


Patient Name : Mr.ANANTHULA PAVAN KUMAR	Collected : 03/Aug/2024 11:02AM
Age/Gender : 40 Y 9 M 13 D/M	Received : 03/Aug/2024 01:57PM
UHID/MR No : CUPP.0000090701	Reported : 03/Aug/2024 04:08PM
Visit ID : CUPPOPV137727	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.8	g/dL	13-17	Spectrophotometer
PCV	42.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.04	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83.5	fL	83-101	Calculated
MCH	29.3	pg	27-32	Calculated
MCHC	<b>35.1</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.3</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,750	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	54	%	40-80	Flow cytometry
LYMPHOCYTES	31	%	20-40	Flow cytometry
EOSINOPHILS	6	%	1-6	Flow cytometry
MONOCYTES	9	%	2-10	Flow cytometry
BASOPHILS	0	%	0-2	Flow cytometry
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3105	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1782.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	345	Cells/cu.mm	20-500	Calculated
MONOCYTES	517.5	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.74		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	177000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	3	mm at the end of 1 hour	0-15	MODIFIED WESTERGRENS
<b>PERIPHERAL SMEAR</b>				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				
NO HEMOPARASITES SEEN				

  
**Dr.KASULA SIDDARTHA**  
**M.B.B.S,DNB(Pathology)**  
**Consultant Pathologist**

Page 1 of 6  
**CAP**  
**ACCREDITED**  
 COLLEGE of AMERICAN PATHOLOGISTS



SIN No:UPP240800469

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mr.ANANTHULA PAVAN KUMAR  
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DEPARTMENT OF HAEMATOLOGY

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

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



Dr.KASULA SIDDARTHA  
M.B.B.S,DNB(Pathology)  
Consultant Pathologist

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Patient Name : Mr.ANANTHULA PAVAN KUMAR	Collected : 03/Aug/2024 11:02AM
Age/Gender : 40 Y 9 M 13 D/M	Received : 03/Aug/2024 01:49PM
UHID/MR No : CUPP.0000090701	Reported : 03/Aug/2024 03:43PM
Visit ID : CUPPOPV137727	Status : Final Report
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Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	80	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:

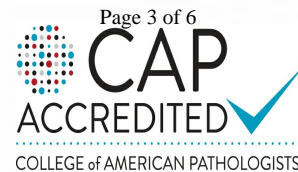
- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



Dr.Matta Sujana Reddy  
M.B.B.S,M.D(Biochemistry)  
Consultant Biochemist

SIN No:UPP240800468

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UHID/MR No : CUPP.0000090701	Reported : 03/Aug/2024 04:51PM
Visit ID : CUPPOPV137727	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM	21	U/L	<35	IFCC

**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. Range	Method
BILIRUBIN, TOTAL, SERUM	0.75	mg/dL	0.3-1.2	DPD

Test Name	Result	Unit	Bio. Ref. Range	Method
BUN/CREATININE RATIO, SERUM				
BLOOD UREA NITROGEN	10.5	mg/dL	8.0 - 23.0	Calculated
CREATININE	1.19	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
BUN / CREATININE RATIO	8.83			Calculated

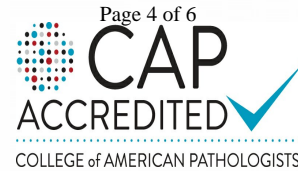
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE, SERUM	1.19	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic



Dr.E.Maruthi Prasad  
PhD (Biochemistry)  
Consultant biochemist



Dr.Matta Sujana Reddy  
M.B.B.S.,M.D(Biochemistry)  
Consultant Biochemist



SIN No:UPP240800466

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

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

H. No 6-48/3, Peerzadiguda Panchayat, Boduppal, R R District., Uppal, Hyderabad, Telangana, India - 500039



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.ANANTHULA PAVAN KUMAR	Collected : 03/Aug/2024 11:02AM
Age/Gender : 40 Y 9 M 13 D/M	Received : 03/Aug/2024 01:58PM
UHID/MR No : CUPP.0000090701	Reported : 03/Aug/2024 03:56PM
Visit ID : CUPPOPV137727	Status : Final Report
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

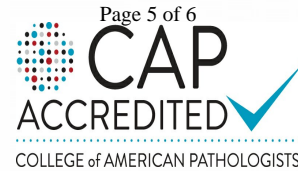
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Physical measurement
TRANSPARENCY	HAZY		CLEAR	Physical measurement
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	POSITIVE++		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	9	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Automated Image Based Microscopy
RBC	2	/hpf	0-2	Automated Image based microscopy
CASTS	ABSENT	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	ABSENT	/hpf	Occasional-Few	Automated Image based microscopy

**Comment:**

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



Dr.KASULA SIDDARTHA  
M.B.B.S,DNB(Pathology)  
Consultant Pathologist



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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

Result/s to Follow:

BLOOD GROUP ABO AND RH FACTOR, PERIPHERAL SMEAR



Dr.KASULA SIDDARTHA  
M.B.B.S,DNB(Pathology)  
Consultant Pathologist

SIN No:UPP240800467

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Page 6 of 6  
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Patient Name	: Mr. Ananthula Pavan Kumar	Age	: 40Yrs 9Mths 14Days
UHID	: CUPP.0000090701	OP Visit No.	: CUPPOPV137727
Printed On	: 03-08-2024 09:22 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 9920144559		

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

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Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardio phrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

**No obvious abnormality seen**

**For clinical correlation.**

---End Of The Report---

*Jyothirmai*

Dr. MATTA JYOTHIRMAI

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Radiology



# The Apollo Clinic

Apollo Clinic  
Expert Care. Better Results.

## PHYSICAL EXAMINATION FORM

Date	3/8/24.	Age	40y/m
Name	ms. A. Pavan Kumar	UHID:	90701
Height	<input type="text" value="169"/> Cms	BMI	<input type="text" value="18"/>
Weight	<input type="text" value="53"/> Kgs	BP	<input type="text" value="110/70"/>

Apollo Clinic, H NO.6-48/3, PEERZADIGUDA, BESIDE RAMRAJ  
COTTONS, BODUPPAL, R RDISTRCT, HYD PH. NO.04049503373/74

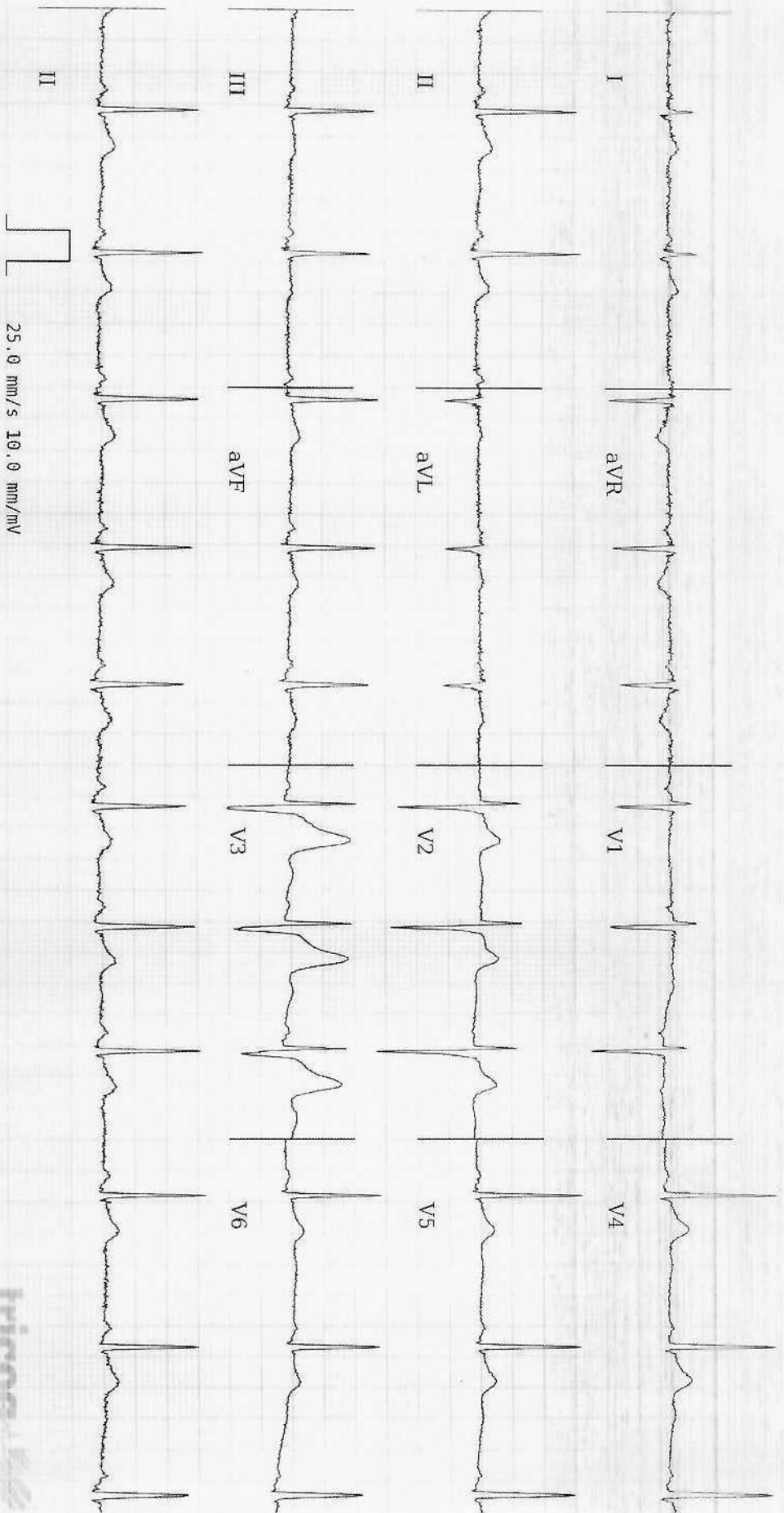


Age: Gender: 40 Male

Patient ID: 0000090701

Patient Name: Mr A Pavan Kumar

Date and Time: 3rd Aug 24 12:55 PM



AR: 68bpm

VR: 68bpm

QRSD: 84ms

QT: 366ms

QTcB: 389ms

PR1: 128ms

P-R-T: 72° 81° 62°

ECG Within Normal Limits: Sinus rhythm, Normal ECG, correlate clinically. Please correlate clinically.

REPORTED BY

DR VINAY

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination

of Mr. A. Pavan kumar on 5/8/24

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

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

**Dr. KOPPULA TRIVENI**  
MBBS

**TMC/EMR/05078**  
Dr. APOLLO FAMILY PHYSICIAN  
Medical Officer

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

# POWER PRESCRIPTION

NAME: A. Aravan Kumar

GENDER: M/F

DATE: 3/8/24

AGE: 40

UHID: 90401

## RIGHT EYE

## LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE				6/6
NEAR				10/6

	SPH	CYL	AXIS	VISION
DISTANCE				6/6
NEAR				10/6

COLOUR VISION : BE: normal

DIAGNOSIS :  
OTHER FINDINGS : } 0011  
INSTRUCTIONS :

  
SIGNATURE

Patient Name : Mr. Ananthula Pavan Kumar Age : 40Yrs 9Mths 13Days  
UHID : CUPP.0000090701 OP Visit No. : CUPPOPV137727  
Printed On : 03-08-2024 02:52 PM Advised/Pres Doctor : --  
Department : Radiology Qualification : --  
Referred By : Self Registration No. : --  
Employee Id : 9920144559

**DEPARTMENT OF RADIOLOGY**  
**X-RAY CHEST PA**

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Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen

For clinical correlation.

---End Of The Report---

*M. Jyothirmai*  
Dr. MATTA JYOTHIRMAI

--  
--  
Radiology

## Apollo Clinic Uppal

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**From:** noreply@apolloclinics.info  
**Sent:** Wednesday, July 31, 2024 3:36 PM  
**To:** network@mediwheel.in  
**Cc:** Apollo Clinic Uppal; Nishanth Reddy; Syamsunder M  
**Subject:** Your appointment is confirmed



**Dear Ananthula Pavan Kumar,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **UPPAL** clinic on **2024-08-03** at **07:30-07:45**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL PMC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324]</b>

**"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 HEALTH AND LIFESTYLE LIMITED HNO- 6-48/3,PEERZADIGUDA  
PANCHAYAT, BODUPPAL,R R DISTRICT,HYDERABAD-500039.**

**Contact No: (040) 49503373 -74/.**

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

आयकर विभाग  
INCOME TAX DEPARTMENT

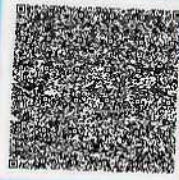


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**AWRPK6210H**



नाम / Name  
**ANANTHULA PAVAN KUMAR**

पिता का नाम / Father's Name  
**JAYAPRAKASH ANANTHULA**

जन्म की तारीख /  
Date of Birth  
**21/10/1983**

*Pavan Kumar*  
हस्ताक्षर / Signature

13022019