

Patient Name : Mr.RAMISETTI RAMANJULU	Collected : 03/Aug/2024 09:38AM
Age/Gender : 28 Y 5 M 1 D/M	Received : 03/Aug/2024 01:35PM
UHID/MR No : CHSR.0000164257	Reported : 03/Aug/2024 02:39PM
Visit ID : CHSROPV325981	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30193	

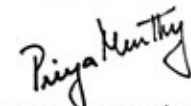
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.3	g/dL	13-17	Spectrophotometer
PCV	40.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>4.42</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	92.6	fL	83-101	Calculated
MCH	<b>32.4</b>	pg	27-32	Calculated
MCHC	<b>35</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.2</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	<b>3,440</b>	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	41.8	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>44.2</b>	%	20-40	Electrical Impedance
EOSINOPHILS	5.1	%	1-6	Electrical Impedance
MONOCYTES	7.6	%	2-10	Electrical Impedance
BASOPHILS	1.3	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	<b>1437.92</b>	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1520.48	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	175.44	Cells/cu.mm	20-500	Calculated
MONOCYTES	261.44	Cells/cu.mm	200-1000	Calculated
BASOPHILS	44.72	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.95		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	244000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	2	mm at the end of 1 hour	0-15	Modified Westgren method
<b>PERIPHERAL SMEAR</b>				



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Consultant Pathologist



Dr Priya Murthy  
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SIN No:BED240203273

This test has been performed at Apollo Health & Lifestyle Lab, BANGALORE Laboratory

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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RBCs: are normocytic normochromic

WBCs: are mildly decreased in total number with normal distribution and morphology.

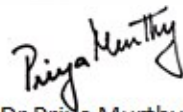
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD LEUCOPENIA.**



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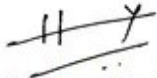
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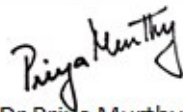
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination



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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	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.


Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	83	mg/dL	70-140	HEXOKINASE

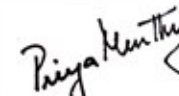
Comment:

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.

Test Name	Result	Unit	Bio. Ref. Range	Method
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Page 4 of 15

  
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 Consultant Biochemistry

  
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SIN No:EDT240083621

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DEPARTMENT OF BIOCHEMISTRY

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

HbA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA

HbA1C, GLYCATED HEMOGLOBIN	5.3	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. 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.


4. 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.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

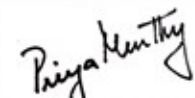
A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	236	mg/dL	<200	CHO-POD
TRIGLYCERIDES	174	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	192	mg/dL	<130	Calculated
LDL CHOLESTEROL	157.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	34.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.37		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.24		<0.11	Calculated


**Comment:**

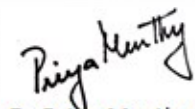
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.72	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.9		<1.15	Calculated
ALKALINE PHOSPHATASE	58.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.78	g/dL	6.6-8.3	Biuret
ALBUMIN	5.00	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.78	g/dL	2.0-3.5	Calculated
A/G RATIO	1.8		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:

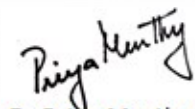
\*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.  
 \*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. 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. ALP elevation also seen in pregnancy, impacted by age and sex. \*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

  
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 Consultant Pathologist



SIN No:SE04799878

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
 Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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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 (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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Patient Name : Mr.RAMISETTI RAMANJULU	Collected : 03/Aug/2024 09:39AM
Age/Gender : 28 Y 5 M 1 D/M	Received : 03/Aug/2024 01:31PM
UHID/MR No : CHSR.0000164257	Reported : 03/Aug/2024 04:26PM
Visit ID : CHSROPV325981	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30193	

**DEPARTMENT OF BIOCHEMISTRY**

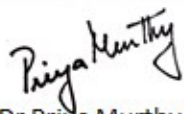
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



Dr.Govinda Raju N L  
MSc,PhD(Biochemistry)  
Consultant Biochemistry



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



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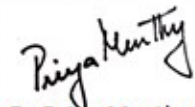
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.98	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	23.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.41	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.62	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.78	g/dL	6.6-8.3	Biuret
ALBUMIN	5.00	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.78	g/dL	2.0-3.5	Calculated
A/G RATIO	1.8		0.9-2.0	Calculated

  
**Dr. Govinda Raju N L**  
 MSc, PhD (Biochemistry)  
 Consultant Biochemistry

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



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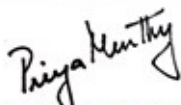
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Age/Gender : 28 Y 5 M 1 D/M	Received : 03/Aug/2024 01:31PM
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DEPARTMENT OF BIOCHEMISTRY

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



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



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Patient Name : Mr.RAMISETTI RAMANJULU	Collected : 03/Aug/2024 09:39AM
Age/Gender : 28 Y 5 M 1 D/M	Received : 03/Aug/2024 01:32PM
UHID/MR No : CHSR.0000164257	Reported : 03/Aug/2024 02:55PM
Visit ID : CHSROPV325981	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.31	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.68	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.930	µIU/mL	0.35-4.94	CMIA


Comment:

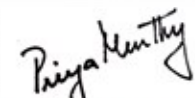
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- 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.
- 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.
- 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.
- 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

Page 11 of 15

  
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 MSc, PhD (Biochemistry)  
 Consultant Biochemistry

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



SIN No: SPL24127683

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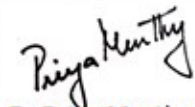
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Age/Gender	: 28 Y 5 M 1 D/M	Received	: 03/Aug/2024 01:32PM
UHID/MR No	: CHSR.0000164257	Reported	: 03/Aug/2024 02:55PM
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DEPARTMENT OF IMMUNOLOGY

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

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

  
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 Consultant Biochemistry

  
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Patient Name : Mr.RAMISETTI RAMANJULU	Collected : 03/Aug/2024 09:39AM
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DEPARTMENT OF CLINICAL PATHOLOGY

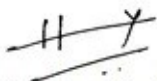
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Physical measurement
TRANSPARENCY	Clear		CLEAR	Physical measurement
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.017		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	0	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0	/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

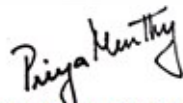
**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked

Page 13 of 15



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



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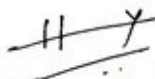
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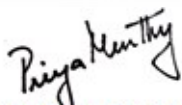
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.



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



Dr. Priya Murthy  
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Address:  
323/100/123, Doddathangur Village, Neeladri Main Road,  
Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034



Patient Name : Mr.RAMISETTI RAMANJULU	Collected : 03/Aug/2024 09:39AM
Age/Gender : 28 Y 5 M 1 D/M	Received : 03/Aug/2024 12:21PM
UHID/MR No : CHSR.0000164257	Reported : 03/Aug/2024 01:16PM
Visit ID : CHSROPV325981	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30193	

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

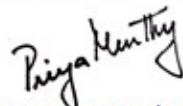
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:  
PERIPHERAL SMEAR



Dr. Vidya Aniket Gore  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



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



SIN No:UF012004

This test has been performed at Apollo Health & Lifestyle Ltd, ARCOFEMI BANGALORE Laboratory

प्रति,

समन्वयक,  
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	RAMISETTI RAMANJULU
जन्म की तारीख	02-03-1996
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	03-08-2024
बुकिंग संदर्भ सं.	24S199415100109466S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MS. CHOWDAM PRAMEELA DEVI
कर्मचारी की क.कू.संख्या	199415
कर्मचारी का पद	SENIOR CUSTOMER SERVICE ASSOCIATE(CASH)
कर्मचारी के कार्य का स्थान	BANGALORE, OXFORD DENTAL COLLEG
कर्मचारी के जन्म की तारीख	06-05-1996

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक **29-07-2024** से **31-03-2025** तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मा.सं.प्र. एवं विपणन

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)से संपर्क करें।)



To,

The Coordinator,  
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

<b>PARTICULARS OF HEALTH CHECK UP BENEFICIARY</b>	
NAME	RAMISETTI RAMANJULU
DATE OF BIRTH	02-03-1996
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	03-08-2024
BOOKING REFERENCE NO.	24S199415100109466S
<b>SPOUSE DETAILS</b>	
EMPLOYEE NAME	MS. CHOWDAM PRAMEELA DEVI
EMPLOYEE EC NO.	199415
EMPLOYEE DESIGNATION	SENIOR CUSTOMER SERVICE ASSOCIATE(CASH)
EMPLOYEE PLACE OF WORK	BANGALORE,OXFORD DENTAL COLLEG
EMPLOYEE BIRTHDATE	06-05-1996

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **29-07-2024** till **31-03-2025**.The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM & Marketing Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))

**List of tests & consultations to be covered as part of Annual Health Check-up**

S.No.	For Male	For Female
1	CBC	CBC
2	ESR	ESR
3	Blood Group & RH Factor	Blood Group & RH Factor
4	Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
5	Blood and Urine Sugar PP	Blood and Urine Sugar PP
6	Stool Routine	Stool Routine
	<b>Lipid Profile</b>	<b>Lipid Profile</b>
7	Total Cholesterol	Total Cholesterol
8	HDL	HDL
9	LDL	LDL
10	VLDL	VLDL
11	Triglycerides	Triglycerides
12	HDL/ LDL ratio	HDL/ LDL ratio
	<b>Liver Profile</b>	<b>Liver Profile</b>
13	AST	AST
14	ALT	ALT
15	GGT	GGT
16	Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
17	ALP	ALP
18	Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
	<b>Kidney Profile</b>	<b>Kidney Profile</b>
19	Serum Creatinine	Serum Creatinine
20	Blood Urea Nitrogen	Blood Urea Nitrogen
21	Uric Acid	Uric Acid
22	HBA1C	HBA1C
23	Routine Urine Analysis	Routine Urine Analysis
24	USG Whole Abdomen	USG Whole Abdomen
	<b>General Tests</b>	<b>General Tests</b>
25	X Ray Chest	X Ray Chest
26	ECG	ECG
27	2D/3D ECHO / TMT	2D/3D ECHO / TMT
28	Stress Test	Gynaec Consultation
29	PSA Male (above 40 years)	Pap Smear (above 30 years) & Mammography (above 40 years)
30	Thyroid Profile (T3, T4, TSH)	Thyroid Profile (T3, T4, TSH)
31	Dental Check-up Consultation	Dental Check-up Consultation
32	Physician Consultation	Physician Consultation
33	Eye Check-up Consultation	Eye Check-up Consultation
34	Skin/ENT Consultation	Skin/ENT Consultation

\*\*\*

Customer Pending Tests  
general consultation

Name : Mr. Ramiseti Ramanjulu

Age: 28 Y

UHID:CHSR.0000164257

Sex: M



OP Number:CHSROPV325981

Address : HSR

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Bill No :CHSR-OCR-70741

Date : 03.08.2024 09:33

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
<del>1</del>	<del>GAMMA GLUTAMYL TRANSFERASE (GGT)</del>	
<del>2</del>	<del>D ECHO</del> <i>everyday 6:00</i>	
<del>3</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<del>4</del>	<del>GLUCOSE, FASTING</del>	
<del>5</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
<del>6</del>	<del>DIET CONSULTATION</del>	
<del>7</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>8</del>	<del>URINE GLUCOSE(POST PRANDIAL)</del>	
<del>9</del>	<del>PERIPHERAL SMEAR</del>	
<del>10</del>	<del>ECG</del>	
<del>11</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
<del>12</del>	<del>DENTAL CONSULTATION</del> <i>- 27</i>	
<del>13</del>	<del>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)</del>	
<del>14</del>	<del>URINE GLUCOSE(FASTING)</del>	
<del>15</del>	<del>HbA1c, GLYCATED HEMOGLOBIN</del>	
<del>16</del>	<del>X-RAY CHEST PA</del>	
<del>17</del>	<del>DENT CONSULTATION</del> <i>- 23</i>	
<del>18</del>	<del>FITNESS BY GENERAL PHYSICIAN</del>	
<del>19</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	
<del>20</del>	<del>LIPID PROFILE</del>	
<del>21</del>	<del>BODY MASS INDEX (BMI)</del>	
<del>22</del>	<del>OPHTH BY GENERAL PHYSICIAN</del> <i>- 07</i>	
<del>23</del>	<del>ULTRASOUND - WHOLE ABDOMEN</del>	
<del>24</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	

Date : 03-08-2024  
MR NO : CHSR.0000164257

Department : GENERAL  
Doctor :

Name : Mr. Ramiseti Ramanjulu  
Age/ Gender : 28 Y / Male

Registration No :  
Qualification :



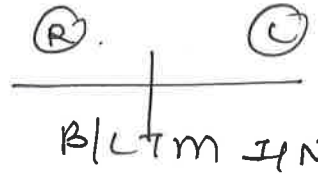
Consultation Timing: 09:33 167c

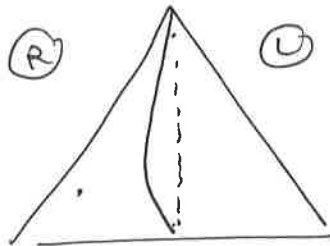
Height :	Weight : <u>64kg</u>	BMI :	Waist Circum :
Temp :	Pulse : <u>68</u>	Resp :	B.P : <u>117/78</u>

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

4E

Ears :   
B/L TM IN

Nose : 

(R) DNS (Asymmet.)

Throat : — N —

Follow up date:

  
Doctor Signature

164257  
28 Years

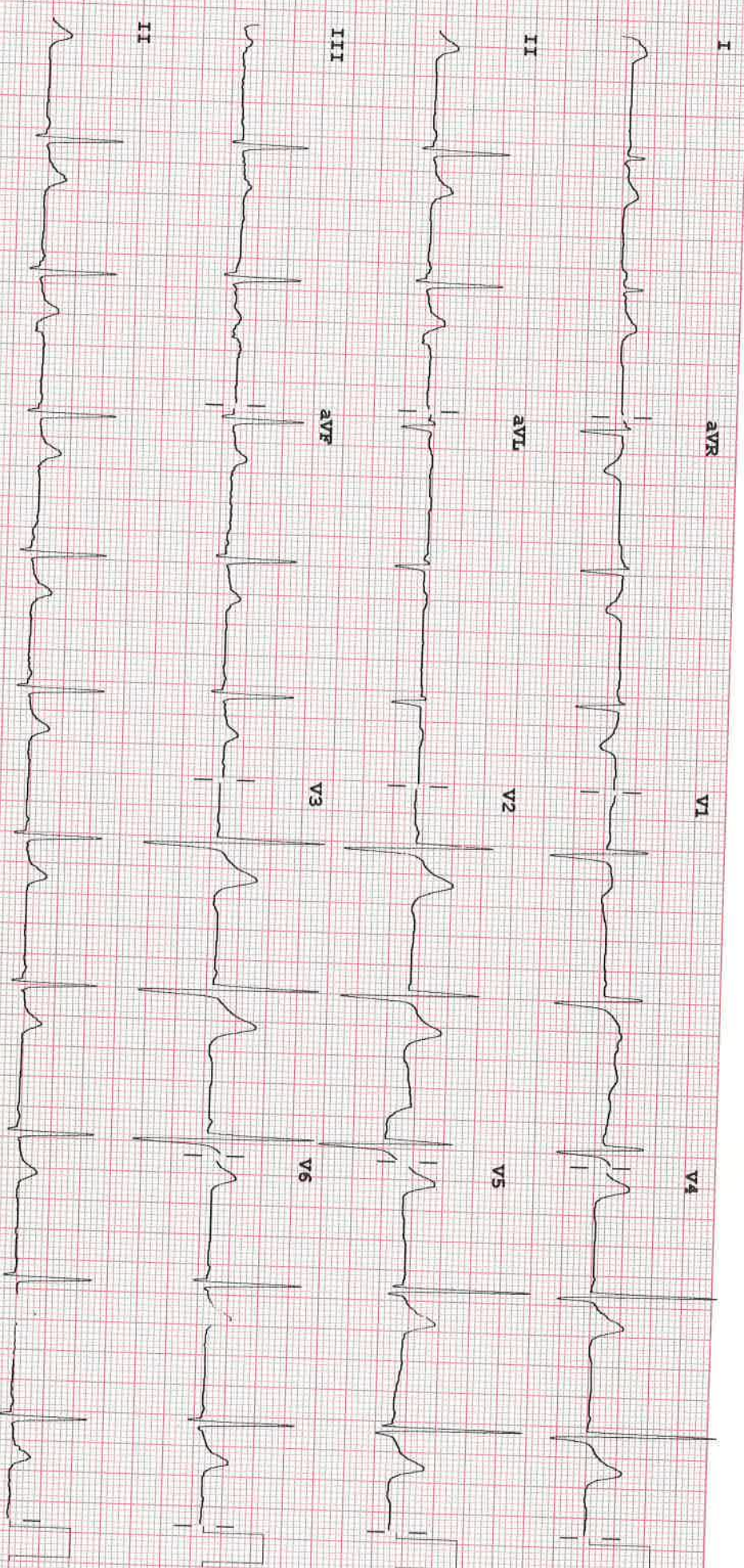
03/08/2024 10:10:47 AM MR RAMISETTI  
Male

THE APOLLO CLINIC  
Dept: ECG

Rate	64	SINUS RHYTHM.....	normal P axis, V-rate	50-99
RR	938	BORDERLINE SHORT PR INTERVAL.....	PR Int	<120ms
PR	117	BASELINE WANDER IN LEAD(S) V1		
QRSD	92			
QT	384			
QTcB	396			
QTcF	392			
--AKIS--				
P	0			
QRS	77			
T	41			

- OTHERWISE NORMAL ECG -

2



Dev:

Speed: 25 mm/sec  
Limb: 10 mm/mV  
Chest: 10.0 mm/mV

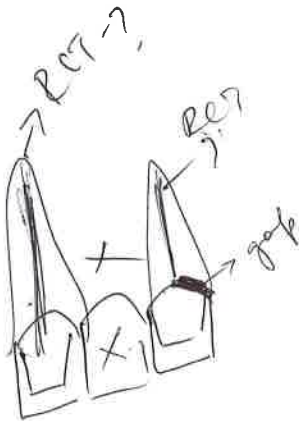
F 50 ~ 0.50 ~ 40 F: W PH090A CL P?

Mr. Ramisetli Ramanjulu

28/11

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies  
History



Clinical Diagnosis & Management Plan

O/E: Old pfm bridge ist 1/12

Adv: Replace bridge  
- Scaling

*Sreathy VS*

Follow up date:

Doctor Signature

Date : 03-08-2024

Department : GENERAL

MR NO : CHSR.0000164257

Doctor :

Name : Mr. Ramiseti Ramanjulu

Registration No :

Age/ Gender : 28 Y / Male

Qualification :

Consultation Timing: 09:33

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Optical

6/s with 6/6  
 rel b u rel b  
 Cor  $\frac{17}{17}$   $\frac{17}{17}$

Adv! Continue Same glass

Dry Eye

Lubrex Eye Drop (1)

1-1-1 (1) u

Follow up date:

  
Doctor Signature



# Apollo Clinic

## CONSENT FORM

---

Patient Name: R. Ramajulu Age: 28

UHID Number: ..... Company Name: BOB

I Mr/Mrs/Ms Ramisetti Ramajulu Employee of BOB

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

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

And I claim the above statement in my full consciousness.

Monday 10:30 am Counselling

Patient Signature: R. Ramajulu Date: 03/08/2024

<b>Patient Name</b>	: Mr. Ramiseti Ramanjulu	<b>Age/Gender</b>	: 28 Y/M
<b>UHID/MR No.</b>	: CHSR.0000164257	<b>OP Visit No</b>	: CHSROPV325981
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 03-08-2024 14:03
<b>LRN#</b>	: RAD2395421	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 22S30193		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Bilateral lung fields appear normal.

Cardiac size and shape are normal.

No mediastinal pathology is seen

Both hila are normal in size and density.

Both CP angles are normal.

Both domes of diaphragm are normal.

**IMPRESSION : NORMAL STUDY.**

(The findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a profes

**Dr. M SONIA PAVANI**  
MBBS, M.D (Radio-Diagnosis)  
Radiology

<b>Patient Name</b>	: Mr. Ramiseti Ramanjulu	<b>Age/Gender</b>	: 28 Y/M
<b>UHID/MR No.</b>	: CHSR.0000164257	<b>OP Visit No</b>	: CHSR0PV325981
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 03-08-2024 10:26
<b>LRN#</b>	: RAD2395421	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 22S30193		

---

**DEPARTMENT OF RADIOLOGY**

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**ULTRASOUND - WHOLE ABDOMEN**

**LIVER** : Normal in size and raised echotexture. No intra hepatic biliary / venous radicular dilation. No focal lesion seen. CBD and Main Portal vein appear normal.

**GALL BLADDER** : Well distended. Lumen is clear. Wall Thickness is normal.

**SPLEEN** : Normal in size and echotexture. No focal lesion was seen. No evidence of splenic hilar varices / collaterals.

**PANCREAS** : Only head and body visualized, appear normal.

**KIDNEYS** : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is normal. No hydronephrosis / No calculi.

**URINARY BLADDER** : Well distended. Normal in internal contents. Wall thickness is normal

**PROSTATE** : Normal in size and echotexture. No focal lesion is seen.

Prostate appears normal,

No free fluid is seen in the peritoneum

**IMPRESSION :**

- **Grade I 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. M SONIA PAVANI**  
**MBBS, M.D (Radio-Diagnosis)**  
Radiology

Patient Name	: Mr. Ramiseti Ramanjulu	Age	: 28 Y/M
UHID	: CHSR.0000164257	OP Visit No	: CHSROPV325981
Conducted By:	:	Conducted Date	: 03-08-2024 19:14
Referred By	: SELF		

---

## **2D Echo Cardiography Chambers**

- Left Ventricle :Normal in size, **NO RWMA at Rest**
- Left Atrium : Normal
- Right Ventricle : Normal
- Right Atrium : Normal

## **Septa**

- IVS : Intact
- IAS : Intact

## **Valves**

- Mitral Valve : Normal.
- Tricuspid Valve : Normal , Trace TR, No PAH
- Aortic Valve : Tricuspid, Normal mobility
- Pulmonary Valve : Normal

## **Great Valves**

- Aorta : Normal
- Pulmonary Artery : Normal
- IVC :Normal

**Pericardium** : Normal

## **Doppler Echocardiograph**

Patient Name : Mr. Ramiseti Ramanjulu Age : 28 Y/M  
 UHID : CHSR.0000164257 OP Visit No : CHSROPV325981  
 Conducted By: : Conducted Date : 03-08-2024 19:14  
 Referred By : SELF

---

Mitral Valve E 0.81 m/sec A 0.60 m/sec e/a -1.36

Aortic Valve Vmax 0.98 m/sec PG 3.83 mm

Diastolic Dysfunction Normal

### **M – Mode Measurement**

<b>Parameter</b>	<b>Observed Value</b>	<b>Normal Range</b>	
Aorta	35	26- 36	mm
Left Atrium	29	27-38	mm
IVS- Diastole	10	09-11	mm
Left Ventricle –Diastole	43	42-59	mm
Posterior wall-Diastole	10	09-11	mm
IVS-Systole	14	13-15	mm
Left Ventricle- Systole	29	21-40	mm
Posterior wall- Systole	14	13-15	mm
Ejection Fraction	<b>59%</b>	->50	%

### **IMPRESSION**

- **NORMAL SIZED CARDIAC VALVES AND CHAMBERS**
- **NO RWMA’S AT REST**

Patient Name : Mr. Ramiseti Ramanjulu Age : 28 Y/M  
UHID : CHSR.0000164257 OP Visit No : CHSROPV325981  
Conducted By: : Conducted Date : 03-08-2024 19:14  
Referred By : SELF

---

- **NORMAL LV & RV SYSTOLIC FUNCTION LVEF – 59 %**
- **NORMAL LV DIASTOLIC FUNCTION**
- **NO PERICARDIAL EFFUSION / VEGETATION / CLOT.**

**Dr RAMNARESH SOUDRI**  
**MD, DM (CARDIOLOGY), FSCAI**  
**Consultant Interventional Cardiologist**