

Patient Name : Mr.SOUMIK DHAR	Collected : 09/Sep/2023 09:46AM
Age/Gender : 33 Y 4 M 18 D/M	Received : 09/Sep/2023 12:51PM
UHID/MR No : CVEL.0000112093	Reported : 09/Sep/2023 02:07PM
Visit ID : CVELOPV190058	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 615313954391	

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

METHODOLOGY	: Microscopic
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Mild eosinophilia noted.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen
NOTE/ COMMENT	: Please correlate clinically.



SIN No:BED230217519

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

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**HEMOGRAM , WHOLE BLOOD EDTA**

<b>HAEMOGLOBIN</b>	14.7	g/dL	13-17	Spectrophotometer
PCV	43.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.71	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	92.5	fL	83-101	Calculated
MCH	31.2	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.1</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,600	cells/cu.mm	4000-10000	Electrical Impedence

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	48.0	%	40-80	Electrical Impedence
LYMPHOCYTES	32.2	%	20-40	Electrical Impedence
EOSINOPHILS	<b>11.1</b>	%	1-6	Electrical Impedence
MONOCYTES	7.6	%	2-10	Electrical Impedence
BASOPHILS	1.1	%	<1-2	Electrical Impedence

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	2688	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1803.2	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	<b>621.6</b>	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	425.6	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	61.6	Cells/cu.mm	0-100	Electrical Impedence

**PLATELET COUNT**

PLATELET COUNT	155000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>20</b>	mm at the end of 1 hour	0-15	Modified Westergren

**PERIPHERAL SMEAR**

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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
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NOTE/ COMMENT : Please correlate clinically.



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UHID/MR No : CVEL.0000112093	Reported : 09/Sep/2023 06:08PM
Visit ID : CVELOPV190058	Status : Final Report
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**DEPARTMENT OF HAEMATOLOGY**

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

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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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



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Age/Gender : 33 Y 4 M 18 D/M	Received : 09/Sep/2023 12:50PM
UHID/MR No : CVEL.0000112093	Reported : 09/Sep/2023 01:39PM
Visit ID : CVELOPV190058	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , NAF PLASMA</b>	89	mg/dL	70-100	HEXOKINASE
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**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.

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	90	mg/dL	70-140	HEXOKINASE
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Result is rechecked. Kindly correlate clinically

**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.

Ref: Marks medical biochemistry and clinical approach

<b>HBA1C, GLYCATED HEMOGLOBIN ,</b>	5.6	%		HPLC
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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
WHOLE BLOOD EDTA				
ESTIMATED AVERAGE GLUCOSE (eAG), WHOLE BLOOD EDTA	114	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**

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SIN No:PLF02025248,PLP1366710,EDT230083094

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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
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**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	191	mg/dL	<200	CHO-POD
TRIGLYCERIDES	148	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	37	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	154	mg/dL	<130	Calculated
LDL CHOLESTEROL	124.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.16		0-4.97	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

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 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 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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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



SIN No:SE04476612

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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
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**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)	25	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	31.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	97.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.00	g/dL	6.6-8.3	Biuret
ALBUMIN	4.80	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.5		0.9-2.0	Calculated



SIN No:SE04476612

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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
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**RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM**

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	6.50	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	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)



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	17.00	U/L	<55	IFCC



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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
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**THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM**

TRI-iodothyronine (T3, TOTAL)	1.46	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	<b>13.07</b>	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	1.136	µIU/mL	0.34-5.60	CLIA

**Comment:**

**Note:**

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

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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
High   High   High   High	Pituitary Adenoma; TSHoma/Thyrotropinoma			



SIN No:SPL23128690

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Age/Gender : 33 Y 4 M 18 D/M	Received : 09/Sep/2023 01:35PM
UHID/MR No : CVEL.0000112093	Reported : 09/Sep/2023 02:04PM
Visit ID : CVELOPV190058	Status : Final Report
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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
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**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE STRAW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	1-3	/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



SIN No:UR2181177

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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
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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



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



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



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





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UHID	: CVEL.0000112093	OP Visit No	: CVELOPV190058
Conducted By:	: Dr. SHANMUGA SUNDARAM D	Conducted Date	: 11-09-2023 12:02
Referred By	: SELF		

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**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:  
WITHIN NORMAL LIMITS

Standing:  
WITHIN NORMAL LIMITS

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Conducted By: : Dr. SHANMUGA SUNDARAM D Conducted Date : 11-09-2023 12:02  
Referred By : SELF

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Protocol Used:  
BRUCE

Monitoring Leads:  
12 LEADS

Grade Achieved:

% HR / METS:  
97% 7.8 METS

Reason for Terminating Test:  
FATIGUE

Total Exercise Time:  
6.33

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

0 mts:  
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

3 mts:  
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

6 mts:  
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

**INTERPRETATION:**

Rhythm:  
NORMAL

Patient Name	: Mr. SOUMIK DHAR	Age	: 33 Y/M
UHID	: CVEL.0000112093	OP Visit No	: CVELOPV190058
Conducted By:	: Dr. SHANMUGA SUNDARAM D	Conducted Date	: 11-09-2023 12:02
Referred By	: SELF		

---

S.T. Segment :  
NORMAL

III Blood Pressure Response :  
NORMAL

IV Fitness Response :  
GOOD

Impression:

Cardiac stress analysis is NEGATIVE for inducible myocardial ischaemia  
at 7.8 METS good work load and 97% of maximum heart rate .



Dr. SHANMUGA SUNDARAM D  
CONSULTANT CARDIOLOGIST

**Patient Name** : Mr. SOUMIK DHAR

**Age/Gender** : 33 Y/M

**UHID/MR No.** : CVEL.0000112093

**OP Visit No** : CVELOPV190058

**Sample Collected on** :

**Reported on** : 09-09-2023 15:29

**LRN#** : RAD2094534

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 615313954391

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size (13.7 cms) and echotexture. No focal lesion is seen. PV and CBD normal. 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.

**Spleen** appears normal (9.3 cms). No focal lesion seen. Splenic vein appears normal.

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

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

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

Right kidney - 9.3 x 3.8 cms Left kidney - 10.4 x 4.1 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 3.2 x 2.9 x 3.3 cms (vol 16.0 cc) and echo texture.

### **IMPRESSION:- \* NO SIGNIFICANT ABNORMALITY.**

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



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

Radiology



Name: Mr. SOUMIK DHAR  
Age/Gender: 33 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

MR No: CVEL.0000112093  
Visit ID: CVELOPV190058  
Visit Date: 09-09-2023 09:40  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: Mr. SOUMIK DHAR  
Age/Gender: 33 Y/M  
Address: CHENNAI  
Location: CHENNAI, TAMIL NADU  
Doctor:  
Department: GENERAL  
Rate Plan: VELACHERY\_03122022  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. YASODHA KUMARA REDDY MOKKALA

MR No: CVEL.0000112093  
Visit ID: CVELOPV190058  
Visit Date: 09-09-2023 09:40  
Discharge Date:  
Referred By: SELF

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

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

Name: Mr. SOUMIK DHAR  
Age/Gender: 33 Y/M  
Address: CHENNAI  
Location: CHENNAI, TAMIL NADU  
Doctor:  
Department: GENERAL  
Rate Plan: VELACHERY\_03122022  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. BENITA JAYACHANDRAN

MR No: CVEL.0000112093  
Visit ID: CVELOPV190058  
Visit Date: 09-09-2023 09:40  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: Mr. SOUMIK DHAR  
Age/Gender: 33 Y/M  
Address: CHENNAI  
Location: CHENNAI, TAMIL NADU  
Doctor:  
Department: GENERAL  
Rate Plan: VELACHERY\_03122022  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. SHILFA NIGAR N

MR No: CVEL.0000112093  
Visit ID: CVELOPV190058  
Visit Date: 09-09-2023 09:40  
Discharge Date:  
Referred By: SELF

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

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**



Established Patient: Yes

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
09-09-2023 16:00	Beats/min	mmHg	Rate/min	F	179 cms	83 Kgs	%	%	Years	25.9	cms	cms	cms		AHLL04224

Established Patient: Yes

**Vitals**

<b>Date</b>	<b>Pulse (Beats/min)</b>	<b>B.P (mmHg)</b>	<b>Resp (Rate/min)</b>	<b>Temp (F)</b>	<b>Height (cms)</b>	<b>Weight (Kgs)</b>	<b>Body Fat Percentage (%)</b>	<b>Visceral Fat Level (%)</b>	<b>Body Age (Years)</b>	<b>BMI</b>	<b>Waist Circum (cms)</b>	<b>Hip (cms)</b>	<b>Waist (cms)</b>	<b>Waist &amp; Hip Ratio</b>	<b>User</b>
09-09-2023 16:00	Beats/min	mmHg	Rate/min	F	179 cms	83 Kgs	%	%	Years	25.9	cms	cms	cms		AHLL04224

Established Patient: Yes

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
09-09-2023 16:00	Beats/min	mmHg	Rate/min	F	179 cms	83 Kgs	%	%	Years	25.9	cms	cms	cms		AHLL04224

Established Patient: Yes

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
09-09-2023 16:00	Beats/min	mmHg	Rate/min	F	179 cms	83 Kgs	%	%	Years	25.9	cms	cms	cms		AHLL04224



97bpm

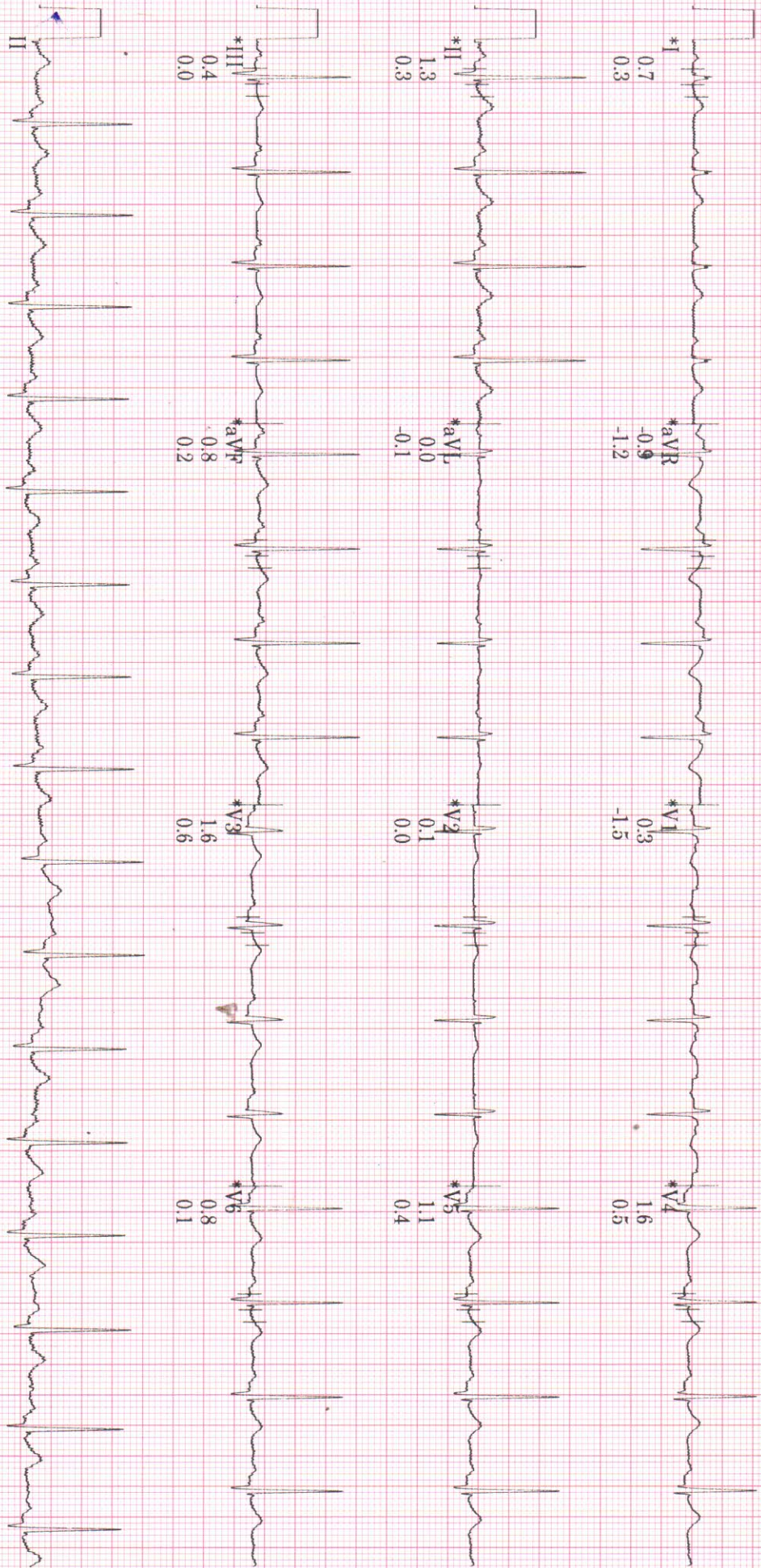
BP: 110/80

ST @ 10mm/mV  
80ms postJ

PRETEST  
SUPINE  
1:10

BRUCE  
\*\*\*mph  
\*\*\*%

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

40 Hz    25.0 mm/s    10.0 mm/mV    A-H-S HR 46

MAC55 010B

Arrow CC



**CERTIFICATE OF MEDICAL FITNESS**

Height: <u>179</u> Cm	Weight: <u>83.3</u> kg	BMI: <u>26</u>	BP: <u>110 / 80</u> mmHg
OPTHAL CHECK : Right Eye : <u>-</u>		Left Eye : <u>-</u>	Colour vision : <u>-</u>

This is to certify that I have conducted the clinical examination  
Of Ms. Soumik Dhas on 9/9/23.

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

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

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


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

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

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

- Currently Unfit.  
Review after NIL recommended

- Unfit NIL

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

This certificate is not meant for medico-legal purposes







@UEL: 112093



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	SOUMIK DHAR
DATE OF BIRTH	21-04-1990
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	09-09-2023
BOOKING REFERENCE NO.	23S106369100067886S
SPOUSE DETAILS	
EMPLOYEE NAME	MRS. PODDER MOUSUMI
EMPLOYEE EC NO.	106369
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	CHENNAI, STERLING ROAD
EMPLOYEE BIRTHDATE	02-05-1991

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 **28-08-2023** 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.

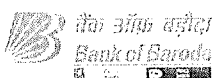
We solicit your co-operation in this regard.

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))



CUEL: 11 2093

  
ভারত সরকার  
Government of India

  
সৌমিক ধর  
Soumik Dhar  
জন্মতারিখ/DOB: 21/04/1990  
পুরুষ/ MALE



6153 1395 4391  
VID: 9197 5293 2556 8821

আমার আধার, আমার পরিচয়



ভারতীয় বিশিষ্ট পরিচয় প্রাধিকরণ  
ভারত সরকার  
Unique Identification Authority of India  
Government of India

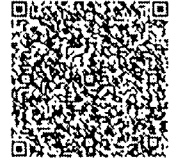
তালিকাভুক্তির আই ডি/Enrollment No.: 2010/19557/06675

To  
মৌসুমী পোদার  
Mousumi Podder  
D/O Mantu Rajan Poddar  
20/12/2012  
DESHBANDHU SARANI  
Haora Corporation  
Baksara Haora  
West Bengal 711110

7653250



MN076532503DF



আপনার আধার সংখ্যা/ Your Aadhaar No. :

**2644 1122 1092**

আধার - সাধারণ মানুষের অধিকার



ভারত সরকার  
GOVERNMENT OF INDIA



মৌসুমী পোদার  
Mousumi Podder  
পিতা : মন্তু রঞ্জন পোদার  
Father : MANTU RANJAN PODDAR  
জন্ম সাল / Year of Birth : 1991  
মহিলা / Female



2644 1122 1092

আধার - সাধারণ মানুষের অধিকার