

Patient Name : Mr.AZHARUDEEN R
Age/Gender : 30 Y 2 M 4 D/M
UHID/MR No : CVAL.0000063259
Visit ID : CVALOPV125215
Ref Doctor : Dr. PADMINI M
Emp/Auth/TPA ID : 9920144559

Collected : 27/Feb/2025 08:13AM
Received : 27/Feb/2025 12:53PM
Reported : 27/Feb/2025 02:17PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.7	gm%	13-17	Cyanide-free SLS Hemoglobin
PCV	41.70	%	40-50	Fluorescence Flow Cytometry
RBC COUNT	4.37	Million/ul	4.5-5.5	Fluorescence Flow Cytometry
MCV	95.4	fL	83-101	Calculated
MCH	31.4	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	11.4	%	11.6-14	Fluorescence Flow Cytometry
TOTAL LEUCOCYTE COUNT (TLC)	5,670	cells/cu.mm	4000-10000	Fluorescence Flow Cytometry
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	49.2	%	40-80	Fluorescence Flow Cytometry
LYMPHOCYTES	37.6	%	20-40	Fluorescence Flow Cytometry
EOSINOPHILS	3.9	%	1-6	Fluorescence Flow Cytometry
MONOCYTES	8.8	%	2-10	Fluorescence Flow Cytometry
BASOPHILS	0.5	%	0-2	Fluorescence Flow Cytometry
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2789.64	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2131.92	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	221.13	Cells/cu.mm	20-500	Calculated
MONOCYTES	498.96	Cells/cu.mm	200-1000	Calculated
BASOPHILS	28.35	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.31		0.78- 3.53	Calculated
PLATELET COUNT	223000	cells/cu.mm	150000-410000	Fluorescence Flow

Page 1 of 7



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



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MPV	9.5	FI	8.1-13.9	Cytometry
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm/hour	0-15	Calculated Capillary photometry

PERIPHERAL SMEAR

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	Positive			Forward & Reverse Grouping with Slide/Tube Agglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY

Comment:

1. This tests determines ABO & Rh blood groups (testing for other blood group systems not performed) through immunological reaction between RBC antigen & antibody.
2. ABO system also has Subgroups of A, B and rare phenotype as Bombay blood group which requires further testing and required recommendations as per the case will be provided.
3. Rh system in certain individual can have weak or partial Rh D expression which can result in weaker agglutination reactions and hence all Rh D Negative groups need to be further cross verified using Rh Du testing.
4. In case of Newborn - Only forward typing is performed, reverse typing is not performed, since the antibodies are not fully formed. Hence it is recommended to re-test blood grouping after 6 months.
5. In certain cases History of Recent blood transfusion (within 3-4mths), of bone marrow transplantation, certain drugs (especially monoclonal antibody) & certain malignancies may interfere with interpretation of blood grouping.
6. It is always recommended for reconfirmation of the Blood Group along with cross matching before blood transfusion.

Veena Singh

Dr. Veena Singh,
M.D(Pathology)
Consultant Pathologist



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	96	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)	134	mg/dL	Non-diabetic <140 ~ Impaired glucose Tolerance 140 - 200 ~ Diabetic >200	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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALANINE AMINOTRANSFERASE (ALT/SGPT) , SERUM	87.8	U/L	10-50	IFCC with Pyridoxal Phosphate

Page 4 of 7



DR. R. SRIVATSAN
M.D.(Biochemistry)



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Comment:

ALT elevations are noted in liver parenchymal diseases, leading to injury / destruction of hepatocytes.

ALT levels are seen to be elevated even before the signs and symptoms of the liver injury appear.

The ALT levels remain high longer in blood as compared to AST levels. And though both the enzymes increase in liver injury, the rise in ALT is more compared to AST, thus also altering the ALT:AST ratio.

Test Name	Result	Unit	Bio. Ref. Interval	Method
BILIRUBIN, TOTAL , SERUM	1.24	mg/dL	0-1.2	Diazo

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN/CREATININE RATIO , SERUM				
BLOOD UREA NITROGEN	10.2	mg/dL	8.0 - 23.0	Calculated
CREATININE	0.76	mg/dL	0.7-1.2	Jaffe
.eGFR - ESTIMATED GLOMERULAR FILTRATION RATE	122.21	mL/min/1.73m ²	>60	CKD-EPI FORMULA
BUN / CREATININE RATIO	13.39			Calculated

Test Name	Result	Unit	Bio. Ref. Interval	Method
CREATININE , SERUM	0.76	mg/dL	0.7-1.2	Jaffe
.eGFR - ESTIMATED GLOMERULAR FILTRATION RATE , SERUM	122.21	mL/min/1.73m ²	>60	CKD-EPI FORMULA



DR. R. SRIVATSAN
M.D.(Biochemistry)



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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.018		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		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	Automated Image based microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Automated Image based microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based 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.

Page 6 of 7

Veena Singh

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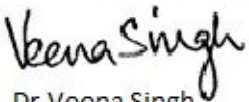
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*** End Of Report ***

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TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. 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 (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

Veena Singh

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UHID	: CVAL.0000063259	OP Visit No.	: CVALOPV125215
Printed On	: 27-02-2025 11:07 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Dr. PADMINI M	Registration No.	: --
Employeer Id	: 9920144559		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

Lung fields are clear.

Cardio thoracic ratio is increased.

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:

Mild cardiomegaly.

---End Of The Report---



Dr. PASUPULETI SANTOSH KUMAR
M.B.B.S., DNB (RADIODIAGNOSIS)
126310
Radiology

Patient Name	: Mr. AZHARUDEEN R	Age	: 30Yrs 2Mths 4Days
UHID	: CVAL.0000063259	OP Visit No.	: CVALOPV125215
Printed On	: 27-02-2025 12:43 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Reffered By	: Dr. PADMINI M	Registration No.	: --
Employeer Id	: 9920144559		

DEPARTMENT OF CARDIOLOGY

Observation :-

1. Sinus Rhythm.
2. Heart rate is 70 beats per minutes.

Impression:

WITHIN NORMAL LIMITS

---End Of The Report---

Dr. PADMINI M
MD
25154
Cardiology

Delete Archive Report Reply Reply all Forward Zoom

Your appointment is confirmed

N noreply@apolloclinics.info To: network@mediwheel.in Cc: Valasaravakkam Clinic; Sreetharan V; Syamsunder M

Some content in this message has been blocked because the sender isn't in your Safe senders list. Trust

Dear Azzharudeen Azzharudeen,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at Apollo Clinic Valasaravakkam clinic on 2025-02-27 at 08:30-08:45.

Table with 2 columns: Field Name, Value. Fields include Payment Mode, Corporate Name (ARCOFEMI HEALTHCARE LIMITED), Agreement Name, and Package Name.

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.


Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

- 1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

आयकर विभाग
INCOME TAX DEPARTMENT
AZHARUDEEN
RAHAMATHULLA
23/12/1994
Permanent Account Number
BWGPA2456P
Signature
27072016

भारत सरकार
GOVT. OF INDIA



MR AZHARUDEEN R
ID: CYAL63259

30 Years Male

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 86 ms
QT / QTcBaz : 382 / 415 ms
PR : 148 ms
P : 108 ms
RR / PP : 840 / 845 ms
P / QRS / T : 40 / 37 / 29 degrees

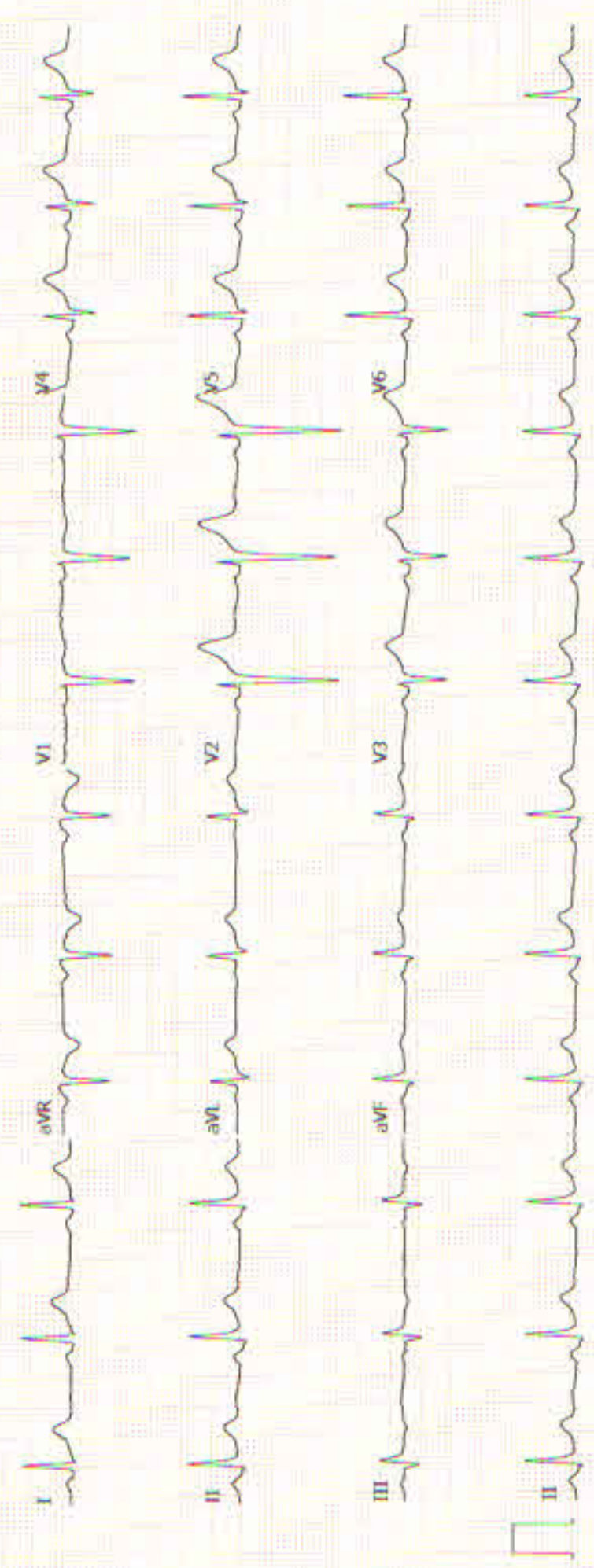
27.02.2025 8:38:37 AM
apollo clinic
volosarivakkam
Chennai

Location:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

71 bpm
- / - mmHg

Ⓟ
NW



Unconfirmed
4x2.5x3.25_RL 1/1

ADS 0.56-20 Hz 50 Hz

25 mm/s 10 mm/mV

12SL™ v241

1.1

GE MAC000

GE MAC000

Date : 2/27/2025 Department : General Physician
Patient Name : Mr. AZHARUDEEN R Doctor : Dr. PADMINI M
UHID : CVAL.0000063259 Registration No. : 25154
Age / Gender : 30Yrs 2Mths 4Days/ Male Qualification : MD
Consulation Timing : 8:11 AM

NO complaint
Hw ~~HT~~ HT to (P)
O/R Pulse 78/min BP 120/80

INT - 84.5 K
HT - 170cm
BP - 120/80
Pul - 76/min

As
in m

Patiently

M. Padma

Name <i>Ms. Azharudeen R</i>	Date <i>27/02/25</i>
Age <i>30 yrs</i>	UHID No. <i>CV AL-000663259</i>
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	

OPHTHAL FITNESS CERTIFICATE

	RE	LE
DV-UCVA :	<i>6/6</i>	<i>6/6</i>
DV-BCVA :	<i>Plano - 6/6</i>	<i>plano - 6/6</i>
NEAR VISION :	<i>N6</i>	<i>N6</i>
ANTERIOR SEGMENT :	<i>(N)</i>	<i>(N)</i>
IOP :	<i>-</i>	<i>(N)</i>
FIELDS OF VISION :	<i>(N)</i>	<i>(N)</i>
E O M :	<i>Full, Free, painless</i>	<i>Full, Free, painless</i>
COLOUR VISION :	<i>(N)</i>	<i>(N)</i>
FUNDUS :		
IMPRESSION :		
ADVICE :	<i>Normal limits</i>	


CERTIFICATE OF MEDICAL FITNESS

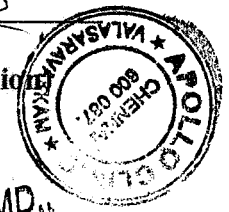
This is to certify that I have conducted the clinical examination

of Ajaredeen R on 27.2.25.

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 	✓
<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
The Apollo Clinic, (Location)



This certificate is not meant for medico-legal purposes

Dr. M. PADMINI, MD.
Gen. Medicine,
Reg.No: 25154