gurgaon) | Punjab: Chandigarh (Chandigarh) | Himachal Pradesh: Shimla (Shimla) | Uttarakhand: Dehradun (Dehradun) | Jammu & Kashmir: Srinagar (Srinagar) | Arunachal Pradesh: Itanagar (Itanagar) | Assam: Dispur (Dispur) | Mizoram: Aizawl (Aizawl) | Nagaland: Kohima (Kohima) | Manipal: Imphal (Imphal) | Tripura: Agartala (Agartala)

















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Patient Name	: Mr. Srikanth Janjirala	Age	: 35Yrs 5Mths 12Days
UHID	: APJ1.0014701516	OP Visit No.	: CJPNOPV210666
Printed On	: 26-10-2024 08:14 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E33464		

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## DEPARTMENT OF RADIOLOGY

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### ULTRASOUND WHOLE ABDOMEN

LIVER : Normal in size and echotexture. No focal lesion seen.  
No intra hepatic biliary / venous radicular dilation.  
CBD and Main Portal vein appear normal.PV- 11mm.

GALL BLADDER : Well distended. Normal in internal contents. Wall Thickness is normal.

SPLEEN : Normal in size and echotexture. No focal lesion was seen.

PANCREAS : Normal to the visualized extent.

KIDNEYS : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is maintained. No Hydronephrosis / No calculi.  
Right kidney measures: 10.8 X 2.1cm. **and shows a small cyst measuring 5.1 x 1.5cm.**  
Left kidney measures : 10.9 X 2.2cm.

URINARY BLADDER : Well distended. Normal in internal contents. Wall thickness is normal.

PROSTATE: Normal in size and echotexture.  
Prostate measures : 3.2 x 2.4 x 2.7cms. Volume- 12cc.

No free fluid is seen in the peritoneum. No lymphadenopathy.

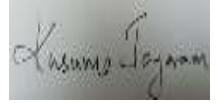
**IMPRESSION : NORMAL STUDY .**

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Please Note :No preparation done before scanning.

---End Of The Report---



Dr. KUSUMA JAYARAM  
MBBS,DMRD

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Radiology

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Patient Name	: Mr. Srikanth Janjirala	Age	: 35Yrs 5Mths 14Days
UHID	: APJ1.0014701516	OP Visit No.	: CJPNOPV210666
Printed On	: 28-10-2024 07:37 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E33464		

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA VIEW**

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardio phrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

**IMPRESSION: NO SIGNIFICANT ABNORMALITY DETECTED.**

---End Of The Report---



Dr. ABID HUSSAIN GULLENPET  
MBBS, DMRD, FRCR  
26066  
Radiology

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UHID	: APJ1.0014701516	OP Visit No.	: CJPNOPV210666
Printed On	: 28-10-2024 07:58 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E33464		

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## DEPARTMENT OF CARDIOLOGY

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### ECG

#### Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 72 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:

NORMAL RESTING ECG.

---End Of The Report---

Dr. SHIVAKUMAR M P  
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24348  
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