

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
**BIDPL9831N**



04012021

नाम/ Name  
ARUNA LAM

पिता का नाम/ Father's Name  
PRABHAKAR

जन्म की तारीख/  
Date of Birth  
22/08/1986

*L. Aruna*  
हस्ताक्षर/ Signature



Indian Union Driving Licence  
Issued by Telangana State

TS

DLFAP0102742004

Issue Date Validity(NT) Validity(TR)  
23/12/2023 22/12/2033 00/00/0000



Holder's Signature

Name : SUNIL KUMAR L

Date Of Birth :16/02/1984 Blood Group : O+ Organ Donor :

Son/Daughter/Wife of : L S J RAJENDER RAO

Address :

11 2 132 MYLARGADDA  
SITAFALMANDI  
CHII KAL GUDA.HYDRABAD - 500061

Date of First Issue 29/12/2003

Fwd: Health Check up Booking Request(UBOIES3763), Package Code(), Beneficiary Code()

Sunil Kumar <sunilkumar19842002@gmail.com>

Thu 2/22/2024 7:22 PM

To: Bh - R P Road, Secunderabad [Union Bank Of India] <ubin0805050@unionbankofindia.bank>

You don't often get email from sunilkumar19842002@gmail.com. [Learn why this is important](#)

कृपया सावधानी बरतें एवं ध्यान दें, यह ई-मेल बाहर से प्राप्त हुई है। कृपया प्रेषक के ई-मेल पते को पूर्ण रूप से जाँचें। केवल प्रेषक का नाम ही नहीं। प्रेषक की पहचान किए बिना लिंक पर क्लिक न करें एवं संलग्न को न खोलें और पहचान की जा सके। सुरक्षित है अथवा नहीं। संदिग्ध लिंक के संलग्नक, कृपया [antiphishing@dotbank](#) पर रिपोर्ट करें।  
CAUTION AND ATTENTION PLEASE: This is an external email. Please check the sender's full email address (not just the sender name). Do not click links or open attachments unless you recognize the sender and know the content is safe. In case of any suspicious email, please report it to [antiphishing@dotbank](#) also. At the rate: [unionbankofindia.bank](#)

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

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

Date: Thu, 22 Feb 2024, 10:47

Subject: Health Check up Booking Request(UBOIES3763), Package Code(), Beneficiary Code()

To: <[sunilkumar19842002@gmail.com](mailto:sunilkumar19842002@gmail.com)>

From: <[customer-care@mediwheel.in](mailto:customer-care@mediwheel.in)>

011-41198959

Dear L SUNIL KUMAR,

We have received your booking request for the following health checkup, please upload HRM Letter as soon as possible.

Upload HRM Letter

Booking Date : 22-02-2024



**User Package Name** : MediWheel Full Body Health Checkup Male 35 to 40 For Self and Spouse

**Hospital Package Name** : Mediwheel Annual Health Checkup Female Starter

**Health Check Code** :

**Name of Diagnostic/Hospital** : Apollo Clinic

**Address of Diagnostic/Hospital** : A-12, # 1-9-71/A/12/B, Rishabh heights, above vodafone store, beside KFC, A S Rao Nagar, Hyderabad -500062

**Appointment Date** : 24-02-2024

**Preferred Time** : 09:00 am - 09:30 am

| Member Information |         |        |
|--------------------|---------|--------|
| Booked Member Name | Age     | Gender |
| L SUNIL KUMAR      | 40 year | Male   |
| L ARUNA            | 37 year | Female |

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

**Tests included in this Package**

- Bmi Check
- Pap Smear
- Ent Consultation
- Dietician Consultation
- Gynae Consultation
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- Blood Group
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Dental Consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile

Thanks,  
Mediwheel Team

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

Please visit to our **Terms & Conditions** for more information. This email is received because you are registered with us [Click here](#) to unsubscribe.

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

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India  
RO - SECUNDERABAD  
III FLOOR,, SULTAN BAZAR,,  
HYDERABAD 500095, Telangana, - 0

To,  
The Chief Medical Officer  
M/S Mediwheel  
https://mediwheel.in/signup011-  
41195959(A brand name of  
Arcofemi Healthcare Ltd),  
Mumbai400021

Dear Sir,

**Tie-up arrangement for Health Checkup under Health Checkup 40-50 Male**

Shri/Smt./Kum. L SUNIL KUMAR,.

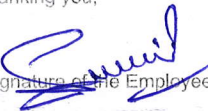
P.F. No. 692647 Designation : Single Window Operator - B

Checkup for Financial Year 2023-2024 **Approved Charges Rs. 3500.00**

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

  
(Signature of the Employee)

Yours Faithfully,

  
BRANCH MANAGER/SENIOR MANAGER  


PS. : Status of the application- Sanctioned

[View Worklist](#)

[Previous in Worklist](#)

[Next in Worklist](#)

Health checkup at tie-up Ctr | HealthChkup Authorisatn letter



**Patient Name** : Mr. L SUNIL KUMAR

**Age/Gender** : 40 Y/M

**UHID/MR No.** : CASR.0000185998

**OP Visit No** : CASROPV221222

**Sample Collected on** :

**Reported on** : 25-02-2024 11:42

**LRN#** : RAD2246600

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : UBOIES3763

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Elevated Right hemidiaphragms

Both lung fields and hila are normal .

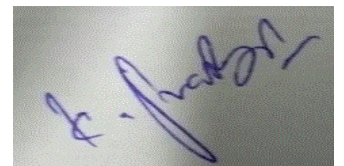
No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Left diaphragms are normal

Thoracic wall and soft tissues appear normal.

**For clinical correlation and further evaluation if necessary.**




**Dr. PRAVEEN BABU KAJA**  
Radiology

|                                 |  |
|---------------------------------|--|
| Patient Name : Mr.L SUNIL KUMAR | Collected : 24/Feb/2024 08:55AM            |
| Age/Gender : 40 Y 0 M 8 D/M     | Received : 24/Feb/2024 01:08PM             |
| UHID/MR No : CASR.0000185998    | Reported : 24/Feb/2024 02:35PM             |
| Visit ID : CASROPV221222        | Status : Final Report                      |
| Ref Doctor : Dr.SELF            | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : UBOIES3763    |  |

**DEPARTMENT OF HAEMATOLOGY**

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

| Test Name                                       | Result         | Unit                    | Bio. Ref. Range | Method                         |
|---|----------------|-------------------------|-----------------|--------------------------------|
| <b>HEMOGRAM , WHOLE BLOOD EDTA</b>              |                |                         |                 |                                |
| <b>HAEMOGLOBIN</b>                              | 13.3           | g/dL                    | 13-17           | Spectrophotometer              |
| PCV   | <b>39.50</b>   | %                       | 40-50           | Electronic pulse & Calculation |
| RBC COUNT                                       | 5.1            | Million/cu.mm           | 4.5-5.5         | Electrical Impedence           |
| MCV   | <b>77.5</b>    | fL                      | 83-101          | Calculated                     |
| MCH   | <b>26.1</b>    | pg                      | 27-32           | Calculated                     |
| MCHC  | 33.7           | g/dL                    | 31.5-34.5       | Calculated                     |
| R.D.W   | <b>15.6</b>    | %                       | 11.6-14         | Calculated                     |
| TOTAL LEUCOCYTE COUNT (TLC)                     | <b>11,710</b>  | cells/cu.mm             | 4000-10000      | Electrical Impedence           |
| <b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>      |                |                         |                 |                                |
| NEUTROPHILS                                     | 58.9           | %                       | 40-80           | Electrical Impedence           |
| LYMPHOCYTES                                     | 32.8           | %                       | 20-40           | Electrical Impedence           |
| EOSINOPHILS                                     | 1.9            | %                       | 1-6             | Electrical Impedence           |
| MONOCYTES                                       | 6.1            | %                       | 2-10            | Electrical Impedence           |
| BASOPHILS                                       | 0.3            | %                       | 0-2             | Electrical Impedence           |
| <b>ABSOLUTE LEUCOCYTE COUNT</b>                 |                |                         |                 |                                |
| NEUTROPHILS                                     | 6897.19        | Cells/cu.mm             | 2000-7000       | Calculated                     |
| LYMPHOCYTES                                     | <b>3840.88</b> | Cells/cu.mm             | 1000-3000       | Calculated                     |
| EOSINOPHILS                                     | 222.49         | Cells/cu.mm             | 20-500          | Calculated                     |
| MONOCYTES                                       | 714.31         | Cells/cu.mm             | 200-1000        | Calculated                     |
| BASOPHILS                                       | 35.13          | Cells/cu.mm             | 0-100           | Calculated                     |
| Neutrophil lymphocyte ratio (NLR)               | 1.8            |                         | 0.78- 3.53      | Calculated                     |
| <b>PLATELET COUNT</b>                           | 316000         | cells/cu.mm             | 150000-410000   | Electrical impedence           |
| <b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>     | <b>34</b>      | mm at the end of 1 hour | 0-15            | Modified Westergren            |
| <b>PERIPHERAL SMEAR</b>                         |                |                         |                 |                                |
| RBC NORMOCYTIC NORMOCHROMIC WITH FEW MICROCYTES |                |                         |                 |                                |
| WBC - MILD LEUCOCYTOSIS                         |                |                         |                 |                                |

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

Page 1 of 14  
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SIN No:BED240047908

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

|                 |                    |              |                               |
|-----------------|--------------------|--------------|-------------------------------|
| Patient Name    | : Mr.L SUNIL KUMAR | Collected    | : 24/Feb/2024 08:55AM         |
| Age/Gender      | : 40 Y 0 M 8 D/M   | Received     | : 24/Feb/2024 01:08PM         |
| UHID/MR No      | : CASR.0000185998  | Reported     | : 24/Feb/2024 02:35PM         |
| Visit ID        | : CASROPV221222    | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF          | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : UBOIES3763       |              |                               |

**DEPARTMENT OF HAEMATOLOGY**

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

PLATELETS ARE ADEQUATE ON SMEAR  
NO HEMOPARASITES SEEN



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



SIN No:BED240047908

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| UHID/MR No : CASR.0000185998    | Reported : 24/Feb/2024 04:12PM             |
| Visit ID : CASROPV221222        | Status : Final Report                      |
| Ref Doctor : Dr.SELF            | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : UBOIES3763    |  |

**DEPARTMENT OF HAEMATOLOGY**

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

| Test Name   | Result   | Unit | Bio. Ref. Range | Method                |
|---|----------|------|-----------------|-----------------------|
| <b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b> |          |      |                 |                       |
| BLOOD GROUP TYPE  | O        |      |                 | Microplate technology |
| Rh TYPE   | Positive |      |                 | Microplate technology |

  
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Page 3 of 14  
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| Patient Name : Mr.L SUNIL KUMAR | Collected : 24/Feb/2024 08:55AM            |
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| UHID/MR No : CASR.0000185998    | Reported : 24/Feb/2024 02:47PM             |
| Visit ID : CASROPV221222        | Status : Final Report                      |
| Ref Doctor : Dr.SELF            | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : UBOIES3763    |  |

**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name                     | Result | Unit  | Bio. Ref. Range | Method     |
|-------------------------------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 103    | 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  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  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) | 147    | mg/dL | 70-140          | HEXOKINASE |

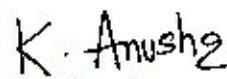
**Comment:**

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. Range | Method     |
|---|--------|-------|-----------------|------------|
| <b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b> |        |       |                 |            |
| HBA1C, GLYCATED HEMOGLOBIN                            | 6.9    | %     |                 | HPLC       |
| ESTIMATED AVERAGE GLUCOSE (eAG)                       | 151    | mg/dL |                 | Calculated |

  
Dr. RAJESH BATTINA  
PhD.(Biochemistry)  
Consultant Biochemist

  
Dr.K.Anusha  
M.B.B.S.,M.D(Biochemistry)  
Consultant Biochemist

Page 4 of 14  
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SIN No:EDT240021417

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|                 |                    |              |                               |
|-----------------|--------------------|--------------|-------------------------------|
| Patient Name    | : Mr.L SUNIL KUMAR | Collected    | : 24/Feb/2024 08:55AM         |
| Age/Gender      | : 40 Y 0 M 8 D/M   | Received     | : 24/Feb/2024 01:25PM         |
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| Emp/Auth/TPA ID | : UBOIES3763       |              |                               |

**DEPARTMENT OF BIOCHEMISTRY**

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

**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

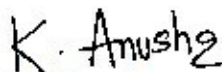
| REFERENCE GROUP        | HbA1C %   |
|------------------------|-----------|
| NON DIABETIC           | <5.7      |
| PREDIABETES            | 5.7 – 6.4 |
| DIABETES               | ≥ 6.5     |
| DIABETICS              |           |
| EXCELLENT CONTROL      | 6 – 7     |
| FAIR TO GOOD CONTROL   | 7 – 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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Consultant Biochemist

Page 5 of 14  
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DEPARTMENT OF BIOCHEMISTRY

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

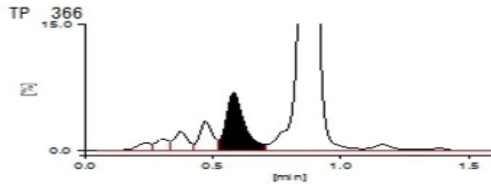
Chromatogram Report

HLC723G8 V5.28 1 2024-02-24 14:38:49  
 ID EDT240021417  
 Sample No. 02240139 SL 0002 - 03  
 Patient ID  
 Name  
 Comment

| CALIB |      |      |         |
|-------|------|------|---------|
| Name  | %    | Time | Area    |
| A1A   | 0.6  | 0.23 | 10.46   |
| A1B   | 0.8  | 0.30 | 13.59   |
| F     | 1.4  | 0.37 | 24.34   |
| LA1C+ | 1.9  | 0.47 | 34.02   |
| SA1C  | 6.9  | 0.58 | 96.84   |
| AO    | 91.2 | 0.87 | 1607.51 |
| H-V0  |      |      |         |
| H-V1  |      |      |         |
| H-V2  |      |      |         |

Total Area 1786.76

**HbA1c 6.9 %** **IFCC 52 mmol/mol**  
 HbA1 8.3 % HbF 1.4 %



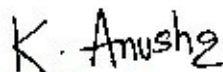
24-02-2024 14:38:50 APOLLO

1 / 1

APOLLO DIAGNOSTICS GLOBAL  
BALANAGER



Dr. RAJESH BATTINA  
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Consultant Biochemist



Dr.K.Anusha  
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Page 6 of 14  
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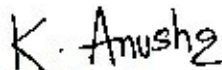
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DEPARTMENT OF BIOCHEMISTRY

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



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Page 7 of 14  
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|---------------------------------|--|
| Patient Name : Mr.L SUNIL KUMAR | Collected : 24/Feb/2024 08:55AM            |
| Age/Gender : 40 Y 0 M 8 D/M     | Received : 24/Feb/2024 01:29PM             |
| UHID/MR No : CASR.0000185998    | Reported : 24/Feb/2024 04:16PM             |
| Visit ID : CASROPV221222        | Status : Final Report                      |
| Ref Doctor : Dr.SELF            | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : UBOIES3763    |  |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name                    | Result | Unit  | Bio. Ref. Range | Method                     |
|------------------------------|--------|-------|-----------------|----------------------------|
| <b>LIPID PROFILE , SERUM</b> |        |       |                 |                            |
| TOTAL CHOLESTEROL            | 173    | mg/dL | <200            | CHO-POD                    |
| TRIGLYCERIDES                | 187    | mg/dL | <150            | GPO-POD                    |
| HDL CHOLESTEROL              | 37     | mg/dL | 40-60           | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL          | 136    | mg/dL | <130            | Calculated                 |
| LDL CHOLESTEROL              | 98.6   | mg/dL | <100            | Calculated                 |
| VLDL CHOLESTEROL             | 37.4   | mg/dL | <30             | Calculated                 |
| CHOL / HDL RATIO             | 4.68   |       | 0-4.97          | Calculated                 |

**Comment:**

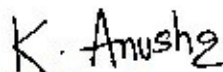
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

|                     | Desirable                              | Borderline High | High      | Very High |
|---------------------|--|-----------------|-----------|-----------|
| TOTAL CHOLESTEROL   | < 200                                  | 200 - 239       | ≥ 240     |           |
| TRIGLYCERIDES       | <150                                   | 150 - 199       | 200 - 499 | ≥ 500     |
| LDL                 | Optimal < 100<br>Near Optimal 100-129  | 130 - 159       | 160 - 189 | ≥ 190     |
| HDL                 | ≥ 60                                   |                 |           |           |
| NON-HDL CHOLESTEROL | Optimal <130;<br>Above Optimal 130-159 | 160-189         | 190-219   | >220      |

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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.



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Page 8 of 14  
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SIN No:SE04639767

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



|                                 |  |
|---------------------------------|--|
| Patient Name : Mr.L SUNIL KUMAR | Collected : 24/Feb/2024 08:55AM            |
| Age/Gender : 40 Y 0 M 8 D/M     | Received : 24/Feb/2024 01:29PM             |
| UHID/MR No : CASR.0000185998    | Reported : 24/Feb/2024 04:16PM             |
| Visit ID : CASROPV221222        | Status : Final Report                      |
| Ref Doctor : Dr.SELF            | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : UBOIES3763    |  |

**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name                                | Result | Unit  | Bio. Ref. Range | Method             |
|--|--------|-------|-----------------|--------------------|
| <b>LIVER FUNCTION TEST (LFT) , SERUM</b> |        |       |                 |                    |
| BILIRUBIN, TOTAL                         | 0.63   | mg/dL | 0.3-1.2         | DPD                |
| BILIRUBIN CONJUGATED (DIRECT)            | 0.10   | mg/dL | <0.2            | DPD                |
| BILIRUBIN (INDIRECT)                     | 0.53   | mg/dL | 0.0-1.1         | Dual Wavelength    |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)      | 16     | U/L   | <50             | IFCC               |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT)    | 14.0   | U/L   | <50             | IFCC               |
| ALKALINE PHOSPHATASE                     | 86.00  | U/L   | 30-120          | IFCC               |
| PROTEIN, TOTAL                           | 7.96   | g/dL  | 6.6-8.3         | Biuret             |
| ALBUMIN                                  | 4.49   | g/dL  | 3.5-5.2         | BROMO CRESOL GREEN |
| GLOBULIN                                 | 3.47   | g/dL  | 2.0-3.5         | Calculated         |
| A/G RATIO                                | 1.29   |       | 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:**

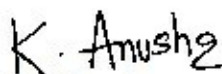
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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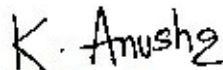
**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name   | Result      | Unit   | Bio. Ref. Range | Method                   |
|---|-------------|--------|-----------------|--------------------------|
| <b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b> |             |        |                 |                          |
| CREATININE  | <b>0.62</b> | mg/dL  | 0.84 - 1.25     | Modified Jaffe, Kinetic  |
| UREA  | 34.10       | mg/dL  | 17-43           | GLDH, Kinetic Assay      |
| BLOOD UREA NITROGEN   | 15.9        | mg/dL  | 8.0 - 23.0      | Calculated               |
| URIC ACID   | 6.84        | mg/dL  | 3.5-7.2         | Uricase PAP              |
| CALCIUM   | 9.66        | mg/dL  | 8.8-10.6        | Arsenazo III             |
| PHOSPHORUS, INORGANIC                                       | 3.61        | mg/dL  | 2.5-4.5         | Phosphomolybdate Complex |
| SODIUM  | 139         | mmol/L | 136-146         | ISE (Indirect)           |
| POTASSIUM   | 4.3         | mmol/L | 3.5-5.1         | ISE (Indirect)           |
| CHLORIDE  | 103         | mmol/L | 101-109         | ISE (Indirect)           |



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Page 10 of 14  
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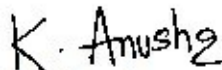
**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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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Page 11 of 14  
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|                                 |  |
|---------------------------------|--|
| Patient Name : Mr.L SUNIL KUMAR | Collected : 24/Feb/2024 08:55AM            |
| Age/Gender : 40 Y 0 M 8 D/M     | Received : 24/Feb/2024 01:28PM             |
| UHID/MR No : CASR.0000185998    | Reported : 24/Feb/2024 04:09PM             |
| Visit ID : CASROPV221222        | Status : Final Report                      |
| Ref Doctor : Dr.SELF            | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : UBOIES3763    |  |

DEPARTMENT OF IMMUNOLOGY

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

| Test Name  | Result | Unit   | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| <b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b> |        |        |                 |        |
| TRI-IODOTHYRONINE (T3, TOTAL)                      | 1.11   | ng/mL  | 0.87-1.78       | CLIA   |
| THYROXINE (T4, TOTAL)                              | 10.44  | µg/dL  | 5.48-14.28      | CLIA   |
| THYROID STIMULATING HORMONE (TSH)                  | 2.834  | µIU/mL | 0.38-5.33       | CLIA   |

Comment:

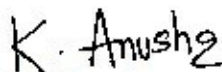
| For pregnant females | Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association) |
|----------------------|---|
| First trimester      | 0.1 - 2.5   |
| Second trimester     | 0.2 - 3.0   |
| Third trimester      | 0.3 - 3.0   |

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



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Page 12 of 14  
**CAP**  
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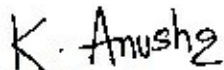
|                 |                    |              |                               |
|-----------------|--------------------|--------------|-------------------------------|
| Patient Name    | : Mr.L SUNIL KUMAR | Collected    | : 24/Feb/2024 08:55AM         |
| Age/Gender      | : 40 Y 0 M 8 D/M   | Received     | : 24/Feb/2024 01:28PM         |
| UHID/MR No      | : CASR.0000185998  | Reported     | : 24/Feb/2024 04:09PM         |
| Visit ID        | : CASROPV221222    | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF          | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : UBOIES3763       |              |                               |

**DEPARTMENT OF IMMUNOLOGY**

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



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Page 13 of 14  
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SIN No:SPL24031497

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|                                 |  |
|---------------------------------|--|
| Patient Name : Mr.L SUNIL KUMAR | Collected : 24/Feb/2024 08:55AM            |
| Age/Gender : 40 Y 0 M 8 D/M     | Received : 24/Feb/2024 01:22PM             |
| UHID/MR No : CASR.0000185998    | Reported : 24/Feb/2024 02:30PM             |
| Visit ID : CASROPV221222        | Status : Final Report                      |
| Ref Doctor : Dr.SELF            | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : UBOIES3763    |  |


**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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      | Visual                     |
| TRANSPARENCY   | CLEAR       |      | CLEAR            | Visual                     |
| pH   | 5.5         |      | 5-7.5            | Bromothymol Blue           |
| SP. GRAVITY  | 1.025       |      | 1.002-1.030      | Bromothymol Blue           |
| <b>BIOCHEMICAL EXAMINATION</b>                       |             |      |                  |                            |
| URINE PROTEIN  | TRACE       |      | 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           | EHRlich                    |
| BLOOD  | NEGATIVE    |      | NEGATIVE         | Peroxidase                 |
| NITRITE  | NEGATIVE    |      | NEGATIVE         | Diazotization              |
| LEUCOCYTE ESTERASE                                   | NEGATIVE    |      | NEGATIVE         | PYRROLE HYDROLYSIS         |
| <b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b> |             |      |                  |                            |
| PUS CELLS  | 3-4         | /hpf | 0-5              | Microscopy                 |
| EPITHELIAL CELLS                                     | 1-2         | /hpf | <10              | MICROSCOPY                 |
| RBC  | NIL         | /hpf | 0-2              | MICROSCOPY                 |
| CASTS  | NIL         |      | 0-2 Hyaline Cast | MICROSCOPY                 |
| CRYSTALS   | ABSENT      |      | ABSENT           | MICROSCOPY                 |

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

Result/s to Follow:  
PERIPHERAL SMEAR



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SIN No:UR2290037

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