





Patient Name : Mr.DISHANTH B

Age/Gender : 41 Y 7 M 20 D/M UHID/MR No : APJ1.0007137568

Visit ID : CANNOPV428345

Ref Doctor : Self Emp/Auth/TPA ID : PMC Collected : 23/Oct/2024 07:57AM

Received : 23/Oct/2024 11:34AM Reported : 23/Oct/2024 01:13PM

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

METHODOLOGY

: Microscopic

RBC MORPHOLOGY

: Predominantly normocytic normochromic RBC's noted.

WBC MORPHOLOGY

: Mild eosinophilia noted.

PLATELETS

: Adequate in number.

PARASITES

: No haemoparasites seen

NOTE/ COMMENT

: Please correlate clinically.

Page 1 of 10

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

SIN No:CAG241004506

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory. This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)











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DEPARTMENT OF HAEMATOLOGY

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

Status

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16.2	g/dL	13-17	Spectrophotometer
PCV	46.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.26	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	87.5	fL	83-101	Calculated
MCH	30.8	pg	27-32	Calculated
MCHC	35.2	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,300	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	55.0	%	40-80	Electrical Impedance
LYMPHOCYTES	26.3	%	20-40	Electrical Impedance
EOSINOPHILS	10.0	%	1-6	Electrical Impedance
MONOCYTES	7.7	%	2-10	Electrical Impedance
BASOPHILS	1.0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3465	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1656.9	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	630	Cells/cu.mm	20-500	Calculated
MONOCYTES	485.1	Cells/cu.mm	200-1000	Calculated
BASOPHILS	63	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.09		0.78- 3.53	Calculated
PLATELET COUNT	216000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm/hour	0-15	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY

: Microscopic

RBC MORPHOLOGY

: Predominantly normocytic normochromic RBC's noted.

Page 2 of 10

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

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PRIC - P. 2.3.3

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DEPARTMENT OF HAEMATOLOGY

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

WBC MORPHOLOGY : Mild eosinophilia noted.

PLATELETS : Adequate in number.

PARASITES : No haemoparasites seen

NOTE/ COMMENT : Please correlate clinically.

Page 3 of 10

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

SIN No:CAG241004506

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Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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









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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 FAC	TOR , WHOLE BLOOD EDT	Ā		
BLOOD GROUP TYPE	0			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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

Page 4 of 10

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

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NO. -0.33

: Mr.DISHANTH B

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Visit ID : CANNOPV428345

Ref Doctor : Self Emp/Auth/TPA ID : PMC Collected : 23/Oct/2024 07:57AM

Received : 23/Oct/2024 12:52PM Reported : 23/Oct/2024 03:07PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING, NAF PLASMA	105	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Tas per immerieum a maetres curuemies, a	- 	
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)	102	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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALANINE AMINOTRANSFERASE	33	U/L	<50	UV with P5P

Page 5 of 10



M.D.(Biochemistry)

SIN No:CAG241004505

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IVIC-0033

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DEPARTMENT OF BIOCHEMISTRY

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

(ALT/SGPT), SERUM

Test Name	Result	Unit	Bio. Ref. Interval	Method
BILIRUBIN, TOTAL, SERUM	0.60	mg/dL	0.3–1.2	DPD

Page 6 of 10



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

SIN No:CAG241004505

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Age/Gender

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UHID/MR No

: APJ1.0007137568

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: 23/Oct/2024 07:57AM

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: 23/Oct/2024 12:52PM : 23/Oct/2024 08:32PM

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Sponsor Name

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN/CREATININE RATIO, SERUM		<u>'</u>		<u>'</u>
BLOOD UREA NITROGEN	14.5	mg/dL	8.0 - 23.0	Calculated
CREATININE	1.18	mg/dL	0.72 - 1.18	JAFFE METHOD
BUN / CREATININE RATIO	12.28			Calculated

Page 7 of 10



M.D.(Biochemistry)
SIN No:CAG241004505

DR.R.SRIVATSAN

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: Mr.DISHANTH B

Patient Name Age/Gender

: 41 Y 7 M 20 D/M

UHID/MR No Visit ID

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
CREATININE, SERUM	1.18	mg/dL	0.72 – 1.18	JAFFE METHOD

Page 8 of 10



M.D.(Biochemistry) SIN No:CAG241004505

DR.R.SRIVATSAN

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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	AMBER		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
рН	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.024		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	POSITIVE+		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE+++		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 N	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	GRANULAR CAST	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Result is rechecked. Kindly correlate clinically.

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked

Page 9 of 10

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

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Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)









PRINT - PRINTS 3

Patient Name : Mr.DISHANTH B

Age/Gender : 41 Y 7 M 20 D/M UHID/MR No : APJ1.0007137568

Visit ID : CANNOPV428345

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Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

*** End Of Report ***

Page 10 of 10



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

SIN No:CAG241004507

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Address:
D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102







: Mr.DISHANTH B

Age/Gender UHID/MR No : 41 Y 7 M 20 D/M : APJ1.0007137568

Visit ID

: CANNOPV428345

Ref Doctor

: Self

Emp/Auth/TPA ID : PMC

Collected

: 23/Oct/2024 07:57AM

Received

: 23/Oct/2024 11:53AM

Reported Status : 23/Oct/2024 01:09PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

- 1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understandreporting 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.

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

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APOLLO CLINICS NETWORK





: Mr. DISHANTH B

UHID

: APJ1.0007137568

Printed On

: 23-10-2024 12:23 PM

Department

: Radiology

Referred By Employeer Id : Self

: PMC

Age

: 41Yrs 7Mths 21Days

OP Visit No.

: CANNOPV428345

Advised/Pres Doctor : --

Qualification

: --

Registration No.

: --

DEPARTMENT OF RADIOLOGY

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.A R RAGHUL MBBS MD Radiodiagnosis 139605 Radiology



: Mr. DISHANTH B

UHID

: APJ1.0007137568

Printed On

: 25-10-2024 06:21 AM

Department

: Cardiology

Reffered By Employeer Id

: PMC

: Self

Age

: 41Yrs 7Mths 23Days

OP Visit No.

: CANNOPV428345

Advised/Pres Doctor : --

Qualification

: --

Registration No.

: --

DEPARTMENT OF CARDIOLOGY

Observation:-

Heart rate is 64 beats per minutes.

Impression:

LATERAL T WAVE INVERSION

---End Of The Report---

Dr. ARULNITHI AYYANATHAN MBBS., MRCP, AB, MBA 63907 Cardiology

APJ1.7137568 OCR-107689.



Dit



FW: Health Check up Booking Confirmed Request(36E2248), Package Code-PKG10000488, Beneficiary Code-321851

From bdishanth <bdishanth@gmail.com>

Date Wed 10/23/2024 7:41 AM

To Annanagar Apolloclinic <annanagar@apolloclinic.com>

Sent from my Galaxy

----- Original message ------

From: Mediwheel <wellness@mediwheel.in> Date: 21/10/2024 2:53 pm (GMT+05:30)

To: bdishanth@gmail.com

Cc: customercare@mediwheel.in

Subject: Health Check up Booking Confirmed Request(36E2248), Package Code-PKG10000488,

Beneficiary Code-321851

011-41195959

Dear Dishanth Balachandran,

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

Hospital Package

Name

: Pre-employment Health Checkup H

Name of

Diagnostic/Hospital

: Apollo Clinic - Anna Nagar

Address of

: 30, F- Block, 2nd Avenue, Anna Nagar East, Chennai - 600012

City : Chennai

State : Tamil Nadu

Pincode : 600012

Appointment Date : 23-10-2024

Confirmation Status: Booking Confirmed

Preferred Time : 08:00 AM - 08:30 AM

Booking Status: Booking Confirmed

Member Information					
Booked Member Name	Age	Gender			
Dishanth Balachandran	41 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

You have received this mail because your e-mail ID is registered with **Arcofemi Healthcare Limited** This is a system-generated e-mail please don't reply to this message.

Please visit to our Terms & Conditions for more informaion. Click here to unsubscribe.

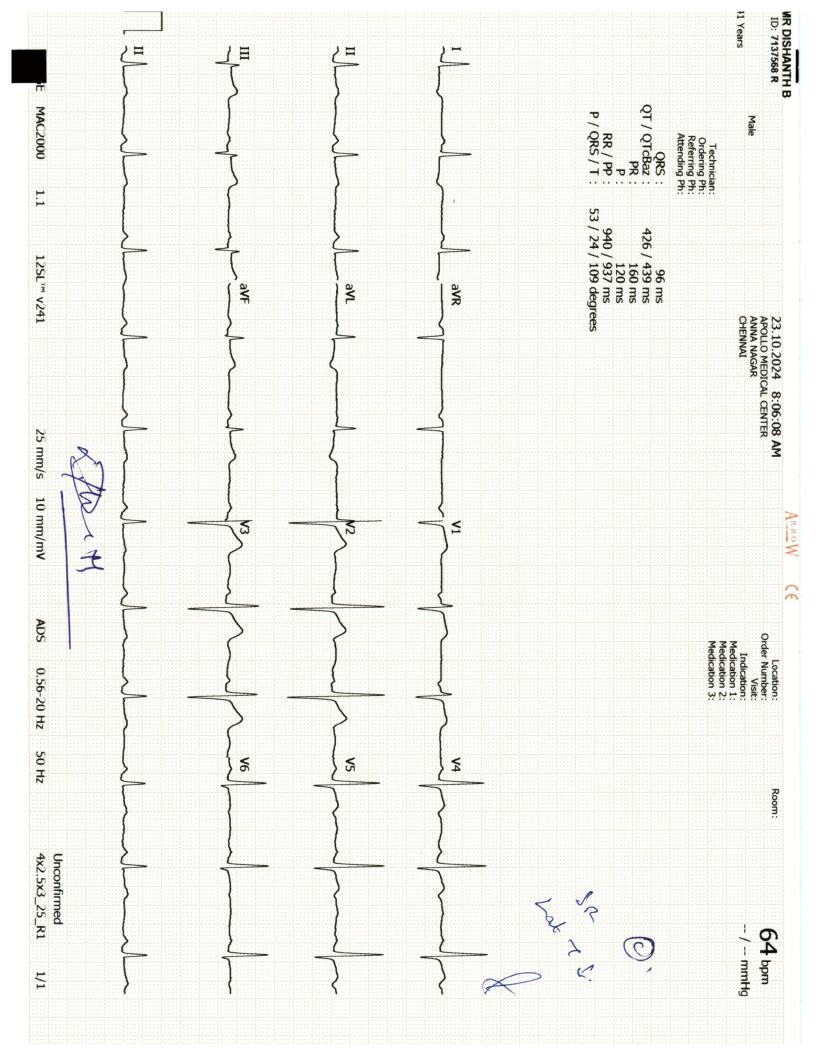
@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)

OPTHALMOLOGY



	A CONTRACTOR OF THE PARTY OF TH					
Name Disho	enth. B.		Date 23/10/24.			
Age Inly			UHID No. 37568.			
Sex: Male Fema	e					
OPHTHAL FITNESS CERTIFICATE						
		RE	LE			
DV-UCVA	:	olf	66			
DV-BCVA	:	Nb	Nb			
NEAR VISION ANTERIOR SEGMENT	:		Normal.			
IOP	: \(\forall \)	ormal				
FIELDS OF VISION	:	. 1	Fall Normal			
EOM	: 7 : No	all				
COLOUR VISION	:	mal	Normal.			
FUNDUS	:	YMOC				
IMPRESSION	:					
ADVICE	: _		-			

& Labhan Optomoles 1.







CERTIFICATE OF MEDICAL FITNESS

of	DISHANTHEB	on	2310	
After rev ne/she is	viewing the medical history and o	on clinical exam	nination it has bee	en found that
		A CHARLES		Tio
• N	Medically Fit for Employment.			
F	it with restrictions/recommendat	tions		
	Though following restrictions have mpediments to the job.	ve been reveale	d, in my opinion,	these are not
1				
2				
3				
	lowever the employee should fol ommunicated to him/her.	llow the advice.	medication that h	as been
C			medication that h	as been
R C	Currently Unfit.		medication that h	
R C	ommunicated to him/her. Leview after CARDIDIONY (LE		medication that h	recommended
R CC R	Currently Unfit.	MANE_		_recommended
R CC R	Currently Unfit.	MANE_		_recommended
R CC R	Currently Unfit.	MANE_		_recommended
R CC R	Currently Unfit.	MANE_		_recommended
R CC R	Currently Unfit.	MANE_		_recommended
R CC R	Currently Unfit.	MANE_		_recommended
R CC R	Currently Unfit. Leview after CARDIDION (LECTION OF THE CONTRACT OF THE CONTR	meant for medi	Dr Medical Officer Γhe Apollo Clini co-legal purposes	_recommended
R C R	Currently Unfit. Leview after CARDIDION (LE) Currently Unfit. Leview after Unfit Leview after Unfit	meant for medi	Dr Medical Officer The Apollo Clinic co-legal purposes	_recommended
R CR R	Currently Unfit. Leview after CARDIDION (LE) Currently Unfit. Leview after Unfit Leview after Unfit	meant for medi	Dr	_recommended