

Patient Name : Mr.OSUKULA SAICHANDER  
 Age/Gender : 30 Y 8 M 9 D/M  
 UHID/MR No : CUPP.0000094591  
 Visit ID : CUPPOPV146000  
 Ref Doctor : Self  
 Emp/Auth/TPA ID : 9920144559

Collected : 22/Feb/2025 07:57AM  
 Received : 22/Feb/2025 12:20PM  
 Reported : 22/Feb/2025 01:47PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.6	g/dL	13-17	Spectrophotometer
PCV	47.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.32	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88.6	fL	83-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.9</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,940	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	55	%	40-80	Flow cytometry
LYMPHOCYTES	35	%	20-40	Flow cytometry
EOSINOPHILS	2	%	1-6	Flow cytometry
MONOCYTES	8	%	2-10	Flow cytometry
BASOPHILS	0	%	0-2	Flow cytometry
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3267	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2079	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	118.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	475.2	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.57		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	327000	cells/cu.mm	150000-410000	Electrical impedance
MPV	8.4	Fl	8.1-13.9	Calculated
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	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



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

SIN No: UPP250202337

This test has been performed at Apollo Health and Lifestyle Ltd- Hyderabad.




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DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN  
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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

SIN No:UPP250202337

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**CAP**  
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COLLEGE of AMERICAN PATHOLOGISTS



Patient Name	: Mr.OSUKULA SAICHANDER	Collected	: 22/Feb/2025 07:57AM
Age/Gender	: 30 Y 8 M 9 D/M	Received	: 22/Feb/2025 12:20PM
UHID/MR No	: CUPP.0000094591	Reported	: 22/Feb/2025 04:36PM
Visit ID	: CUPPOPV146000	Status	: Final Report
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Emp/Auth/TPA ID	: 9920144559		


DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK D - 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			Microplate technology
Rh TYPE	Positive			Microplate technology

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

SIN No:UPP250202337

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Patient Name	: Mr.OSUKULA SAICHANDER	Collected	: 22/Feb/2025 07:57AM
Age/Gender	: 30 Y 8 M 9 D/M	Received	: 22/Feb/2025 12:38PM
UHID/MR No	: CUPP.0000094591	Reported	: 22/Feb/2025 01:34PM
Visit ID	: CUPPOPV146000	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9920144559		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	92	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.



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

SIN No:UPP250202338

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Patient Name	: Mr.OSUKULA SAICHANDER	Collected	: 22/Feb/2025 07:57AM
Age/Gender	: 30 Y 8 M 9 D/M	Received	: 22/Feb/2025 12:42PM
UHID/MR No	: CUPP.0000094591	Reported	: 22/Feb/2025 01:52PM
Visit ID	: CUPPOPV146000	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9920144559		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>ALANINE AMINOTRANSFERASE (ALT/SGPT) , SERUM</b>	37.4	U/L	10-50	IFCC with Pyridoxal 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>TOTAL CHOLESTEROL , SERUM</b>	211	mg/dL	< 200	CHOD-PAD



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

SIN No: UPP250202335

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Patient Name : Mr.OSUKULA SAICHANDER  
Age/Gender : 30 Y 8 M 9 D/M  
UHID/MR No : CUPP.0000094591  
Visit ID : CUPPOPV146000  
Ref Doctor : Self  
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Collected : 22/Feb/2025 07:57 AM  
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
UREA , SERUM	18.80	mg/dL	17-43	GLDH, Kinetic Assay



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

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Visit ID	: CUPPOPV146000	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9920144559		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
CREATININE , SERUM	0.74	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
eGFR - ESTIMATED GLOMERULAR FILTRATION RATE , SERUM	123.18	mL/min/1.73m <sup>2</sup>	>60	CKD-EPI FORMULA



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

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Collected : 22/Feb/2025 07:57AM  
 Received : 22/Feb/2025 04:22PM  
 Reported : 22/Feb/2025 05:19PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK D - 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	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.016		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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	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	1	/hpf	0-2	Automated Image based microscopy
CASTS	ABSENT	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	ABSENT	/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.

*M. Muttavarapu Viswanath*

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

SIN No:UPP250202339

This test has been performed at Apollo Health and Lifestyle Ltd- Hyderabad.





Patient Name : Mr.OSUKULA SAICHANDER  
Age/Gender : 30 Y 8 M 9 D/M  
UHID/MR No : CUPP.0000094591  
Visit ID : CUPPOPV146000  
Ref Doctor : Self  
Emp/Auth/TPA ID : 9920144559

Collected : 22/Feb/2025 07:57AM  
Received : 22/Feb/2025 04:22PM  
Reported : 22/Feb/2025 05:19PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

*M. Muttavarapu Viswanath*

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

SIN No: UPP250202339

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**CAP**  
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Patient Name : Mr.OSUKULA SAICHANDER	Collected : 22/Feb/2025 07:57AM
Age/Gender : 30 Y 8 M 9 D/M	Received : 23/Feb/2025 10:04AM
UHID/MR No : CUPP.0000094591	Reported : 23/Feb/2025 11:30AM
Visit ID : CUPPOPV146000	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>STOOL ROUTINE EXAMINATION , STOOL</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	YELLOWISH		Clear To Pale Yellow	Macroscopy
CONSISTENCY	SEMISOLID			Macroscopy
MUCUS	ABSENT		ABSENT	Macroscopy
<b>CHEMICAL EXAMINATION</b>				
OCCULT BLOOD	NEGATIVE		NEGATIVE	Guaiac Method
pH	6.0		5-7.5	Double Indicator
<b>MICROSCOPIC EXAMINATION</b>				
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

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

*M. Muttavarapu Viswanath*

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

SIN No:UPP250202336

This test has been performed at Apollo Health and Lifestyle Ltd- Hyderabad.



Patient Name : Mr.OSUKULA SAICHANDER  
Age/Gender : 30 Y 8 M 9 D/M  
UHID/MR No : CUPP.0000094591  
Visit ID : CUPPOPV146000  
Ref Doctor : Self  
Emp/Auth/TPA ID : 9920144559

Collected : 22/Feb/2025 07:57AM  
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Reported : 23/Feb/2025 11:30AM  
Status : 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 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.

*M. Muttavarapu Viswanath*

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

SIN No: UPP250202336

This test has been performed at Apollo Health and Lifestyle Ltd- Hyderabad.



Patient Name	: Mr. Osukula Saichander	Age	: 30Yrs 8Mths 11Days
UHID	: CUPP.0000094591	OP Visit No.	: CUPPOPV146000
Printed On	: 22-02-2025 09:04 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 9920144559		

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### DEPARTMENT OF RADIOLOGY

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Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen.

Both costophrenic and cardio phrenic angles are clear.

Cardiac shadow is normal.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

#### CONCLUSION :

No obvious abnormality seen.

---End Of The Report---

*M. Jyothirmai*

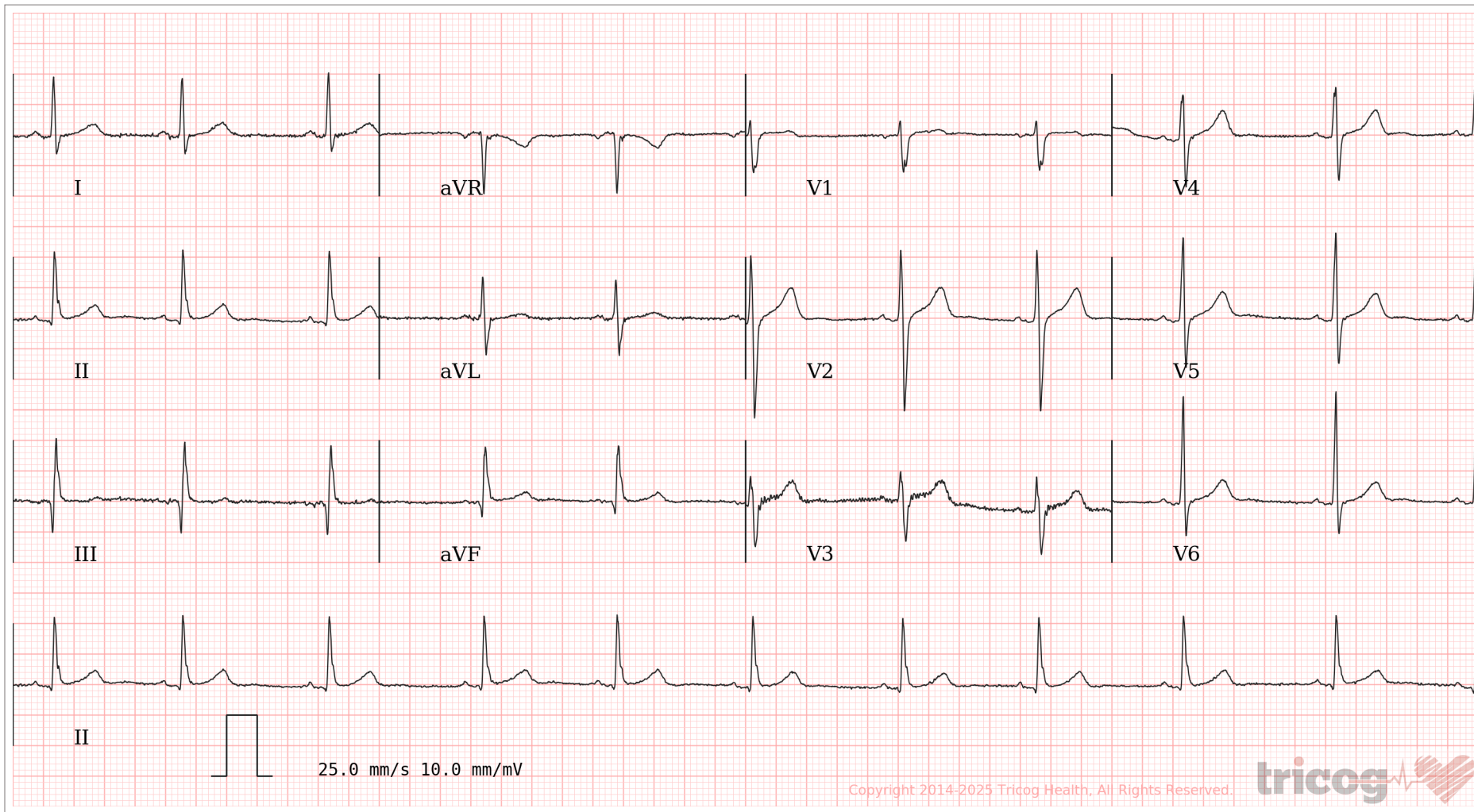
Dr. MATTA JYOTHIRMAI  
MBBS, MDRD  
APMC/FMR/74706  
Radiology



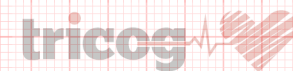


Age / Gender: 30/Male  
Patient ID: 0000094591  
Patient Name: Mr O Sai Chander

Date and Time: 22nd Feb 25 8:22 AM



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AR: 64bpm    VR: 64bpm    QRSD: 90ms    QT: 388ms    QTcB: 400ms    PRI: 134ms    P-R-T: 14° 52° 39°

ECG Within Normal Limits: Sinus Rhythm, Normal ECG, correlate clinically. Please correlate clinically.

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

REPORTED BY



DR VINAY



72045



The Apollo Clinic  
PHYSICAL EXAMINATION FORM

Date 22/2/25 Age 30/m  
Name Mr. O. Saichander UHID: 94591  
Height 160 Cms BMI 29.7  
Weight 76 Kgs BP 130/80

Apollo Clinic, H NO.6-48/3, PEERZADIGUDA, BESIDE RAMRAJ  
COTTONS, BODUPPAL, R RDISTRCT, HYD PH. NO.04049503373/74

**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination

of Mr. D-Saichandee on 24/2/25.

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <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"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

Dr. **KORRUKA TRIVENI**  
TSMC/FMR/05078  
Medical Officer  
APOLLO FAMILY PHYSICIAN

*This certificate is not meant for medico-legal purposes*

# POWER PRESCRIPTION

NAME: O. Sai Chandan

GENDER: M/f

DATE: 22/02/25

AGE: 30

UHID: 94591

## RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	0.50	—		6/6
NEAR				6/6

## LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	0.50	—		6/6
NEAR				6/6

COLOUR VISION : Normal

DIAGNOSIS : }  
OTHER FINDINGS : }  
INSTRUCTIONS : }



SIGNATURE



## Apollo Clinic Uppal

---

**From:** noreply@apolloclinics.info  
**Sent:** Thursday, February 20, 2025 06:21 PM  
**To:** saichander.1433@gmail.com  
**Cc:** Apollo Clinic Uppal; Nishanth Reddy; Syamsunder M  
**Subject:** Your appointment is confirmed



**Dear OSUKULA SAICHANDER ,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **Apollo Clinic Uppal clinic** on **2025-02-22** at **07:15 - 07:30**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324]</b>

**"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: APOLLO CLINIC NEAR PILLAR NO 91, BESIDE RAMRAJ COTTON SHOWROOM,CANARA NAGAR BUS STOP, WARANGAL HIGHWAY,.**

**Contact No: (040) 49503373 -74/.**

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



భారత ప్రభుత్వం

Government of India



ఓసుకుల సాయిచందర్

Osukula Saichander

పుట్టిన తేదీ/DOB: 13/06/1994

పురుషుడు/ MALE



3330 7853 3149

VID : 9134 8346 0428 0830

నా ఆధార్, నా గుర్తింపు



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ

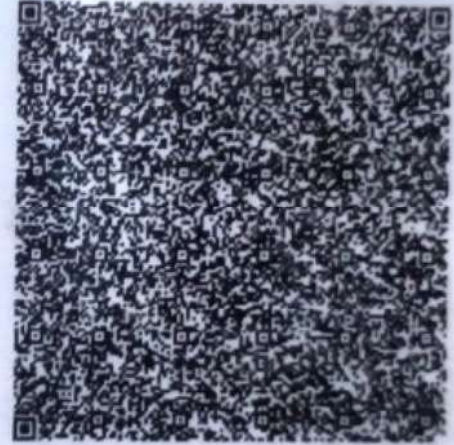
Unique Identification Authority of India

విరువామా:

S/O ఒనుకుల హనుమంతు లేట్, ౧౭-౧-  
౧౮౧/అ/౧౦౨, చంద్రయ్య హుత్స్, మదన్నపేట్, సైదాబాద్,  
హైదరాబాద్,  
ఆంధ్ర ప్రదేశ్ - 500059

**Address:**

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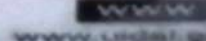
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