

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. M Prabhviraj on 24/2/24

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

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

Dr. _____
Medical Officer



This certificate is not meant for medico-legal purposes

Date : 24-02-2024
 MR NO : CMAR.0000341469
 Name : Mr. M Prudhviraj
 Age/ Gender : 33 Y / Male

Department : GENERAL
 Doctor :
 Registration No :
 Qualification :

Consultation Timing: 10:10

Height : ^{187cm} 180cm	Weight : 92.45	BMI :	Waist Circum :
Temp :	Pulse : 68 b/min	Resp :	B.P : 100/63 mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

General ENT Check up
 ENT WNL



Follow up date:

Doctor Signature

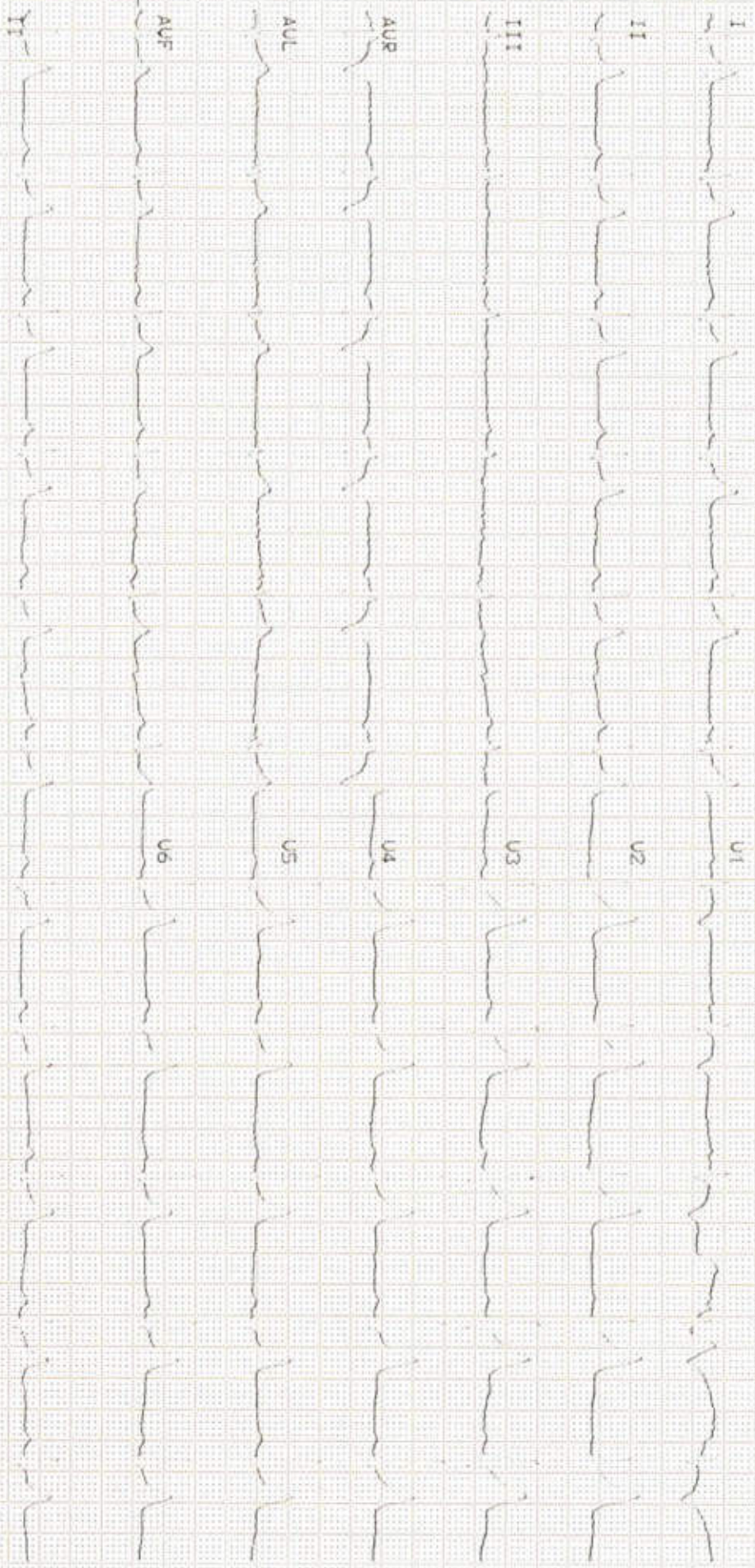
GE MAC1200 ST M PRUDHURAJU 00341469 APOLLO
Male, 34 Years (18.03.1989)

HR 65bpm

Measurement Results:
QRS 100 ms
QT/QTcB 376 / 392 ms
PR 150 ms
P 112 ms
RR/PP 922 / 930 ms
P/ORS/T 45 / 50 / 30 degrees
QT/QTcBD 28 / 29 ms
Sokolow NK 1.2 mV 8
aVR -90
aVL 0
aVF +90
III
II

Interpretation:
Normal ECG

Unconfirmed report.



Customer Pending Tests
ophthal

33years
Male
187cm 92kg

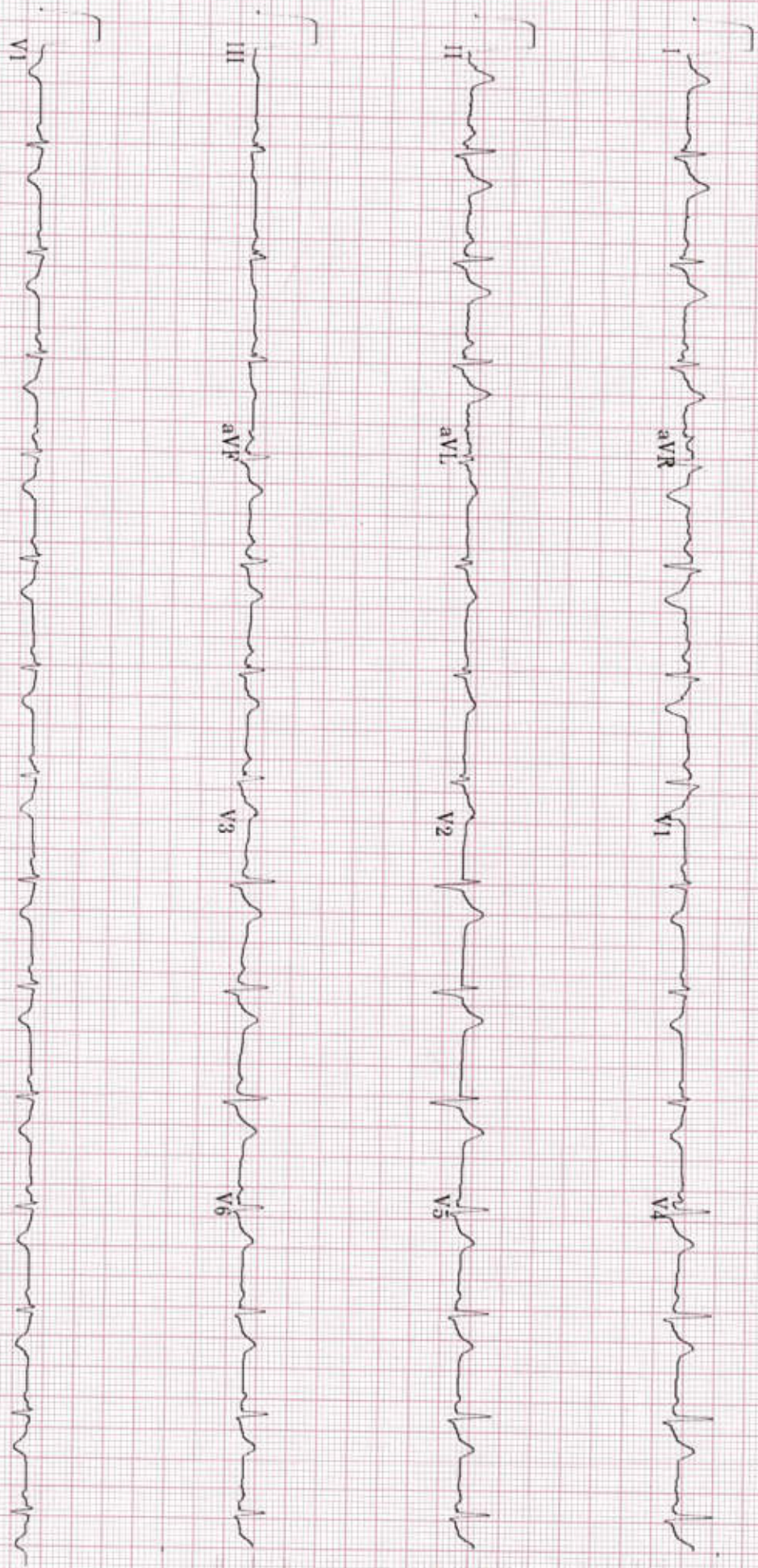
Vent. rate 87 bpm
PR interval 132 ms
QRS duration 82 ms
QT/QTc 344/413 ms
P-R-T axes 59 71 39

Technician:

Normal sinus rhythm
Normal ECG

Referred by: ARCOFEMI

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm Id

MAC55 009C

12SL™ V239

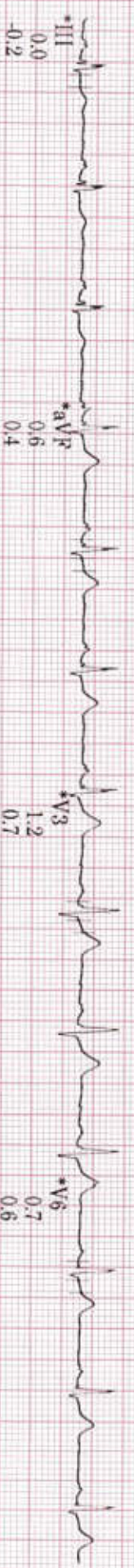
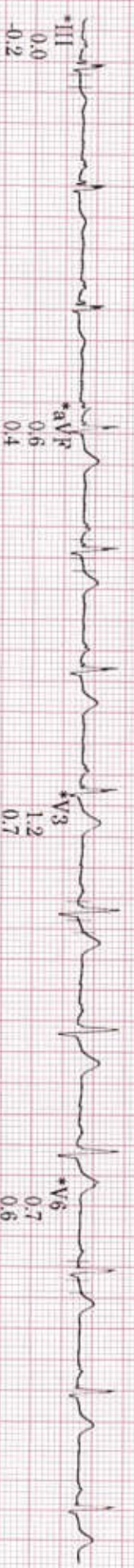
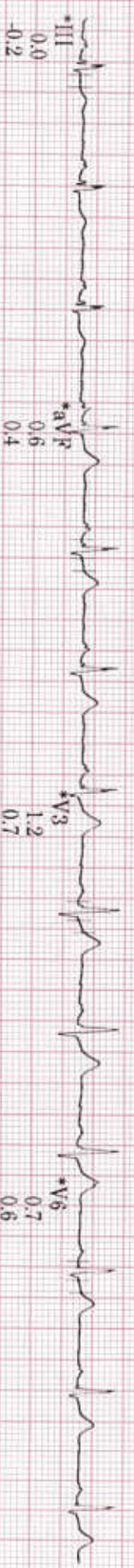
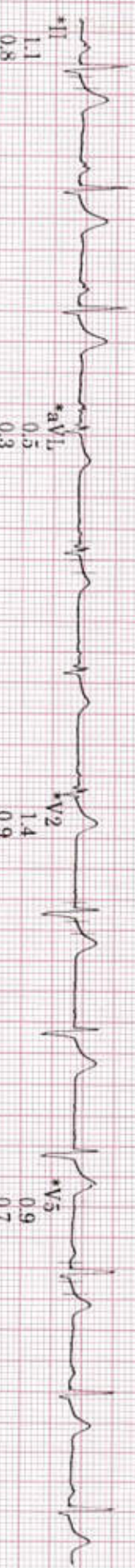
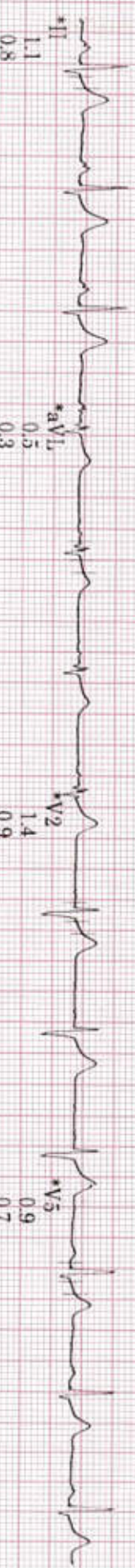
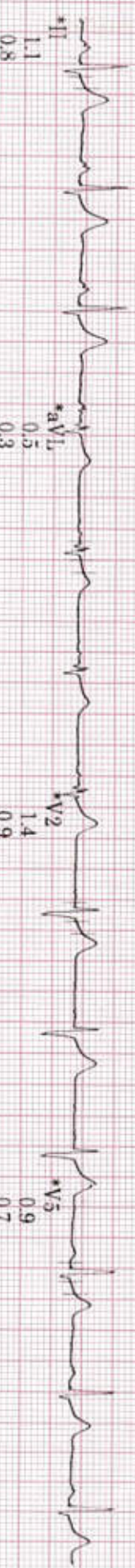
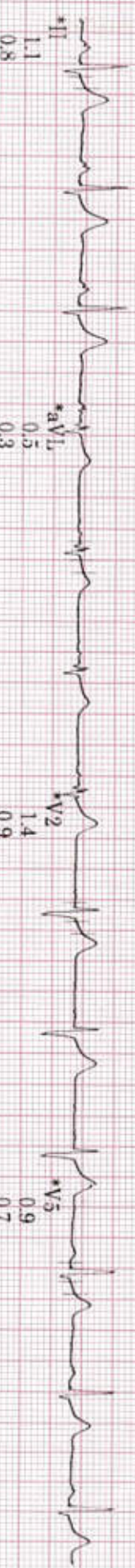
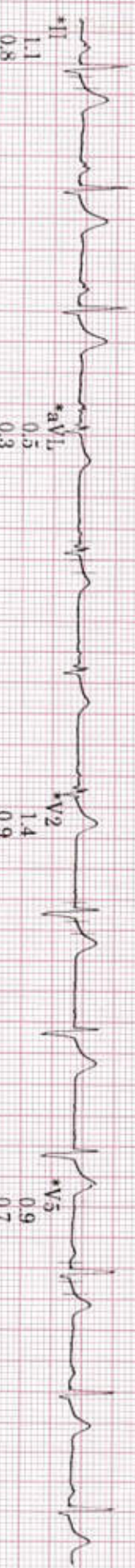
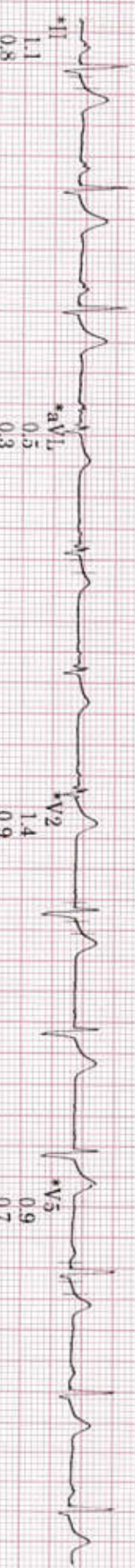
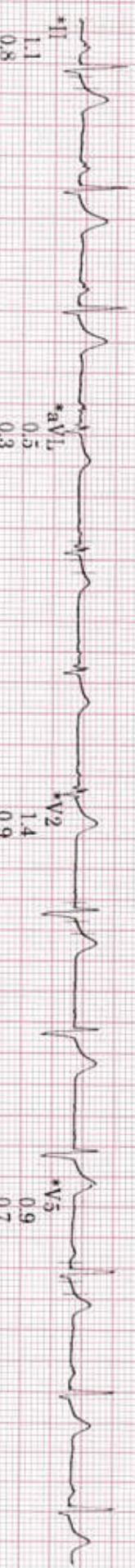
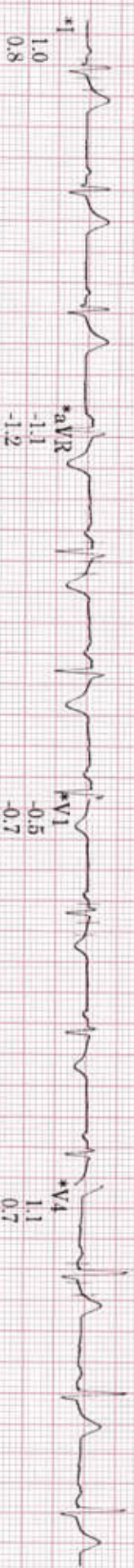
PRUDHIVIRAJ
ID: 000341469
24-Feb-2024
15:32:18

77bpm
BP: 100/63
PRETEST
SUPINE
0:56

BRUCE
** *mph
** *%

ST @ 10mm/mV
80ms postJ

Lead
ST (mm)
Slope (mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S HR 46

* Computer Synthesized Rhythm

MAC55 009C



PRUDHVIRAJ
ID: 000341469
24-Feb-2024
15:32:32

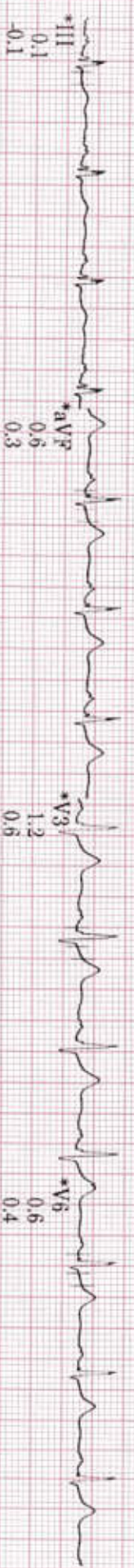
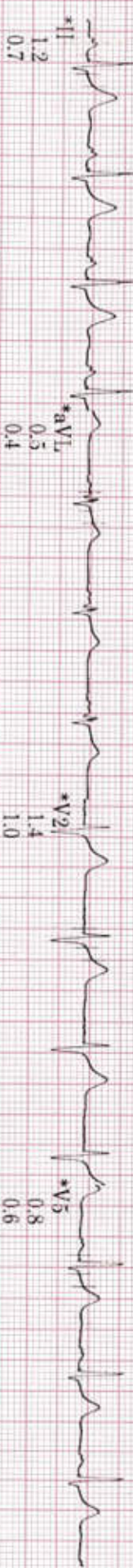
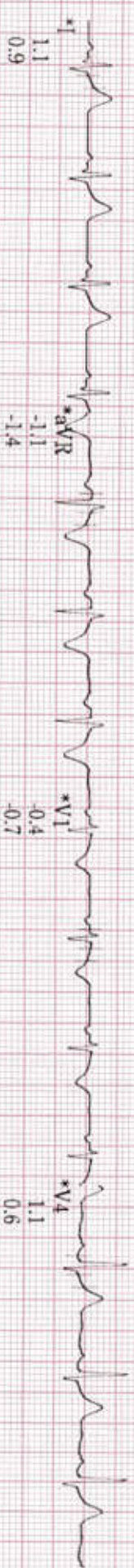
85bpm
BP: 100/63

PRETEST
STANDING
1:10

BRUCE
** *mph
** *%g

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-HR 46

* Computer Synthesized Rhythm

MAC55 009C

II

PRUDHIVIRAJ
ID: 000341469
24-Feb-2024
15:32:45

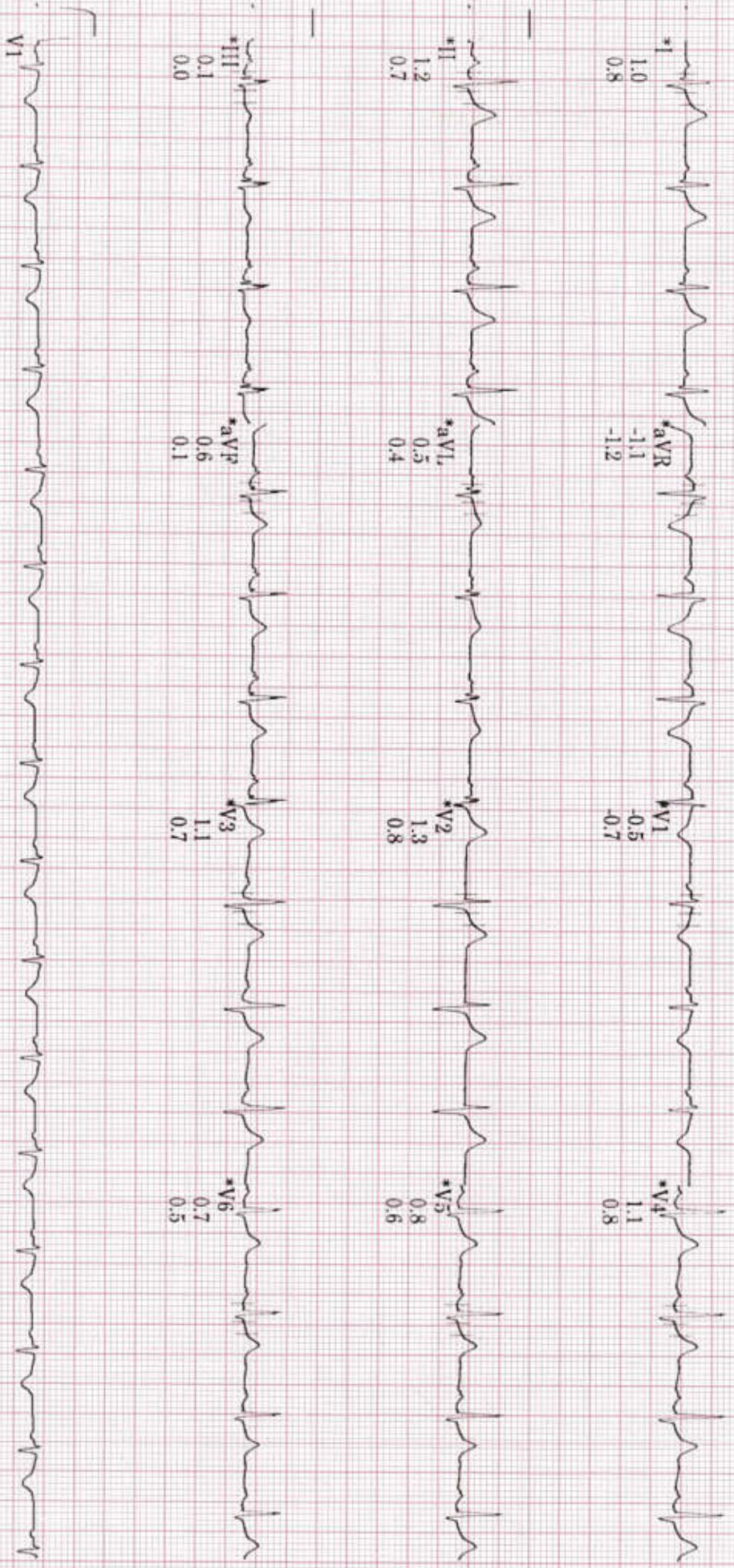
89bpm
BP: 100/63

PRETEST
HYPERVENT

BRUCE
** *mph
** *%

ST @ 10mm/mV
80ms postJ

Lead
ST'(mm)
Slope(mV/s)



Raw Rhythm
20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-HR 46

* Computer Synthesized Rhythm

MAC55 009C

u

PRUDHIVIRAJ
ID: 000341469
24-Feb-2024
15:36:01

EXERCISE
STAGE 1
115bpm
2.50
ST @ 10mm/mV
80ms postJ

BRUCE
1.7mph
10.0%

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A-H-S HR 46

MAC35 009C

II

PRUDHIVIRAJ
ID: 000341469
24-Feb-2024
15:39:01

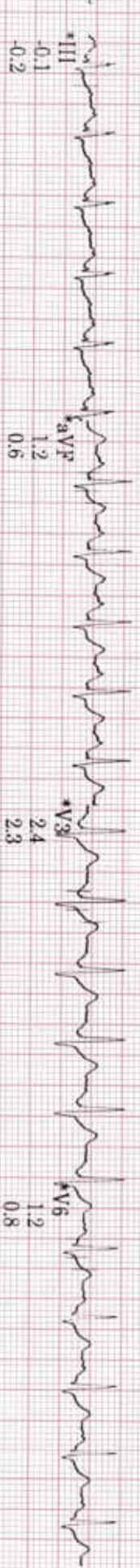
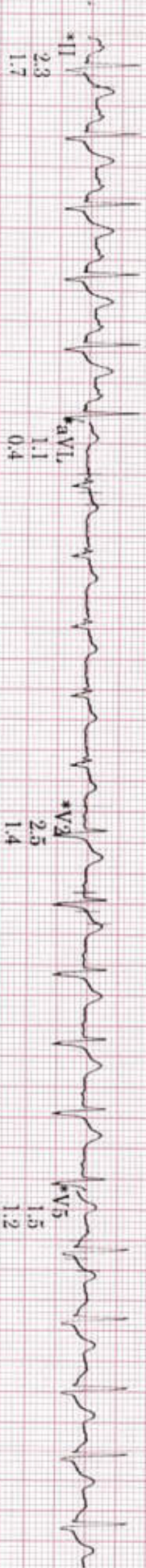
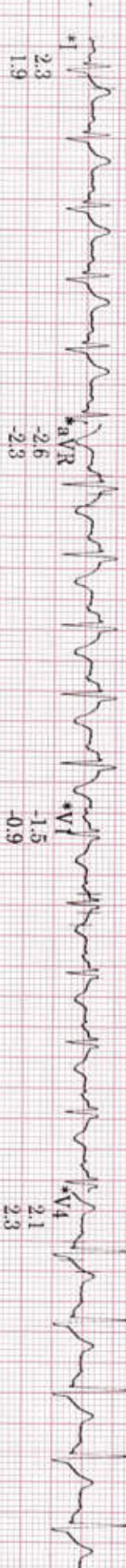
132bpm
BP: 110/70

EXERCISE
STAGE 2
5:50

BRUCE
2.5mph
12.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm
20 Hz
25.0 mm/s
10.0 mm/mV
A-H-S-HR 46

* Computer Synthesized Rhythm

MAC55 009C

PRUDHIVIRAJ
ID: 000341469
24-Feb-2024
15:42:01

166bpm
BP: 120/80

EXERCISE
STAGE 3
8:50

BRUCE
3.4mph
14.0%

ST @ 10mm/mV
80ms postd

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-HR 46

* Computer Synthesized Rhythm

MAC55 009C

PRUDHVIRAJ
ID: 000341469
24-Feb-2024
15:42:15

168bpm
BP: 120/80

EXERCISE
STAGE 4
9:04

BRUCE
4.2mph
15.5%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-HR 46
* Computer Synthesized Rhythm
MAC55 009C

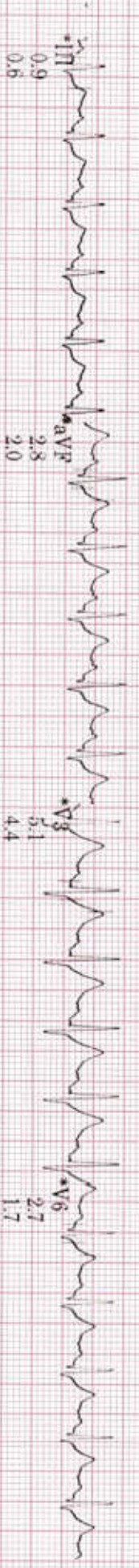
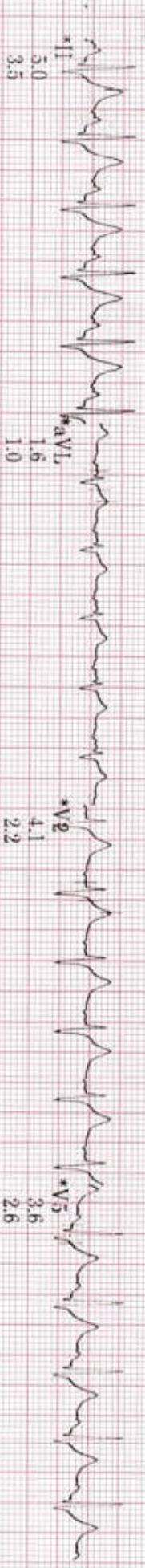
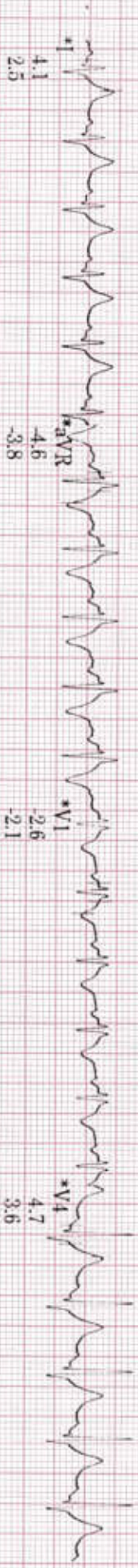
PRUDHIVIRAJ
ID: 000341469
24-Feb-2024
15:43:15

133bpm
BP: 120/80
RECOVERY
Post
1:00

BRUCE
** *mph
** *%

ST @ 10mm/mV
80ms postJ

Lead
ST'(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A-H-S HR 46

MAC55 009C

II

PRUDHIVIRAJ
 ID: 000341469
 24 Feb 2024
 15:45:15

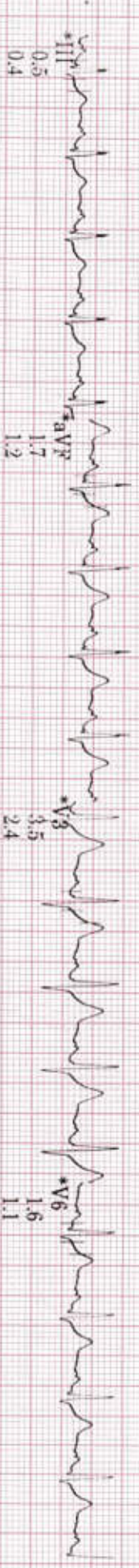
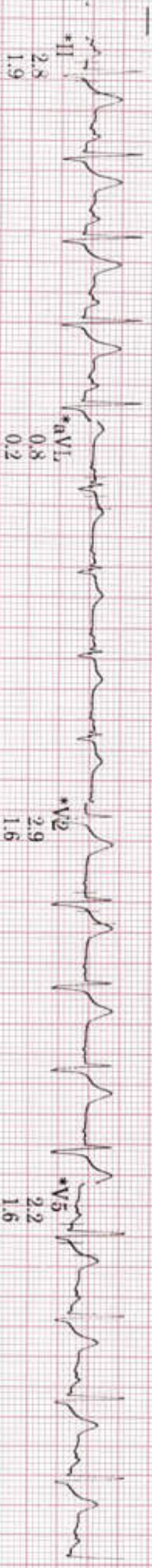
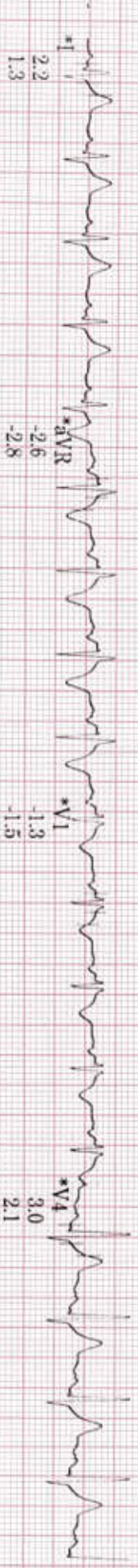
110bpm
 BP: 120/80

RECOVERY
 Post
 3:00

BRUCE
 ***mph
 **.%

ST @ 10mm/mV
 80ms postJ

Lead
 ST(mm)
 Slope(mV/s)



Raw Rhythm
 20 Hz
 25.0 mm/s
 10.0 mm/mV
 A-H-S-HR 46

* Computer Synthesized Rhythm

MAC55 009C



SELECTED MEDIAN'S REPORT

DR. DHIVIRAJ
ID: 000341469

24 Feb 2024
15:31:22

33years
187cm
92kg

Male

Referred by: ARCOFEM

BRUC-3

Total Exercise time: 9:04

25.0 mm/s

Max HR: 169bpm 90% of max predicted 187bpm

10.0 mm/mV

Max PP: 120/80

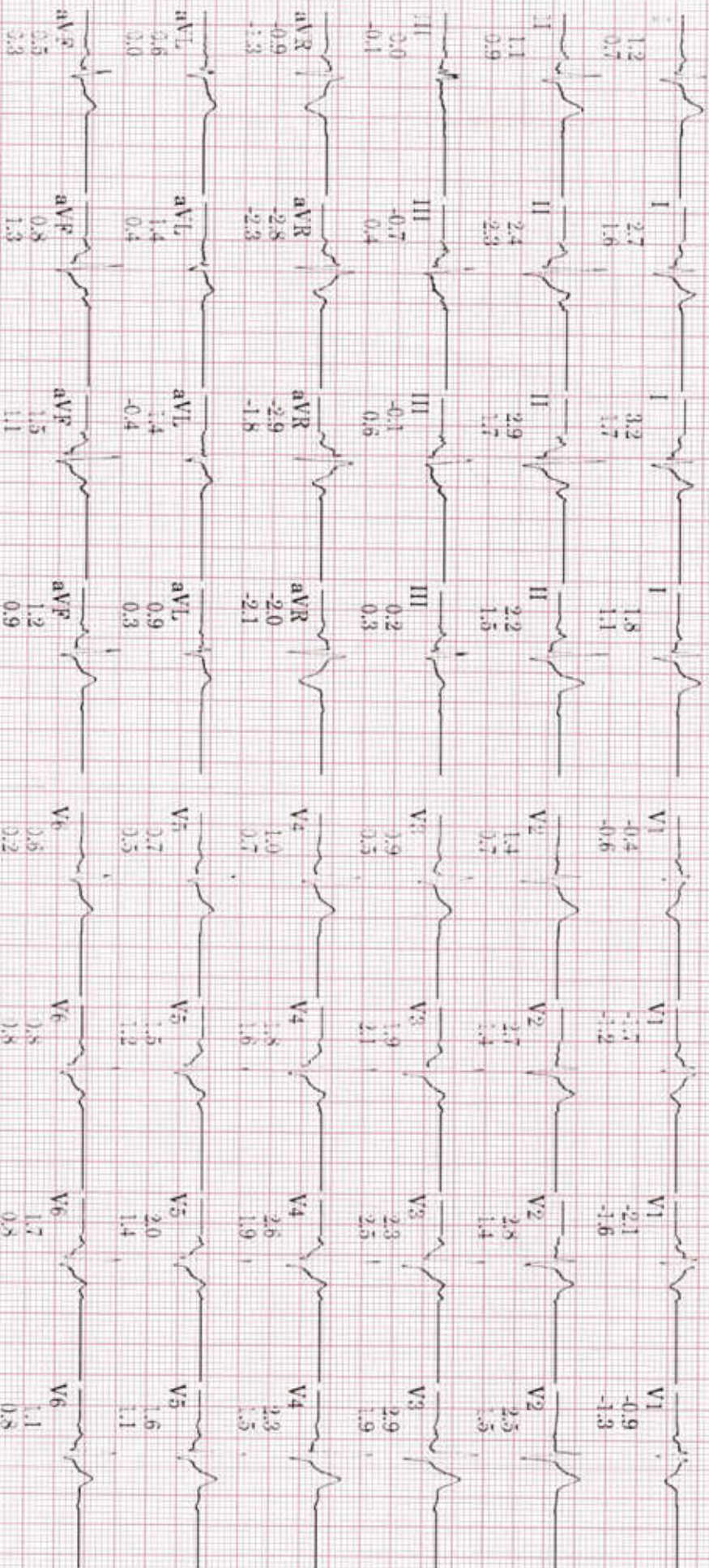
Maximum workload: 10.1 METS

100hz

Reason for Termination:

Comments: GOOD EFFORT TOLERANCE
NORMAL HR AND BP RESPONSE
NO SIGNIFICANT ST-T CHANGES NOTED DURING THE STUDY
NO ANGINA / ARRHYTHMIA
STRESS TEST NEGATIVE FOR INDUCIBLE ISCHEMIA

BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:30 115bpm BP: 100/63	7:10 157bpm BP: 120/80	9:04 169bpm BP: 120/80	3:25 108bpm BP: 120/80	0:00 105bpm BP: 100/63	7:10 157bpm BP: 120/80	9:04 169bpm BP: 120/80	3:25 108bpm BP: 120/80



Technician: APOLLO MEDICAL CENTRE MARATHAHALLI
Unconfirmed
MAC55 009C
Lead ST(mm) Slope(mV/s)

GRADED EXERCISE SUMMARY

PRUDHIVIRAJ
ID: 000341469
24-Feb-2024
15:31:22

33years
187cm
92kg

Male

BRUCE
Total Exercise time: 9:04
Max HR: 169bpm 90% of max predicted 187bpm
Max BP: 120/80
Maximum workload: 10.1METS
Reason for Termination: Max HR attained
Comments: GOOD EFFORT TOLERANCE
NORMAL HR AND BP RESPONSE
NO SIGNIFICANT ST-T CHANGES NOTED DURING THE STUDY
NO ANGINA / ARRHYTHMIA
STRESS TEST NEGATIVE FOR INDUCIBLE ISCHEMIA

25.0 mm/s
10.0 mm/mV
100hz

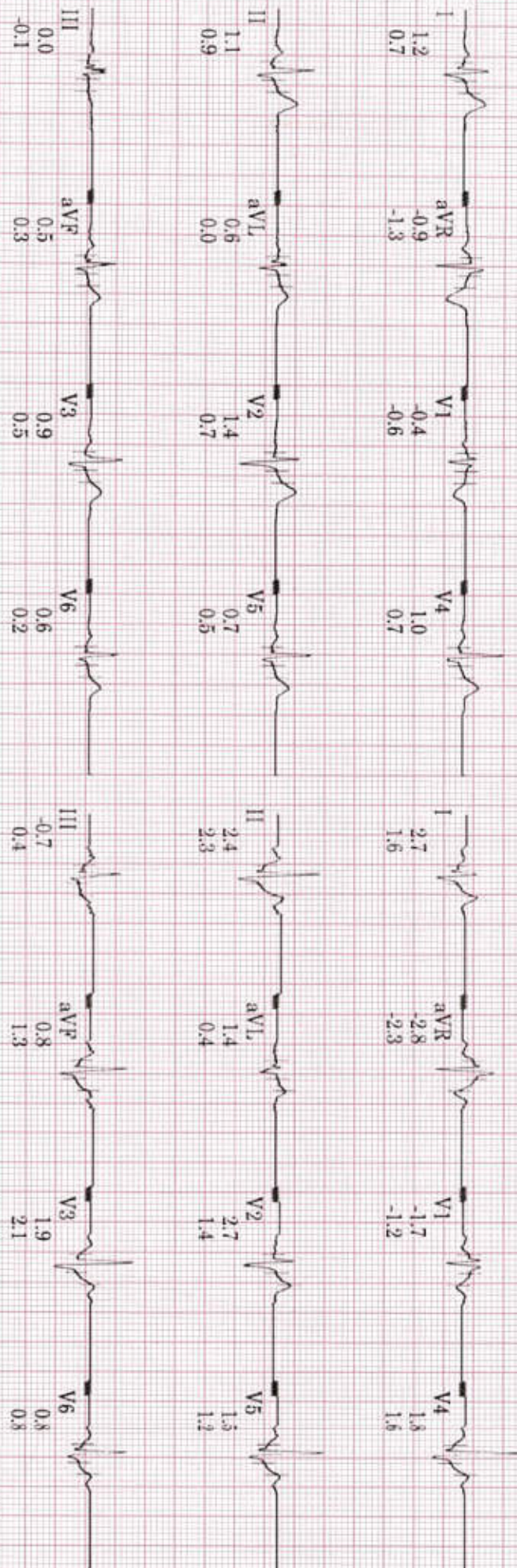
Referred by: ARCOPEMI

BASELINE
EXERCISE STAGE 1 1.3METS
105bpm
BP: 100/63
ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)

MAX ST
EXERCISE STAGE 3 8.8METS
157bpm
BP: 120/80
ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Technicians:

APOLLO MEDICAL CENTRE MARATHAHALLI

Unconfirmed

MAC35 009C

TABULAR SUMMARY REPORT

PRUDHIVIRAJ
ID: 000341469

24-Feb-2024
15:31:22

33years
187cm

92kg

Male

Referred by: ARCOFEMI

BRUCE Total Exercise time: 9:04
 Max HR: 169bpm 90% of max predicted 187bpm
 Max BP: 120/80 Maximum workload: 10.1METS
 Reason for Termination: Max HR attained
 Comments: GOOD EFFORT TOLERANCE
 NORMAL HR AND BP RESPONSE
 NO SIGNIFICANT ST-T CHANGES NOTED DURING THE STUDY
 NO ANGINA / ARRHYTHMIA
 STRESS TEST NEGATIVE FOR INDUCIBLE ISCHEMIA

25.0 mm/s
10.0 mm/mV
100hz

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
RETEST	SUPINE	1:02	xxx	xxx	1.0	77	100/63	77
	STANDING	0:13	xxx	xxx	1.0	89	100/63	89
	HYPERVENT	0:34	1.5	0.0	1.9	105	100/63	105
EXERCISE	STAGE 1	3:00	1.7	0.0	4.6	117		
	STAGE 2	3:00	2.5	2.0	7.0	139	110/70	153
	STAGE 3	3:00	3.4	4.0	10.1	168	120/80	202
	STAGE 4	0:04	3.8	4.7	10.1	169	120/80	203
RECOVERY	Post	3:25	xxx	xxx	1.0	108	120/80	130

Technician:

APOLLO MEDICAL CENTRE MARATHAHALLI

Unconfirmed

MAC55 009C

Patient Name	: Mr. M Prudhviraj	Age/Gender	: 33 Y/M
UHID/MR No.	: CMAR.0000341469	OP Visit No	: CMAROPV779062
Sample Collected on	:	Reported on	: 24-02-2024 19:46
LRN#	: RAD2247361	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 8500445727		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name	: Mr. M Prudhviraj	Age/Gender	: 33 Y/M
UHID/MR No.	: CMAR.0000341469	OP Visit No	: CMAROPV779062
Sample Collected on	:	Reported on	: 24-02-2024 12:43
LRN#	: RAD2247361	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 8500445727		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Partially distended.No definite calculi identified in this state of distension . No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size, and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 10.1cm and parenchymal thickness measures 1.6cm.

Left kidney measures 10.0cm and parenchymal thickness measures 1.6cm.

URINARY BLADDER: Partially distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in size and echo-pattern.

No free fluid or lymphadenopathy is seen.

Visualized bowel loops appears normal.

IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.

Suggested clinical correlation and further evaluation if needed.

Report disclaimer :

- 1.Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically;this report is not valid for medicolegal purpose
- 3 .please note: non obstructing ureteric calculi; small renal/ ureteric calculi may not always be detected on USG; a CT KUB is advised if symptoms persist .
- 4.Printing mistakes should immediately be brought to notice for correction.
- 5.This is USG Abdomen screening.



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

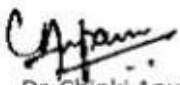
Patient Name : Mr.M PRUDHVIRAJ	Collected : 24/Feb/2024 10:19AM
Age/Gender : 33 Y 11 M 21 D/M	Received : 24/Feb/2024 12:16PM
UHID/MR No : CMAR.0000341469	Reported : 24/Feb/2024 03:22PM
Visit ID : CMAROPV779062	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8500445727	

DEPARTMENT OF HAEMATOLOGY

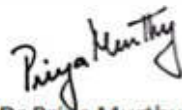
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.3	g/dL	13-17	Spectrophotometer
PCV	46.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.86	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	95.4	fL	83-101	Calculated
MCH	31.4	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,330	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	67.7	%	40-80	Electrical Impedance
LYMPHOCYTES	25.8	%	20-40	Electrical Impedance
EOSINOPHILS	1.1	%	1-6	Electrical Impedance
MONOCYTES	5.3	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4285.41	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1633.14	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	69.63	Cells/cu.mm	20-500	Calculated
MONOCYTES	335.49	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6.33	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.62		0.78- 3.53	Calculated
PLATELET COUNT	312000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-15	Modified Westgren method
PERIPHERAL SMEAR				

Page 1 of 14



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



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



SIN No:BED240048703

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 |
www.apolloh.com | Email ID: enquiry@apolloh.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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 | HSI Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamil Nadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Velasaravakkam | 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)

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

 1860 500 7788
www.apolloclinic.com

Patient Name : Mr.M PRUDHVIRAJ	Collected : 24/Feb/2024 10:19AM
Age/Gender : 33 Y 11 M 21 D/M	Received : 24/Feb/2024 12:16PM
UHID/MR No : CMAR.0000341469	Reported : 24/Feb/2024 03:22PM
Visit ID : CMAROPV779062	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8500445727	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

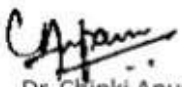
RBCs: are normocytic normochromic

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

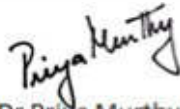
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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



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



SIN No:BED240048703

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

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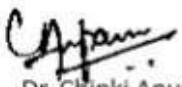
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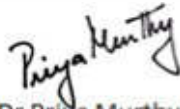
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

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



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Patient Name : Mr.M PRUDHVIRAJ	Collected : 24/Feb/2024 10:19AM
Age/Gender : 33 Y 11 M 21 D/M	Received : 24/Feb/2024 12:23PM
UHID/MR No : CMAR.0000341469	Reported : 24/Feb/2024 07:25PM
Visit ID : CMAROPV779062	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	88	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)	92	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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				



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SIN No:EDT240021949

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HBA1C, GLYCATED HEMOGLOBIN	5.5	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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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Visit ID : CMAROPV779062	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	165	mg/dL	<200	CHO-POD
TRIGLYCERIDES	148	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	119	mg/dL	<130	Calculated
LDL CHOLESTEROL	89.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.58		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324



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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.90	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.77	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	79.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.80	g/dL	6.6-8.3	Biuret
ALBUMIN	4.63	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.17	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		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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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.94	mg/dL	0.67-1.17	Jaffe's, Method
UREA	25.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.65	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.95	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , <i>SERUM</i>	15.00	U/L	<55	IFCC



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Patient Name : Mr.M PRUDHVIRAJ	Collected : 24/Feb/2024 10:19AM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.8	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	6.50	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.837	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




DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24032153

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

Patient Name : Mr.M PRUDHVIRAJ	Collected : 24/Feb/2024 10:19AM
Age/Gender : 33 Y 11 M 21 D/M	Received : 24/Feb/2024 01:36PM
UHID/MR No : CMAR.0000341469	Reported : 24/Feb/2024 02:49PM
Visit ID : CMAROPV779062	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8500445727	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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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 | HSI Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Ann Nagar | 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)

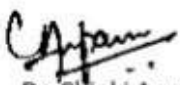
Patient Name : Mr.M PRUDHVIRAJ	Collected : 24/Feb/2024 10:19AM
Age/Gender : 33 Y 11 M 21 D/M	Received : 24/Feb/2024 01:04PM
UHID/MR No : CMAR.0000341469	Reported : 24/Feb/2024 01:59PM
Visit ID : CMAROPV779062	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8500445727	

DEPARTMENT OF CLINICAL PATHOLOGY

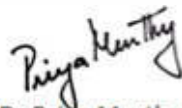
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

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	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		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	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 13 of 14



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



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



SIN No:UR2290777

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Patient Name : Mr.M PRUDHVIRAJ	Collected : 24/Feb/2024 10:19AM
Age/Gender : 33 Y 11 M 21 D/M	Received : 24/Feb/2024 01:04PM
UHID/MR No : CMAR.0000341469	Reported : 24/Feb/2024 03:46PM
Visit ID : CMAROPV779062	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8500445727	

DEPARTMENT OF CLINICAL PATHOLOGY

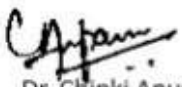
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

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

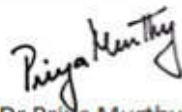
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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



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



SIN No:UF010779

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