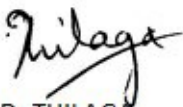


Patient Name : Mr.S MURALI	Collected : 18/Mar/2024 09:01AM
Age/Gender : 37 Y 0 M 26 D/M	Received : 18/Mar/2024 01:12PM
UHID/MR No : SALW.0000075537	Reported : 18/Mar/2024 04:14PM
Visit ID : CVELOPV201252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ADHAAR NO 5806 8226 0829	

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

METHODOLOGY	: Microscopic
RBC MORPHOLOGY	: Erythrocytosis noted, 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:BED240072813

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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>17.3</b>	g/dL	13-17	Spectrophotometer
PCV	<b>52.30</b>	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>5.8</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90.3	fL	83-101	Calculated
MCH	29.8	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.1</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,500	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	44.5	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>44.4</b>	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	9.0	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2447.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2442	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	93.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	495	Cells/cu.mm	200-1000	Calculated
BASOPHILS	22	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	251000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	1	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

METHODOLOGY : Microscopic

RBC MORPHOLOGY : Erythrocytosis noted, predominantly normocytic normochromic RBC's noted.

Page 2 of 15



**Dr THILAGA**  
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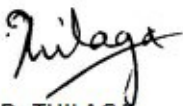
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Visit ID	: CVELOPV201252	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: ADHAAR NO 5806 8226 0829		

**DEPARTMENT OF HAEMATOLOGY**

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

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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Patient Name : Mr.S MURALI	Collected : 18/Mar/2024 09:01AM
Age/Gender : 37 Y 0 M 26 D/M	Received : 19/Mar/2024 07:20AM
UHID/MR No : SALW.0000075537	Reported : 19/Mar/2024 09:53AM
Visit ID : CVELOPV201252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ADHAAR NO 5806 8226 0829	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Microplate technology
Rh TYPE	Positive			Microplate technology

  
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Patient Name : Mr.S MURALI	Collected : 18/Mar/2024 09:01AM
Age/Gender : 37 Y 0 M 26 D/M	Received : 18/Mar/2024 01:46PM
UHID/MR No : SALW.0000075537	Reported : 18/Mar/2024 02:28PM
Visit ID : CVELOPV201252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ADHAAR NO 5806 8226 0829	

**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	84	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:**

- 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.



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



SIN No:PLF02127458

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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	92	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:PLP1433016

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Age/Gender : 37 Y 0 M 26 D/M	Received : 18/Mar/2024 01:14PM
UHID/MR No : SALW.0000075537	Reported : 18/Mar/2024 01:57PM
Visit ID : CVELOPV201252	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	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)



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



SIN No:EDT240033409

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Patient Name	: Mr.S MURALI	Collected	: 18/Mar/2024 09:01AM
Age/Gender	: 37 Y 0 M 26 D/M	Received	: 18/Mar/2024 02:04PM
UHID/MR No	: SALW.0000075537	Reported	: 18/Mar/2024 03:33PM
Visit ID	: CVELOPV201252	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	189	mg/dL	<200	CHO-POD
TRIGLYCERIDES	110	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>39</b>	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	<b>150</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>128</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.85		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.09		<0.11	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

**Note:**

- 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

Page 8 of 15



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M.D.(Biochemistry)



SIN No:SE04665852

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Visit ID	: CVELOPV201252	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: ADHAAR NO 5806 8226 0829		

**DEPARTMENT OF BIOCHEMISTRY**

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

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 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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



SIN No:SE04665852

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**APOLLO CLINICS NETWORK**

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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.59	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.44	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	40	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	57.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.73		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'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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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.95	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	26.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.50	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.00	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	143	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.73		0.9-2.0	Calculated



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	38.00	U/L	<55	IFCC



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



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**DEPARTMENT OF IMMUNOLOGY**

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


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.24	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.1	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.080	µIU/mL	0.34-5.60	CLIA

**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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



**DR. R. SRIVATSAN**  
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SIN No: SPL24048883

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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No:UR2308578

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Patient Name : Mr.S MURALI	Collected : 18/Mar/2024 09:01AM
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**DEPARTMENT OF CLINICAL PATHOLOGY**

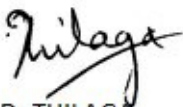
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

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

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

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

Page 15 of 15



**Dr THILAGA**  
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Consultant Pathologist

SIN No:UF011214

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<b>UHID/MR No.</b>	: SALW.0000075537	<b>OP Visit No</b>	: CVELOPV201252
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 18-03-2024 16:21
<b>LRN#</b>	: RAD2271176	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: ADHAAR NO 5806 8226 0829		

**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. PASUPULETI SANTOSH KUMAR**  
**M.B.B.S., DNB (RADIODIAGNOSIS)**  
Radiology



<b>Patient Name</b>	: Mr. S MURALI	<b>Age/Gender</b>	: 37 Y/M
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<b>Sample Collected on</b>	:	<b>Reported on</b>	: 18-03-2024 12:56
<b>LRN#</b>	: RAD2271176	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
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**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver** appears normal in size (13.7 cms) with increased echogenicity. No focal lesion is seen. No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen. PV and CBD normal.

**Spleen** appears normal (7.8 cms). No focal lesion seen. Splenic vein appears normal.

**Pancreas** appears normal in echopattern. No focal/mass lesion/calcification.

No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

**Both the kidneys** appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

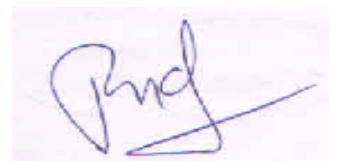
**Right kidney** - 9.5 x 4.4 cms. **Left kidney** - 11.4 x 4.9 cms.

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

**Prostate** is normal in size 2.6 x 2.7 x 3.0 cms (Vol 11.3 ml) and echo texture.

**IMPRESSION:- \* GRADE I FATTY LIVER.**

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



**Dr. PASUPULETI SANTOSH KUMAR**  
**M.B.B.S., DNB (RADIOLOGY)**  
Radiology

Name: Mr. S MURALI  
Age/Gender: 37 Y/M  
Address: NO:5 37TH CROSS NANGANALLUR CHENNAI  
Location: CHENNAI, TAMIL NADU  
Doctor:  
Department: GENERAL  
Rate Plan: VELACHERY\_03122022  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. YASODHA KUMARA REDDY MOKKALA

MR No: SALW.0000075537  
Visit ID: CVELOPV201252  
Visit Date: 18-03-2024 08:43  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

Name: Mr. S MURALI  
Age/Gender: 37 Y/M  
Address: NO:5 37TH CROSS NANGANALLUR CHENNAI  
Location: CHENNAI, TAMIL NADU  
Doctor:  
Department: GENERAL  
Rate Plan: VELACHERY\_03122022  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. SHILFA NIGAR N

MR No: SALW.0000075537  
Visit ID: CVELOPV201252  
Visit Date: 18-03-2024 08:43  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

Name: Mr. S MURALI  
Age/Gender: 37 Y/M  
Address: NO:5 37TH CROSS NANGANALLUR CHENNAI  
Location: CHENNAI, TAMIL NADU  
Doctor:  
Department: GENERAL  
Rate Plan: VELACHERY\_03122022  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. V J NIRANJANA BHARATHI

MR No: SALW.0000075537  
Visit ID: CVELOPV201252  
Visit Date: 18-03-2024 08:43  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: Mr. S MURALI  
Age/Gender: 37 Y/M  
Address: NO:5 37TH CROSS NANGANALLUR CHENNAI  
Location: CHENNAI, TAMIL NADU  
Doctor:  
Department: GENERAL  
Rate Plan: VELACHERY\_03122022  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. BENITA JAYACHANDRAN

MR No: SALW.0000075537  
Visit ID: CVELOPV201252  
Visit Date: 18-03-2024 08:43  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
18-03-2024 13:32	80 Beats/min	120/70 mmHg	20 Rate/min	98.4 F	163 cms	73.3 Kgs	%	%	Years	27.59	cms	cms	cms		AHLL05400

Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
18-03-2024 13:32	80 Beats/min	120/70 mmHg	20 Rate/min	98.4 F	163 cms	73.3 Kgs	%	%	Years	27.59	cms	cms	cms		AHLL05400



**Health Check up Booking Confirmed Request(bobE15830),Package Code-PKG10000366,  
Beneficiary Code-297003**

message

Mediwheel <wellness@mediwheel.in>  
To: muralipondicherry@gmail.com  
Cc: customercare@mediwheel.in

Sat, 16 Mar, 2024 at 5:52 pm

75537 (₹)



011-41195959

Dear **MR. S MURALI**,

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

**Hospital Package Name** : Mediwheel Full Body Annual Plus

**Patient Package Name** : Mediwheel Full Body Health Checkup Male Below 40

**Name of Diagnostic/Hospital** : Apollo Clinic - Velachary

**Address of Diagnostic/Hospital-** : Apollo Clinic, Plot no:46, 7th street, Near Vijayanagar bus stand, Tansi nagar, Velachery - 600042

**City** : Chennai

**State** :

**Pincode** : 600042

**Appointment Date** : 18-03-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 8:00am

**Booking Status** : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. S MURALI	37 year	Male

**Note - Please note to not pay any amount at the center.**

**Instructions to undergo Health Check:**

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.



भारत सरकार  
GOVERNMENT OF INDIA



சீ முரளி  
S Murali  
பிறந்தவருடம் / Year of Birth : 1987  
ஆண்பால் / Male



5806 8226 0829

ஆதார் - சாதாரண மனிதனின் அதிகாரம்

MR MURALI S,

Patient ID: 75537

18.03.2024

10:32:37am

Male

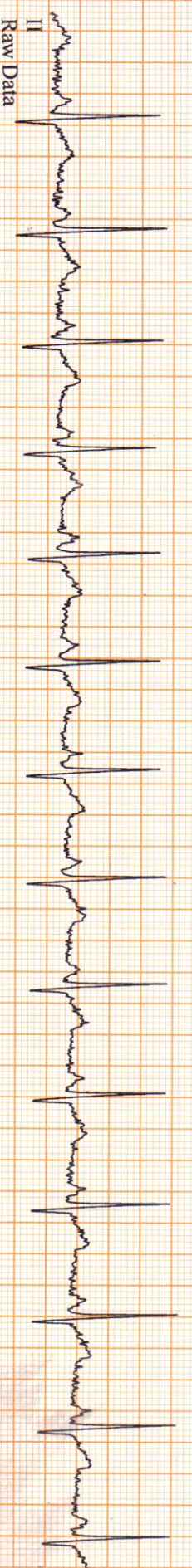
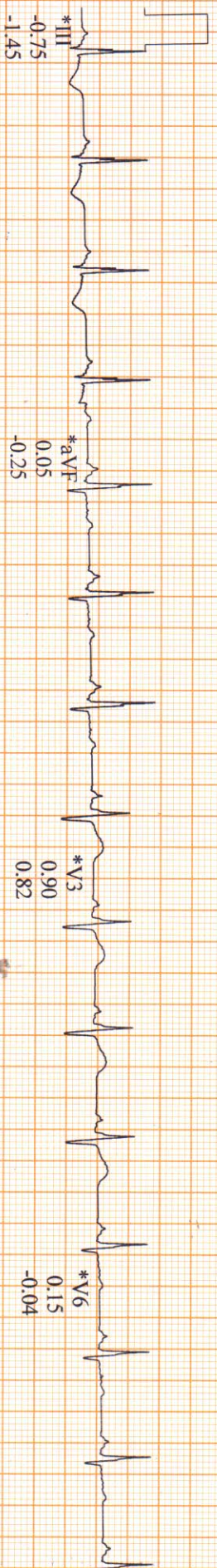
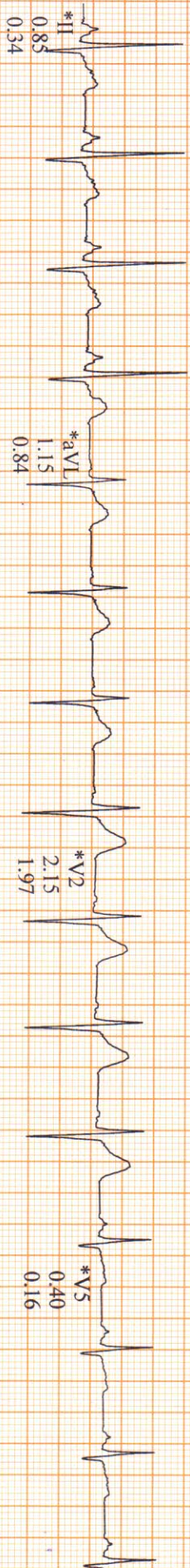
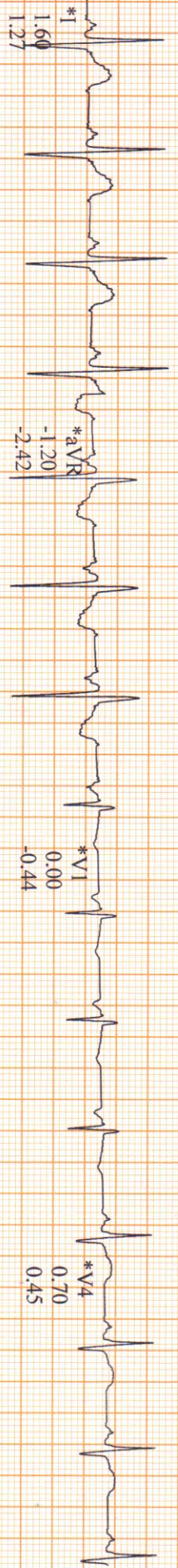
37 yrs

Exercise Test / Linked Medians

Apollo Clinic

86 bpm

Lead  
ST Level (mm)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

**CERTIFICATE OF MEDICAL FITNESS**

Height : <u>163</u> Cm	Weight : <u>73</u> kg	BMI : <u>27.5</u>	BP : <u>120 / 70</u> mmHg
OPTHAL CHECK : Right Eye : <u>6/6</u>		Left Eye : <u>6/6</u>	Colour vision : <u>2</u>

This is to certify that I have conducted the clinical examination  
Of Mr. S. Murali on 18/3/24

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

- Medically Fit /  
FIT FOR WORK
- Fit with restrictions/recommendations

Though following restrictions have been revealed, in my opinion, these are not impediments to the job.

- 1.....
- 2.....
- 3.....

However the employee should follow the advice/medication that has been communicated to him/her.

Review after \_\_\_\_\_

- Currently Unfit.  
Review after NIL recommended
- Unfit NIL

**Dr.** \_\_\_\_\_  
**Medical officer**  
**Apollo clinic(Location)**

This certificate is not meant for medico-legal purposes



**Dr. M S KOUTILYA CHOUDARY**  
MBBS., MD.,  
Sqn Ldr (Retd),  
Reg. No. TNMC 167543

**OPHTHALMOLOGY**



Name <i>Mr. Murali. S</i>	Date <i>18/3/2024</i>
Age <i>87 yrs</i>	UHID No. <i>75537</i>
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	

**OPHTHAL FITNESS CERTIFICATE**

	RE	LE
DV-UCVA :	<i>6/6</i>	<i>6/6</i> <i>(BE)</i>
DV-BCVA :		
NEAR VISION :	<i>N<sub>6</sub></i>	<i>N<sub>6</sub></i>
ANTERIOR SEGMENT :		
IOP :	<i>(N)</i>	<i>(N)</i>
FIELDS OF VISION :		
E O M :		
COLOUR VISION :	<i>Normal</i>	<i>Normal</i>
FUNDUS :		
IMPRESSION :		
ADVICE :	<i>fit / P/A - 6 months.</i>	

*[Signature]*  
*18/3/2024*

Patient Name : Mr. S MURALI Age : 37 Y/M  
UHID : SALW.0000075537 OP Visit No : CVELOPV201252  
Conducted By: : Dr. SHANMUGA SUNDARAM D Conducted Date : 18-03-2024 19:18  
Referred By : SELF

---

**CARDIOLOGY**  
**CARDIAC STRESS TEST – (TMT)**

Angina Pectoria:

NO

Previous MI:

NO

PTCA:

NO

CABG:

NO

HTN:

NO

DM:

NO

Smoking:

YES[2 /DAY]

Obesity:

NO

Lipidemia:

NO

Resting ECG Supine:

WITHIN NORMAL LIMITS

Standing:

WITHIN NORMAL LIMITS

Patient Name : Mr. S MURALI Age : 37 Y/M  
UHID : SALW.0000075537 OP Visit No : CVELOPV201252  
Conducted By: : Dr. SHANMUGA SUNDARAM D Conducted Date : 18-03-2024 19:18  
Referred By : SELF

---

Protocol Used:  
BRUCE

Monitoring Leads:  
12 LEADS

Grade Achieved:

79% HR / 13.90 METS:

Reason for Terminating Test:  
FATIGUE

Total Exercise Time:  
12.11

Symptoms and ECG Changes during Exercise:  
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

0 mts:  
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

3 mts:  
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

6 mts:  
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

**INTERPRETATION:**

Rhythm:  
NORMAL



Patient Name	: Mr. S MURALI	Age	: 37 Y/M
UHID	: SALW.0000075537	OP Visit No	: CVELOPV201252
Conducted By:	: Dr. SHANMUGA SUNDARAM D	Conducted Date	: 18-03-2024 19:18
Referred By	: SELF		

---

S.T. Segment :  
NORMAL

III Blood Pressure Response :  
NORMAL

IV Fitness Response :  
GOOD

Impression:

Cardiac stress analysis is **NEGATIVE** for inducible myocardial ischaemia  
at 12.11 METS good work load and 79% of maximum heart rate.



Dr. SHANMUGA SUNDARAM D  
CONSULTANT CARDIOLOGIST

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