

Patient Name : Mr.SUJEET KUMAR VISHWAKARMA	Collected : 15/Jun/2024 10:05AM
Age/Gender : 38 Y 10 M 13 D/M	Received : 15/Jun/2024 12:42PM
UHID/MR No : CANN.0000238212	Reported : 15/Jun/2024 02:06PM
Visit ID : CANNOPV409389	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6701	

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: BED240154146

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



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.4	g/dL	13-17	Spectrophotometer
PCV	43.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.12	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	84.3	fL	83-101	Calculated
MCH	28.2	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	66.1	%	40-80	Electrical Impedance
LYMPHOCYTES	27.0	%	20-40	Electrical Impedance
EOSINOPHILS	1.4	%	1-6	Electrical Impedance
MONOCYTES	5.2	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5354.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2187	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	113.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	421.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	24.3	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.45		0.78- 3.53	Calculated
PLATELET COUNT	238000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	24	mm/hour	0-15	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

Page 2 of 13



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

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.



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UHID/MR No : CANN.0000238212	Reported : 15/Jun/2024 04:04PM
Visit ID : CANNOPV409389	Status : Final Report
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Emp/Auth/TPA ID : 35E6701	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
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



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

SIN No:BED240154146

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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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)

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Age/Gender : 38 Y 10 M 13 D/M	Received : 15/Jun/2024 01:34PM
UHID/MR No : CANN.0000238212	Reported : 15/Jun/2024 02:45PM
Visit ID : CANNOPV409389	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	304	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



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



SIN No:PLF02173325

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	12.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	301	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:EDT240066712

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	267	mg/dL	<200	CHO-POD
TRIGLYCERIDES	212	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	220	mg/dL	<130	Calculated
LDL CHOLESTEROL	177.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	42.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.68		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.29		<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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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M.D.(Biochemistry)



SIN No:SE04750629

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.72	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.58	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29	U/L	<50	UV with P5P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<50	IFCC Without Pyridoxal phosphate Activation
ALKALINE PHOSPHATASE	110.00	U/L	30-120	IFCC AMP Buffer
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, 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.



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ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

- 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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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.84	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	30.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	14.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.80	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.90	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	135	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	97	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



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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


1860 500 7788
www.apolloclinic.com

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)

Patient Name	: Mr.SUJEET KUMAR VISHWAKARMA	Collected	: 15/Jun/2024 10:05AM
Age/Gender	: 38 Y 10 M 13 D/M	Received	: 15/Jun/2024 01:28PM
UHID/MR No	: CANN.0000238212	Reported	: 15/Jun/2024 02:58PM
Visit ID	: CANNOPV409389	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E6701		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	29.00	U/L	<55	IFCC



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



SIN No:SE04750629

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Patient Name : Mr.SUJEET KUMAR VISHWAKARMA	Collected : 15/Jun/2024 10:05AM
Age/Gender : 38 Y 10 M 13 D/M	Received : 15/Jun/2024 01:23PM
UHID/MR No : CANN.0000238212	Reported : 15/Jun/2024 02:41PM
Visit ID : CANNOPV409389	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6701	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.08	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.55	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.560	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

- 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



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



SIN No: SPL24100730

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Patient Name	: Mr.SUJEET KUMAR VISHWAKARMA	Collected	: 15/Jun/2024 10:05AM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

*** End Of Report ***



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



SIN No: SPL24100730

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Patient Name : Mr. SUJEET KUMAR VISHWAKARMA

Age/Gender : 38 Y/M

UHID/MR No. : CANN.0000238212

OP Visit No : CANNOPV409389

Sample Collected on :

Reported on : 16-06-2024 10:05

LRN# : RAD2352648

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 35E6701

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardio phrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

***NO SIGNIFICANT ABNORMALITY DETECTED.**

Dr. PRAVEENA SHEKAR T
MBBS, DMRD, FAGE
Radiology

Name: Mr. SUJEET KUMAR VISHWAKARMA
Age/Gender: 38 Y/M
Address: ZONAL OFFICE 3RD F; OOR UNION BANK BHAWAN BROADWAY
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: ANNA NAGAR_20052024
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SUMA RAGHURAM

MR No: CANN.0000238212
Visit ID: CANNOPV409389
Visit Date: 15-06-2024 10:03
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: For Corporate Health Checkup,

Present Known Illness

Diabetes Mellitus: **Known to have Diabetes Mellitus,**

Others

Others: **Diabetes Mellitus - 2017 ,**

SYSTEMIC REVIEW

Cardiovascular System

CHEST PAIN: **No,**

GastroIntestinal System

Nil significant: **.,**

GenitoUrinary System

-: **Nil,**

Central Nervous System

HEAD ACHE : **On and Off-Evening,**

SLEEP- : **Normal,**

Eye

-: **Blurring on waking up,**

Musculoskeletal System

SPINE AND JOINS: **Back Pain / Spine ,**

**Weight

--->: **Stable,**

HT-HISTORY

Past Medical History

**Cancer: No,

Personal History

Marital Status	Married,
-->	
No. of Children	1,
-->	
Diet	Mixed Diet,
-->	
Physical Activity	Mild,

Family History

Diabetes	father , mother ,
----------	-------------------

PHYSICAL EXAMINATION

General Examination

Height (in cms): 171,

Weight (in Kgs): 77,

Waist: 95,

Hip: 97,

SYSTEMIC EXAMINATION

CardioVascularSystem

Heart Rate(Per Minute):: 88,

Systolic: 110,

Diastolic: 70,

Heart Sounds : S1S2,

IMPRESSION

Apollo Health check

- Findings: 1. Elevated FBS
2. HbA1c - 12.1
3. HLD
4. Borderline Sodium and Chloride ,

RECOMMENDATION

Advice on Diet

Diet instructions : Dietary changes for Cholesterol / Sugar ,

Advice on Medication

Advice: TAB. ROSUVAS AS ADVISED ,

Other Recommendations

Test/Investigation: **1. To do Sodium / Chloride after 2 weeks and follow up**
2. Advised Vitamin D3 / USG ,

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

Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Mon 6/10/2024 11:00 AM

To:sujeetisnow@gmail.com <sujeetisnow@gmail.com>

Cc:Annagar Apolloclinic <annagar@apolloclinic.com>;Haranath S <haranath.s@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear **SUJEET KUMAR VISHWAKARMA,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **ANNA NAGAR clinic** on **2024-06-15** at **08:45-09:00**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.

3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

**Clinic Address: APOLLO MEDICAL CENTRE,NO-30,F- BLOCK,2ND AVENUE,
ANNANAGAR EAST,CHENNAI - 600102.**

Contact No: 7358392880/7305702537.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic

Name: Sajid Kumar Date: 15/6/24 Reg. No: 238212
 Occupation: Vishwakarma Ref. Physician:
 Age: 38y Sex: Male Female
 Copies to:
 Address:
 Ph:

REPORT ON OPHTHALMIC EXAMINATION

History: Having diabetic past 6 years
 taking tables

Present Complaint: Nil

ON EXAMINATION:

	RE	LE
Ocular Movements :		
Anterior Segment :	Free	Free
Intra-Ocular-Pressure :		
Visual Acuity: D.V. :	N	N
Without Glass :		
With Glass :	6/6	6/6
N.V. :		
Visual Fields :	N6	N6
Fundus :	Free	Free
Impression :		
Advice :		
Colour Vision :	Reading partial colour	referral Cratum

OPHTHALMOLOGY / OPTOMETRIST

Sanjiv

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
BIQPK5602R



नाम / Name
SUJEET KUMAR VISHWAKARMA

पिता का नाम / Father's Name
CHHOTE LAL VISHWAKARMA

जन्म की तारीख /
Date of Birth
02/08/1985

09032021

PAN Application Disputed, Signed Card Not Valid Unless Physically Signed

CANN-238212
OCR-103874, TS

Sujeet

38 Years

Male

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

15.06.2024 10:43:49 AM
APOLLO MEDICAL CENTER
ANNA NAGAR
CHENNAI

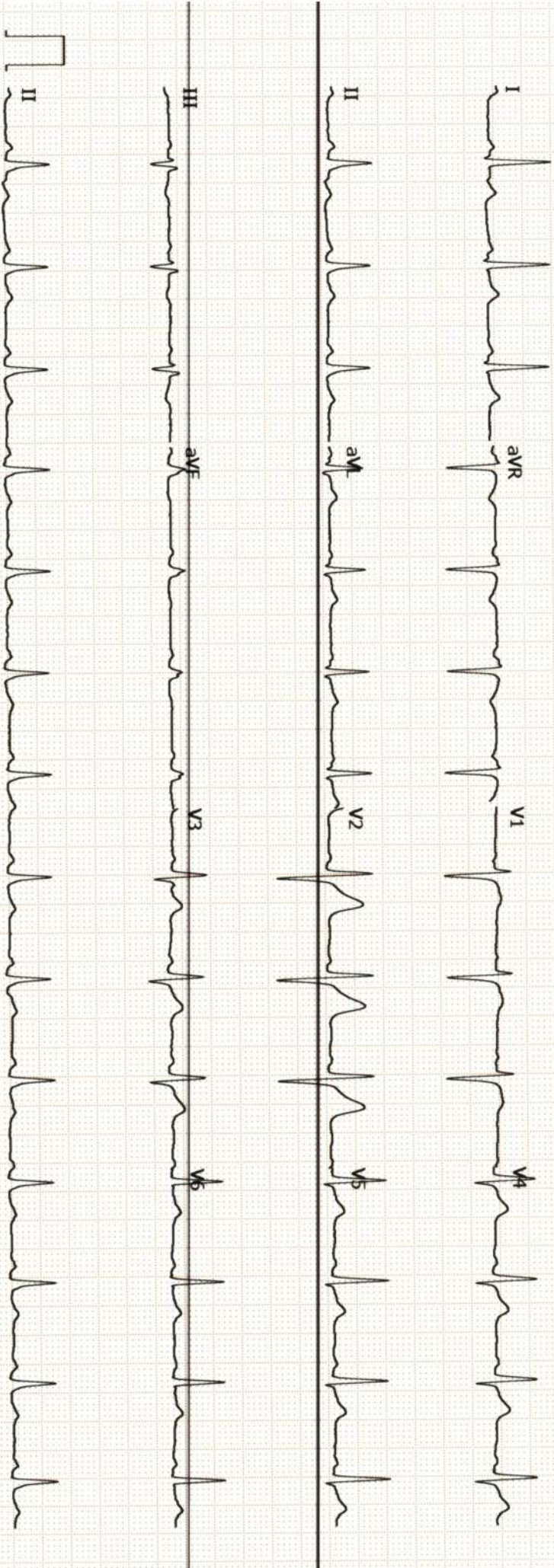
Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

85 bpm

QRS : 90 ms
QT / QTcBaz : 334 / 397 ms
PR : 124 ms
P : 102 ms
RR / PP : 702 / 705 ms
P / QRS / T : 51 / 21 / 14 degrees

NDR
Drx



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1 1/1

Sujeet

Unconfirmed

Patient Name : Mr. SUJEET KUMAR VISHWAKARMA Age : 38 Y/M
UHID : CANN.0000238212 OP Visit No : CANNOPV409389
Reported By: : Dr. ARULNITHI AYYANATHAN Conducted Date : 15-06-2024 13:45
Referred By : SELF

ECG REPORT

Observation :-

- 1. Normal Sinus Rhythm.**
- 2. Heart rate is 85 beats per minutes.**

Impression:

NORMAL RESTING ECG.

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

Dr. ARULNITHI AYYANATHAN