





: Mr.PURUSHOTHAMAN SRINIVASAN

Age/Gender

: 43 Y 2 M 24 D/M

UHID/MR No

: CVEL.0000142753

Visit ID Ref Doctor : CVELOPV201625

Emp/Auth/TPA ID

: Dr.SELF : bobS17217 Collected

: 23/Mar/2024 08:03AM

Received

: 23/Mar/2024 02:08PM

Reported

: 23/Mar/2024 05:09PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

METHODOLOGY

: Microscopic.

RBC MORPHOLOGY

: 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.

IMPRESSION

: Normocytic normochromic blood picture.

NOTE/ COMMENT

: Please correlate clinically.

Page 1 of 15

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

SIN No:BED240078710

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 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:
D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102,
Phone . 044.26224504 / 05









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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM, WHOLE BLOOD EDTA			*	
HAEMOGLOBIN	14.5	g/dL	13-17	Spectrophotometer
PCV	42.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.9	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	87.5	fL	83-101	Calculated
MCH	29.6	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,600	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	54.0	%	40-80	Electrical Impedance
LYMPHOCYTES	31.2	%	20-40	Electrical Impedance
EOSINOPHILS	7.2	%	1-6	Electrical Impedance
MONOCYTES	6.8	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3564	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2059.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	475.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	448.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	52.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.73		0.78- 3.53	Calculated
PLATELET COUNT	216000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	mm/hour	0-15	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY

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

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDT	A		
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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

Page 4 of 15

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Visit ID : CVELOPV201625

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : bobS17217 Collected : 23/Mar/2024 08:03AM

Received : 23/Mar/2024 02:50PM Reported : 23/Mar/2024 03:54PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING, NAF PLASMA	108	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	126	mg/dL	70-140	HEXOKINASE

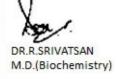
Comment:

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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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN), W	HOLE BLOOD EDTA			
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.

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

A: HbF >25%

- B: Homozygous Hemoglobinopathy.
- (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Page 6 of 15

Dr.MARQUESS RAJ M.D,DipRCPath,D.N.B(PATH) Consultant Pathologist

SIN No:EDT240035907

This This Has been performed at Apollo Health and Life tyle detail. Diagnostics Laboratory.







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Collected : 23/Mar/2024 08:03AM

Received : 23/Mar/2024 04:06PM Reported : 23/Mar/2024 06:38PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
L IPID PROFILE , <i>SERUM</i>				
TOTAL CHOLESTEROL	195	mg/dL	<200	CHO-POD
TRIGLYCERIDES	310	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	39	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	156	mg/dL	<130	Calculated
LDL CHOLESTEROL	94	mg/dL	<100	Calculated
VLDL CHOLESTEROL	62	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.00		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.54		<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	$200 - 499 \ge 500$
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 7 of 15



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

SIN No:SE04671794

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - 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).

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
IVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.69	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.59	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	66.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		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:

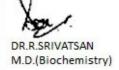
- AST Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI .• 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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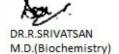
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SER	RUM		
CREATININE	0.81	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	22.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.80	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.70	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.40	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated

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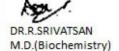
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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	26.00	U/L	<55	IFCC

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Phone - 044-26224504 (05





Visit ID





Patient Name : Mr.PURUSHOTHAMAN SRINIVASAN

: CVELOPV201625

Age/Gender : 43 Y 2 M 24 D/M UHID/MR No : CVEL.0000142753

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : bobS17217 Collected : 23/Mar/2024 08:03AM Received : 23/Mar/2024 04:13PM

Reported : 23/Mar/2024 06:05PM

: Final Report : ARCOFEMI HEALTHCARE LIMITED Sponsor Name

DEPARTMENT OF IMMUNOLOGY

Status

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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)	1.19	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.24	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.180	μIU/mL	0.34-5.60	CLIA

Comment:

00111110110	
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

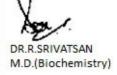
- 1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- 2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism.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

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	Т3	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

Page 12 of 15





SIN No:SPL24052623

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 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744









: Mr.PURUSHOTHAMAN SRINIVASAN

Age/Gender

: 43 Y 2 M 24 D/M

UHID/MR No

: CVEL.0000142753

Visit ID Ref Doctor : CVELOPV201625

Emp/Auth/TPA ID

: Dr.SELF : bobS17217 Collected

: 23/Mar/2024 08:03AM

Received

: 23/Mar/2024 04:13PM

Reported

: 23/Mar/2024 06:05PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.390	ng/mL	0-4	CLIA

The normal reference PSA for the decadal age group of 40-49 years is 0-2.5 ng/mL

Page 13 of 15



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

SIN No:SPL24052623

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)

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Address:
D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102,
Phone - 044-26224504 / 05









: Mr.PURUSHOTHAMAN SRINIVASAN

Age/Gender

: 43 Y 2 M 24 D/M

UHID/MR No

: CVEL.0000142753

Visit ID Ref Doctor : CVELOPV201625

Emp/Auth/TPA ID

: Dr.SELF

: bobS17217

Collected

: 23/Mar/2024 08:03AM

Received

: 23/Mar/2024 02:17PM

Reported

: 23/Mar/2024 03:31PM

Status Sponsor Name : Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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
рН	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	1		
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

Page 14 of 15

Dr.MARQUESS RAJ M.D,DipRCPath,D.N.B(PATH) Consultant Pathologist

SIN No:UR2313122

This This Hest bas been performed at Appello Health and Linestyle date Achiennai, Diagnostics Laboratory.

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:
D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 10







: Mr.PURUSHOTHAMAN SRINIVASAN

Age/Gender

: 43 Y 2 M 24 D/M

UHID/MR No

: CVEL.0000142753

Visit ID Ref Doctor : CVELOPV201625

Emp/Auth/TPA ID

: Dr.SELF : bobS17217 Collected

: 23/Mar/2024 08:03AM

Received

: 23/Mar/2024 02:16PM

Reported

: 23/Mar/2024 02:39PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

*** End Of Report ***

Page 15 of 15

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

SIN No:UF011268

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 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:
D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 10





Patient Name : Mr. PURUSHOTHAMAN SRINIVASAN Age/Gender : 43 Y/M

UHID/MR No. : CVEL.0000142753 **OP Visit No** : CVELOPV201625

Sample Collected on : Reported on : 23-03-2024 16:34

LRN# : RAD2277630 Specimen :
Ref Doctor : SELF

Emp/Auth/TPA ID : bobS17217

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



Patient Name : Mr. PURUSHOTHAMAN SRINIVASAN Age/Gender : 43 Y/M

UHID/MR No. : CVEL.0000142753 **OP Visit No** : CVELOPV201625

 Sample Collected on
 : 23-03-2024 11:43

 LRN#
 : RAD2277630
 Specimen
 :

Ref Doctor : SELF Emp/Auth/TPA ID : bobS17217

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size (14.8 cms) with increased echogenecity. 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 (8.0 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 hydronephrosis seen on either side.

Right kidney - 9.5 x 4.3 cms. A calculus measuring 3.8 mm in lower pole of the right kidney.

Left kidney - 10.5 x 4.8 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 2.8 x 2.6 x 3.2 cms (Vol 13.0 ml) and echo texture.

IMPRESSION:

- * GRADE 1 FATTY LIVER.
- * RIGHT RENAL CALCULUS.

(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 (RADIODIAGNOSIS)

Radiology

Mr. PURUSHOTHAMAN SRINIVASAN

Name: Mr. PURUSHOTHAMAN S Age/Gender: 43 Y/M Address: CHENNAI Location: CHENNAI, TAMIL NADU

Doctor:

Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFFMI HEALTHCA

ARCOFEMI HEALTHCARE LIMITED Sponsor: Consulting Doctor: Dr. YASODHA KUMARA REDDY MOKKALA

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

MR No: CVEL.0000142753 Visit ID: CVELOPV201625 Visit Date: 23-03-2024 07:57

Discharge Date:

Referred By: SELF Name: Mr. PURUSHOTHAMAN SRINIVASAN

Age/Gender: 43 Y/M Address: CHENNAI

Location: CHENNAI, TAMIL NADU

Doctor:

Department: GENERAL

Rate Plan: VELACHERY_03122022

Sponsor: ARCOFEMI HEALTHCARE LIMITED Consulting Doctor: Dr. BENITA JAYACHANDRAN

Doctor's Signature

MR No: CVEL.0000142753
Visit ID: CVELOPV201625
Visit Date: 23-03-2024 07:57

Discharge Date:

Referred By: SELF

Name: Mr. PURUSHOTHAMAN SRINIVASAN

Age/Gender: 43 Y/M Address: CHENNAI

Location: CHENNAI, TAMIL NADU

Doctor:

Department: GENERAL

Rate Plan: VELACHERY_03122022

Sponsor: ARCOFEMI HEALTHCARE LIMITED Consulting Doctor: Dr. V J NIRANJANA BHARATHI

Doctor's Signature

MR No: CVEL.0000142753
Visit ID: CVELOPV201625
Visit Date: 23-03-2024 07:57

Discharge Date:

Referred By: SELF

Mr. PURUSHOTHAMAN SRINIVASAN

Name: Mr. PURUSHOTHAMAN S Age/Gender: 43 Y/M Address: CHENNAI Location: CHENNAI, TAMIL NADU

Doctor:

Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFFMI HEALTHCA

ARCOFEMI HEALTHCARE LIMITED Sponsor:

Consulting Doctor: Dr. SHILFA NIGAR N

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

MR No: CVEL.0000142753 Visit ID: CVELOPV201625 Visit Date: 23-03-2024 07:57

Discharge Date:

Referred By: SELF

II)afe	Pulse (Beats/min)	-	Resp (Rate/min)	Temp (F)	Height (cms)	(Kgs)	Percentage	Fat Level	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	(cms)	Waist & Hip Ratio	User
23-03-2024 14:24			18 Rate/min	98 F		64.7 Kgs	%	%	Years	22.92	90 cms	88 cms	cms		AHLL02475

II)afe	Pulse (Beats/min)	-	Resp (Rate/min)	Temp (F)	Height (cms)	(Kgs)	Percentage	Fat Level	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	(cms)	Waist & Hip Ratio	User
23-03-2024 14:24			18 Rate/min	98 F		64.7 Kgs	%	%	Years	22.92	90 cms	88 cms	cms		AHLL02475

II)afe	Pulse (Beats/min)	-	Resp (Rate/min)	Temp (F)	Height (cms)	(Kgs)	Percentage	Fat Level	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	(cms)	Waist & Hip Ratio	User
23-03-2024 14:24			18 Rate/min	98 F		64.7 Kgs	%	%	Years	22.92	90 cms	88 cms	cms		AHLL02475

II)afe	Pulse (Beats/min)	-	Resp (Rate/min)	Temp (F)	Height (cms)	(Kgs)	Percentage	Fat Level	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	(cms)	Waist & Hip Ratio	User
23-03-2024 14:24			18 Rate/min	98 F		64.7 Kgs	%	%	Years	22.92	90 cms	88 cms	cms		AHLL02475



To,

The Coordinator, Mediwheel (Arcofemi Healthcare Limited) Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

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

PARTICULARS	OF HEALTH CHECK UP BENEFICIARY
NAME	PURUSHOTHAMAN SRINIVASAN
DATE OF BIRTH	30-12-1980
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	23-03-2024
BOOKING REFERENCE NO.	23M162009100103422S
	SPOUSE DETAILS
EMPLOYEE NAME	MS. SWAMINATHAN RAMA
EMPLOYEE EC NO.	162009
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	CHENNAI,T NAGAR
EMPLOYEE BIRTHDATE	06-12-1986

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 20-03-2024 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's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager HRM Department Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

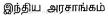




SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE				
CBC	CBC				
ESR	ESR				
Blood Group & RH Factor	Blood Group & RH Factor				
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting				
Blood and Urine Sugar PP	Blood and Urine Sugar PP				
Stool Routine	Stool Routine				
Lipid Profile	Lipid Profile				
Total Cholesterol	Total Cholesterol				
HDL.	HDL				
LDL	LDL				
VLDL	VLDL				
Triglycerides	Triglycerides				
HDL / LDL ratio	HDL / LDL ratio				
Liver Profile	Liver Profile				
AST	AST				
ALT	ALT				
GGT	GGT				
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)				
ALP	ALP				
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)				
Kidney Profile	Kidney Profile				
Serum creatinine	Serum creatinine				
Blood Urea Nitrogen	Blood Urea Nitrogen				
Uric Acid	Uric Acid				
HBA1C	HBA1C				
Routine urine analysis	Routine urine analysis				
USG Whole Abdomen	USG Whole Abdomen				
General Tests	General Tests				
X Ray Chest	X Ray Chest				
ECG	ECG				
2D/3D ECHO / TMT	2D/3D ECHO / TMT				
Stress Test	Thyroid Profile (T3, T4, TSH)				
PSA Male (above 40 years)	Mammography (above 40 years)				
	and Pap Smear (above 30 years).				
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation				
Dental Check-up consultation	Physician Consultation				
Physician Consultation	Eye Check-up consultation				
Eye Check-up consultation	Skin/ENT consultation				
Skin/ENT consultation	Gynaec Consultation				





Government of India



புருஷோத்தமன் சீனிவாசன் Purushothaman Srinivasan பிறந்த நாள் / DOB : 30/12/1980 ஆண்பால் / Male



4431 3472 0753

ஆதார் - சாதாரண மனிதனின் அதிகாரம்



CESTLE CONTACT C MONLIGHT DESISTRICE MONLDLIL

Unique Identification Authority of India

பாபுப்ச முகவரி: முகவரி: தா சீனிவாசன், 67, செல்வராஜ் தெரு கணபதிபுரம். குரோம்பேட்டை, காஞ்சிபுரம், குரோம்பேட்டை, தமிழ் நாடு.

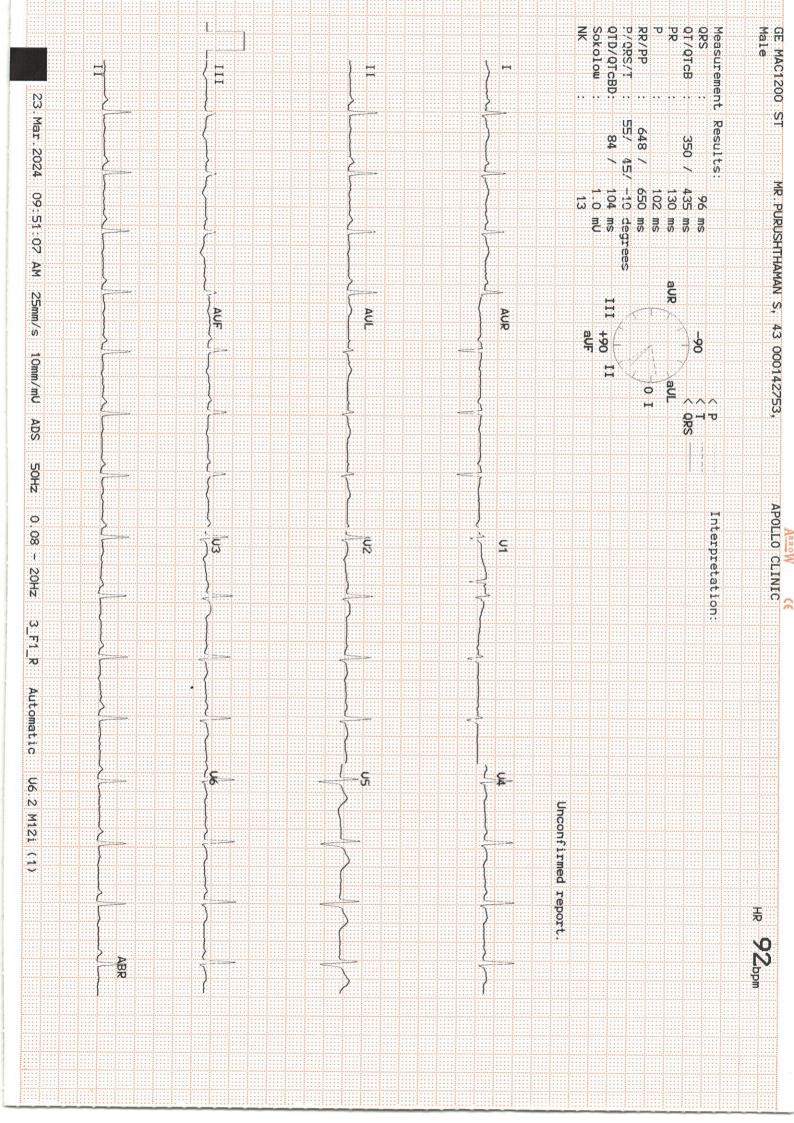
Address: S/O: Srinivasan, 6/7, SELVARAJ STREET, GANAPATHIPURAM, Chromepet, Kancheepuram, Chromepet, Tamii Nadu, 600044

4431 3472 0753



www

www.uidai.gov.in



OPTHALMOLOGY



			Ð	opertise. Closer to yo
Name MR Dun	ishothaman	Stimivasas	Date 28/3/20	24
Age A343			UHID No.	53.
	nale			***************************************
	OPHTHAL	FITNESS CER	TIFICATE	
		RE	LE	
DV-UCVA	:	6/6	6/6.	
DV-BCVA	:	6		Ø
NEAR VISION	:	N'6 St	Nest	2GV
ANTERIOR SEGMENT	г :			
IOP	:			
FIELDS OF VISION	:			*
EOM	:			0
COLOUR VISION	:	Normal	Norman	-
FUNDUS	:			
IMPRESSION		(Bt) peusla	gopic.	
ADVICE	: Lit	/	6 months.	
28/0/2024.	× Pefers	h trans	eld 1-1-	-1-1X

y Walm Compress



CERTIFICATE OF MEDICAL FITNESS

Height: 168 Cm	Weight: 64 kg	BMI: 22.7	BP: 120 / 70. mmHg
OPTHAL CHECK : Right	Eye: 6/6	Left Eye: 6/6	Colour vision :

This is to certify that I have conducted the clinical exa	mination
of 12 Purisho thaman.	
After reviewing the medical history and on clinical examination	
129	, sidela
• Medically Fit.	Adrewation .
FIT FOR WORK	Charles
Fit with restrictions/recommendations	
Though following restrictions have been revealed, in r the job.	my opinion, these are not impediments to
. 1	
2	
3	
However the employee should follow the advice/medication communicated to him/her.	n that has been
Review after	
• Currently Unfit.	
Review after NI	recommended
• Unfit VIL.	ME
	Dr.
	Medical officer



This certificate is not meant for medico-legal purposes

Apollo clinic(Location)

Dr. M S KOUTILYA CHOUDARY MBBS., MD., Sqn Ldr (Retd), Reg. No. TNMC 167543 Patient Name : Mr. PURUSHOTHAMAN SRINIVASAN Age : 43 Y/M

UHID : CVEL.0000142753 OP Visit No : CVELOPV201625 Conducted By: : Dr. SHANMUGA SUNDARAM D Conducted Date : 23-03-2024 12:54

Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed) 3.5CM 3.5 CM LA (es) LVID (ed) 4.2 CM LVID (es) 2.7 CM IVS (Ed) 0.9 CM LVPW (Ed) 1.0 CM EF 66.00% %FD 36.00%

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

LEFT VENTRICLE:

Patient Name : Mr. PURUSHOTHAMAN SRINIVASAN Age : 43 Y/M

UHID : CVEL.0000142753 OP Visit No : CVELOPV201625 Conducted By: : Dr. SHANMUGA SUNDARAM D Conducted Date : 23-03-2024 12:54

Referred By : SELF

NO REGIONAL WALL MOTION ABNORMALITY

COLOUR AND DOPPLER STUDIES

AV max 0.9 m/s; PG3.8 mmHg;

PV max 0.9m/s; PG3.8 mmHg;

MV E 0.7 m/s; MV A 0.5 m/s;

TV E 0.4 m/s; TV A 0.3 m/s.

Impression

*NO REGIONAL WALL MOTION ABNORMALITY;

*NORMAL LEFT VENTRICULAR IN SIZE & SYSTOLIC FUNCTION;

*NO PERICARDIAL EFFUSION/ PULMONARY ARTERY HYPERTENSION.



DR.SHANMUGA SUNDRAM CONSULTANT CARDIOLOGIST Patient Name : Mr. PURUSHOTHAMAN SRINIVASAN Age : 43 Y/M

UHID : CVEL.0000142753 OP Visit No : CVELOPV201625 Conducted By: : Dr. SHANMUGA SUNDARAM D Conducted Date : 23-03-2024 12:54

Referred By : SELF