

Patient Name	: Mr.CHETHAN S	Collected	: 25/Feb/2025 10:03AM
Age/Gender	: 26 Y 10 M 9 D/M	Received	: 25/Feb/2025 11:17AM
UHID/MR No	: CMAR.0000370624	Reported	: 25/Feb/2025 11:58AM
Visit ID	: CMAROPV921240	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9920144559		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.5	g/dL	13-17	Spectrophotometer
PCV	46.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.3	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.4	fL	83-101	Calculated
MCH	29.3	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,470	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	69.2	%	40-80	Electrical Impedance
LYMPHOCYTES	22.9	%	20-40	Electrical Impedance
EOSINOPHILS	1.8	%	1-6	Electrical Impedance
MONOCYTES	5.2	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5169.24	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1710.63	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	134.46	Cells/cu.mm	20-500	Calculated
MONOCYTES	388.44	Cells/cu.mm	200-1000	Calculated
BASOPHILS	67.23	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	3.02		0.78- 3.53	Calculated
PLATELET COUNT	266000	cells/cu.mm	150000-410000	Electrical impedance
MPV	8.8	fl	8.1-13.9	Calculated
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBCs: Are normocytic normochromic

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



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



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SIN No: CHL250205654

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APOLLO CLINICS NETWORK

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PLATELETS: Appear adequate in number.

HEMOPARASITES: Negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Kindly correlate clinically.



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DEPARTMENT OF HAEMATOLOGY

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

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

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.


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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	85	mg/dL	70-110	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
ALANINE AMINOTRANSFERASE (ALT/SGPT) , SERUM	8.91	U/L	0-49	IFCC

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.


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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL CHOLESTEROL , SERUM	132	mg/dL	0-199	CHE/CHO/POD

Test Name	Result	Unit	Bio. Ref. Interval	Method
UREA , SERUM	15.92	mg/dL	10-50	Urease

Nisha

Dr.Nisha
M.B.B.S,MD(Pathology)
Consultant Pathologist



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
CREATININE , SERUM	0.83	mg/dL	0.62-1.17	
.eGFR - ESTIMATED GLOMERULAR FILTRATION RATE , SERUM	120.72	mL/min/1.73m ²	>60	CKD-EPI FORMULA



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DEPARTMENT OF CLINICAL PATHOLOGY

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


Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	5.0		5-7.5	Double Indicator
SP. GRAVITY	1.025		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/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
OTHERS	NIL			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.

*** End Of Report ***

Page 7 of 8


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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.


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Patient Name	: Mr. Chethan S	Age	: 26Yrs 10Mths 9Days
UHID	: CMAR.0000370624	OP Visit No.	: CMAROPV921240
Printed On	: 25-02-2025 10:44 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 9920144559		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

For clinical correlation.

---End Of The Report---



Dr.NAVEEN KUMAR K
MBBS, DMRD, DNB Radiology
85518
Radiology

Apollo Clinic

CONSENT FORM

Patient Name: chetan. S Age: 26/M


UHID Number: 370624 Company Name: Arcofeni

I Mr/Mrs/Ms chetan. S Employee of Arcofeni

(Company) Want to inform you that I am not interested in getting STOOL

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature:  Date: 25/2/25

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Chelhan S on 25/2/25

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 	<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>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Dr. 
Medical Officer



This certificate is not meant for medico-legal purposes

Name : Mr. Chethan S

Age : 26Y 10M 9D

UHID : CMAR.0000370624

Address : Whitefield Bangalore Karnataka INDIA 560066

sex : Male



CMAR.0000370624

Plan : ARCOFEMI MEDIWHEEL PMC CREDIT PAN
INDIA OP AGREEMENT

OP No: CMAROPV921240

Bill No: CMAR-OCR-142513

Date: Feb 25th, 2025, 9:55 AM

Sno.	Service Type/Service Name	Department	
1	ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324		
1	HEMOGRAM + PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
2	STOOL ROUTINE EXAMINATION	Clinical Pathology	<input type="checkbox"/>
3	ECG	Cardiology	<input type="checkbox"/>
4	X-RAY CHEST PA	X Ray Radiology	<input type="checkbox"/>
5	COMPLETE URINE EXAMINATION	Clinical Pathology	<input type="checkbox"/>
6	OPHTHAL BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
7	CHOLESTEROL - SERUM / PLASMA	Biochemistry	<input type="checkbox"/>
8	FITNESS BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
9	ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM	Biochemistry	<input type="checkbox"/>
10	BLOOD GROUP ABO AND RH FACTOR	Blood Bank	<input type="checkbox"/>
11	CREATININE, SERUM	Biochemistry	<input type="checkbox"/>
12	GLUCOSE, FASTING	Biochemistry	<input type="checkbox"/>
13	UREA - SERUM / PLASMA	Biochemistry	<input type="checkbox"/>

wt 57.6 kg

HT 168 cm

BP 120 / 60 mm Hg

Pul 70 bpm

DEPARTMENT OF OPHTHALMOLOGY

Employee Name: <i>chetan</i>	Date: <i>25/2/25</i>
Employee No: <i>142513</i>	Sex:
Age: <i>26</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>NG</i>	<i>NG</i>
Colour (Ishihara)	Normal/Abnormal	Normal/Abnormal
Refractive Error	Present/ Absent	Present/ Absent
New Glass power	<i>PLANO</i>	<i>PLANO</i>
Add Power		
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	

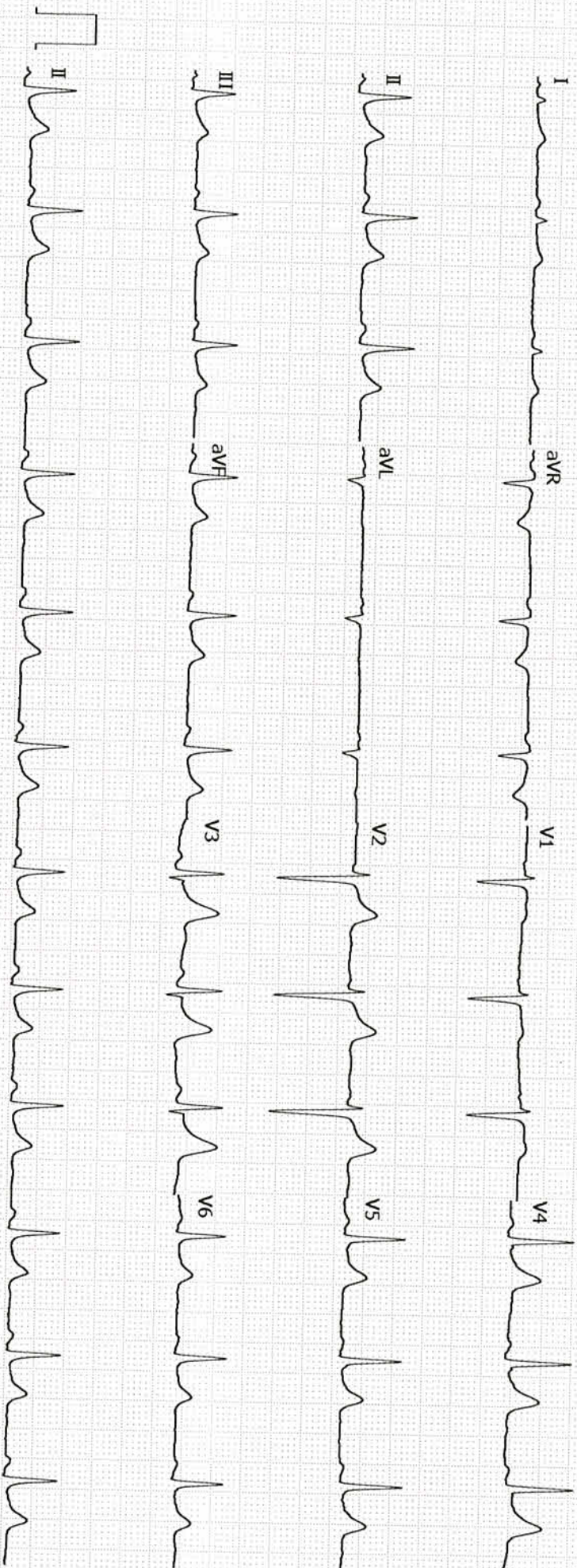
Advice/Comments


Signature of Consultant & Optometrist

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 84 ms
QT / QTcBaz : 386 / 419 ms
PR : 130 ms
P : 94 ms
RR / PP : 840 / 845 ms
P / QRS / T : 50 / 79 / 69 degrees

Normal sinus rhythm
Normal ECG





Dear Chethan S S,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **Apollo Clinic Marathahalli clinic** on **2025-02-25** at **08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL PMC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324]

"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. If any medications taken, pls inform our staff before health check.
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.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: THE APOLLO CLINIC,#673/A,VARTHUR MAIN ROAD,NEAR KUNDANAHALII SIGNAL,OPP.SHRIRAM SAMRUDDHI APTS,WHITEFIELD,BANGALORE-.

Contact No: (080) 43351444 - 45/.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic