

| | |
|------------------------------|--|
| Patient Name : Mr.GOPU S | Collected : 23/Mar/2024 11:00AM |
| Age/Gender : 37 Y 0 M 7 D/M | Received : 23/Mar/2024 04:01PM |
| UHID/MR No : CVAL.0000057932 | Reported : 23/Mar/2024 05:55PM |
| Visit ID : CVALOPV108429 | Status : Final Report |
| Ref Doctor : Dr.Dr PADMINI M | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobS17147 | |

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. |



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

SIN No:BED240080377

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APOLLO CLINICS NETWORK

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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 |
|---|-------------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 14.8 | g/dL | 13-17 | Spectrophotometer |
| PCV | 42.70 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 4.94 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 86.4 | fL | 83-101 | Calculated |
| MCH | 29.9 | pg | 27-32 | Calculated |
| MCHC | 34.6 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 13 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 7,800 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 53.0 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 36.8 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 2.0 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 7.4 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.8 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 4134 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2870.4 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 156 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 577.2 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 62.4 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.44 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 212000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 9 | mm at the end of 1 hour | 0-15 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

METHODOLOGY : Microscopic.

Page 2 of 16



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DEPARTMENT OF HAEMATOLOGY

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

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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 |
|---|----------|------|-----------------|-----------------------------|
| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
| BLOOD GROUP TYPE | B | | | Microplate Hemagglutination |
| Rh TYPE | Positive | | | Microplate Hemagglutination |

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



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

SIN No:BED240080377

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| Patient Name : Mr.GOPU S | Collected : 23/Mar/2024 01:25PM |
| Age/Gender : 37 Y 0 M 7 D/M | Received : 23/Mar/2024 03:58PM |
| UHID/MR No : CVAL.0000057932 | Reported : 23/Mar/2024 05:17PM |
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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 |
|--------------------------------------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 88 | 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.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 139 | 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:PLP1436441

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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 |
|---|--------|-------|-----------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 6.1 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 128 | 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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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|-------------|-------|-----------------|--------------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 230 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 190 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 40 | mg/dL | 40-60 | Enzymatic Immuno-inhibition |
| NON-HDL CHOLESTEROL | 190 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 152 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 38 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 5.75 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | 0.32 | | <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.

Page 7 of 16



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DEPARTMENT OF BIOCHEMISTRY

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

- 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).



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

| | |
|------------------------------|--|
| Patient Name : Mr.GOPU S | Collected : 23/Mar/2024 11:00AM |
| Age/Gender : 37 Y 0 M 7 D/M | Received : 23/Mar/2024 04:03PM |
| UHID/MR No : CVAL.0000057932 | Reported : 23/Mar/2024 05:28PM |
| Visit ID : CVALOPV108429 | Status : Final Report |
| Ref Doctor : Dr.Dr PADMINI M | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobS17147 | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|--------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.65 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.09 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.56 | mg/dL | 0.0-1.1 | CALCULATED |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 21 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 19.0 | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 112.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.30 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.30 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 3.00 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.43 | | 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.



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



SIN No:SE04673514

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| Ref Doctor | : Dr.Dr PADMINI M | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : bobS17147 | | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|------------|--------|-----------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.73 | mg/dL | 0.72 – 1.18 | JAFFE METHOD |
| UREA | 17.00 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 7.9 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 5.40 | mg/dL | 3.5–7.2 | Uricase PAP |
| CALCIUM | 9.60 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 2.90 | 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 | 7.30 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.30 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 3.00 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.43 | | 0.9-2.0 | Calculated |



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



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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 |
|--|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 18.00 | U/L | <55 | IFCC |



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|------------------------------|--|
| Patient Name : Mr.GOPU S | Collected : 23/Mar/2024 11:00AM |
| Age/Gender : 37 Y 0 M 7 D/M | Received : 23/Mar/2024 04:02PM |
| UHID/MR No : CVAL.0000057932 | Reported : 23/Mar/2024 05:37PM |
| Visit ID : CVALOPV108429 | Status : Final Report |
| Ref Doctor : Dr.Dr PADMINI M | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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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 |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 1.06 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 8.66 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 5.170 | µIU/mL | 0.34-5.60 | CLIA |

Comment:

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

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

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



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



SIN No:SPL24054019

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| Patient Name : Mr.GOPU S | Collected : 23/Mar/2024 11:00AM |
| Age/Gender : 37 Y 0 M 7 D/M | Received : 23/Mar/2024 04:02PM |
| UHID/MR No : CVAL.0000057932 | Reported : 23/Mar/2024 05:37PM |
| Visit ID : CVALOPV108429 | Status : Final Report |
| Ref Doctor : Dr.Dr PADMINI M | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobS17147 | |

DEPARTMENT OF IMMUNOLOGY

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



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



SIN No:SPL24054019

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| Patient Name : Mr.GOPU S | Collected : 23/Mar/2024 11:00AM |
| Age/Gender : 37 Y 0 M 7 D/M | Received : 23/Mar/2024 04:05PM |
| UHID/MR No : CVAL.0000057932 | Reported : 23/Mar/2024 04:42PM |
| Visit ID : CVALOPV108429 | Status : Final Report |
| Ref Doctor : Dr.Dr PADMINI M | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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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 |
|--|-------------|------|------------------|----------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| 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 |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NEGATIVE | | NEGATIVE | GLUCOSE OXIDASE |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING REACTION |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | SODIUM NITRO PRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | MODIFIED EHRlich REACTION |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | LEUCOCYTE ESTERASE |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| 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 16



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

SIN No:UR2314689

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| | |
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| Patient Name : Mr.GOPU S | Collected : 23/Mar/2024 01:25PM |
| Age/Gender : 37 Y 0 M 7 D/M | Received : 23/Mar/2024 04:04PM |
| UHID/MR No : CVAL.0000057932 | Reported : 23/Mar/2024 04:22PM |
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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 |



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

SIN No:UPP017316

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|------------------------------|--|
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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(FASTING) | NEGATIVE | | NEGATIVE | Dipstick |

*** End Of Report ***



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

SIN No:UF011403

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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



APOLLO CLINICS NETWORK

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

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of G. J. S. on 23/3/24

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

| | Tick |
|---|------|
| <ul style="list-style-type: none"> • Medically Fit | |
| <ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>To take regular medication for HT/Dyslipida</u></p> <p>2.</p> <p>3.</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p> | ✓ |
| <ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended | |
| <ul style="list-style-type: none"> • Unfit | |

Dr. M. Padmini
Medical Officer
The Apollo Clinic, (Location)



This certificate is not meant for medico-legal purposes

Dr. M. PADMINI, MD.,
Gen. Medicine,
Reg.No: 25154

Patient Name : Mr. GOBU S

Age/Gender : 37 Y/M

UHID/MR No. : CVAL.0000057932

OP Visit No : CVALOPV108429

Sample Collected on :

Reported on : 25-03-2024 12:50

LRN# : RAD2279296

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobS17147

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

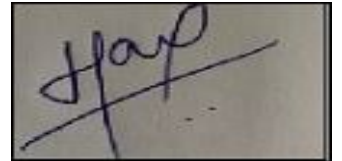
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

Normal study.



Dr. HARSHINI U
MD (Radio Diagnosis)
Radiology

ID: 000057932

37 years

Asian

Male

23-Mar-2024
15:19:17

BRUCE
 Max HR: 176bpm 96% of max predicted 183bpm
 Max BP: 160/70
 Reason for Termination: Max HR attained
 Comments: TMT 16 **NEGATIVE** POSITIVE FOR INDUCIBLE MYOCARDIAL ISCHEMIA

Total Exercise time: 8:01

25.0 mm/s
 10.0 mm/mV
 100hz

| Phase Name | Stage Name | Time in Stage | Speed (mph) | Grade (%) | WorkLoad (METS) | HR (bpm) | BP (mmHg) | RPP (x100) |
|------------|------------|---------------|-------------|-----------|-----------------|----------|-----------|------------|
| PRETEST | SUPINE | 0:44 | ** | ** | 1.0 | 83 | | |
| | STANDING | 0:01 | ** | ** | 1.0 | 83 | | |
| | HYPERVENT | 0:42 | 1.0 | 0.0 | 1.2 | 89 | 120/70 | 107 |
| EXERCISE | STAGE 1 | 3:00 | 1.7 | 10.0 | 4.6 | 127 | 140/70 | 178 |
| | STAGE 2 | 3:00 | 2.5 | 12.0 | 7.0 | 151 | 150/70 | 237 |
| | STAGE 3 | 2:01 | 3.4 | 14.0 | 10.1 | 176 | 160/70 | 282 |
| RECOVERY | Post | 3:03 | ** | ** | 1.0 | 111 | 130/70 | 144 |

TMT Negative for Inducible Ischemia

Technician:

APOLLO CLINIC, VALSARAVAKKAM

Unconfirmed

MAC55 010B

MR. GOPU
ID: CVAL57937

37 Years

Male

23.03.2024 11:32:31 AM
apollo clinic
vaid-saranikkam
chennai

Access EC

Room:

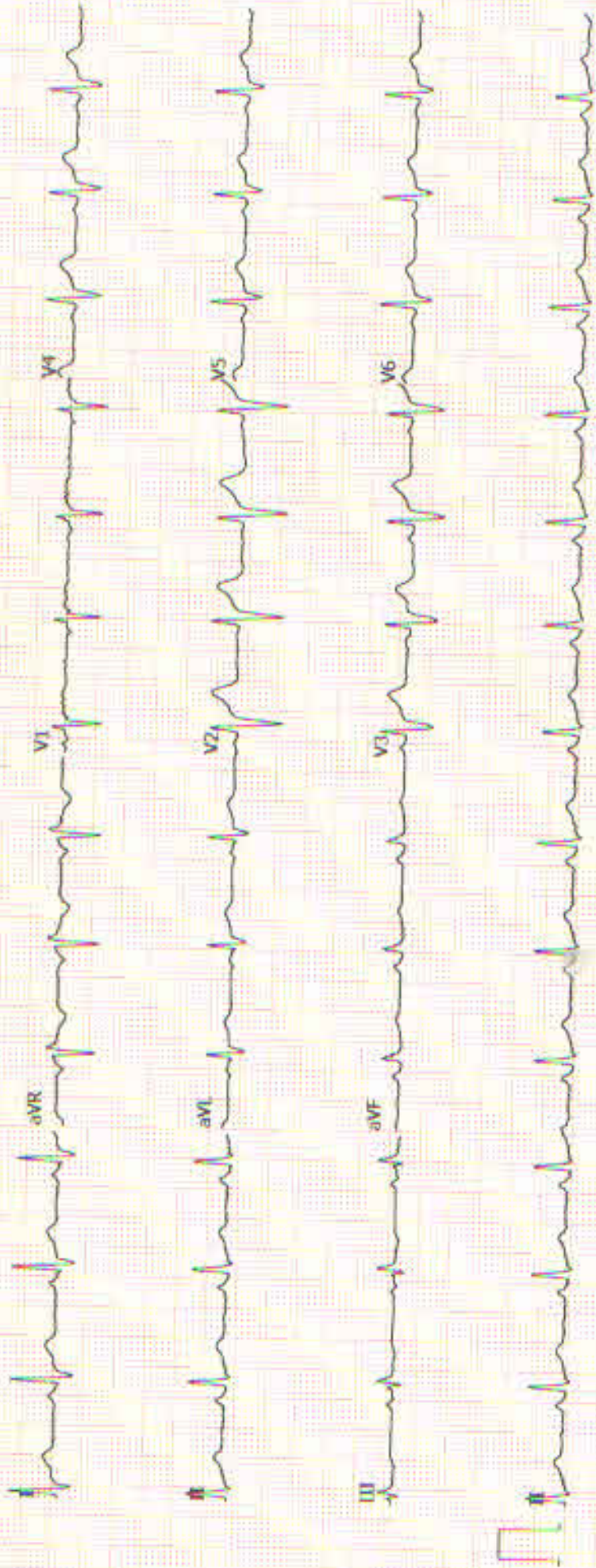
Location:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

83 bpm
--/-- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 96 ms
QT / QTcBaz : 364 / 427 ms
PR : 126 ms
P : 92 ms
RR / PP : 722 / 722 ms
P / QRS / T : 50 / 31 / 25 degrees

NSR Ph XLV



Name: Mr. GOBU S
Age/Gender: 37 Y/M
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor: Dr. PADMINI M
Department: GENERAL PHYSICIAN
Rate Plan: VALASARAVAKKAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PADMINI M

MR No: CVAL.0000057932
Visit ID: CVALOPV108429
Visit Date: 23-03-2024 10:52
Discharge Date:
Referred By: SELF

DRUG ALLERGY

DRUG ALLERGY: NIL,

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS::: For Annual Health Checkup,

GENERAL SYMPTOMS :: NO SPECIFIC COMPLAINTS ,

Present Known Illness

No history of: No History of diabetes / Hypertension / Heart Disease,

SYSTEMIC REVIEW

Cardiovascular System

CHEST PAIN: No,

**Weight

--->: Stable,

Number of kgs: 92,

General Symptoms

: NIL,

Present Medications

-): Nil,

HT-HISTORY

Past Medical History

ALLERGIES: Nil,

PAST MEDICAL HISTORY: Nil Significant,

**Cancer: NIL,

Past surgical history

Surgical history: NIL,

Family History

| | |
|----------------|------------------|
| Family history | Nil Significant, |
|----------------|------------------|

PHYSICAL EXAMINATION

General Examination

General appearance: **Normal,**

Build: **Obese,**

Height (in cms): **160,**

Weight (in Kgs): **92,**

BMI: **35,**

SYSTEMIC EXAMINATION

CardioVascularSystem

Heart Rate(Per Minute):: **88,**

Rhythm---: **regular,**

Blood pressure:::: **sitting,**

Systolic: **120,**

Diastolic: **70,**

Eye:

Eye Vision--: **normal,**

Colour Vision-: **normal,**

IMPRESSION

Apollo Health check

Findings: **IMPAIRED GLUCOSE TOLERANCE ,
DYSLIPIDEMIA ,,**

TMT

: **NEGATIVE ,**

ECG

: **WITHIN NORMAL LIMITS ,**

X-Ray

: **NORMAL STUDY ,**

RECOMMENDATION

Fitness Report

Fitness: **FIT WITH RECOMMENDATIONS ,**

DISCLAIMER

Disclaimer: **The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,**

Doctor's Signature

Date : 23-03-2024
MR NO : CVAL.0000057914

Department : FAMILY MEDICINE
Doctor : Dr. MANJULA RANGANATHAN M

Name : Mr. GOBU M

Registration No : 75481
Qualification : M.B.B.S, Dip. in Diab.- CCEBDM,

Age/ Gender : 36 Y / Male

Consultation Timing: 09:06

Wt) 87 kg

Ht) 184 cm

Bp 130/80

Rw 56 M

Allergy - nil
Annual
no complxity

P/H - nil

F/H - HT - F

Ado
H/O A/C

Rs.


OPHTHALMOLOGY

| | |
|---|-----------------------------|
| Name <i>Mr. GOBU.</i> | Date <i>03.03.24</i> |
| Age <i>36</i> | UHID No. <i>CVAL. 57914</i> |
| Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | |

OPHTHAL FITNESS CERTIFICATE


No H/o using specs


| | RE | LE |
|--------------------|---------------|---------------|
| DV-UCVA : | <i>6/6</i> | <i>6/6</i> |
| DV-BCVA : | <i>-</i> | <i>-</i> |
| NEAR VISION : | <i>N6</i> | <i>N6</i> |
| ANTERIOR SEGMENT : | <i>Full</i> | <i>Full</i> |
| IOP : | | |
| FIELDS OF VISION : | <i>-</i> | <i>-</i> |
| E O M : | | |
| COLOUR VISION : | <i>Normal</i> | <i>Normal</i> |
| FUNDUS : | | |
| IMPRESSION : | <i>-</i> | <i>-</i> |
| ADVICE : | | |

 **बैंक ऑफ बड़ोदा**
Bank of Baroda

नाम : **GOPU JANAHARA**
Name

कर्मचारी कूट नं : **164929**
E.C. No.


जारीकर्ता प्राधिकारी
Issuing Authority


G. Janahara
धारक के हस्ताक्षर
Signature of Holder



नाम : GOPU JANAHARA
Name

कर्मचारी कूट नं : 164929
E.C. No.


जारीकर्ता प्राधिकारी
Issuing Authority



G. Janahara
धारक के हस्ताक्षर
Signature of Holder

| | | | |
|--------------|--------------------|----------------|--------------------|
| Patient Name | : Mr. GOBU S | Age | : 37 Y/M |
| UHID | : CVAL.0000057932 | OP Visit No | : CVALOPV108429 |
| Reported By: | : Dr. S NISHANTH . | Conducted Date | : 23-03-2024 18:45 |
| Referred By | : SELF | | |

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 82beats per minutes.

Impression:

WITHIN NORMAL LIMITS

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



Dr. S NISHANTH .

Patient Name : Mr. GOBU S Age : 37 Y/M
UHID : CVAL.0000057932 OP Visit No : CVALOPV108429
Conducted By: : Dr. S NISHANTH . Conducted Date : 23-03-2024 17:18
Referred By : SELF

CARDIOLOGY

CARDIAC STRESS TEST – (TMT)

Angina Pectoria:
NO

Previous MI:
NO

PTCA:
NO

CABG:
NO

HTN:
NO

DM:
NO

Smoking:
NO

Obesity:
NO

Lipidemia:
NO

Resting ECG Supine:
NORMAL SINUS RHYTHM

Standing:
NORMAL SINUS RHYTHM

Protocol Used:
BRUCE

Monitoring Leads:

Patient Name : Mr. GOBU S Age : 37 Y/M
UHID : CVAL.0000057932 OP Visit No : CVALOPV108429
Conducted By: : Dr. S NISHANTH . Conducted Date : 23-03-2024 17:18
Referred By : SELF

12 LEADS

Grade Achieved:
96%

% HR / METS:
10.1

Reason for Terminating Test:
FATIGUE

Total Exercise Time:
8.01

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:
SINUS TACHYCARDIA NO SIGNIFICANT ST T CHANGES

INTERPRETATION:

Rhythm:
NORMAL

S.T. Segment :
NORMAL

III Blood Pressure Response :
NORMAL

| | | | |
|---------------|--------------------|----------------|--------------------|
| Patient Name | : Mr. GOBU S | Age | : 37 Y/M |
| UHID | : CVAL.0000057932 | OP Visit No | : CVALOPV108429 |
| Conducted By: | : Dr. S NISHANTH . | Conducted Date | : 23-03-2024 17:18 |
| Referred By | : SELF | | |

IV Fitness Response :
GOOD

Impression:

Cardiac stress analysis is NEGATIVE for inducible myocardial ischaemia at good work load and 96% of maximum heart.

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



Dr. S
NISHANTH .

Apollo Health and Lifestyle Limited

(CIN - U85110TN2000PLC046089)

Regd. Office: 19 Bishop Gardens, R A Puram, Chennai 600 028, Tamil Nadu, India | Email ID: info@apollohl.com

For more information contact us at : customer.care@apollo diagnostics.in

www.apolلودiagnostics.in

HOME COLLECTION
4444 2424

Apollo Health and Lifestyle Limited

(CIN - U85110TN2000PLC046089)

Regd. Office: 19 Bishop Gardens, R A Puram, Chennai 600 028, Tamil Nadu, India | Email ID: info@apollohl.com

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Nallakunta | Nizampet | LB Nagar | Vengal Rao Nagar) Andhra Pradesh: Vizag (Seethamma Beta)