



**Bill Of Supply**

Name : Mr. DHANANJAY BALAJI REDDI  
 Age/Gender : 34 Y M  
 Contact No : +917382251718  
 Address : VIRAJPET  
 UHD : CMYS 0000059401  
 Corporate Name : ARCOFEMI HEALTHCARE LIMITED  
 Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT

Bill No : CMYS-OCR-22246  
 Bill/Reg Date : 27.01.2024 09:30  
 Referred by : SELF  
 Center : Mysore  
 Emp No/Auth Code : 295821791043

#	Department	Description Of Service	SAC/ISSN 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 CMYSOPV121769 and password as 779978

Please log on to AskApollo.com for booking Appointments

**Apollo Health and Lifestyle Limited**

CIN : U05110G2000PLC115019  
 Regd. Office : 4/1, 1st & 2nd Floor, Imperial Towers, 2nd Floor, Amrampet, Hyderabad 500048, Telangana  
 www.apollohlt.com | Email ID: arqon@apollohlt.com | Ph.No: 040 4904 7777, Fax No: 4904 7744  
 APOLLO HEALTH AND LIFESTYLE LIMITED  
 Telangana: Hyderabad | AS Neo Nagar | Lakshya Nagar | Kalyanapur | Pratikshita | Becharpet | Madhuvanji | Vengal Rao | Andhra Pradesh: Vizag  
 Andhra Pradesh: Patana, Marriyana, Bangalore | Karnataka: Bengaluru | Kerala: Kochi | Karnataka: Mysuru | Tamil Nadu: Chennai | Andhra Pradesh: Amaravati | Karnataka: Mysuru | Maharashtra: Pune | Gujarat: Gandhinagar | Odisha: Bhubaneswar | West Bengal: Kolkata | Karnataka: Bengaluru | Karnataka: Bengaluru

GSTIN: 29AADCA0731E1Z3

**Address:**  
 22-24, 24, 2nd Floor, 5th Floor, BMR Complex, CPE, BMR Layout, JP Nagar  
 2nd Phase, Bengaluru, Karnataka

**1860 500 7788**



భారత ప్రభుత్వం  
Government of India



ధనంజయ్ బలిజిరెడ్డి  
Dhananjay Balijireddi  
పుట్టిన తేదీ/DOB: 21/06/1989  
పురుషుడు/ MALE



2958 2179 1043

నా ఆధార్, నా గుర్తింపు

**Fwd: Health Checkup Booking Confirmed Request(bobE6635),Package Code-PKG10000366, Beneficiary Code-299657**

Baliji Reddi Dhananjay <BALLJI.DHANANJAY@bankofbaroda.com>

Fri 26-01-2024 11:21

To:Virajpet, Puttur Region <VVIPE@bankofbaroda.com>

Get Outlook for Android

From: Mediwheel <wellness@mediwheel.in>

Sent: Friday, January 26, 2024 10:41:34 AM

To: Baliji Reddi Dhananjay <BALLJI.DHANANJAY@bankofbaroda.com>

Cc: customercare@mediwheel.in <customercare@mediwheel.in>

Subject: Health Check up Booking Confirmed Request(bobE6635),Package Code-PKG10000366, Beneficiary Code-299657

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

गया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.

D FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS UNLESS YOU KNOW THE S

011-41195959

Dear DHANANJAY BALJIREDDI,

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

Booking Date : 25-01-2024

Hospital Package : Mediwheel Full Body Annual Plus

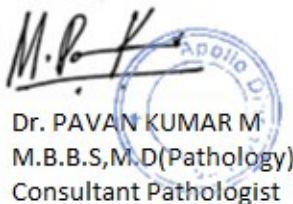
Patient Package : Mediwheel Full Body Health Checkup Male Below 40

Patient Name	: Mr.DHANANJAY BALIJI REDDI	Collected	: 27/Jan/2024 09:31AM
Age/Gender	: 34 Y 7 M 6 D/M	Received	: 27/Jan/2024 12:41PM
UHID/MR No	: CMYS.0000059401	Reported	: 27/Jan/2024 04:07PM
Visit ID	: CMYSOPV121769	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 295821791043		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

-



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

SIN No:BED240019684



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DEPARTMENT OF HAEMATOLOGY

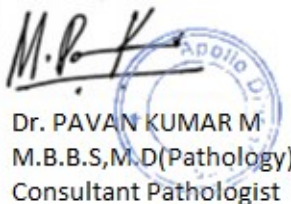
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	16.8	g/dL	13-17	Spectrophotometer
PCV	<b>52.00</b>	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.42	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	96	fL	83-101	Calculated
MCH	31.1	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	11.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,400	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	53.9	%	40-80	Electrical Impedance
LYMPHOCYTES	39	%	20-40	Electrical Impedance
EOSINOPHILS	1.2	%	1-6	Electrical Impedance
MONOCYTES	5.4	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3449.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2496	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	76.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	345.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	32	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	223000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

R.B.C: Majority are normocytic normochromic.

W.B.C: normal in number with normal morphology and distribution.

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

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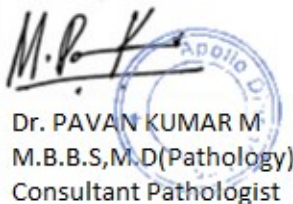
**DEPARTMENT OF HAEMATOLOGY**

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

Platelets: normal in number and are seen in singles and clumps.

Hemoparasites: Not seen.

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**



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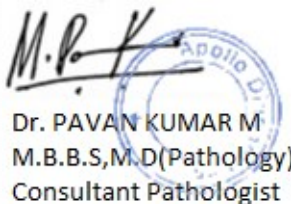


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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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Age/Gender : 34 Y 7 M 6 D/M	Received : 27/Jan/2024 02:22PM
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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	173	mg/dl	74-106	GOD, POD

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.

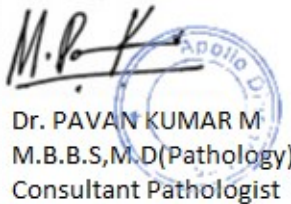
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	289	mg/dL	70-140	GOD - POD

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				
HBA1C, GLYCATED HEMOGLOBIN	7.2	%		HPLC



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

ESTIMATED AVERAGE GLUCOSE (eAG)	160	mg/dL	Calculated
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**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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>223</b>	mg/dl	0-200	CHOD
TRIGLYCERIDES	<b>189</b>	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	<b>36</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>187</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>148.78</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>37.76</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>6.12</b>		0-4.97	Calculated

**Comment:**

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

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

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



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

SIN No:SE04610750



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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>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.04	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	<b>0.26</b>	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.78	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/l	0-35	IFCC
ALKALINE PHOSPHATASE	96.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	8.00	g/dl	6.4-8.3	Biuret
ALBUMIN	4.49	g/dl	3.5-5.2	Bromocresol Green
GLOBULIN	<b>3.51</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.28		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 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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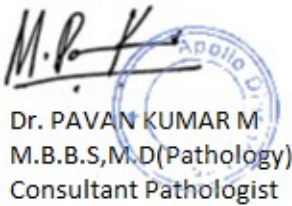


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**DEPARTMENT OF BIOCHEMISTRY**

**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	0.87	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	23.56	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	11.0	mg/dl	6-20	Urease, UV
URIC ACID	6.20	mg/dL	3.5-8.5	Uricase
CALCIUM	9.85	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.19	mg/dl	2.7-4.5	Molybdate
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	98	mmol/L	98 - 107	Direct ISE



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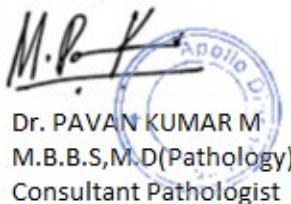


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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	27.00	U/l	0-55	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

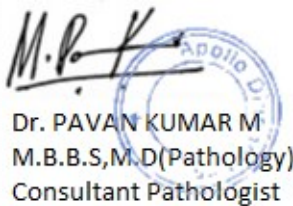
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.87	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	9.54	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.510	µIU/mL	0.35-4.94	CMIA

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
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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

SIN No:SPL24012929



Patient Name	: Mr.DHANANJAY BALIJI REDDI	Collected	: 27/Jan/2024 09:31AM
Age/Gender	: 34 Y 7 M 6 D/M	Received	: 27/Jan/2024 12:41PM
UHID/MR No	: CMYS.0000059401	Reported	: 27/Jan/2024 03:09PM
Visit ID	: CMYSOPV121769	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 295821791043		

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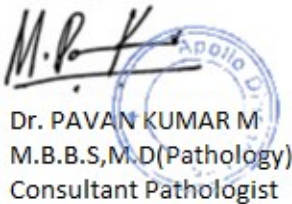


Patient Name : Mr.DHANANJAY BALIJI REDDI	Collected : 27/Jan/2024 09:31AM
Age/Gender : 34 Y 7 M 6 D/M	Received : 27/Jan/2024 12:27PM
UHID/MR No : CMYS.0000059401	Reported : 27/Jan/2024 01:46PM
Visit ID : CMYSOPV121769	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 295821791043	

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	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3 - 4	/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



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SIN No:UR2269268



Patient Name : Mr.DHANANJAY BALIJI REDDI	Collected : 27/Jan/2024 09:31AM
Age/Gender : 34 Y 7 M 6 D/M	Received : 27/Jan/2024 12:48PM
UHID/MR No : CMYS.0000059401	Reported : 27/Jan/2024 01:47PM
Visit ID : CMYSOPV121769	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 295821791043	

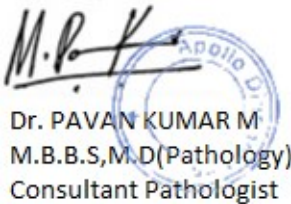
**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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



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SIN No:UF010352

