

Patient Name : Mr.PUNERIYA GAUTHAM	Collected : 13/Nov/2024 09:20AM
Age/Gender : 23 Y 8 M 20 D/M	Received : 13/Nov/2024 01:41PM
UHID/MR No : CASR.0000190957	Reported : 13/Nov/2024 03:35PM
Visit ID : CASROPV236232	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 12	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.9	g/dL	13-17	Spectrophotometer
PCV	47.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.71	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	82.4	fL	83-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,520	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	68	%	40-80	Flow cytometry
LYMPHOCYTES	22	%	20-40	Flow cytometry
EOSINOPHILS	2	%	1-6	Flow cytometry
MONOCYTES	8	%	2-10	Flow cytometry
BASOPHILS	0	%	0-2	Flow cytometry
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5113.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1654.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	150.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	601.6	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	3.09		0.78- 3.53	Calculated
PLATELET COUNT	345000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				
NO HEMOPARASITES SEEN				

R. Tejomayi

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

B. Pavani

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

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SIN No: ASR241104011

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Global Reference Laboratory Hyderabad
A-12, # 1-9-71/A/12/B, Rishabh Heights, Rukminipuri Housing Colony,
A S Rao Nagar, Hyderabad, Telangana, India - 500062

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Age/Gender : 23 Y 8 M 20 D/M	Received : 13/Nov/2024 01:41PM
UHID/MR No : CASR.0000190957	Reported : 13/Nov/2024 05:32PM
Visit ID : CASROPV236232	Status : Final Report
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Emp/Auth/TPA ID : 12	

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			Microplate technology
Rh TYPE	Positive			Microplate technology

M. Muttavarapu Viswanath

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



Patient Name : Mr.PUNERIYA GAUTHAM	Collected : 13/Nov/2024 09:20AM
Age/Gender : 23 Y 8 M 20 D/M	Received : 13/Nov/2024 01:40PM
UHID/MR No : CASR.0000190957	Reported : 13/Nov/2024 03:08PM
Visit ID : CASROPV236232	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 12	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	84	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
ALANINE AMINOTRANSFERASE (ALT/SGPT) , SERUM	30	U/L	<50	IFCC

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL CHOLESTEROL , SERUM	144	mg/dL	<200	CHO-POD

Test Name	Result	Unit	Bio. Ref. Interval	Method
UREA , SERUM	26.60	mg/dL	17-43	GLDH, Kinetic Assay



Dr.Matta Sujana Reddy
M.B.B.S,M.D(Biochemistry)
Consultant Biochemist



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UHID/MR No : CASR.0000190957
Visit ID : CASROPV236232
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Collected : 13/Nov/2024 09:20AM
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

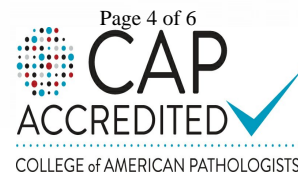
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
CREATININE , SERUM	0.78	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic

Maruthi
Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist

Sujana
Dr.Matta Sujana Reddy
M.B.B.S.,M.D(Biochemistry)
Consultant Biochemist



Patient Name : Mr.PUNERIYA GAUTHAM	Collected : 13/Nov/2024 09:20AM
Age/Gender : 23 Y 8 M 20 D/M	Received : 13/Nov/2024 01:38PM
UHID/MR No : CASR.0000190957	Reported : 13/Nov/2024 02:58PM
Visit ID : CASROPV236232	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 12	

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	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	VERY TURBID		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.031		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		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	POSITIVE+		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	6-8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	Microscopy
RBC	NIL	/hpf	0-2	Microscopy
CASTS	NIL	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	AMORPHOUS URATE CRYSTALS PRESENT	/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.



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

SIN No: ASR241104013



Patient Name : Mr.PUNERIYA GAUTHAM	Collected : 13/Nov/2024 11:00AM
Age/Gender : 23 Y 8 M 20 D/M	Received : 13/Nov/2024 01:38PM
UHID/MR No : CASR.0000190957	Reported : 13/Nov/2024 03:48PM
Visit ID : CASROPV236232	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 12	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
STOOL ROUTINE EXAMINATION , STOOL				
PHYSICAL EXAMINATION				
COLOUR	BROWN			Macroscopy
CONSISTENCY	SEMISOLID			Macroscopy
MUCUS	ABSENT		ABSENT	Macroscopy
CHEMICAL EXAMINATION				
OCCULT BLOOD	NEGATIVE		NEGATIVE	Guaiac Method
pH	6.0		5-7.5	Double Indicator
MICROSCOPIC EXAMINATION				
PUS CELLS	1-2	/hpf	0-5	Microscopy
RED BLOOD CELLS	NIL	/hpf	Nil	Microscopy
OVA	ABSENT		ABSENT	Lugols Iodine
CYSTS	ABSENT		ABSENT	Lugols Iodine
EPITHELIAL CELLS	NIL	/hpf	<10	Microscopy
VEGETABLE CELLS	ABSENT		ABSENT	Microscopy
MUSCLE FIBRES	ABSENT		ABSENT	Microscopy
STARCH GRANULES	ABSENT		ABSENT	Microscopy
FAT GLOBULES	ABSENT		ABSENT	Microscopy
OTHERS	BACTERIA PRESENT			Microscopy

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

R. Tejomayi

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

B. Pavani

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

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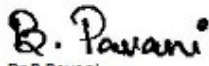
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Emp/Auth/TPA ID	: 12		

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.



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



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



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Patient Name	: Mr. puneriya gautham	Age	: 23Yrs 8Mths 21Days
UHID	: CASR.0000190957	OP Visit No.	: CASROPV236232
Printed On	: 13-11-2024 01:54 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 12		

DEPARTMENT OF CARDIOLOGY

Observation :-

1. Sinus Rhythm.
2. Heart rate is 74 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. MRINAL .

MBBS, DIPCARD member of American college of Cardiology
58051
Cardiology

Patient Name	: Mr. puneriya gautham	Age	: 23Yrs 8Mths 21Days
UHID	: CASR.0000190957	OP Visit No.	: CASROPV236232
Printed On	: 13-11-2024 12:39 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 12		

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

---End Of The Report---



Dr.K PRAVEEN BABU

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Radiology

Asraonagar Apolloclinic

From: noreply@apolloclinics.info
Sent: Tuesday, November 12, 2024 4:15 PM
To: network@mediwheel.in
Cc: Asraonagar Apolloclinic; Jyothsna Thaluka; Syamsunder M
Subject: Your appointment is confirmed



Dear puneriya gautham,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **A.S. RAO NAGAR clinic** on **2024-11-13** at **07:00-07:15**.

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: A-12, # 1-9-71/A/12/B, RISHAB HEIGHTS, RUKMINIPURI HOUSING COLONY, A.S.RAO NAGAR.

Contact No: (040) 48522317.

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

आयकर विभाग
INCOME TAX DEPARTMENT

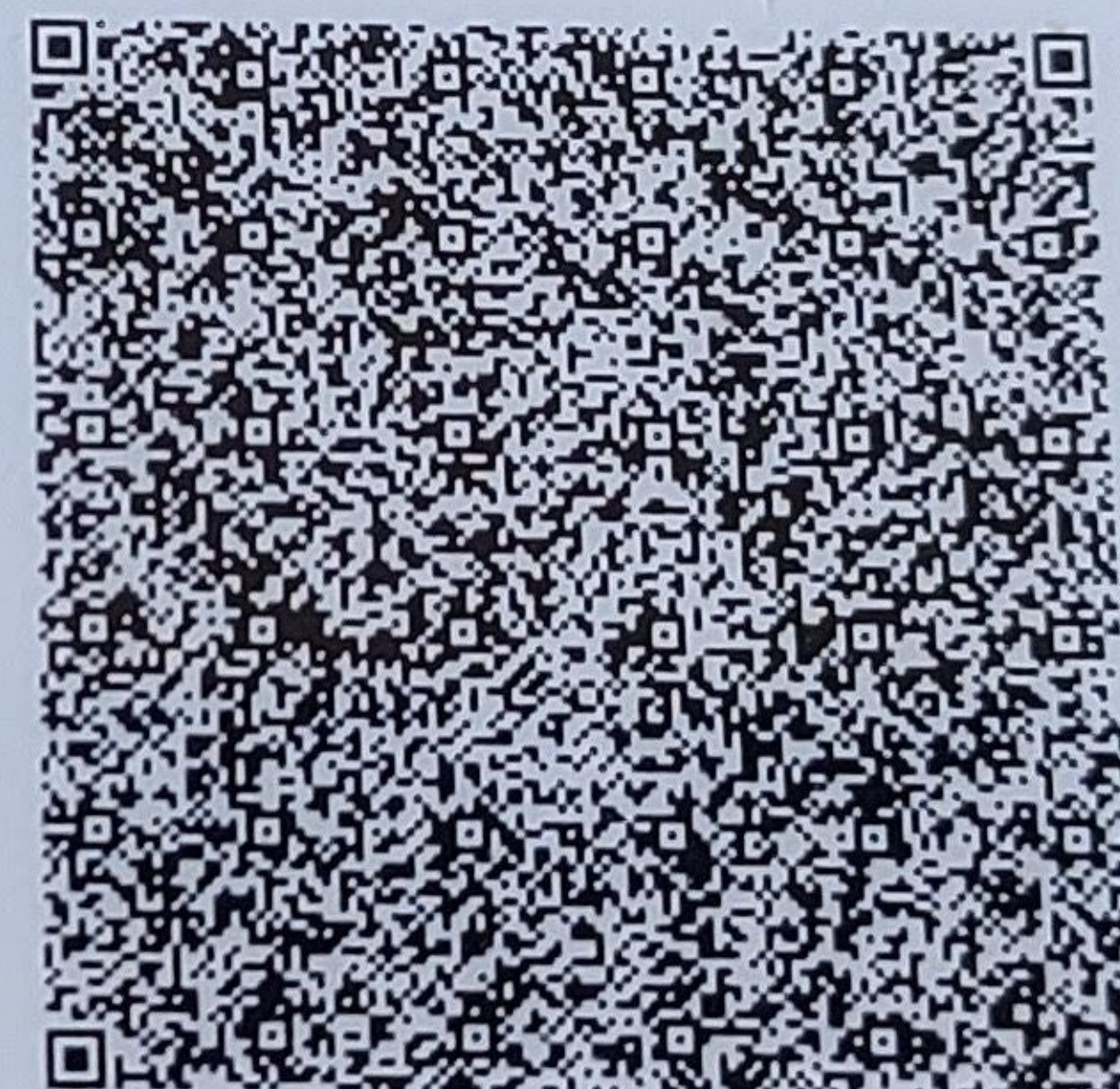


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

DKXPG7800Q



नाम / Name

PUNERIYA GOUTHAM

पिता का नाम / Father's Name

PUNERIYA PASHUPATINATH

जन्म की तारीख

Date of Birth

24/02/2001

P. Goutham

हस्ताक्षर / Signature

30122020



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...Your wellness partner

Arcofemi Healthcare Pvt Ltd

(Formerly known as Arcofemi Healthcare Ltd)

F-701A, Lado Sarai, Mehrauli, New Delhi - 110030

Email: wellness@mediwheel.in, Website: www.mediwheel.in

Tel: +91-11-41195959, Fax: +91-11-29523020

CIN: U24240DL2011PTC216307

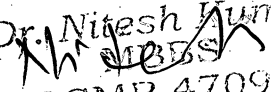
MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that **Mr.Puneriya Gautham** aged, **23yr.** Based on the examination, I certify that he is in good dental and physical health and it is free from any physical defects such as deafness, color blindness, and any chronic or contagious diseases.

Place: Hyderabad

Date: 13/11/2024

Dr. Nitesh Kumar

BCMR 47093
Name & Signature of

Medical officer