



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. KUMAR PRADEEP
EC NO.	122318
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	DELHI,SHAKTI NAGAR
BIRTHDATE	02-03-1993
PROPOSED DATE OF HEALTH CHECKUP	04-12-2023
BOOKING REFERENCE NO.	23D122318100077304E

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 **30-11-2023** till **31-03-2024**. 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))



नाम: **PRADEEP KUMAR**  
Name:

कर्मचारी कूट क्र. **122318**  
C. No.



अधिकारी मु. प्र (सु) अका. नं.  
Authorizing Authority CM (S), ZO, ND

उपरोक्त के हस्ताक्षर  
Signature of Holder

Patient Name : Mr.PRADEEP KUMAR	Collected : 09/Dec/2023 10:15AM
Age/Gender : 30 Y 9 M 7 D/M	Received : 09/Dec/2023 12:04PM
LHID/MR No : SKAR.0000100496	Reported : 09/Dec/2023 12:36PM
Visit ID : SKAROPV129780	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 122318	

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs	Show mild anisocytosis, are predominantly Normocytic Normochromic
WBCs	Normal in number and morphology Differential count is within normal limits
Platelets	Adequate in number, verified on smear
	No Hemoparasites seen in smears examined.
Impression	Normal peripheral smear study
Advice	Clinical correlation



Patient Name : Mr.PRADEEP KUMAR	Collected : 09/Dec/2023 10:15AM
Age/Gender : 30 Y 9 M 7 D/M	Received : 09/Dec/2023 12:04PM
UHID/MR No : SKAR.0000100496	Reported : 09/Dec/2023 12:38PM
Visit ID : SKAROPV129780	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 122318	

**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	14.1	g/dL	13-17	Spectrophotometer
PCV	41.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.84	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,000	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	4200	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2380	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	140	Cells/cu.mm	20-500	Calculated
MONOCYTES	280	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	289000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	08	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				



Patient Name : Mr.PRADEEP KUMAR	Collected : 09/Dec/2023 10:15AM
Age/Gender : 30 Y 9 M 7 D/M	Received : 09/Dec/2023 12:04PM
UHID/MR No : SKAR.0000100496	Reported : 09/Dec/2023 01:24PM
Visit ID : SKAROPV129780	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 122318	

**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			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination





Patient Name : Mr.PRADEEP KUMAR	Collected : 09/Dec/2023 03:00PM
Age/Gender : 30 Y 9 M 7 D/M	Received : 09/Dec/2023 03:37PM
UHID/MR No : SKAR.0000100496	Reported : 09/Dec/2023 04:10PM
Visit ID : SKAROPV129780	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 122318	

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	93	mg/dL	70-100	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  $>= 126$  mg/dL and/or a random / 2 hr post glucose value of  $>= 200$  mg/dL on at least 2 occasions.
- Very high glucose levels ( $>450$  mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	148	mg/dL	70-140	GOD - POD
--	-----	-------	--------	-----------

Please correlate clinically.

**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.



Patient Name : Mr.PRADEEP KUMAR	Collected : 09/Dec/2023 10:15AM
Age/Gender : 30 Y 9 M 7 DM	Received : 09/Dec/2023 02:12PM
UHID/MR No : SKAR.0000100496	Reported : 09/Dec/2023 02:36PM
Visit ID : SKAROPV129780	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 122318	

DEPARTMENT OF BIOCHEMISTRY

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

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

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	117	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)



Patient Name : Mr.PRADEEP KUMAR	Collected : 09/Dec/2023 10:15AM
Age/Gender : 30 Y 9 M 7 DM	Received : 09/Dec/2023 12:05PM
UHID/MR No : SKAR.0000100496	Reported : 09/Dec/2023 12:38PM
Visit ID : SKAROPV129780	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 122318	

**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	134	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	84	mg/dL	<150	
HDL CHOLESTEROL	52	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	82	mg/dL	<130	Calculated
LDL CHOLESTEROL	65.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.58		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 350mg/dL. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.





Patient Name : Mr.PRADEEP KUMAR	Collected : 09/Dec/2023 10:15AM
Age/Gender : 30 Y 9 M 7 DM	Received : 09/Dec/2023 12:05PM
UHID/MR No : SKAR.0000100496	Reported : 09/Dec/2023 12:38PM
Visit ID : SKAROPV129780	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 122318	

**DEPARTMENT OF BIOCHEMISTRY**

**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	0.60	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	32	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	<b>116.00</b>	U/L	32-111	IFCC
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	<b>3.60</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		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.



Patient Name	: Mr.PRADEEP KUMAR	Collected	: 09/Dec/2023 10:15AM
Age/Gender	: 30 Y 9 M 7 D/M	Received	: 09/Dec/2023 12:05PM
UHID/MR No	: SKAR,0000100496	Reported	: 09/Dec/2023 12:38PM
Visit ID	: SKAROPV129780	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 122318		

**DEPARTMENT OF BIOCHEMISTRY**

**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	0.88	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	<b>16.30</b>	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	<b>7.6</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.50	mg/dL	4.0-7.0	URICASE
CALCIUM	10.20	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98-107	Direct ISE



Patient Name : Mr.PRADEEP KUMAR	Collected : 09/Dec/2023 10:15AM
Age/Gender : 30 Y 9 M 7 D/M	Received : 09/Dec/2023 12:05PM
UHID/MR No : SKAR.0000100496	Reported : 09/Dec/2023 12:38PM
Visit ID : SKAROPV129780	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 122318	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.00	U/L	16-73	Glycylglycine Kinetic method



Patient Name : Mr.PRADEEP KUMAR	Collected : 09/Dec/2023 10:15AM
Age/Gender : 30 Y 9 M 7 D/M	Received : 09/Dec/2023 02:10PM
UHID/MR No : SKAR.0000100496	Reported : 09/Dec/2023 03:04PM
Visit ID : SKAROPV129780	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 122318	

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TRI-iodothyronine (T3, TOTAL)	1.05	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.64	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.020	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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





Patient Name : Mr.PRADEEP KUMAR	Collected : 09/Dec/2023 10:15AM
Age/Gender : 30 Y 9 M 7 D/M	Received : 09/Dec/2023 11:09AM
UHI/DMR No : SKAR.0000100496	Reported : 09/Dec/2023 11:19AM
Visit ID : SKAROPV129780	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 122318	

**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**

Test Name	Result	Unit	Bio. Ref. Range	Method
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Dipstick

**BIOCHEMICAL EXAMINATION**

Test Name	Result	Unit	Bio. Ref. Range	Method
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

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

Test Name	Result	Unit	Bio. Ref. Range	Method
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY




Patient Name	: Mr.PRADEEP KUMAR	Collected	: 09/Dec/2023 10:15AM
Age/Gender	: 30 Y 9 M 7 DM	Received	: 09/Dec/2023 11:09AM
UHID/MR No	: SKAR.0000100496	Reported	: 09/Dec/2023 11:19AM
Visit ID	: SKAROPV129780	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 122318		

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
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick


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



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



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



Dr Nidhi Sachdev  
M.B.B.S.,MD(Pathology)  
Consultant Pathologist



## APOLLO SPECTRA HOSPITAL

### MEDICAL EXAMINATION REPORT

Name: - Pradeep Kumar      Age/Sex: 30y/M.      DOB: - 02/03/1993

ADDRESS: - New Delhi

He is not suffering from following disease

- |         |                    |
|---------|--------------------|
| 1. DM   | 5. Eye disorder    |
| 2. HTN  | 6. Paralysis       |
| 3. COPD | 7. Dental Check-up |
| 4. TB   | 8. ENT             |
- READ*      *READ*

BP: - 110/80 mmHg      PR: - 98/min      WEIGHT: -

RR: - 16/min      HEIGHT: 171 Cm.

Date: - 09/12/23  
Place: - New Delhi

  
Doctor Name: \_\_\_\_\_  
Doctor Signature: \_\_\_\_\_

#### APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)  
CIN: U85100KA2009PTCO49961

Apollo Spectra Hospitals  
66A/2, New Rohtak Road, Karol Bagh,  
New Delhi-110 005.

Ph: 011-49407700, 8448702677  
www.apollospectra.com

Registered Address  
87-1-G17/A, 615 & 616 Imperial Towers,  
7th Floor, Opp. Ameerpet Metro Station,  
Ameerpet, Hyderabad-500038, Telangana.

BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE | HYDERABAD | GWALIOR | GURUGRAM

Mr. Pradeep  
Date: 9.12.2023

Age: 30 Y/ Sex: M  
Health check up

### ULTRASOUND WHOLE ABDOMEN

Liver is normal in size and echotexture. No focal lesion seen in the liver. Intrahepatic bile ducts and portal radicals are normal in caliber.

Gall bladder does not show any evidence of cholecystitis or cholelithiasis.  
CBD is not dilated.  
Portal vein is normal in caliber.


Both kidneys are of normal size, shape and echopattern. No calculus, growth or hydronephrotic changes seen in either kidney. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

Spleen is normal in size and echotexture.  
Pancreas does not show any pathology.

No free fluid seen in the peritoneal cavity.

Urinary bladder is distended and shows no mural or intraluminal pathology.  
Prostate is normal in size and shape. No focal lesion is seen.

*Please correlate clinically*

  
DR. GLOSSY B SABHARWAL, MD  
CONSULTANT RADIOLOGIST

This report is only a professional opinion and it is not valid for medico-legal purposes.

#### APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)  
CIN: U85100KA2009PTCO49961

Apollo Spectra Hospitals  
66A/2, New Rohtak Road, Karol Bagh,  
New Delhi-110 005

Ph.: 011-49407700, 8448702877  
www.apollospectra.com

#### Registered Address

#7-1-617/A, 615 & 616 Imperial Towers,  
7th Floor, Opp. Ameerpet Metro Station,  
Ameerpet, Hyderabad-500038, Telangana.



Patient

Exam

ID 09-12-2023-0022  
Name PRADEEP  
Birth Date  
Gender

Accession #  
Exam Date 09122023  
Description  
Sonographer





Male

Technician:  
Test ind.

Heart rate	76 bpm
PR interval	162 ms
QRS duration	74 ms
QT/QTc	338/380 ms
P-R-T axes	64 64 53

Normal sinus rhythm  
Normal ECG

*Mr. Pradeep Kumar / 100498*

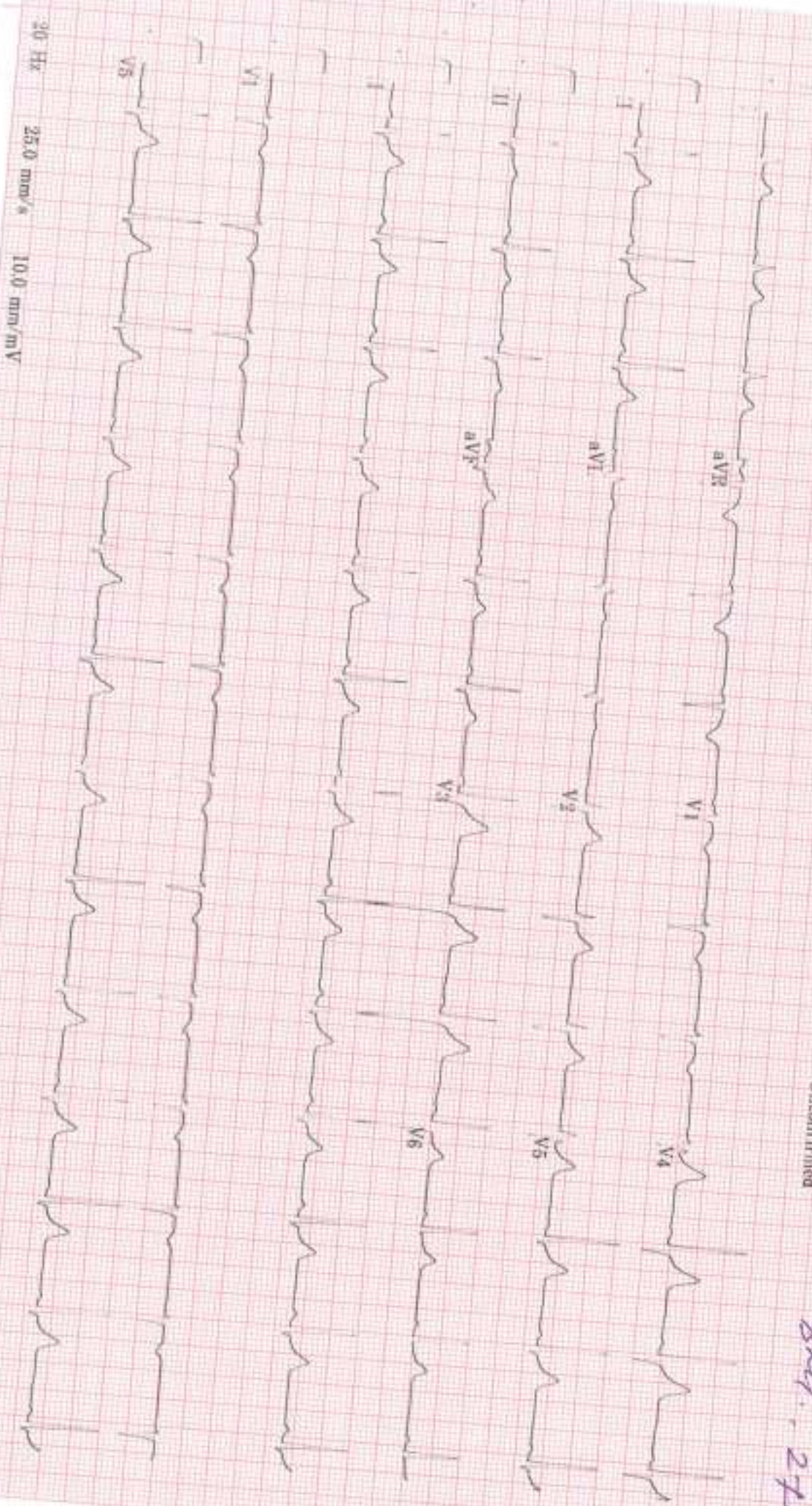
*HT - 171  
wt - 79kg*

*BP - 110/80*

*Bwt - 27*

Referred by:

Unconfirmed



30 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 3 rhythm Ids



## TREADMILL TEST REPORT

Name: Pradeep Kumar  
Date: 09.12.2023

Age/Sex: 30Yrs/M  
Health Check UP

Medication: None  
Protocol: BRUCE

	Resting	Peak exercise	Recovery			
			2	4	6	8
HR/min	91	174	95			
B.P. mm Hg	110/80	126/80	120/80			

Reason for termination

- Fatigue
- THR Achieved

Events during exercise and recovery

ECG Changes: Baseline ECG - WNL

Symptoms (Angina): None

Arrhythmia: None

TET: 9.44

METS: 11.2

MHR (% THR): 91%

Impression

- TMT is Negative for inducible ischemia.
- Appropriate chronotropic & BP response
- Good exercise capacity

*DR. Aick Kumar*

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

(Formerly known as Nova Specialty Hospitals Private Limited)  
CIN: U85100KA2009PTC049961

Apollo Spectra Hospitals  
66A/2, New Rohtak Road, Karol Bagh,  
New Delhi-110 005

Ph: 011-49407700; 8448702877  
www.apollospectra.com

**Registered Address**

#7-1-817/A, 615 & 616 Imperial Towers,  
7th Floor, Opp. Ameerpet Metro Station,  
Ameerpet, Hyderabad-500038, Telangana.

=====

NAME: PRADEEP KUMAR  
REF. BY: HEALTH CHECKUP  
DATE: 09.12.2023

=====

AGE 30 Y /SEX/M  
UHID: SKAR00000100496  
S. NO: 14531

=====

X-RAY CHEST PA

Lung fields and costophrenic angles are clear.  
No definite pleural or parenchymal pathology seen.  
Bony thorax, heart and mediastinum appear normal.

Please correlate clinically.



DR. BLOSSY B SABHARWAL, MD  
CONSULTANT RADIOLOGIST

Note: It is only a professional opinion. Kindly correlate clinically.

---

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

(Formerly known as Nova Specialty Hospitals Private Limited)  
CIN: UBS100KA2009PTC049961

Apollo Spectra Hospitals  
66A/2, New Rohtak Road, Karol Bagh,  
New Delhi-110 005

Ph.: 011-49407700, 8448702877  
www.apollospectra.com

**Registered Address**

#7-1-617/A, 615 & 616 Imperial Towers,  
7th Floor, Opp. Ameerpet Metro Station,  
Ameerpet, Hyderabad-500038, Telangana.



Early Morning -  
7:00 Am

1 glass luke warm water

Breakfast - 8:30 - 9 Am →

Veg Poha / veg upma / sprouts / Black chana  
chat / cheela / uttham / idli / Veg Sandwich  
& slice brown / multigrain Bread + 2 Boil  
Egg (white) / oats /

1 glass milk / Paneer / Egg

Midmorning - 11 Am -

1 fruit / coconut water

Lunch → 1:30 - 2 pm.

Chapati + Dal / soybean / Paneer / egg /  
green vegetable  
Salad / cur.

Evening Snacks :- 4 pm -

Tea / soup / Roasted channa /  
Murmure / Makhana / Home made diet  
mixture / fruit / Home made  
Bhelpuri.

Dinner - 8 pm -

Chapati + Sabji + Salad /  
Veg khichdi / oats / Veg  
dalia.

Name: Pradeep Kumar

09/12/23

Age/Sex: 30yrs/M

Vision →      (R)      (L)  
6/6                      6/6

Colour vision →      (N)      (N)



**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

(Formerly known as Nova Specialty Hospitals Private Limited)  
CIN: U85100KA2009PTCO49961

Apollo Spectra Hospitals  
66A/2, New Rohtak Road, Karol Bagh,  
New Delhi-110 005

Ph.: 011-49407700, 8448702877  
www.apollospectra.com

**Registered Address**

#7-1-617/A, 615 & 616 Imperial Towers,  
7th Floor, Opp. Ameerpet Metro Station,  
Ameerpet, Hyderabad-500038, Telangana.