

Patient Name	: Mr.DHAMODHARAN V	Collected	: 06/Sep/2024 07:58AM
Age/Gender	: 29 Y 10 M 3 D/M	Received	: 06/Sep/2024 11:40AM
UHID/MR No	: APJ1.0016334870	Reported	: 06/Sep/2024 01:38PM
Visit ID	: CANNOPV421489	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9920144559		

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

SIN No:CAG240900821

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This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	16.2	g/dL	13-17	Spectrophotometer
PCV	48.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.41	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89.9	fL	83-101	Calculated
MCH	30	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,500	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	51.4	%	40-80	Electrical Impedance
LYMPHOCYTES	31.2	%	20-40	Electrical Impedance
EOSINOPHILS	<b>6.4</b>	%	1-6	Electrical Impedance
MONOCYTES	10.0	%	2-10	Electrical Impedance
BASOPHILS	1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3341	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2028	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	416	Cells/cu.mm	20-500	Calculated
MONOCYTES	650	Cells/cu.mm	200-1000	Calculated
BASOPHILS	65	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.65		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	221000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	2	mm/hour	0-15	Capillary photometry
<b>PERIPHERAL SMEAR</b>				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - PMC PACK H - 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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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
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. MARQUESS RAJ**  
M.D, DipRCPath, D.N.B (PATH)  
Consultant Pathologist

SIN No: CAG240900821

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	94	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. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	98	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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALANINE AMINOTRANSFERASE	52	U/L	<50	UV with P5P

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



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324**

(ALT/SGPT) , SERUM

**Comment:**

ALT elevations are noted in liver parenchymal diseases, leading to injury / destruction of hepatocytes.

ALT levels are seen to be elevated even before the signs and symptoms of the liver injury appear.

The ALT levels remain high longer in blood as compared to AST levels. And though both the enzymes increase in liver injury, the rise in ALT is more compared to AST, thus also altering the ALT:AST ratio.

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BILIRUBIN, TOTAL , SERUM</b>	0.85	mg/dL	0.3-1.2	DPD



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BUN/CREATININE RATIO , SERUM</b>				
BLOOD UREA NITROGEN	11.2	mg/dL	8.0 - 23.0	Calculated
CREATININE	1.03	mg/dL	0.72 – 1.18	JAFFE METHOD
BUN / CREATININE RATIO	10.88			Calculated



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
CREATININE , SERUM	1.03	mg/dL	0.72 – 1.18	JAFFE METHOD



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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.018		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

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

Page 9 of 10



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

SIN No: CAG240900822

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Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9920144559		

DEPARTMENT OF CLINICAL PATHOLOGY  
ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324



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

SIN No: CAG240900822

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



Patient Name : Mr.DHAMODHARAN V  
Age/Gender : 29 Y 10 M 3 D/M  
UHID/MR No : APJ1.0016334870  
Visit ID : CANNOPV421489  
Ref Doctor : Self  
Emp/Auth/TPA ID : 9920144559

Collected : 06/Sep/2024 07:58AM  
Received : 06/Sep/2024 12:33PM  
Reported : 06/Sep/2024 01:32PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



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

SIN No:CAG240900822

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



Patient Name	: Mr. DHAMODHARAN V	Age	: 29Yrs 10Mths 4Days
UHID	: APJ1.0016334870	OP Visit No.	: CANNOPV421489
Printed On	: 06-09-2024 08:03 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 9920144559		

---

**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA VIEW**

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.**

---End Of The Report---

Dr.A R RAGHUL  
MBBS MD Radiodiagnosis  
139605  
Radiology

Patient Name	: Mr. DHAMODHARAN V	Age	: 29Yrs 10Mths 4Days
UHID	: APJ1.0016334870	OP Visit No.	: CANNOPV421489
Printed On	: 06-09-2024 08:22 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 9920144559		

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**DEPARTMENT OF CARDIOLOGY**

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**Observation :-**

- 1. Sinus Rhythm.**
- 2. Heart rate is 64 beats per minutes.**

**Impression:**

**NORMAL RESTING ECG.**

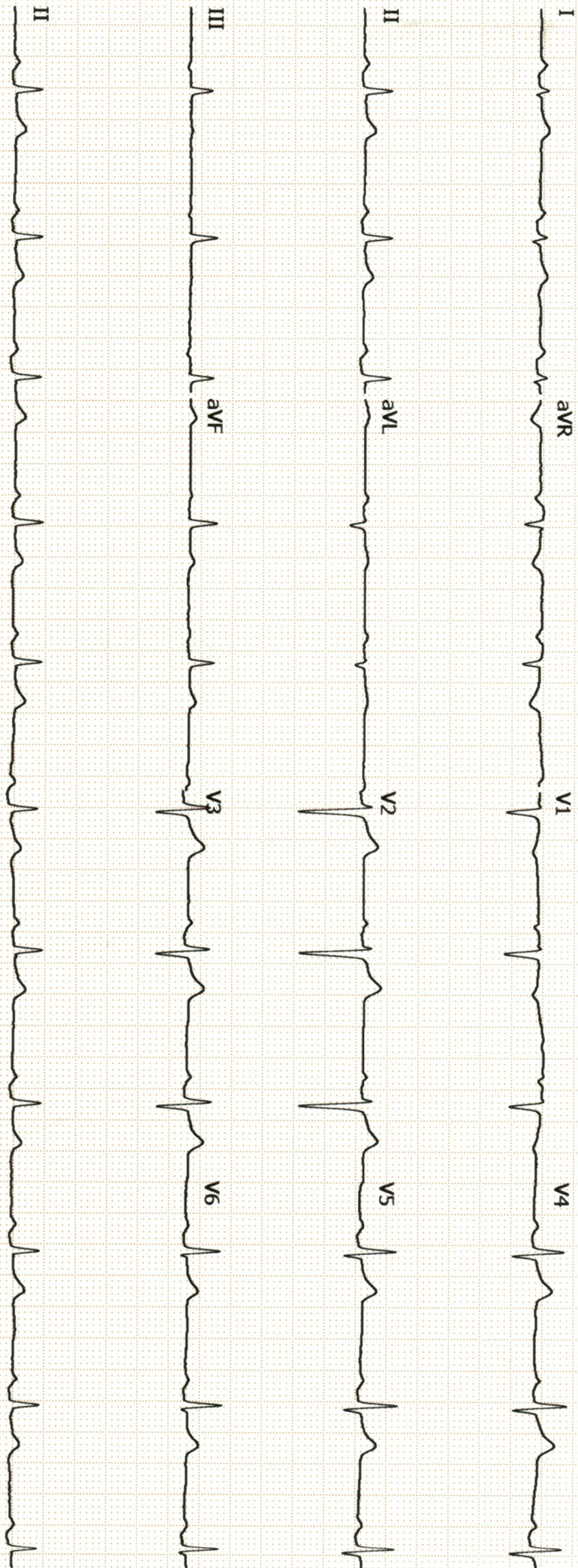
---End Of The Report---

Dr. ARULNITHI AYYANATHAN  
MBBS., MRCP, AB, MBA  
63907  
Cardiology

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 76 ms  
QT / QTcBaz : 368 / 379 ms  
PR : 182 ms  
P : 102 ms  
RR / PP : 934 / 937 ms  
P / QRS / T : 17 / 82 / 37 degrees

MSR  
DST



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

Unconfirmed  
4x2.5x3\_25\_R1 1/1



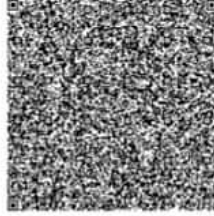
இந்திய அரசாங்கம்  
Government of India

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு  
Unique Identification Authority of India

பதிவேட்டு எண்/ Enrolment No.: 0657/27611/05599

To  
தாமோதரன் வி  
Dhamodharan V  
S/O: Vishvanathan  
44 (1)  
KAMBAR STREET  
PERIYAKUPPAM  
Thiruvallur  
Tiruvallur Tamil Nadu - 602001  
8122927461

Signature Not Verified  
உங்கள் அடையாள ஆணைய அமைப்பு  
Unique Identification Authority of India  
உண்மையில் உண்மையானது



உங்கள் ஆதார் எண் / Your Aadhaar No. :

8243 4671 8295

VID : 9194 0335 8233 9063

எனது ஆதார். எனது அடையாளம்



இந்திய அரசாங்கம்  
Government of India



தாமோதரன் வி  
Dhamodharan V  
பிறந்த நாள்/DOB: 03/11/1994  
ஆண் / MALE

Issue Date: 09/11/2013

8243 4671 8295

VID : 9194 0335 8233 9063

எனது ஆதார். எனது அடையாளம்



தகவல்

- ஆதார் அடையாளத்திற்கான சான்று குடியரிமைக்கு அல்ல.
- பாதுகாப்பான OR குறியீடு ஆப்லைன் XML / ஆன்லைன் அங்கீகாரத்தைப் பயன்படுத்தி அடையாளத்தை சரிபார்க்கவும்
- இது எலக்ட்ரானிக் செயல்முறை மூலம் தயாரிக்கப்பட்ட கடிதமாகும்.

### INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- ஆதார் நாடு முழுவதிலும் செல்லுபடியாகும்.
- பல்வேறு அரசு மற்றும் அரசு சாரா சேவைகளை எளிதில் பெற ஆதார் உதவுகிறது.
- உங்கள் மொபைல் எண் மற்றும் மின்னஞ்சல் ஐடியை ஆதாரில் பதிவுப்பிக்கவும்
- mAadhaar செயலியைப் பயன்படுத்தி உங்கள் ஸ்மார்ட் போனில் ஆதாரை எடுத்துச் செல்லுங்கள்

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- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.



இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு  
Unique Identification Authority of India



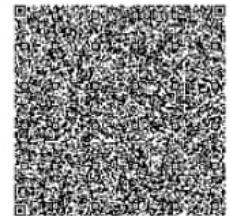
முகவரி:

S/O: விஸ்வநாதன், 44 (1), கம்பர் தெரு,  
பெரியகுப்பம், திருவள்ளூர், திருவள்ளூர்,  
தமிழ் நாடு - 602001

Address:

S/O: Vishvanathan, 44 (1), KAMBAR STREET,  
PERIYAKUPPAM, Thiruvallur, Tiruvallur,  
Tamil Nadu - 602001

Download Date: 10/12/2022



8243 4671 8295

VID : 9194 0335 8233 9063

1947 | help@uidai.gov.in | www.uidai.gov.in

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**Fwd: Health Check up Booking Confirmed Request(36E1921),Package Code-PKG10000488, Beneficiary Code-320050**

---

**From** DHAMU VISWANATHAN <dhamodharan0311@gmail.com>

**Date** Fri 9/6/2024 7:37 AM

**To** Annanagar Apolloclinic <annanagar@apolloclinic.com>

----- Forwarded message -----

**From:** **Mediwheel** <[wellness@mediwheel.in](mailto:wellness@mediwheel.in)>

**Date:** Mon, 2 Sept, 2024, 14:25

**Subject:** Health Check up Booking Confirmed Request(36E1921),Package Code-PKG10000488, Beneficiary Code-320050

**To:** <[dhamodharan0311@gmail.com](mailto:dhamodharan0311@gmail.com)>

**Cc:** <[customercare@mediwheel.in](mailto:customercare@mediwheel.in)>

**011-41195959**

Dear **Dhamodharan V**,

We are pleased to confirm your health checkup booking request with the following details.

**Hospital Package Name** : Pre-employment Health Checkup H  
**Patient Package Name** : Pre-Employment Health Checkup Male  
**Name of Diagnostic/Hospital** : Apollo Clinic - Anna Nagar  
**Address of Diagnostic/Hospital-** : 30, F- Block, 2nd Avenue, Anna Nagar East, Chennai - 600012  
**City** : Chennai  
**State** : Tamil Nadu  
**Pincode** : 600012  
**Appointment Date** : 06-09-2024  
**Confirmation Status** : Booking Confirmed  
**Preferred Time** :  
**Booking Status** : Booking Confirmed

Member Information		
--------------------	--	--

Booked Member Name	Age	Gender



Dhamodharan V	30 year	Male
---------------	---------	------

**Note - Please note to not pay any amount at the center.**

**Instructions to undergo Health Check:**

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

---

Thanks,  
Mediwheel Team  
Please Download Mediwheel App

You have received this mail because your e-mail ID is registered with **Arcofemi Healthcare Limited** This is a system-generated e-mail please don't reply to this message.

Please visit to our [Terms & Conditions](#) for more informaion. [Click here](#) to unsubscribe.

@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)

Name: Dhanodhasan. N  
 Occupation: .....  
 Age: 29y Sex: Male  Female   
 Address: .....  
 Ph: .....

Date: 6/9/24 Reg. No.: 6394870  
 Ref. Physician: .....  
 Copies to: .....

**REPORT ON OPHTHALMIC EXAMINATION**

History:

Nil

Present Complaint:

Nil

**ON EXAMINATION:**

	RE	LE
Ocular Movements :		
Anterior Segment :	<u>Free</u>	<u>Free</u>
Intra-Ocular-Pressure :		
Visual Acuity: D.V. :		
Without Glass :	<u>N</u>	<u>N</u>
With Glass :		
N.V. :	<u>6/6</u>	<u>6/6</u>
Visual Fields :		
Fundus :	<u>N6</u>	<u>N6</u>
Impression :		<u>full</u>
Advice :	<u>Free</u>	
Colour Vision :	<u>N</u>	<u>N</u>

**OPHTHALMOLOGY / OPTOMETRIST**

*Saravani*

## CERTIFICATE OF MEDICAL FITNESS

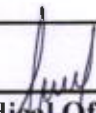
This is to certify that I have conducted the clinical examination

of DIAMODHARAN V on 6.9.24

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit for Employment.</li> </ul>	✓
<p>Fit with restrictions/recommendations</p> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</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"> <li>• Currently Unfit. Review after _____ recommended</li> <li>• Unfit</li> </ul>	

 **Apollo Medical Centre**  
No. 30, F-Block, 2nd Avenue,  
Anna Nagar East, Chennai-600 102  
Tel: 044-26224505, Mobile: 7358392880  
Toll No. 1860 500 7788

Dr.   
Medical Officer  
The Apollo Clinic, (Location)

*This certificate is not meant for medico-legal purposes*

**DR. SUMA RAGHURAM**  
MBBS, DA, DNB, M.Med  
Apollo Family Physician  
Regn. No 60053s