



Patient Name : Mr.YUGANDHAR APPADI

 Age/Gender
 : 39 Y 5 M 10 D/M

 UHID/MR No
 : CJPN.0000089210

 Visit ID
 : CJPNOPV180643

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 265802 Collected : 11/Nov/2023 10:06AM
Received : 11/Nov/2023 12:57PM
Reported : 11/Nov/2023 04:30PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - F	ULL BODY ANNUAL	PLUS MALE -	2D ECHO - PAN INDIA	- FY2324	
Test Name	Result	Unit	Bio. Ref. Range	Method	

HAEMOGLOBIN	15.1	g/dL	13-17	Spectrophotometer
PCV	43.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.19	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	104.4	fL	83-101	Calculated
MCH	35.9	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	10,310	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	63.2	%	40-80	Electrical Impedance
LYMPHOCYTES	22.1	%	20-40	Electrical Impedance
EOSINOPHILS	7.6	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6515.92	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2278.51	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	783.56	Cells/cu.mm	20-500	Calculated
MONOCYTES	659.84	Cells/cu.mm	200-1000	Calculated
BASOPHILS	72.17	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	811000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	30	mm at the end of 1 hour	0-15	Modified Westegren method

RBCs: are normocytic normochromic

WBCs: are normal in total number with relative increase in eosinophils.

PLATELETS: are increased in number. ? EDTA induced.

HEMOPARASITES: negative

Page 1 of 13







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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

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE EOSINOPHILIA AND THROMBOCYTOSIS.

Kindly correlate clinically.

Suggest repeat sample for confirmation.

Page 2 of 13

SIN No:BED230277376

NABL renewal accreditation under process

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

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







: Mr.YUGANDHAR APPADI

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UHID/MR No Visit ID : CJPN.0000089210

Ref Doctor

: CJPNOPV180643 : Dr.SELF

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: ARCOFEMI HEALTHCARE LIMITED

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 FACT	OR , WHOLE BLOOD EDTA	
BLOOD GROUP TYPE	В	Microplate Hemagglutination
Rh TYPE	Positive	Microplate Hemagglutination

Page 3 of 13

SIN No:BED230277376

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







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Visit ID

: CJPNOPV180643

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF : 265802

Collected

: 11/Nov/2023 12:54PM

Received

: 11/Nov/2023 04:58PM

Reported Status

: 11/Nov/2023 05:21PM

Sponsor Name

: Final Report

: ARCOFEMI HEALTHCARE LIMITED

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

99

mg/dL

70-100

HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- 1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2.
- 2. 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	111	mg/dL	70-140	HEXOKINASE
HR)				

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each

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.

Page 4 of 13

SIN No:PLF02053692,PLP1386529 NABL renewal accreditation under process





Patient Name : Mr.YUGANDHAR APPADI

Age/Gender : 39 Y 5 M 10 D/M UHID/MR No : CJPN.0000089210 Visit ID : CJPNOPV180643

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 265802

Collected : 11/Nov/2023 10:06AM Received : 11/Nov/2023 12:17PM

Reported : 11/Nov/2023 01:42PM

: Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - F	ULL BODY ANNUAL	L PLUS MALE -	2D ECHO - PAN INDIA	- FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

Status

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	6.6	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	143	mg/dL	Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	нва1С %
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)

Page 5 of 13

SIN No:EDT230102369

NABL renewal accreditation under process

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

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







Patient Name : Mr.YUGANDHAR APPADI

Age/Gender : 39 Y 5 M 10 D/M UHID/MR No : CJPN.0000089210 Visit ID : CJPNOPV180643

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 265802

Collected : 11/Nov/2023 10:06AM Received : 11/Nov/2023 12:48PM

Reported : 11/Nov/2023 02:11PM

: Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

	DEL ARTIMENT OF BIOGRAPHICATION						
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324							
Test Name	Test Name Result Unit Bio. Ref. Range Method						

Status

LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	173	mg/dL	<200	CHO-POD
TRIGLYCERIDES	108	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	34	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	139	mg/dL	<130	Calculated
LDL CHOLESTEROL	117	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.08		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
III .I D1 .	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60	*		
INON-HOL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- 1. Measurements in the same patient on different days can show physiological and analytical variations.
- 2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4. 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.
- 5. 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.
- 6. 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.

Page 6 of 13

SIN No:SE04537610

NABL renewal accreditation under process





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Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

Test Name	Result	Unit	Bio. Ref. Range	Method

LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.23	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.23	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.00	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	74	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	45.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	56.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.79	g/dL	6.6-8.3	Biuret
ALBUMIN	4.61	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.18	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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.

Page 7 of 13







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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name Result Unit Bio. Ref. Range Method

Page 8 of 13



SIN No:SE04537610

NABL renewal accreditation under process

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

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







: Mr.YUGANDHAR APPADI

Age/Gender UHID/MR No : 39 Y 5 M 10 D/M : CJPN.0000089210

Visit ID

: CJPNOPV180643

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 265802 Collected

: 11/Nov/2023 10:06AM

Received

: 11/Nov/2023 12:48PM

Reported Status : 11/Nov/2023 02:11PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324						
ARCOI EMIT-MEDIWITEEE-1 GEE BODT ANNOAET EGS MALE - 2D EGITO - 1 AN INDIA - 1 12524						
Test Name	Result	Unit	Bio. Ref. Range	Method		

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM					
CREATININE	0.92	mg/dL	0.72 – 1.18	JAFFE METHOD	
UREA	25.20	mg/dL	17-43	GLDH, Kinetic Assay	
BLOOD UREA NITROGEN	11.8	mg/dL	8.0 - 23.0	Calculated	
URIC ACID	8.07	mg/dL	3.5–7.2	Uricase PAP	
CALCIUM	9.80	mg/dL	8.8-10.6	Arsenazo III	
PHOSPHORUS, INORGANIC	4.24	mg/dL	2.5-4.5	Phosphomolybdate Complex	
SODIUM	139	mmol/L	136–146	ISE (Indirect)	
POTASSIUM	4.9	mmol/L	3.5–5.1	ISE (Indirect)	
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)	

Page 9 of 13



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Age/Gender UHID/MR No : 39 Y 5 M 10 D/M

Visit ID

: CJPNOPV180643

: Dr.SELF

: 265802

Ref Doctor Emp/Auth/TPA ID

(GGT), SERUM

: CJPN.0000089210

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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	102.00	U/L	<55	IFCC			

Page 10 of 13



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







Patient Name : Mr.YUGANDHAR APPADI

Age/Gender : 39 Y 5 M 10 D/M
UHID/MR No : CJPN.0000089210

Visit ID : CJPNOPV180643

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 265802 Collected : 11/Nov/2023 10:06AM

Received : 11/Nov/2023 12:45PM Reported : 11/Nov/2023 02:37PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - F	ULL BODY ANNUAL	L PLUS MALE -	2D ECHO - PAN INDIA	- FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

THYROID PROFILE TOTAL (T3, T4, TSH),	SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	0.81	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	9.40	μg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.800	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			

- **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	Т3	Т4	FT4	Conditions	
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis	
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Fherapy.	
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	

Page 11 of 13

SIN No:SPL23159241

NABL renewal accreditation under process





Patient Name : Mr.YUGANDHAR APPADI

Test Name

Age/Gender : 39 Y 5 M 10 D/M UHID/MR No : CJPN.0000089210 Visit ID : CJPNOPV180643

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 265802

Collected : 11/Nov/2023 10:05AM Received : 11/Nov/2023 01:30PM

Reported : 11/Nov/2023 02:03PM

Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 Result Unit Bio. Ref. Range Method

COMPLETE URINE EXAMINATION (C	UE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
рН	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	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MO	OUNT 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 12 of 13

SIN No:UR2218372

NABL renewal accreditation under process







: Mr.YUGANDHAR APPADI

Age/Gender UHID/MR No : 39 Y 5 M 10 D/M : CJPN.0000089210

Visit ID

: CJPNOPV180643

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 265802 Collected : 11/Nov/2023 10:06AM

Received : 11/Nov/2023 01:30PM Reported : 11/Nov/2023 01:51PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT	UE CLINICAL	

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

Dr.Shobha Emmanuel M.B.B.S,M.D(Pathology) Consultant Pathologist

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

Page 13 of 13



SIN No:UPP015763,UF009769 NABL renewal accreditation under process

Mr. Yugandhar Echo test is pending.



Plan

Name : Mr. Yugandhar Appadi

Age: 39 Y

Sex: M

UHID:CJPN.0000089210

OP Number: CJPNOPV180643

Bill No: CJPN-OCR-67058

Date : 11.11.2023 09:40

Address: blr

: ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN

INDIA OP AGREEMENT

Sno	Serive Type/ServiceName	Department	
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324		
	1 URINE GLUCOSE(FASTING)		
	2 GAMMA GLUTAMYL TRANFERASE (GGT)		
(3 HbAle, GLYCATED HEMOGLOBIN		
	4 2 D ECHO		
	5 LIVER-FUNCTION TEST (LFT)		
	6 X-RAY CHEST PA		
	7 GLUCOSE, FASTING		
-	8 HEMOGRAM + PERIPHERAL SMEAR		
	9 ENT CONSULTATION		
1	0 FITNESS BY GENERAL PHYSICIAN		
1	I DIET CONSULTATION		
-1	2 COMPLETE URINE EXAMINATION		
	3 URÍNE GLUCOSE(POST PRANDIAL)		
_1	4 PERIPHERAL SMEAR		
_1	S EEG		
4	6 BLOOD GROUP ABO AND RH FACTOR		
_1	HIPID PROFILE		
1	8 BODY MASS INDEX (BMI)		
A	9 OPTHAL BY GENERAL PHYSICIAN		
2	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)		
2	ULTRASOUND - WHOLE ABDOMEN		
	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)		
2	DENTAL CONSULTATION -29		
2	24 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)		

opteal=3 Audio-21 Dental-22 Otysio-4

VitD3 & WiB12

weight: 84.7 Kgs. Heigh= 167 cm waist= 157-00 Hip= 106cm BP= 114/85mm149 PP > gulant.

, Mr.yugadhar 39 Years aVF a/L 167 cm Male 84.0 kg QRS QT / QTcBaz PR RR/PP P/QRS/T 88 ms 368 / 410 ms 134 ms 72 ms 796 / 800 ms 26 / 72 / 34 degrees 11.11.2023 10:31:02
Apollo Clinic
J.P.Nagar
Bangalore Normal sinus rhythm Normal ECG 8 3 5 4 S 114 / 85 mmHg 75 bpm

GE MAC2000

Ξ

12SL™ v241

25 mm/s

10 mm/mV

ADS

0.56-20 Hz

50 Hz

Unconfirmed 2x5x6_25_R1

1/1

DENTAL SCRIPT



Date: 11/11/23						
Patient ID:	10 MHC					
Patient Name: Yugandhar Appa	ient Name: Jugandhar Appadi Age: 39 Sex: Mald Female					
Main Complaint: Regular den	tal check up					
Medical History: HTN						
Drug Allergy :	Orug Allergy :					
Medication currently taken by the Guest :	dication currently taken by the Guest :					
Initial Screenign Findings :						
Dental Caries: (a*,+	Missing Teeth:					
Impacted Teeth :	Attrition / Abrasion :					
Bleeding:	Pockets / Recession :					
Calculus / Stains :	Mobility:					
Restored Teeth:	Non - restorable Teeth for extraction / Root Stumps :					
Malocclusion :	noot stumps.					
	Others: —					

Advice: Adry ed for oral prophylaxn'

Dr. Sijo

Doctor



Age/Gender **Patient Name** : Mr. Yugandhar Appadi : 39 Y/M UHID/MR No. : CJPN.0000089210 **OP Visit No** : CJPNOPV180643 Sample Collected on : : 11-11-2023 11:45 Reported on LRN# : RAD2148414 **Specimen Ref Doctor** : SELF Emp/Auth/TPA ID : 265802

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Normal in size and increased in echotexture. No focal lesion seen.

No intra hepatic biliary / venous radicular dilation.

CBD and Main Portal vein appear normal.PV-10 mm.

GALL BLADDER: Well distended. Normal in internal contents. Wall Thickness is normal.

SPLEEN: Normal in size and echotexture. No focal lesion was seen.

PANCREAS: Appeared normal to the visualized extent.

KIDNEYS: Both kidneys are normal in size, shape and outlines Cortico medullary delineation is

maintained. No Hydronephrosis / No calculi.

Right kidney measures: 10.9 x 2.1 cm. Left kidney measures: 11.2 x 1.9 cm.

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

PROSTATE: Normal in size and echotexture.

Prostate measures: 3.4 x 2.8 x 2.7 cms. Volume- 14cc.

No free fluid is seen in the peritoneum. No lymphadenopathy.

IMPRESSION: GRADE I FATTY LIVER OTHERWISE NORMAL STUDY.

Please Note: No preparation done before scanning.

(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.



Patient Name : Mr. Yugandhar Appadi Age/Gender : 39 Y/M

 $\frac{\text{Dr. KUSUMA JAYARAM}}{\text{MBBS,DMRD}}$ Radiology



Patient Name : Mr. Yugandhar Appadi Age/Gender : 39 Y/M

UHID/MR No.

: CJPN.0000089210

Sample Collected on LRN#

: RAD2148414

Ref Doctor : SELF Emp/Auth/TPA ID : 265802 **OP Visit No** Reported on Specimen

: CJPNOPV180643 : 11-11-2023 10:27

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. KUSUMA JAYARAM MBBS,DMRD Radiology



प्रति.

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

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

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

	स्वास्थ्य जांच लाभार्थी केविवरण	
नाम	YUGANDHAR APPADI 01-06-1984	
जन्म की तारीख		
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	11-11-2023	
बुकिंग संदर्भ सं.	23D180088100074710S	
	पत्नी/पति केविवरण	
कर्मचारी का नाम	MS. KONDARI SINDHUSHA	
कर्मचारी की क.कूसंख्या	180088	
कर्मचारी का पद	SINGLE WINDOW OPERATOR A	
कर्मचारी के कार्य का स्थान	KANAKAPURA	
कर्मचारी के जन्म की तारीख	04-06-1993	

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत िक्या जाएगा। यह अनुमोदन पत्र दिनांक 08-11-2023 से 31-03-2024 तक मान्य है। इस पत्र के साथ िकए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें िक उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं िक आप हमारे कर्मचारी के पत्नी/पित की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथिमकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुिकंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में िकया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-(मुख्य महाप्रबंधक) मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी रुपष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited)से संपर्क करें।)



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

PARTICULARS	OF HEALTH CHECK UP BENEFICIARY	
NAME	YUGANDHAR APPADI 01-06-1984	
DATE OF BIRTH		
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	11-11-2023	
BOOKING REFERENCE NO.	23D180088100074710S	
	SPOUSE DETAILS	
EMPLOYEE NAME	MS. KONDARI SINDHUSHA	
EMPLOYEE EC NO.	180088	
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A	
EMPLOYEE PLACE OF WORK	KANAKAPURA	
EMPLOYEE BIRTHDATE	04-06-1993	

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 08-11-2023 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's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager HRM 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 the second s	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
The state of the s	

