

CERTIFICATE OF MEDICAL FITNESS

Height : 170. Cm	Weight : 88.5 kg	BMI :	BP : / mmHg
OPTHAL CHECK : Right Eye : 6/6		Left Eye : 6/6.	Colour vision : C

This is to certify that I have conducted the clinical examination

Of Mr. Lourds Divakar L. on 10.2.24,

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

- Medically Fit
- FIT FOR WORK.
- Fit with restrictions/recommendations

? Hypothyroidism
Adv
consult

Though following restrictions have been revealed, in my opinion, these are not impediments to the job.

- 1.....
- 2.....
- 3.....

However the employee should follow the advice/medication that has been communicated to him/her.

Review after _____

- Currently Unfit.
Review after nil recommended
- Unfit nil

M3

Dr. _____
Medical officer
Apollo clinic(Location)

This certificate is not meant for medico-legal purposes

Dr. M S KOUTILYA CHOUDARY
MBBS, MD.

Sqn Ldr (Retd),
Reg. No. TNMC 167543

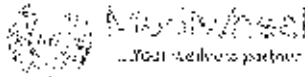
Health Check up Booking Confirmed Request(bobSS1643),Package Code-
PKG10000366, Beneficiary Code-297002

Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

Sat 03 02 2024 16:46

To:daisysahayaraj@gmail.com <daisysahayaraj@gmail.com>

Cc:Customer Care (Mediwheel) : New Delhi <customercare@mediwheel.in>



011-41195959

Dear MRS. S ARO DAISY,

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

Booking Date : 27-11-2023

Hospital Package Name : Mediwheel Full Body Annual Plus

Patient Package Name : Mediwheel Full Body Health Checkup Male Below 40

Name of Diagnostic/Hospital : Apofic Clinic

Address of Diagnostic/Hospital : Apofic Clinic, Plot no:46, 7th street, Near Vijayanagar bus stand, Tansi nagar, Velachery - 600042

City : Chennai

State :

Pincode : 600042

Appointment Date : 10-02-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:00am-8:30am

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
LOURDS DIWAKAR	35 year	Male

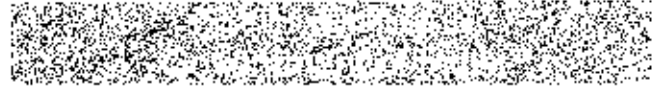
Note - Please note to not pay any amount.

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.



பதிவேட்டு எண் / Enrollment No.: 0635/11872/81075

to
லூடர்ஸ் திவகர் லூர்
Lourds Divakar L
S/O: Leo Sundar Raj,
38/A, DURIASAMPURAM 4TH STREET,
PALAKARAI,
VTC: Tiruchirappalli,
PO: Tiruchirappalli,
Sub District: Tiruchirappalli, District: Tiruchirappalli,
State: Tamil Nadu,
PIN Code: 620031,
Phone: 9994048006

06352



MF36463252074



உங்கள் ஆதார் எண் / Your Aadhaar No. :

8678 5394 1464

எனது ஆதார், எனது அடையாளம்

Div



சமூக நல அமைச்சு
Department of Social Justice
Government of India

Issue Date : 12/03/2012



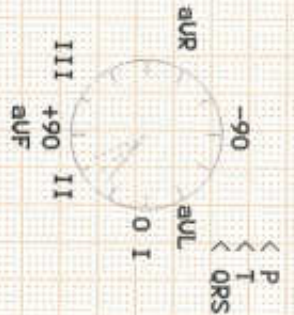
லூடர்ஸ் திவகர் லூர்
Lourds Divakar L
பிறந்த நாள் / DOB : 21/10/1986
ஆண்பால் / Male

8678 5394 1464

எனது ஆதார், எனது அடையாளம்

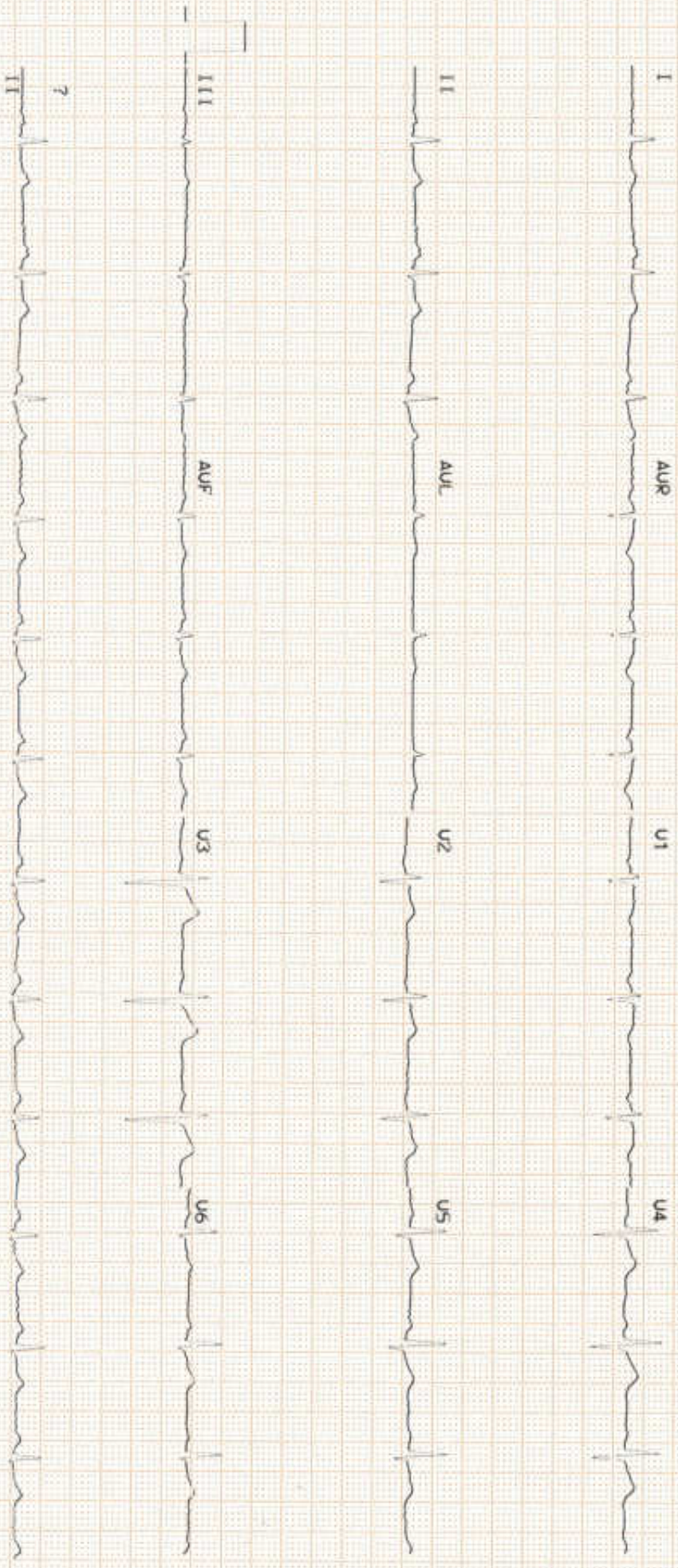
Measurement Results:

QRS	92 ms
QT/QTcB	366 / 409 ms
PR	140 ms
P	102 ms
RR/PP	800 / 800 ms
p/QRS/T	55 / 40 / 50 degrees
QTd/QTcBd	36 / 40 ms
Sokolow	1.0 mV
NK	9



Interpretation:

Unconfirmed report.



Date: 10/02/24

Ref. by:

Name: Mr. Lourds Divakar
Consultant: Dr. Mfrayana

Age: 35y Sex: M/F
UHID: 141498

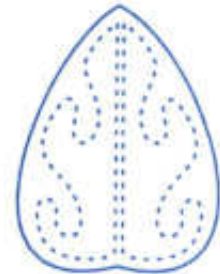
ALLERGIES :

Chief Complaints:

Pain Score : _____ Location : _____ Character : _____

No ENT complaints

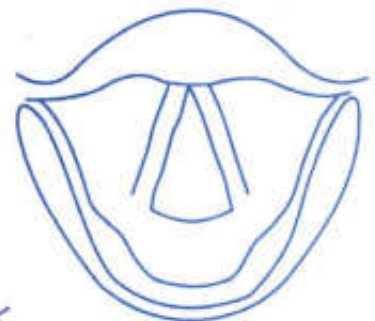
NOSE



THROAT



LARYNX



Past History :

Nutritional assessment :

Build :

Social History : Smoking Ethanol Tobacco

Clinical Examination :

B/L trm ok. ; nix dry wax.

DSR

Throat - NAD

OPHTHALMOLOGY



Name <i>Mr. Louds Divakas</i>	Date <i>10/2/2024</i>
Age <i>35 yrs</i>	UHID No. <i>141498</i>
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	

OPHTHAL FITNESS CERTIFICATE

	RE	LE
DV-UCVA :	<i>6/6⁻¹</i>	<i>6/6⁻¹ (BE) 6/6</i>
DV-BCVA :		
NEAR VISION :	<i>N₆</i>	<i>N₆</i>
ANTERIOR SEGMENT :		
IOP :		
FIELDS OF VISION :	<i>(N)</i>	<i>(N)</i>
E O M :		
COLOUR VISION :	<i>Normal</i>	<i>Normal</i>
FUNDUS :		
IMPRESSION :		
ADVICE :	<i>Fit /e/r - 6 months.</i>	

[Signature]
10/2/2024

Name: Mr. LOURDS DIVAKAR L
Age/Gender: 35 Y/M
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. V J NIRANJANA BHARATHI

MR No: CVEL.0000141498
Visit ID: CVELOPV198707
Visit Date: 10-02-2024 10:43
Discharge Date:
Referred By: SELF

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
10-02-2024 17:21	78 Beats/min	120/70 mmHg	18 Rate/min	98 F	88.5 cms	170 Kgs	%	%	Years	217.05	cms	cms	cms		AHLL05400

Name: Mr. LOURDS DIVAKAR L
Age/Gender: 35 Y/M
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. YASODHA KUMARA REDDY MOKKALA

MR No: CVEL.0000141498
Visit ID: CVELOPV198707
Visit Date: 10-02-2024 10:43
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mr. LOURDS DIVAKAR L
Age/Gender: 35 Y/M
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SHILFA NIGAR N

MR No: CVEL.0000141498
Visit ID: CVELOPV198707
Visit Date: 10-02-2024 10:43
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Established Patient: No

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Established Patient: No

Vitals

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Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
10-02-2024 17:21	78 Beats/min	120/70 mmHg	18 Rate/min	98 F	88.5 cms	170 Kgs	%	%	Years	217.05	cms	cms	cms		AHLL05400

Name: Mr. LOURDS DIVAKAR L
Age/Gender: 35 Y/M
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. BENITA JAYACHANDRAN

MR No: CVEL.0000141498
Visit ID: CVELOPV198707
Visit Date: 10-02-2024 10:43
Discharge Date:
Referred By: SELF

Doctor's Signature

Patient Name	: Mr. LOURDS DIVAKAR L	Age/Gender	: 35 Y/M
UHID/MR No.	: CVEL.0000141498	OP Visit No	: CVELOPV198707
Sample Collected on	:	Reported on	: 10-02-2024 16:05
LRN#	: RAD2232625	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: ADHAAR NO 8678 5394 1464		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

Cardiothoracic ratio is mildly increased.

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

*** MILD CARDIOMEGALY.**



Dr. PASUPULETI SANTOSH KUMAR
M.B.B.S., DNB (RADIODIAGNOSIS)
Radiology

Patient Name	: Mr. LOURDS DIVAKAR L	Age/Gender	: 35 Y/M
UHID/MR No.	: CVEL.0000141498	OP Visit No	: CVELOPV198707
Sample Collected on	:	Reported on	: 10-02-2024 13:31
LRN#	: RAD2232625	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: ADHAAR NO 8678 5394 1464		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size (13.6 cms) with increased echogenicity. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal (9.5 cms). No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side. Right kidney - 9.1 x 4.1 cms Left kidney - 10.5 x 5.1 cms

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate is normal in size 3.0 x 2.4 x 3.0 cms (vol 11.7 cc) and echo texture.

IMPRESSION: * GRADE 1 FATTY LIVER.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. PASUPULETI SANTOSH KUMAR
M.B.B.S., DNB (RADIOLOGY)

Radiology

Patient Name : Mr.LOURDS DIVAKAR L	Collected : 10/Feb/2024 10:47AM
Age/Gender : 35 Y 3 M 20 D/M	Received : 10/Feb/2024 02:53PM
UHID/MR No : CVEL.0000141498	Reported : 10/Feb/2024 07:19PM
Visit ID : CVELOPV198707	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ADHAAR NO 8678 5394 1464	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



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

SIN No:BED240034043

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 - U85110TG2000PLC115B19)
Regd. Office: 1-10-66/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 940-4904 7777, Fax No: 4904 7744

Address:
D No.36, F - Block, 2nd Avenue, Anna Nagar East, Chennai-600 102.
Phone - 044 26224504 / 85


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www.apolloclinic.com

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | **Andhra Pradesh: Vizag** (Seethamma Peta) | **Karnataka: Bangalore** (Binwanagudi | Bellandur | Electronics City | Frazer Town | Hill Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | **Mysore** (VV Mohalla) | **Tamil Nadu: Chennai** (Anna Nagar | Kotturpuram | Moggappair | T Nagar | Velamavakkam | Velachery) | **Maharashtra: Pune** (Aundh | Nigdi Pradhikaran | Viman Nagar | Warananer) | **Uttar Pradesh: Ghazalbad** (Indrapuram) | **Gujarat: Ahmedabad** (Satellite) | **Punjab: Amritsar** (Court Road) | **Haryana: Faridabad** (Railway Station Road)



Patient Name : Mr.LOURDS DIVAKAR L	Collected : 10/Feb/2024 10:47AM
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Visit ID : CVELOPV198707	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ADHAAR NO 8678 5394 1464	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.3	g/dL	13-17	Spectrophotometer
PCV	44.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.02	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.5	fL	83-101	Calculated
MCH	30.5	pg	27-32	Calculated
MCHC	34.9	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58.4	%	40-80	Electrical Impedance
LYMPHOCYTES	31.1	%	20-40	Electrical Impedance
EOSINOPHILS	1.9	%	1-6	Electrical Impedance
MONOCYTES	7.9	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4964	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2643.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	161.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	671.5	Cells/cu.mm	200-1000	Calculated
BASOPHILS	59.5	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	374000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.



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APOLLO CLINICS NETWORK

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Patient Name : Mr.LOURDS DIVAKAR L	Collected : 10/Feb/2024 10:47AM
Age/Gender : 35 Y 3 M 20 DM	Received : 10/Feb/2024 02:53PM
UHID/MR No : CVEL.0000141498	Reported : 10/Feb/2024 07:19PM
Visit ID : CVELOPV198707	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ADHAAR NO 8678 5394 1464	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

WBC MORPHOLOGY : Normal in number, morphology and distribution. No abnormal cells seen.

PLATELETS : Adequate in number.

PARASITES : No haemoparasites seen.

IMPRESSION : Normocytic normochromic blood picture.

NOTE/ COMMENT : Please correlate clinically.



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Patient Name : Mr.LOURDS DIVAKAR L	Collected : 10/Feb/2024 10:47AM
Age/Gender : 35 Y 3 M 20 D/M	Received : 10/Feb/2024 02:53PM
UHID/MR No : CVEL.0000141498	Reported : 10/Feb/2024 08:00PM
Visit ID : CVELOPV198707	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ADHAAR NO 8678 5394 1464	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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



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Consultant Pathologist

SIN No:BED240034043

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-80/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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Address:
D No.38, F - Block, 2nd Avenue, Anna Nagar East, Chennai-600 102.
Phone - 044 26224504 / 85

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APOLLO CLINICS NETWORK

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Patient Name : Mr.LOURDS DIVAKAR L	Collected : 10/Feb/2024 10:47AM
Age/Gender : 35 Y 3 M 20 DM	Received : 10/Feb/2024 05:36PM
UHID/MR No : CVEL.0000141498	Reported : 10/Feb/2024 07:00PM
Visit ID : CVELOPV198707	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ADHAAR NO 8678 5394 1464	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	86	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:


- 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.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	76	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.



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



SIN No:PLP1417241

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Patient Name : Mr.LOURDS DIVAKAR L	Collected : 10/Feb/2024 10:47AM
Age/Gender : 35 Y 3 M 20 D/M	Received : 10/Feb/2024 02:53PM
UHID/MR No : CVEL.0000141498	Reported : 10/Feb/2024 06:16PM
Visit ID : CVELOPV198707	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ADHAAR NO 8678 5394 1464	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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SIN No:EDT240015091

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Patient Name : Mr.LOURDS DIVAKAR L	Collected : 10/Feb/2024 10:47AM
Age/Gender : 35 Y 3 M 20 D/M	Received : 10/Feb/2024 01:45PM
UHID/MR No : CVEL.0000141498	Reported : 10/Feb/2024 03:08PM
Visit ID : CVELOPV198707	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ADHAAR NO 8678 5394 1464	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	183	mg/dL	<200	CHO-POD
TRIGLYCERIDES	110	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	34	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	149	mg/dL	<130	Calculated
LDL CHOLESTEROL	127	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.38		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



DR. R. SRIVATSAN
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SIN No:SE04625649

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Patient Name	: Mr.LOURDS DIVAKAR L	Collected	: 10/Feb/2024 10:47AM
Age/Gender	: 35 Y 3 M 20 DM	Received	: 10/Feb/2024 01:45PM
UHID/MR No	: CVEL.0000141498	Reported	: 10/Feb/2024 03:08PM
Visit ID	: CVELOPV198707	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: ADHAAR NO 8678 5394 1464		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.83	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.67	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	51.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.6-8.3	Biuret
ALBUMIN	4.60	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.64		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:


- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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Patient Name : Mr.LOURDS DIVAKAR L	Collected : 10/Feb/2024 10:47AM
Age/Gender : 35 Y 3 M 20 D/M	Received : 10/Feb/2024 01:45PM
UHID/MR No : CVEL.0000141498	Reported : 10/Feb/2024 03:08PM
Visit ID : CVELOPV198707	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ADHAAR NO 8678 5394 1464	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.87	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	18.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.10	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.90	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101–109	ISE (Indirect)



DR. R. SRIVATSAN
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Age/Gender : 35 Y 3 M 20 D/M	Received : 10/Feb/2024 01:45PM
UHID/MR No : CVEL.0000141498	Reported : 10/Feb/2024 02:50PM
Visit ID : CVELOPV198707	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ADHAAR NO 8678 5394 1464	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.00	U/L	<55	IFCC



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M.D.(Biochemistry)



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Patient Name : Mr.LOURDS DIVAKAR L	Collected : 10/Feb/2024 10:47AM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.23	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.96	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	6.820	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



DR. R. SRIVATSAN
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SIN No:SPL24022464

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APOLLO CLINICS NETWORK

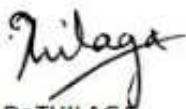
Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | **Andhra Pradesh: Vizag** (Seethamma Peta) | **Karnataka: Bangalore** (Binwanagudi) | Bellandur | Electronics City | Frazer Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road | **Mysore** (VV Mohalla) | **Tamil Nadu: Chennai** (Anna Nagar | Kotturpuram | Moggappalli | T Nagar | Velamavakkam | Velachery) | **Maharashtra: Pune** (Auridi) | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | **Uttar Pradesh: Ghazabad** (Indrapuram) | **Gujarat: Ahmedabad** (Satellite) | **Punjab: Amritsar** (Court Road) | **Haryana: Faridabad** (Railway Station Road)

Patient Name : Mr.LOURDS DIVAKAR L	Collected : 10/Feb/2024 10:47AM
Age/Gender : 35 Y 3 M 20 D/M	Received : 10/Feb/2024 06:55PM
UHID/MR No : CVEL.0000141498	Reported : 10/Feb/2024 07:27PM
Visit ID : CVELOPV198707	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ADHAAR NO 8678 5394 1464	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No:UR2279981

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 - U85110TG2000PLC115B19)
Regd. Office: 1-10-66/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohi.com | Email ID: enquiry@apollohi.com, Ph No: 940-4904 7777, Fax No: 4904 7744

Address:
D No.36, F - Block, 2nd Avenue, Anna Nagar East, Chennai-600 102.
Phone - 044 26224044 / 85

1860 500 7788
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APOLLO CLINICS NETWORK

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Patient Name : Mr.LOURDS DIVAKAR L	Collected : 10/Feb/2024 10:47AM
Age/Gender : 35 Y 3 M 20 D/M	Received : 10/Feb/2024 06:55PM
UHID/MR No : CVEL.0000141498	Reported : 10/Feb/2024 07:28PM
Visit ID : CVELOPV198707	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ADHAAR NO 8678 5394 1464	

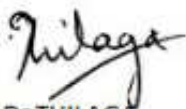
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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



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SIN No:UF010561

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