

Patient Name : Mr.KARTHIK S  
Age/Gender : 26 Y 7 M 24 D/M  
UHID/MR No : APJ1.0004699695  
Visit ID : CANNOPV449375  
Ref Doctor : Self

Collected : 27/Feb/2025 09:10AM  
Received : 27/Feb/2025 12:54PM  
Reported : 27/Feb/2025 02:03PM  
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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.2	gm%	13-17	Cyanide-free SLS Hemoglobin
PCV	45.70	%	40-50	Fluorescence Flow Cytometry
RBC COUNT	5.36	Million/ul	4.5-5.5	Fluorescence Flow Cytometry
MCV	85.3	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	12.2	%	11.6-14	Fluorescence Flow Cytometry
TOTAL LEUCOCYTE COUNT (TLC)	5,770	cells/cu.mm	4000-10000	Fluorescence Flow Cytometry
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	<b>37.3</b>	%	40-80	Fluorescence Flow Cytometry
LYMPHOCYTES	<b>43.0</b>	%	20-40	Fluorescence Flow Cytometry
EOSINOPHILS	<b>11.3</b>	%	1-6	Fluorescence Flow Cytometry
MONOCYTES	7.5	%	2-10	Fluorescence Flow Cytometry
BASOPHILS	0.9	%	0-2	Fluorescence Flow Cytometry
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2152.21	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2481.1	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	<b>652.01</b>	Cells/cu.mm	20-500	Calculated
MONOCYTES	432.75	Cells/cu.mm	200-1000	Calculated
BASOPHILS	51.93	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.87		0.78- 3.53	Calculated

Page 1 of 7



**Dr. MARQUESS RAJ**  
M.D, DipRCPath, D.N.B (PATH)  
Consultant Pathologist

SIN No: CAG250206765

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<b>PLATELET COUNT</b>	242000	cells/cu.mm	150000-410000	Fluorescence Flow Cytometry
MPV	9.1	fl	8.1-13.9	Calculated
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	4	mm/hour	0-15	Capillary photometry

**PERIPHERAL SMEAR**

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.



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Consultant Pathologist

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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - PMC PACK H - 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	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.



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

SIN No:CAG250206765

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This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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Age/Gender : 26 Y 7 M 24 D/M	Received : 27/Feb/2025 01:01PM
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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	98	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)	101	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	20.6	U/L	10-50	IFCC with Pyridoxal

Page 4 of 7



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



SIN No:CAG250206764

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**DEPARTMENT OF BIOCHEMISTRY**

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

**(ALT/SGPT) , SERUM**

Phosphate

**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
<b>BILIRUBIN, TOTAL , SERUM</b>	0.39	mg/dL	0-1.2	Diazo

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BUN/CREATININE RATIO , SERUM</b>				
BLOOD UREA NITROGEN	15.8	mg/dL	8.0 - 23.0	Calculated
CREATININE	0.82	mg/dL	0.7-1.2	Jaffe
.eGFR - ESTIMATED GLOMERULAR FILTRATION RATE	121.25	mL/min/1.73m <sup>2</sup>	>60	CKD-EPI FORMULA
BUN / CREATININE RATIO	19.11			Calculated

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>CREATININE , SERUM</b>	0.82	mg/dL	0.7-1.2	Jaffe
<b>.eGFR - ESTIMATED GLOMERULAR FILTRATION RATE , SERUM</b>	121.25	mL/min/1.73m <sup>2</sup>	>60	CKD-EPI FORMULA



**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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.026		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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*

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



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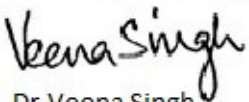
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DEPARTMENT OF CLINICAL PATHOLOGY

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

\*\*\* End Of Report \*\*\*

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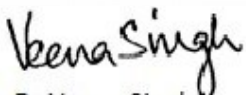
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#### TERMS AND CONDITIONS GOVERNING THIS REPORT

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.

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



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UHID	: APJ1.0004699695	OP Visit No.	: CANNOPV449375
Printed On	: 27-02-2025 10:12 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: --		

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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. PRAVEENA T  
MBBS, DMRD, FAGE  
72064  
Radiology

---

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UHID	: APJ1.0004699695	OP Visit No.	: CANNOPV449375
Printed On	: 27-02-2025 05:18 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: --		

---

**DEPARTMENT OF CARDIOLOGY**

---

**ECG**

**Observation :-**

- 1. Normal Sinus Rhythm.**
- 2. Heart rate is 65 beats per minutes.**

**Impression:**

**NORMAL RESTING ECG.**

---End Of The Report---

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

Name: Mr. Karthik S.  
 Occupation: .....  
 Age: 26y Sex: Male  Female   
 Address: .....  
 Ph: .....

Date: 27/2/25 Reg. No.: 9695  
 Ref. Physician: .....  
 Copies to: .....

**REPORT ON OPHTHALMIC EXAMINATION**

History: Nil

Present Complaint: Nil

**ON EXAMINATION:**

	RE	LE
Ocular Movements :	Full	Full.
Anterior Segment :		N.
Intra-Ocular-Pressure :	N	N.
Visual Acuity: D.V. :		6/6.
Without Glass :	6/6	
With Glass :	Nb	X/6.
N.V. :		
Visual Fields :		
Fundus :	Full	Full
Impression :		Normal
Advice :		
Colour Vision :	Normal	

**OPHTHALMOLOGY / OPTOMETRIST**  
Sushan.

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**JAFPK6584R**



24012025

नाम / Name  
KARTHIK S

पिता का नाम / Father's Name  
SUBRAMANI

जन्म की तारीख /  
Date of Birth  
03/07/1998

*S. Karthik*

हस्ताक्षर / Signature

Re: Health Check up Booking Request(36E2969), Package Code(ARCOFEMI MEDIWHEEL - PRE EMPLOYMENT- H)

From Karthik S <akarthik0308@gmail.com>  
Date Thu 2/27/2025 8:47 AM  
To Annanagar Apolloclinic <annanagar@apolloclinic.com>

On Tue, Feb 25, 2025, 5:39 PM Mediwheel <[wellness@mediwheel.in](mailto:wellness@mediwheel.in)> wrote:

Dear Karthik S,

We have received your booking request for the following health checkup,

**User Package Name** : Pre-Employment Health Checkup Male  
**Package Code** : ARCOFEMI MEDIWHEEL - PRE EMPLOYMENT- H  
**Name of Diagnostic/Hospital** : Apollo Medical centre - Anna Nagar  
**Address of Diagnostic/Hospital** : Apollo Medical Centre, 30, [F- Block, 2nd Avenue, Anna Nagar East, Chennai, Tamil Nadu - 600040](#)  
**Appointment Date** : 27-02-2025  
**Preferred Time** : 08:30 AM - 09:00 AM

Member Information		
Booked Member Name	Age	Gender
Karthik S	26 year	Male

**Note - Do not pay any amount to the hospital**

**Tests included in this Package**

- ESR
- Blood Glucose (Fasting)
- Creatinine
- Bilirubin Total
- Blood Glucose (Post Prandial)
- SGPT
- BUN
- CBC
- Blood Group ABO RH Typing
- Chest X-ray
- ECG
- General Physician Consultation

- Eye Check-up Consultation

Thanks,  
Mediwheel Team  
Please Download Mediwheel App

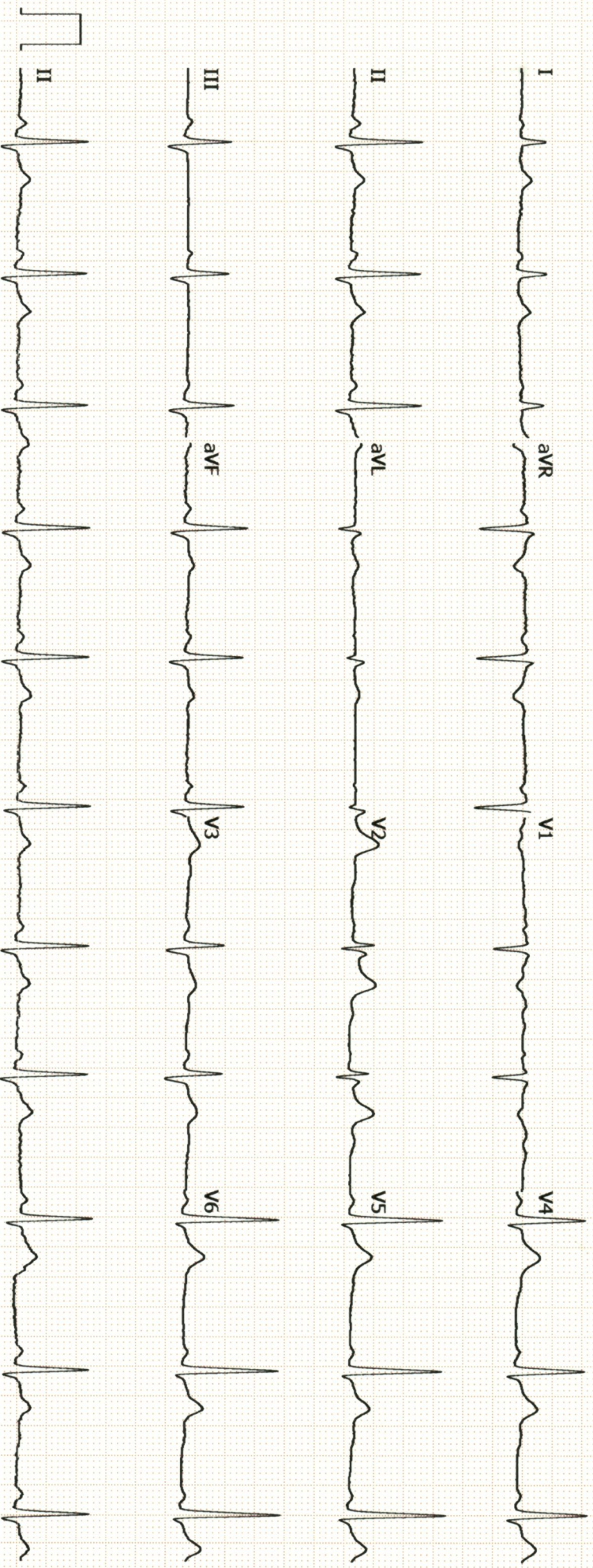
You have received this mail because your e-mail ID is registered with **Arcofemi Healthcare Limited** This is a system-generated e-mail please don't reply to this message.

Please visit to our [Terms & Conditions](#) for more informaion. [Click here](#) to unsubscribe.

@ 2025 - 26, Arcofemi Healthcare Pvt Limited.(Mediwheel)

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 104 ms  
QT / QTcBaz : 392 / 407 ms  
PR : 126 ms  
P : 90 ms  
RR / PP : 918 / 923 ms  
P / QRS / T : 65 / 66 / 46 degrees



*S. Karthik*



## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of KARTHIK - S on 27.2

After reviewing the medical history and on clinical examination it has been found that he/she is

<p><i>Follow up on Einnephria</i></p> <p>• Medically Fit for Employment.</p>	Tick
<p>Fit with restrictions/recommendations</p> <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 checked="" type="checkbox"/>
<p>• Currently Unfit. Review after _____ recommended</p> <p>• Unfit</p>	<input type="checkbox"/>

*[Signature]*

Dr. \_\_\_\_\_  
Medical Officer  
The Apollo Clinic, (Location)

**Dr. SUMA RAGHURAM**  
MBBS, DA, DNB, M. Med  
*This certificate is not meant for medico-legal purposes*  
Family Physici  
Regn. No. 60053

**APOLLO CLINICS NETWORK**