

Name <i>Aashesh Kumar - K</i>	Date <i>27/01/24</i>
Age <i>37</i>	UHID No. <i>204896</i>
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	

OPHTHAL FITNESS CERTIFICATE

	RE	LE
DV-UCVA :	<i>16/6P</i>	<i>16/6P</i>
DV-BCVA :		
NEAR VISION :	<i>N6</i>	<i>N6</i>
ANTERIOR SEGMENT :		
IOP :		
FIELDS OF VISION :		
E O M :		
COLOUR VISION :	<i>Normal</i>	
FUNDUS :		<i>Normal</i>
IMPRESSION :		
ADVICE :	<i>R</i>	<i>on (7007)</i>

APOLLO MEDICAL CENTRE
11/4, Sivapokasam Street, Pondy Bazar,
T. Nagar, Chennai - 600 017.
Phone: 044 - 2434 1066 / 95001 66335

CERTIFICATE OF MEDICAL FITNESS

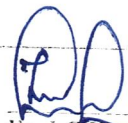
This is to certify that I have conducted the clinical examination

of Mr. Rajesh Kumarik, S.Fyln

on 29/01/2024

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

<ul style="list-style-type: none">• Medically Fit	Tick
<ul style="list-style-type: none">• Fit with restrictions / recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>None</u></p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>However the employee should follow the advice/medication that has been Communicated to him/her.</p> <p>Review after _____</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Currently Unfit. <p>Review after _____</p> <p>_____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none">• Unfit	<input type="checkbox"/>


Dr. _____
Medical Officer
The Apollo Clinic, (Amavathi)

Dr. HARI. K, MBBS.,
Family Physician
Reg. No. 151903

This certificate is not meant for medico-legal purposes

Physical Examination			
Name Mr / Mrs / Miss		Rajesh Kumar. K	
Age / Gender		M / 37	Male / Female
			28/01/24 DATE OF CHECK UP
HEIGHT	174		Cms
WEIGHT	96.1		Kgs
BLOOD PRESSURE (If above 140/90 need 3 readings)	1) 140/90		mmHg
	2)		
	3)		
HR	31.74		
RR	114		
RF	116		
WHR	0.98		Min
RESPIRATORY RATE	18		Min
PULSE	80		
CHEST	INSPIRATION	Ins:	Cms
	EXPIRATION	Exp:	Cms

OPHTHAL. EXAMINATION					COLOUR VISION		
VISION	FAR VISION RIGHT	FAR VISION LEFT	NEAR VISION RIGHT	NEAR VISION LEFT	RIGHT	LEFT	
WITHOUT GLASS							
WITH GLASS							
REMARKS IF ANY							

APOLLO MEDICAL CENTRE
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 Chennai - 600 017.
 044-241066 / 95001 66355

Height:	Weight:	BMI:	Waist Circum:
Temp:	Pulse:	Resp:	B.P:

General Examination / Allergies
History

no specific ENT complaints
 o/e:
 = Ear
 Nose
 Throat } NAD

S. Meenakshi

APOLLO MEDICAL CENTRE
 14, Sivaprakasam Street, Pondy Bazaar,
 T. Nagar, Chennai - 600 017.
 Tel: 044 - 2434 1066 / 95801 66355

Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

ORAL EXAMINATION FORM



Date: 27/01/24

Patient ID: 204896

MHC

Patient Name: Mr. Rajesh Kumar

Age: 37

Sex: Male Female

Chief Complaint: General check up.

Medical History:

Drug Allergy:

Medication currently taken by the Guest:

Initial Screenign Findings:

Dental Caries: + 67

Missing Teeth: NIC

Impacted Teeth: NIC

Attrition / Abrasion: NK

Bleeding: +

Pockets / Recession: NIC

Calculus / Stains: ++ / ++

Mobility: NK

Restored Teeth: NIC

Non - restorable Teeth for extraction /
Root Stumps: NIC

Malocclusion:

Others: Generalised chronic gingivitis
Dr. 67

Advice:- Advice scaling & OHI, filling iet 36, 37.

Doctor
Name & Signature: Dr. Abhinaya

APOLLO MEDICAL CENTRE
11/4, Silver Plassam Street, Kandy Dental
T. Nagar, Chennai
Phone: 044 - 2434 1006 / 2434 1008

Patient Name	: Mr. Rajesh Kumar K	Age	: 37 Y/M
UHID	: CTNA.0000204896	OP Visit No	: CTNAOPV191924
Reported By:	: Dr. HARI K	Conducted Date	: 29-01-2024 11:03
Referred By	: SELF		

ECG REPORT

Impression:

NORMAL SINUS RHYTHM

NORMAL ECG.

----- END OF THE REPORT -----



Dr. HARI K

Patient Name : Mr. Rajesh Kumar K
UHID : CTNA.0000204896
Reported on : 27-01-2024 19:16
Adm/Consult Doctor :

Age : 37 Y M
OP Visit No : CTNAOPV191924
Printed on : 30-01-2024 19:05
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

Normal study.

Printed on:27-01-2024 19:16

---End of the Report---



Dr. RASHEED ARAFATH HIDAYATHULLAH
MBBS, DNB (RD)
Radiology

Patient Name : Mr. Rajesh Kumar K
 UHID : CTNA.0000204896
 Conducted By: : Dr. ASHA MAHILMARAN
 Referred By : SELF

Age : 37 Y/M
 OP Visit No : CTNAOPV191924
 Conducted Date : 29-01-2024 12:33

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.7 CM
LA (es)	3.0 CM
LVID (ed)	5.0 CM
LVID (es)	3.4 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	60.00%
%FD	30.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL



Patient Name	: Mr. Rajesh Kumar K	Age	: 37 Y/M
UHID	: CTNA.0000204896	OP Visit No	: CTNAOPV191924
Conducted By:	: Dr. ASHA MAHILMARAN	Conducted Date	: 29-01-2024 12:33
Referred By	: SELF		

DOPPLER STUDIES

PWD: A>E AT MITRAL INFLOW

E/A-E: 0.9m/sec A: 0.9m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO 0.5m/sec

VELOCITY ACROSS THE AV UPTO 1.4m/sec

IMPRESSION:

NO REGIONAL WALL MOTION ABNORMALITIES

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

NORMAL LEFT VENTRICULAR IN SIZE

NO : PE/PAH



Patient Name : Mr. Rajesh Kumar K
UHID : CTNA.0000204896
Conducted By: : Dr. ASHA MAHILMARAN
Referred By : SELF

Age : 37 Y/M
OP Visit No : CTNAOPV191924
Conducted Date : 29-01-2024 12:33

DONE BY
NIRMALA

A handwritten signature in black ink, appearing to read 'Dr. Asha Mahilmaran', is written over a faint, illegible stamp.

Dr.ASHA
MAHILMARAN.



Patient Name : Mr. Rajesh Kumar K
UHID : CTNA.0000204896
Conducted By: : Dr. ASHA MAHILMARAN
Referred By : SELF

Age : 37 Y/M
OP Visit No : CTNAOPV191924
Conducted Date : 29-01-2024 12:33



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Conducted By: : Dr. ASHA MAHILMARAN
Referred By : SELF

Age : 37 Y/M
OP Visit No : CTNAOPV191924
Conducted Date : 29-01-2024 12:33



Patient Name : Mr. Rajesh Kumar K
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Conducted By: : Dr. ASHA MAHILMARAN
Referred By : SELF

Age : 37 Y/M
OP Visit No : CTNAOPV191924
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Patient Name : Mr. Rajesh Kumar K
UHID : CTNA.0000204896
Conducted By: : Dr. ASHA MAHILMARAN
Referred By : SELF

Age : 37 Y/M
OP Visit No : CTNAOPV191924
Conducted Date : 29-01-2024 12:33

Patient Name : Mr. Rajesh Kumar K
UHID : CTNA.0000204896
Reported on : 27-01-2024 16:55
Adm/Consult Doctor :

Age : 37 Y M
OP Visit No : CTNAOPV191924
Printed on : 30-01-2024 19:06
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver shows increase in echogenicity suggestive of fatty changes.

Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.

Wall thickness appear normal.

Pancreas and spleen appear normal. Spleen measures 10.4 cms.

Portal and splenic veins appear normal.

No evidence of ascites or lymphadenopathy. Diaphragmatic movements are satisfactory.

There is no evidence of sub diaphragmatic pathology or pleural effusion.

Aorta and IVC appear normal.

Right kidney measures 9.9 x 3.8 cms.

Left kidney measures 9.4 x 5.0 cms.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 2.6 x 2.3 x 2.2 cms (volume 7 cc) and shows normal echopattern.

Seminal vesicles appear normal.

Bladder is normal in contour. Both iliac fossae appear normal.

IMPRESSION:

Fatty Liver (Grade I).

Printed on:27-01-2024 16:55

---End of the Report---



Dr. A R RAGHUL
MBBS MD Radiodiagnosis
Radiology

Certificate No: MC-2435

Patient Name	: Mr.RAJESH KUMAR K	Collected	: 27/Jan/2024 10:01AM
Age/Gender	: 37 Y 7 M 5 D/M	Received	: 27/Jan/2024 04:55PM
UHID/MR No	: CTNA.0000204896	Reported	: 27/Jan/2024 06:56PM
Visit ID	: CTNAOPV191924	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: emp id 163466		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic
RBC MORPHOLOGY	: Mild anisocytosis, predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
NOTE/ COMMENT	: Please correlate clinically.



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

SIN No:BED240019900

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA					
HAEMOGLOBIN	12.9	Low	g/dL	13-17	Spectrophotometer
PCV	39.10	Low	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.8	Normal	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	81.6	Low	fL	83-101	Calculated
MCH	26.9	Low	pg	27-32	Calculated
MCHC	33	Normal	g/dL	31.5-34.5	Calculated
R.D.W	14.4	High	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,900	Normal	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)					
NEUTROPHILS	61.7	Normal	%	40-80	Electrical Impedance
LYMPHOCYTES	21.7	Normal	%	20-40	Electrical Impedance
EOSINOPHILS	7.1	High	%	1-6	Electrical Impedance
MONOCYTES	8.9	Normal	%	2-10	Electrical Impedance
BASOPHILS	0.6	Normal	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT					
NEUTROPHILS	3640.3	Normal	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1280.3	Normal	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	418.9	Normal	Cells/cu.mm	20-500	Calculated
MONOCYTES	525.1	Normal	Cells/cu.mm	200-1000	Calculated
BASOPHILS	35.4	Normal	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	248000	Normal	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	40	High	mm/hour	0-15	Capillary photometry
PERIPHERAL SMEAR		Normal			
METHODOLOGY	: Microscopic				

Page 2 of 16



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

SIN No:BED240019900

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DEPARTMENT OF HAEMATOLOGY

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

RBC MORPHOLOGY	: Mild anisocytosis, predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
NOTE/ COMMENT	: Please correlate clinically.



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Certificate No: MC-2435

Patient Name	: Mr.RAJESH KUMAR K	Collected	: 27/Jan/2024 10:01AM
Age/Gender	: 37 Y 7 M 5 D/M	Received	: 27/Jan/2024 04:55PM
UHID/MR No	: CTNA.0000204896	Reported	: 27/Jan/2024 08:02PM
Visit ID	: CTNAOPV191924	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: emp id 163466		

DEPARTMENT OF HAEMATOLOGY

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

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

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



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

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Patient Name : Mr.RAJESH KUMAR K	Collected : 27/Jan/2024 10:01AM
Age/Gender : 37 Y 7 M 5 D/M	Received : 27/Jan/2024 01:19PM
UHID/MR No : CTNA.0000204896	Reported : 27/Jan/2024 02:28PM
Visit ID : CTNAOPV191924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : emp id 163466	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	119	Normal	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 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:PLF02095499

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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Patient Name	: Mr.RAJESH KUMAR K	Collected	: 27/Jan/2024 01:46PM
Age/Gender	: 37 Y 7 M 5 D/M	Received	: 27/Jan/2024 04:44PM
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Visit ID	: CTNAOPV191924	Status	: Final Report
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Emp/Auth/TPA ID	: emp id 163466		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	111	Normal	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.



DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:PLP1412269

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Certificate No: MC-2435

Patient Name	: Mr.RAJESH KUMAR K	Collected	: 27/Jan/2024 10:01AM
Age/Gender	: 37 Y 7 M 5 D/M	Received	: 27/Jan/2024 04:59PM
UHID/MR No	: CTNA.0000204896	Reported	: 27/Jan/2024 07:18PM
Visit ID	: CTNAOPV191924	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: emp id 163466		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA					
HBA1C, GLYCATED HEMOGLOBIN	7		%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	154		mg/dL		Calculated

Comment:

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

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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Patient Name : Mr.RAJESH KUMAR K	Collected : 27/Jan/2024 10:01AM
Age/Gender : 37 Y 7 M 5 D/M	Received : 27/Jan/2024 03:09PM
UHID/MR No : CTNA.0000204896	Reported : 27/Jan/2024 05:32PM
Visit ID : CTNAOPV191924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : emp id 163466	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM					
TOTAL CHOLESTEROL	168	Normal	mg/dL	<200	CHO-POD
TRIGLYCERIDES	52	Normal	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	Normal	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	124	Normal	mg/dL	<130	Calculated
LDL CHOLESTEROL	113.6	High	mg/dL	<100	Calculated
VLDL CHOLESTEROL	10.4	Normal	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.82	Normal		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.

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DR. R. SRIVATSAN
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : emp id 163466	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM					
BILIRUBIN, TOTAL	0.59	Normal	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	Normal	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.48	Normal	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27	Normal	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	Normal	U/L	<50	IFCC
ALKALINE PHOSPHATASE	102.00	Normal	U/L	30-120	IFCC
PROTEIN, TOTAL	7.30	Normal	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	Normal	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.10	Normal	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35	Normal		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:

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DR.R.SRIVATSAN
M.D.(Biochemistry)



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Patient Name : Mr.RAJESH KUMAR K	Collected : 27/Jan/2024 10:01AM
Age/Gender : 37 Y 7 M 5 D/M	Received : 27/Jan/2024 03:09PM
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Visit ID : CTNAOPV191924	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

• Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



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Patient Name	: Mr.RAJESH KUMAR K	Collected	: 27/Jan/2024 10:01AM
Age/Gender	: 37 Y 7 M 5 D/M	Received	: 27/Jan/2024 03:09PM
UHID/MR No	: CTNA.0000204896	Reported	: 27/Jan/2024 05:32PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM					
CREATININE	0.90	Normal	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	27.00	Normal	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.6	Normal	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.80	Normal	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.80	Normal	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.60	Normal	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	Normal	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.5	Normal	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106	Normal	mmol/L	101–109	ISE (Indirect)

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DR.R.SRIVATSAN
M.D.(Biochemistry)



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Patient Name : Mr.RAJESH KUMAR K	Collected : 27/Jan/2024 10:01AM
Age/Gender : 37 Y 7 M 5 D/M	Received : 27/Jan/2024 03:09PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	18.00	Normal	U/L	<55	IFCC



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Certificate No: MC-2433

Patient Name : Mr.RAJESH KUMAR K	Collected : 27/Jan/2024 10:01AM
Age/Gender : 37 Y 7 M 5 D/M	Received : 27/Jan/2024 03:13PM
UHID/MR No : CTNA.0000204896	Reported : 27/Jan/2024 04:14PM
Visit ID : CTNAOPV191924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : emp id 163466	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM					
TRI-IODOTHYRONINE (T3, TOTAL)	1.12	Normal	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	6.47	Normal	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.853	Normal	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

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DR. R. SRIVATSAN
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SIN No:SPL24013116

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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Certificate No: MC-2435

Patient Name	: Mr.RAJESH KUMAR K	Collected	: 27/Jan/2024 10:01AM
Age/Gender	: 37 Y 7 M 5 D/M	Received	: 27/Jan/2024 03:13PM
UHID/MR No	: CTNA.0000204896	Reported	: 27/Jan/2024 04:14PM
Visit ID	: CTNAOPV191924	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: emp id 163466		

DEPARTMENT OF IMMUNOLOGY

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



DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:SPL24013116

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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Phone - 044-26224504 / 05

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Certificate No: MC-2435

Patient Name : Mr.RAJESH KUMAR K	Collected : 27/Jan/2024 10:01AM
Age/Gender : 37 Y 7 M 5 D/M	Received : 27/Jan/2024 02:07PM
UHID/MR No : CTNA.0000204896	Reported : 27/Jan/2024 02:33PM
Visit ID : CTNAOPV191924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : emp id 163466	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE					
PHYSICAL EXAMINATION					
COLOUR	PALE YELLOW			PALE YELLOW	Visual
TRANSPARENCY	CLEAR			CLEAR	Visual
pH	5.5	Normal		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025	Normal		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION					
URINE PROTEIN	NEGATIVE			NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE			NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE			NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE			NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL			NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE			NEGATIVE	Peroxidase
NITRITE	NEGATIVE			NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE			NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY					
PUS CELLS	2-4	Normal	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-3		/hpf	<10	MICROSCOPY
RBC	NIL		/hpf	0-2	MICROSCOPY
CASTS	ABSENT	Normal		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT			ABSENT	MICROSCOPY

Page 15 of 16



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

SIN No:UR2269477

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Patient Name : Mr.RAJESH KUMAR K	Collected : 27/Jan/2024 10:00AM
Age/Gender : 37 Y 7 M 5 D/M	Received : 27/Jan/2024 02:07PM
UHID/MR No : CTNA.0000204896	Reported : 27/Jan/2024 02:32PM
Visit ID : CTNAOPV191924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : emp id 163466	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***



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

SIN No:UF010369

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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