

| | |
|-----------------------------------|--|
| Patient Name : Mr.VENKATA SUBHASH | Collected : 22/Mar/2023 08:35AM |
| Age/Gender : 31 Y 6 M 0 D/M | Received : 22/Mar/2023 11:21AM |
| UHID/MR No : CMAN.0000086888 | Reported : 22/Mar/2023 02:01PM |
| Visit ID : CMANOPV165805 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 104897 | |

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 | 15.1 | g/dL | 13-17 | Spectrophotometer |
| PCV | 43.10 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 5.58 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 77.2 | fL | 83-101 | Calculated |
| MCH | 27 | pg | 27-32 | Calculated |
| MCHC | 35 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 12.8 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,820 | cells/cu.mm | 4000-10000 | Electrical Impedance |

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

| | | | | |
|-------------|------|---|-------|----------------------|
| NEUTROPHILS | 57.6 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 34.7 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 1.4 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 6.1 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.2 | % | <1-2 | Electrical Impedance |

ABSOLUTE LEUCOCYTE COUNT

| | | | | |
|-------------|---------|-------------|-----------|----------------------|
| NEUTROPHILS | 3928.32 | Cells/cu.mm | 2000-7000 | Electrical Impedance |
| LYMPHOCYTES | 2366.54 | Cells/cu.mm | 1000-3000 | Electrical Impedance |
| EOSINOPHILS | 95.48 | Cells/cu.mm | 20-500 | Electrical Impedance |
| MONOCYTES | 416.02 | Cells/cu.mm | 200-1000 | Electrical Impedance |
| BASOPHILS | 13.64 | Cells/cu.mm | 0-100 | Electrical Impedance |

PLATELET COUNT

| | | | | |
|----------------|--------|-------------|---------------|----------------------|
| PLATELET COUNT | 215000 | cells/cu.mm | 150000-410000 | Electrical impedance |
|----------------|--------|-------------|---------------|----------------------|

ERYTHROCYTE SEDIMENTATION RATE (ESR)

| | | | | |
|--------------------------------------|---|-------------------------|------|---------------------|
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 8 | mm at the end of 1 hour | 0-15 | Modified Westergren |
|--------------------------------------|---|-------------------------|------|---------------------|

PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



SIN No:BED230072485

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

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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 | O | | | Microplate technology |
| Rh TYPE | Positive | | | Microplate technology |



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| Age/Gender : 31 Y 6 M 0 D/M | Received : 22/Mar/2023 11:11AM |
| UHID/MR No : CMAN.0000086888 | Reported : 22/Mar/2023 12:04PM |
| Visit ID : CMANOPV165805 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 104897 | |

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 | 116 | mg/dL | 70-100 | HEXOKINASE |
|--------------------------------------|------------|-------|--------|------------|

Comment:

As per American Diabetes Guidelines

| Fasting Glucose Values in mg/d L | Interpretation |
|----------------------------------|----------------|
| <100 mg/dL | Normal |
| 100-125 mg/dL | Prediabetes |
| ≥126 mg/dL | Diabetes |

| | | | | |
|--|------------|-------|--------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA | 140 | 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.

Ref: Marks medical biochemistry and clinical approach

| | | | | |
|---|------------|-------|--|------------|
| HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA | 5.9 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA | 123 | mg/dL | | Calculated |

Comment:

Reference Range as per American Diabetes Association (ADA):

| REFERENCE GROUP | HBA1C IN % |
|-------------------------------|------------|
| NON DIABETIC ADULTS >18 YEARS | <5.7 |

| | |
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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 |
|--------------------------|--------|------|-----------------|--------|
| AT RISK (PREDIABETES) | | | 5.7 – 6.4 | |
| DIAGNOSING 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control

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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 |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

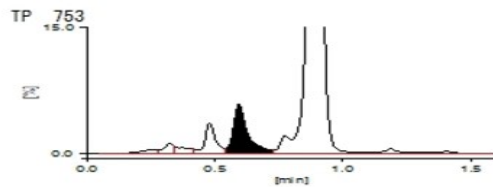
Chromatogram Report

1234 V5.29 1234 2023-03-22 11:35:47
 ID EDT230029759
 Sample No. 03220023 SL 0001 - 10
 Patient ID
 Name
 Comment

| CALIB Y = 1.1676X + 0.6473 | | | |
|----------------------------|------|------|---------|
| Name | % | Time | Area |
| A1A | 0.4 | 0.25 | 6.42 |
| A1B | 0.6 | 0.32 | 9.05 |
| F | 0.6 | 0.39 | 9.29 |
| LA1C+ | 2.1 | 0.48 | 32.95 |
| SA1C | 5.9 | 0.59 | 69.89 |
| A0 | 92.4 | 0.89 | 1446.55 |
| H-V0 | | | |
| H-V1 | | | |
| H-V2 | | | |

Total Area 1574.15

HbA1c 5.9 % IFCC 41 mmol/mol
HbA1 6.9 % HbF 0.6 %



22-03-2023 11:35:47 apollo

1 / 1

APOLLO DIAGNOSTICS GLOBAL
BALNAGAR



SIN No:PLF01947655,PLP1313799,EDT230029759

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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 |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

| LIPID PROFILE , SERUM | | | | |
|-----------------------|------|-------|--------|----------------------------|
| TOTAL CHOLESTEROL | 178 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 180 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 32 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 146 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 110 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 36 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 5.56 | | 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 can show physiological and analytical variations.

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



SIN No:SE04327767

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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 |
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|-----------|--------|------|-----------------|--------|

LIVER FUNCTION TEST (LFT) , SERUM

| | | | | |
|---------------------------------------|-------|-------|---------|--------------------|
| BILIRUBIN, TOTAL | 0.57 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.10 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.47 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 24 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 20.0 | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 55.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.14 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.68 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.46 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.9 | | 0.9-2.0 | Calculated |



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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 |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM

| | | | | |
|-----------------------|-------|--------|-------------|--------------------------|
| CREATININE | 0.93 | mg/dL | 0.84 - 1.25 | Modified Jaffe, Kinetic |
| UREA | 25.40 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 11.9 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 7.08 | mg/dL | 3.5-7.2 | Uricase PAP |
| CALCIUM | 9.68 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.32 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 140 | mmol/L | 136-146 | ISE (Indirect) |
| POTASSIUM | 4.5 | mmol/L | 3.5-5.1 | ISE (Indirect) |
| CHLORIDE | 106 | mmol/L | 101-109 | ISE (Indirect) |



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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 | 33.00 | U/L | <55 | IFCC |



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| Age/Gender : 31 Y 6 M 0 D/M | Received : 22/Mar/2023 11:15AM |
| UHID/MR No : CMAN.0000086888 | Reported : 22/Mar/2023 12:37PM |
| Visit ID : CMANOPV165805 | Status : Final Report |
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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, TOTAL T4, TSH) , SERUM

| | | | | |
|-----------------------------------|-------|--------|------------|------|
| TRI-IODOTHYRONINE (T3, TOTAL) | 1.42 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 10.47 | µg/dL | 6.09-12.23 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 2.363 | µIU/mL | 0.34-5.60 | CLIA |

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

| 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 |



SIN No: SPL23047719

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| Age/Gender : 31 Y 6 M 0 D/M | Received : 22/Mar/2023 11:25AM |
| UHID/MR No : CMAN.0000086888 | Reported : 22/Mar/2023 04:21PM |
| Visit ID : CMANOPV165805 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 104897 | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
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|-----------|--------|------|-----------------|--------|

COMPLETE URINE EXAMINATION , URINE

PHYSICAL EXAMINATION

| | | | | |
|--------------|-------------|--|-------------|------------------|
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Visual |
| pH | 5.5 | | 5-7.5 | Bromothymol Blue |
| SP. GRAVITY | 1.025 | | 1.002-1.030 | Bromothymol Blue |

BIOCHEMICAL EXAMINATION

| | | | | |
|------------------------|----------|--|----------|----------------------------|
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NEGATIVE | | NEGATIVE | GOD-POD |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | NITROPRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | EHRlich |
| BLOOD | NEGATIVE | | NEGATIVE | Peroxidase |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | PYRROLE HYDROLYSIS |

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 |

SIN No:UR2082823

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad



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|-----------------------------------|--|
| Patient Name : Mr.VENKATA SUBHASH | Collected : 22/Mar/2023 08:35AM |
| Age/Gender : 31 Y 6 M 0 D/M | Received : 22/Mar/2023 03:05PM |
| UHID/MR No : CMAN.0000086888 | Reported : 22/Mar/2023 04:30PM |
| Visit ID : CMANOPV165805 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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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 |
|------------------------------|----------|------|-----------------|----------|
| URINE GLUCOSE(POST PRANDIAL) | NEGATIVE | | NEGATIVE | Dipstick |
| URINE GLUCOSE(FASTING) | NEGATIVE | | NEGATIVE | Dipstick |

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

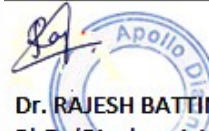
Result/s to Follow:
PERIPHERAL SMEAR




DR. SHALINI SINGH
M.B.B.S, MD
Consultant Pathologist



Dr. SRINIVAS N.S. NORI
M.B.B.S, M.D (PATHOLOGY)
CONSULTANT PATHOLOGIST



Dr. RAJESH BATTINA
PhD. (Biochemistry)
Consultant Biochemist



Dr ANKITA SINGH
M.B.B.S, D.N.B(Pathology)
Consultant Pathologist.



SIN No:UPP014401,UF008112

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

| | | | |
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| Patient Name | : Mr. VENKATA SUBHASH | Age/Gender | : 31 Y/M |
| UHID/MR No. | : CMAN.0000086888 | OP Visit No | : CMANOPV165805 |
| Sample Collected on | : | Reported on | : 22-03-2023 14:49 |
| LRN# | : RAD1955710 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 104897 | | |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size 14.56 cm and increased echotexture. 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 in size 12.74 cm. 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: 11.39 x 4.98 cm.

Left kidney: 10.42 x 4.79 cm.

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.

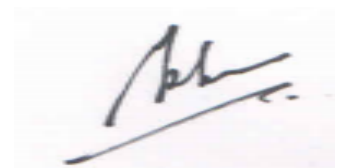
Prostate is normal in size 2.93 x 3.48 x 2.68 cm and echo texture; volume measuring 14.32 ml. No evidence of necrosis/calcification seen.

IMPRESSION:-

- FATTY LIVER.

Suggest – clinical correlation.

(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. MD RAHEEMUDDIN QURESHI



Patient Name : Mr. VENKATA SUBHASH

Age/Gender : 31 Y/M

Radiology

Patient Name : Mr. VENKATA SUBHASH

Age/Gender : 31 Y/M

UHID/MR No. : CMAN.0000086888

OP Visit No : CMANOPV165805

Sample Collected on :

Reported on : 22-03-2023 14:37

LRN# : RAD1955710

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 104897

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Cardiac is normal in size.

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 .

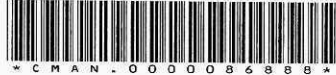
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. MD RAHEEMUDDIN QURESHI
Radiology



Bill Of Supply

Name : Mr. VENKATA SUBHASH
 Age/Gender : 31 Y M
 Contact No : +919880400897
 Address : hyd
 UHID : CMAN.0000086888
 Corporate Name : ARCOFEMI HEALTHCARE LIMITED
 Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT

Bill No : CMAN-OCR-46325
 Bill/Reg Date : 22.03.2023 08:15
 Referred by : SELF
 Center : Manikonda
 Emp No/Auth Code : 104897

| # | Department | Description Of Service | SAC Code | Qty | Rate | Gross Value | Discount | CGST Rate | CGST Amt | SGST/UTGST Rate | SGST/UTGST Amt | Net Value |
|---|-----------------|--|----------|-----|----------|-------------|----------|-----------|----------|-----------------|----------------|-----------|
| 1 | Package Charges | ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 | 999312 | 1 | 2,000.00 | 2,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,000.00 |

Bill Amount: 2,000.00
 Total Discount: 0.00

You can download your report from "www.apolloclinic.com" Enter user name as CMANOPV165805 and password as 544458

Please log on to AskApollo.com for booking Appointments

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)
 Regd. Office: #7-1 617/A, 615 & 616, Imperial Towers, 7th Floor : Ameerpet, Hyderabad 500038, Telangana.
 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nilampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Annanagar | Kotturpuram | T Nagar | Valasaravakkam | Velachery) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie | Kharadi) Uttar Pradesh: Ghaziabad (Indrapuram)

GSTIN: 365AADCA0733E1Z8

Address:
 #7-1-617/A, 615 & 616, Imperial Towers,
 7th Floor : Ameerpet, Hyderabad, Telangana.

 **1860 500 7788**



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

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

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

| PARTICULARS | EMPLOYEE DETAILS |
|---------------------------------|---------------------------|
| NAME | MR. VANKA VENKATA SUBHASH |
| EC NO. | 104897 |
| DESIGNATION | BRANCH HEAD |
| PLACE OF WORK | HYDERABAD,ATTAPUR |
| BIRTHDATE | 11-01-1992 |
| PROPOSED DATE OF HEALTH CHECKUP | 22-03-2023 |
| BOOKING REFERENCE NO. | 22M104897100050132E |

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 **18-03-2023** till **31-03-2023** 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 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 Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

SUGGESTIVE LIST OF MEDICAL TESTS

| FOR MALE | FOR FEMALE |
|-------------------------------------|--|
| CBC | CBC |
| ESR | ESR |
| Blood Group & RH Factor | Blood Group & RH Factor |
| Blood and Urine Sugar Fasting | Blood and Urine Sugar Fasting |
| Blood and Urine Sugar PP | Blood and Urine Sugar PP |
| Stool Routine | Stool Routine |
| Lipid Profile | Lipid Profile |
| Total Cholesterol | Total Cholesterol |
| HDL | HDL |
| LDL | LDL |
| VLDL | VLDL |
| Triglycerides | Triglycerides |
| HDL / LDL ratio | HDL / LDL ratio |
| Liver Profile | Liver Profile |
| AST | AST |
| ALT | ALT |
| GGT | GGT |
| Bilirubin (total, direct, indirect) | Bilirubin (total, direct, indirect) |
| ALP | ALP |
| Proteins (T, Albumin, Globulin) | Proteins (T, Albumin, Globulin) |
| Kidney Profile | Kidney Profile |
| Serum creatinine | Serum creatinine |
| Blood Urea Nitrogen | Blood Urea Nitrogen |
| Uric Acid | Uric Acid |
| HBA1C | HBA1C |
| Routine urine analysis | Routine urine analysis |
| USG Whole Abdomen | USG Whole Abdomen |
| General Tests | General Tests |
| X Ray Chest | X Ray Chest |
| ECG | ECG |
| 2D/3D ECHO / TMT | 2D/3D ECHO / TMT |
| Stress Test | Thyroid Profile (T3, T4, TSH) |
| PSA Male (above 40 years) | Mammography (above 40 years) and Pap Smear (above 30 years). |
| Thyroid Profile (T3, T4, TSH) | Dental Check-up consultation |
| Dental Check-up consultation | Physician Consultation |
| Physician Consultation | Eye Check-up consultation |
| Eye Check-up consultation | Skin/ENT consultation |
| Skin/ENT consultation | Gynaec Consultation |



बैंक ऑफ़ बड़ोदा
Bank of Baroda



नाम
Name

Venkata Subhash Vanka

E.C. No.

104897



जारीकर्ता प्राधिकारी
Issuing Authority

धारक के हस्ताक्षर
Signature of Holder