

Patient Name	: Mr.VINET KUMAR	Collected	: 22/Mar/2024 08:04AM
Age/Gender	: 33 Y 5 M 11 D/M	Received	: 22/Mar/2024 11:52AM
UHID/MR No	: CCHA.0000177827	Reported	: 22/Mar/2024 01:51PM
Visit ID	: CCHAOPV327359	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE16892		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.3	g/dL	13-17	Spectrophotometer
PCV	39.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.21	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	94.8	fL	83-101	Calculated
MCH	31.6	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	15.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	10,810	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59.8	%	40-80	Electrical Impedance
LYMPHOCYTES	29.7	%	20-40	Electrical Impedance
EOSINOPHILS	2.1	%	1-6	Electrical Impedance
MONOCYTES	8.2	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6464.38	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3210.57	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	227.01	Cells/cu.mm	20-500	Calculated
MONOCYTES	886.42	Cells/cu.mm	200-1000	Calculated
BASOPHILS	21.62	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.01		0.78- 3.53	Calculated
PLATELET COUNT	159000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	40	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				



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

SIN No:BED240077131

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PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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Consultant Pathologist

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

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Patient Name : Mr.VINET KUMAR	Collected : 22/Mar/2024 11:36AM
Age/Gender : 33 Y 5 M 11 D/M	Received : 22/Mar/2024 02:21PM
UHID/MR No : CCHA.0000177827	Reported : 22/Mar/2024 03:26PM
Visit ID : CCHAOPV327359	Status : Final Report
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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	105	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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	96	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.

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SIN No:PLP1434941

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Patient Name : Mr.VINET KUMAR	Collected : 22/Mar/2024 08:04AM
Age/Gender : 33 Y 5 M 11 D/M	Received : 22/Mar/2024 11:40AM
UHID/MR No : CCHA.0000177827	Reported : 22/Mar/2024 03:59PM
Visit ID : CCHAOPV327359	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated

Comment:

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

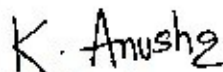
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- 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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SIN No:EDT240035137

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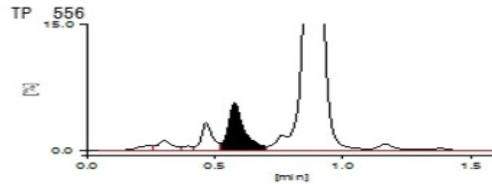
Chromatogram Report

HLC72368 V5.28 1 2024-03-22 15:51:23
 ID EDT240035137
 Sample No. 03220198 SL 0005 - 03
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.4	0.24	7.65
A1B	0.9	0.30	16.22
F	0.3	0.39	5.19
LA1C+	1.8	0.47	33.17
SA1C	5.7	0.58	80.10
AO	92.4	0.88	1672.73
H-V0			
H-V1			
H-V2			

Total Area 1815.06

HbA1c 5.7 % **IFCC 39 mmol/mol**
 HbA1 7.0 % HbF 0.3 %



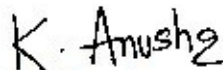
22-03-2024 15:51:23 APOLLO

APOLLO DIAGNOSTICS GLOBAL
BALANAGER

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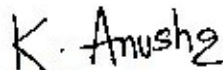
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324



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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	148	mg/dL	<200	CHO-POD
TRIGLYCERIDES	268	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	28	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	120	mg/dL	<130	Calculated
LDL CHOLESTEROL	66.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	53.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.29		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.62		<0.11	Calculated

Comment:

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

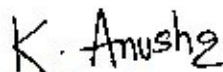
	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

1) Measurements in the same patient on different days can show physiological and analytical variations.



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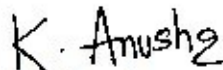
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

- 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 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).



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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	1.07	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.90	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	44	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	33.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	102.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.90	g/dL	6.6-8.3	Biuret
ALBUMIN	4.02	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.88	g/dL	2.0-3.5	Calculated
A/G RATIO	1.04		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.

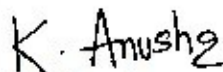
2. Cholestatic Pattern:

- 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.



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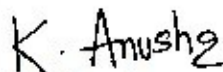
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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.78	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	16.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.14	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	8.96	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.81	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.90	g/dL	6.6-8.3	Biuret
ALBUMIN	4.02	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.88	g/dL	2.0-3.5	Calculated
A/G RATIO	1.04		0.9-2.0	Calculated



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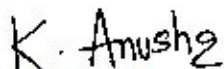
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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	30.00	U/L	<55	IFCC



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Emp/Auth/TPA ID : bobE16892	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL 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)	0.99	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11.54	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	5.875	µIU/mL	0.38-5.33	CLIA

Comment:

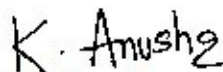
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

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

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



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



Dr.K.Anusha
M.B.B.S.,M.D(Biochemistry)
Consultant Biochemist

Page 13 of 17
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:SPL24051539

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mr.VINET KUMAR
Age/Gender : 33 Y 5 M 11 D/M
UHID/MR No : CCHA.0000177827
Visit ID : CCHAOPV327359
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : bobE16892

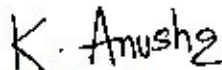
Collected : 22/Mar/2024 08:04AM
Received : 22/Mar/2024 12:03PM
Reported : 22/Mar/2024 02:00PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



Dr.K.Anusha
M.B.B.S.,M.D(Biochemistry)
Consultant Biochemist

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CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:SPL24051539

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mr.VINET KUMAR	Collected : 22/Mar/2024 08:04AM
Age/Gender : 33 Y 5 M 11 D/M	Received : 22/Mar/2024 02:24PM
UHID/MR No : CCHA.0000177827	Reported : 22/Mar/2024 04:49PM
Visit ID : CCHAOPV327359	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE16892	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT 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


 Dr. B Pavani
 M.B.B.S, M.D(pathalogy)
 Consultant Pathologist

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CAP
 ACCREDITED
 COLLEGE of AMERICAN PATHOLOGISTS



SIN No:UR2311824


This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mr.VINET KUMAR	Collected : 22/Mar/2024 11:36AM
Age/Gender : 33 Y 5 M 11 D/M	Received : 22/Mar/2024 02:24PM
UHID/MR No : CCHA.0000177827	Reported : 22/Mar/2024 06:50PM
Visit ID : CCHAOPV327359	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE16892	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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

SIN No:UPP017194

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

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CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



Patient Name : Mr.VINET KUMAR	Collected : 22/Mar/2024 08:04AM
Age/Gender : 33 Y 5 M 11 D/M	Received : 22/Mar/2024 02:24PM
UHID/MR No : CCHA.0000177827	Reported : 22/Mar/2024 04:48PM
Visit ID : CCHAOPV327359	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE16892	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist

SIN No:UF011240

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Page 17 of 17
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of

Mr. Vinet Kumar on 22/03/24 After reviewing the medical history on clinical examination it has been found that he/she is

Medically Fit	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
---------------	-----------------------------------------	-----------------------------

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.....

Recommended Unfit

Dr.

Medical Officer

The Apollo Clinic, Chandanagar



Dr. BOLLINI MAANASA JAYARAM
Reg No: TSMC/FMR/00039
Qualification: M.B.B.S, M.Sc (Perfusion)

This certificate is not meant for medico-legal purposes

PRESCRIPTION

Besaid Bata Show Room ,Madinaguda opp SBI Bank Hyderabad .040-23046745

VINITH KUMAR

Date:

22-03-2024

Age:

33

UHID:

PH NO

	SPHE	CYL	AXIS	ADD	CVA
RIGHT	PL				20/20
LEFT	PL				20/20

Single Vision
Glass

Biofocal

Progressive
Normal Progressive

CR-39

D- Biofocal

Internal Progressive

Polycarbonate

(Glass/CR)

ARC

High Index

Photochromic

DIAGNOSIS :

Colour Vision Test:

RE:

NORMAL

LE: NORMAL

NEXT EXAMINATIONS :

1

Month / Year

Signature



Name <u>MY. vinet kumar</u>	Date <u>22-8-24</u>
Age <u>33y</u>	UHID No. <u>177827</u>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Ref. Physician
Ref. Diagnosis	<u>Aycopemi</u>

Echocardiogram Report

Echogenicity Poor Adequate Good Ht. _____ Wt. _____ BSA _____

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
Ao (ed) <u>2.8</u> cm	(1.5cm / m ²)	IVS (Ed) <u>1.1</u> cm	(0.6 - 1.2 cm)
LA (es) <u>3.0</u> cm	(1.5cm / m ²)	LVPW (Ed) <u>1.0</u> cm	(0.6 - 1.1 cm)
RVID (ed) _____ cm	(0.9 cm / m ²)	EF <u>65</u>	(0.62 - 0.85)
LVID (ed) <u>4.1</u> cm	(2.6 - 3.4 cm / m ²)	% FD <u>32</u>	(2.8% - 42%)
LVID (es) <u>2.7</u>			

MORPHOLOGICAL DATA

Mitral Valve	AML _____	Interatrial septum _____
	PML _____	Interventricular septum _____
Aortic Valve _____		Pulmonary artery _____
Tricuspid valve _____	<u>(N)</u>	Aorta _____
Pulmonary valve _____		Right atrium _____
Right ventricle _____		Left atrium _____

THE APOLLO CLINIC
PHYSICAL EXAMINATION FORM

Arcohemim

BILL DATE : 27/3/24 UHID: 177827 BILL NO: 85660

PATIENT NAME : Mr: Vinay Kumar. AGE: 33/M

Weight : 62.6 Kgs

Height : 156 Cms

Chest Measurement : (in) (out)

Abdomen :

Pulse : 66 / bpm

B.P : 100/70 / mm Hg

Hip: 94
Waist: 99
SpO2: 97

ID: 177827

22-03-2024 08:29:04

BPL

MR VINET KUMAR

Male 33Years

Req. No. :

Diagnosis Information:

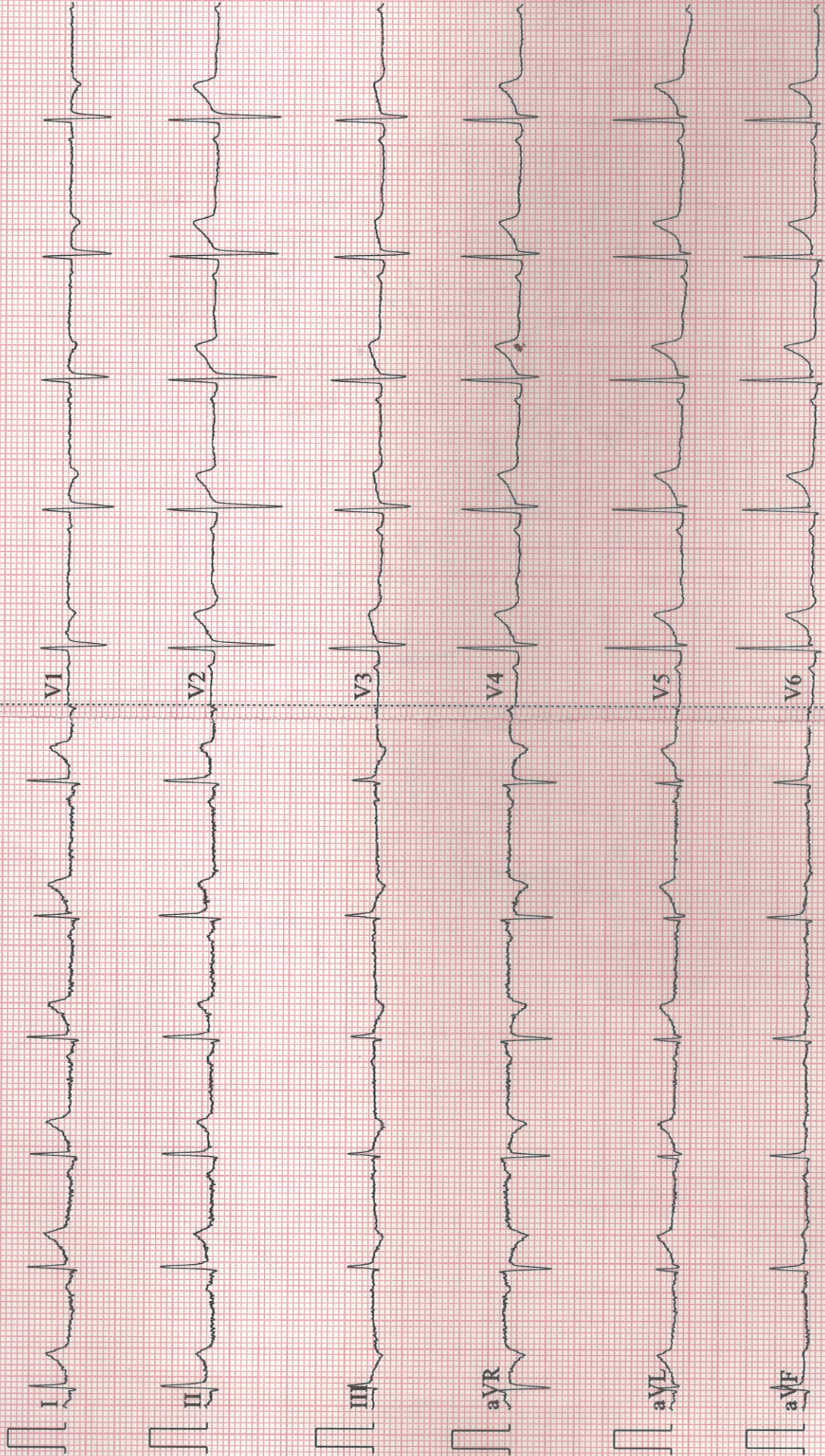
Sinus rhythm

Normal ECG

HR : 66 bpm
 P : 92 ms
 PR : 150 ms
 QRS : 86 ms
 QT/QTcBz : 356/373 ms
 P/QRS/T : 22/47/9 °
 RV5/SV1 : 1.24/0.714 mV

MS

Report Confirmed by:



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of

Mr. Vinet Kumar on 22/03/24 After reviewing the medical history on clinical examination it has been found that he/she is

Medically Fit	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
---------------	-----------------------------------------	-----------------------------

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.....

Recommended Unfit

Dr.

Medical Officer

The Apollo Clinic, Chandanagar



Dr. BOLLINI MAANASA JAYARAM
Reg No: TSMC/FMR/00039
Qualification: M.B.B.S, M.Sc (Perfusion)

This certificate is not meant for medico-legal purposes

PRESCRIPTION

Besaid Bata Show Room ,Madinaguda opp SBI Bank Hyderabad .040-23046745

VINITH KUMAR

Date:

22-03-2024

Age:

33

UHID:

PH NO

	SPHE	CYL	AXIS	ADD	CVA
RIGHT	PL				20/20
LEFT	PL				20/20

Single Vision
Glass

Biofocal

Progressive
Normal Progressive

CR-39

D- Biofocal

Internal Progressive

Polycarbonate

(Glass/CR)

ARC

High Index

Photochromic

DIAGNOSIS :

Colour Vision Test:

RE:

NORMAL

LE: NORMAL

NEXT EXAMINATIONS :

1

Month / Year

Signature



Cardiology

Name <u>Mr. Vinet Kumar</u>	Date <u>22-8-24</u>
Age <u>33</u>	UHID No. <u>177827</u>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Ref. Physician
Ref. Diagnosis	<u>Aycofemi</u>

Echocardiogram Report

Echogenicity Poor Adequate Good Ht. _____ Wt. _____ BSA _____

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
Ao (ed) <u>2.8</u> cm	(1.5cm / m ²)	IVS (Ed) <u>1.1</u> cm	(0.6 - 1.2 cm)
LA (es) <u>3.0</u> cm	(1.5cm / m ²)	LVPW (Ed) <u>1.0</u> cm	(0.6 - 1.1 cm)
RVID (ed) _____ cm	(0.9 cm / m ²)	EF <u>65</u>	(0.62 - 0.85)
LVID (ed) <u>4.1</u> cm	(2.6 - 3.4 cm / m ²)	% FD <u>32</u>	(2.8% - 42%)
LVID (es) <u>2.7</u> cm			

MORPHOLOGICAL DATA

Mitral Valve	AML _____	Interatrial septum _____
	PML _____	Interventricular septum _____
Aortic Valve		Pulmonary artery _____
Tricuspid valve	<u>(N)</u>	Aorta _____
Pulmonary valve		Right atrium _____
Right ventricle		Left atrium _____

THE APOLLO CLINIC
PHYSICAL EXAMINATION FORM

Arcohemim

BILL DATE : 27/3/24

UHID: 177827

BILL NO: 85660

PATIENT NAME : Mr: Vinay Kumar

AGE: 33/11

Weight : 62.6 Kgs

Height : 156 Cms

Chest Measurement :

(in)

(out)

Abdomen :

Pulse : 66 / bpm

B.P : 100/70 / mm Hg

Hip: 94
Waist: 99
SpO2: 97

ID: 177827

22-03-2024 08:29:04

BPL

MR VINET KUMAR

Male 33Years

Req. No. :

Diagnosis Information:

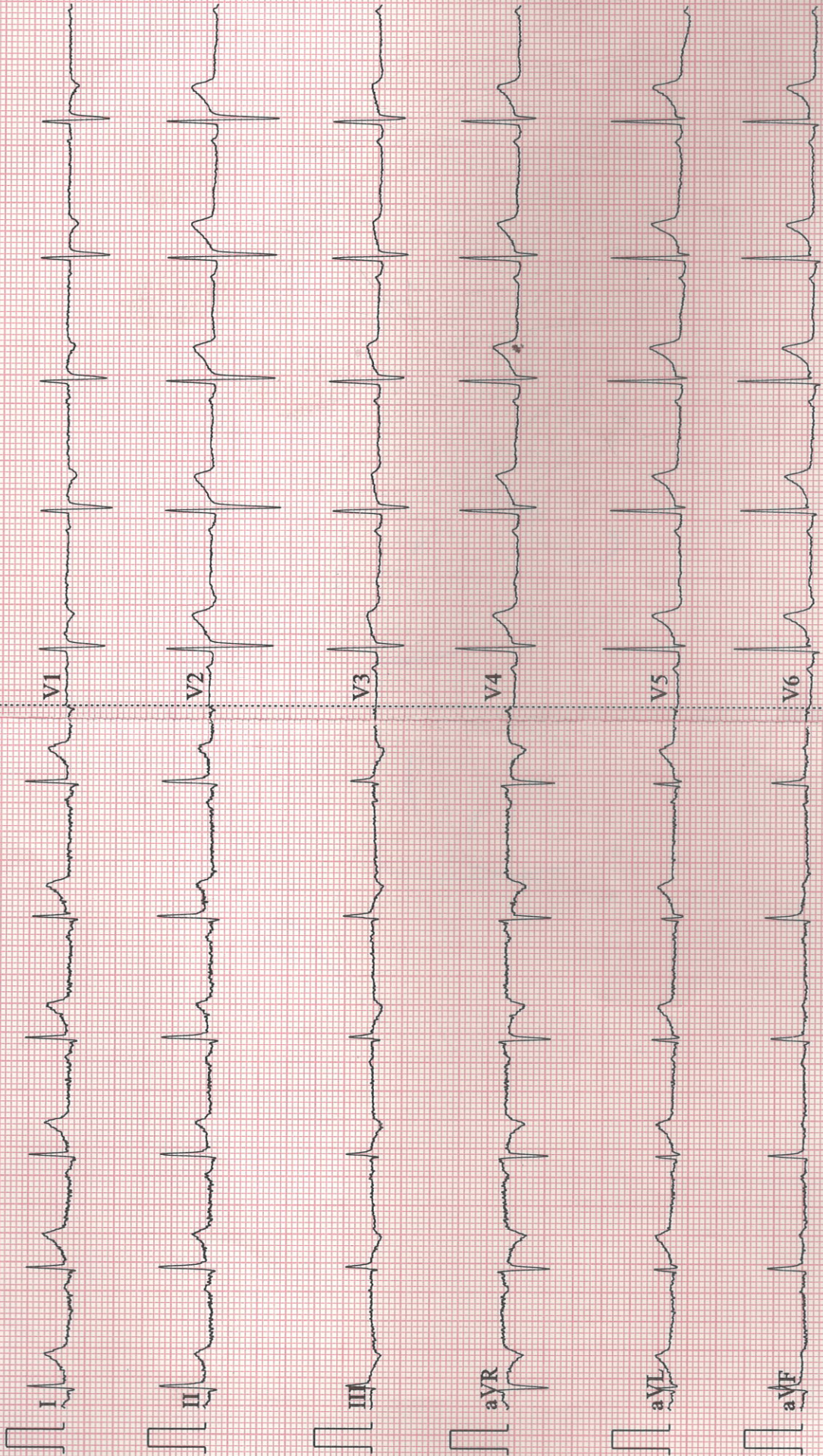
Sinus rhythm

Normal ECG

HR : 66 bpm
 P : 92 ms
 PR : 150 ms
 QRS : 86 ms
 QT/QTcBz : 356/373 ms
 P/QRS/T : 22/47/9 °
 RV5/SV1 : 1.24/0.714 mV

NS

Report Confirmed by:



Patient Name : Mr. VINET KUMAR

Age/Gender : 33 Y/M

UHID/MR No. : CCHA.0000177827

OP Visit No : CCHAOPV327359

Sample Collected on :

Reported on : 22-03-2024 13:02

LRN# : RAD2275879

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE16892

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size .**Increased Echogenicity.** No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals. **Liver measures : 13.2 cm .**

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.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.
Spleen measures : 8 cm .

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 measures : 97 x 40 mm . , Left kidney measures : 108 x 45 mm .

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 and echo texture.No evidence of necrosis/calcification seen.
Prostate volume - 18 cc .

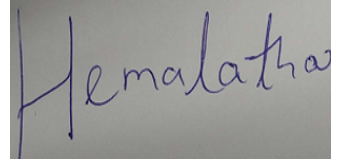
IMPRESSION:-

1 . 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.

Patient Name : Mr. VINET KUMAR

Age/Gender : 33 Y/M



Dr. G HEMALATHA
MBBS, DNB
Radiology

Patient Name : Mr. VINET KUMAR

Age/Gender : 33 Y/M

UHID/MR No. : CCHA.0000177827

OP Visit No : CCHAOPV327359

Sample Collected on :

Reported on : 22-03-2024 12:10

LRN# : RAD2275879

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE16892

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

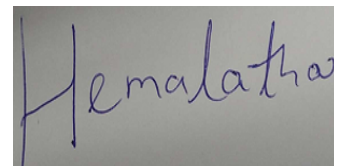
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. G HEMALATHA
MBBS,DNB
Radiology

 **શ્રી ઓ ઓફ બરોડા**
Bank of Baroda

સહી
Name
વિવેક કુરાર
E.C. No. 107977
Virek Kurar

સંસ્થાના અધિકારી
Issuing Authority





સહી
Signature of holder
Virek Kurar



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 VINET
EC NO.	107977
DESIGNATION	INTERNATIONAL CBS OPERATIONS
PLACE OF WORK	HYDERABAD,DISASTER RECOVERY SI
BIRTHDATE	11-10-1990
PROPOSED DATE OF HEALTH CHECKUP	22-03-2024
BOOKING REFERENCE NO.	23M107977100102652E

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 **19-03-2024** 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))

Patient Name : Mr. VINET KUMAR Age : 33 Y/M
UHID : CCHA.0000177827 OP Visit No : CCHAOPV327359
Conducted By: : Dr. A RAVINDRA Conducted Date : 22-03-2024 13:17
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.8 CM
LA (es)	3.0 CM
LVID (ed)	4.1 CM
LVID (es)	2.7 CM
IVS (Ed)	1.1 CM
LVPW (Ed)	1.0 CM
EF	65.00%
%FD	32.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	NORMAL
INTER VENTRICULAR SEPTUM	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NO EFFUSION
LEFT VENTRICLE: NO RWMA	

Patient Name	: Mr. VINET KUMAR	Age	: 33 Y/M
UHID	: CCHA.0000177827	OP Visit No	: CCHAOPV327359
Conducted By:	: Dr. A RAVINDRA	Conducted Date	: 22-03-2024 13:17
Referred By	: SELF		

COLOUR AND DOPPLER STUDIES: MILD AR/ TRIVIAL MR/ TR/ NO PR

PWD: E>A AT MITRAL INFLOW

E/A-E: 0.7m/sec A: 0.4m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO
1.0m/sec

VELOCITY ACROSS THE AV UPTO 1.2m/sec

IMPRESSION:-

NORMAL CARDIAC CHAMBERS,

NO RWMA,

GOOD LV FUNCTION,

NO MR/ TR/ AR/ PR,

NO PE/ CLOT/ VEGS.



Dr. A
RAVINDRA

Patient Name	: Mr. VINET KUMAR	Age	: 33 Y/M
UHID	: CCHA.0000177827	OP Visit No	: CCHAOPV327359
Reported By:	: Dr. A RAVINDRA	Conducted Date	: 22-03-2024 15:24
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 66 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

Impression:

NORMAL RESTING ECG.

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



Dr. A RAVINDRA