

Patient Name : Mr.SUVEER GUPTA P.V	Collected : 01/Jun/2024 07:53AM
Age/Gender : 26 Y 10 M 6 D/M	Received : 01/Jun/2024 11:46AM
UHID/MR No : CTNA.0000207764	Reported : 01/Jun/2024 12:44PM
Visit ID : CTNAOPV201028	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 828038064980	

**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:BED240140994

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Phone - 044-26224504 / 05



**1860 500 7788**  
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**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>	14.4	g/dL	13-17	Spectrophotometer
PCV	42.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.03	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	84.6	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,200	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	44.9	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>42.3</b>	%	20-40	Electrical Impedance
EOSINOPHILS	3.2	%	1-6	Electrical Impedance
MONOCYTES	9.3	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2334.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2199.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	166.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	483.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	15.6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.06		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	226000	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			

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

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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - PMC PACK H - 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	B			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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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	105	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. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	91	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
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DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:SE04737091

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

<b>ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM</b>	15	U/L	<50	UV with P5P
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**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
<b>BILIRUBIN, TOTAL, SERUM</b>	0.47	mg/dL	0.3-1.2	DPD

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BUN/CREATININE RATIO, SERUM</b>				
BLOOD UREA NITROGEN	11.7	mg/dL	8.0 - 23.0	Calculated
CREATININE	1.04	mg/dL	0.72 - 1.18	JAFFE METHOD
BUN / CREATININE RATIO	11.23			Calculated

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CREATININE, SERUM</b>	1.04	mg/dL	0.72 - 1.18	JAFFE METHOD



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



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**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	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	<b>8.0</b>		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

**Comment:**

All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of 10 high power fields.

Page 7 of 8



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

SIN No:UR2358640

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

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

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**Age/Gender** : 26 Y/M

**UHID/MR No.** : CTNA.0000207764

**OP Visit No** : CTNAOPV201028

**Sample Collected on** :

**Reported on** : 01-06-2024 15:08

**LRN#** : RAD2340233

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 828038064980

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

Normal study.



**Dr. RASHEED ARAFATH HIDAYATHULLAH**  
**MBBS, DNB (RD)**  
Radiology

Name: Mr. Suveer Gupta P.V  
Age/Gender: 26 Y/M  
Address: CHENNAI  
Location: CHENNAI, TAMIL NADU  
Doctor:  
Department: GENERAL  
Rate Plan: T NAGAR\_20052024  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. HARI K

MR No: CTNA.0000207764  
Visit ID: CTNAOPV201028  
Visit Date: 01-06-2024 07:49  
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. Suveer Gupta P.V  
Age/Gender: 26 Y/M  
Address: CHENNAI  
Location: CHENNAI, TAMIL NADU  
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**Doctor's Signature**

Established Patient: No

**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>
01-06-2024 13:12	50 Beats/min	110/60 mmHg	Rate/min	F	176 cms	69.2 Kgs	%	%	Years	22.34	cms	cms	cms		AHLL03212



Established Patient: No

**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
01-06-2024 13:12	50 Beats/min	110/60 mmHg	Rate/min	F	176 cms	69.2 Kgs	%	%	Years	22.34	cms	cms	cms		AHLL03212

**Fwd: Health Check up Booking Confirmed Request(36E1325),Package Code-PKG10000488, Beneficiary Code-316215**

SUVEER GUPTA <pv.suveer.g@gmail.com>

Sat 6/1/2024 7:35 AM

To:Tnagar Apolloclinic <tnagar@apolloclinic.com>

PFA

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

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

Date: Fri, 31 May 2024 at 3:55 PM

Subject: Health Check up Booking Confirmed Request(36E1325),Package Code-PKG10000488, Beneficiary Code-316215

To: <[pv.suveer.g@gmail.com](mailto:pv.suveer.g@gmail.com)>

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

**011-41195959**

Dear **Suveer Gupta**,

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 - T Nagar

**Address of Diagnostic/Hospital-** Apollo Clinic, Door No 11, [4, Sivaprakasam St](#), opposite to Brilliant Tutorial, Pondy Bazaar, Parthasarathi Puram, T Nagar - 600017

**City** : Chennai

**State** : Tamil Nadu

**Pincode** : 600017

**Appointment Date** : 01-06-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** :

**Booking Status** : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Suveer Gupta	26 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.

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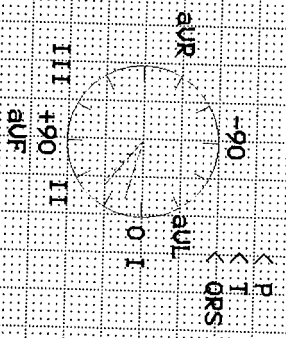
Thanks,  
Mediwheel Team  
Please Download Mediwheel App

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)

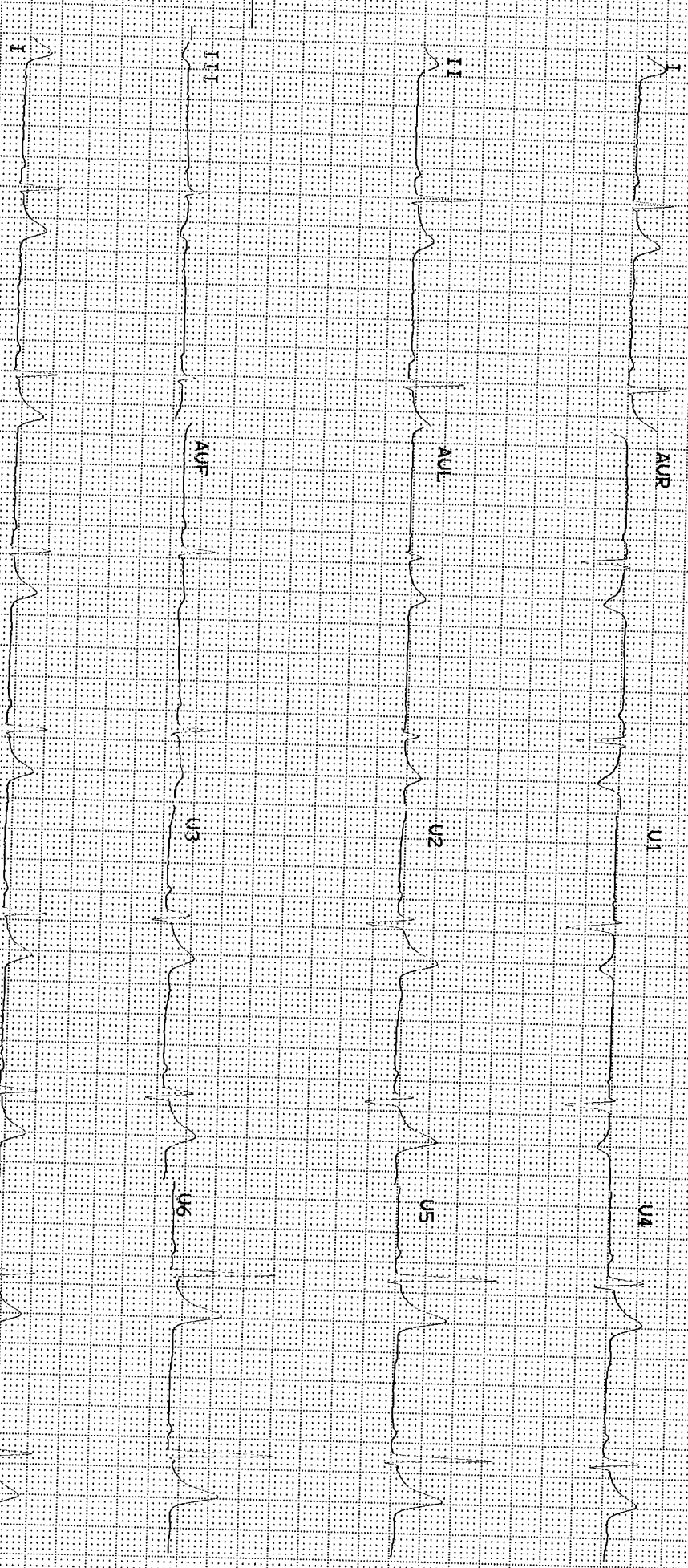
AGE: 26  
Measurement Results  
QRS: 92 ms  
QT/QTcB: 418 / 381 ms  
PR: 172 ms  
P: 98 ms  
RR/PP: 1200 / 1200 ms  
P/QRS/T: 44 / 41 / 17 degrees



Interpretation:  
12SL - Interpretation:  
Sinus bradycardia  
Early repolarization  
Otherwise normal ECG

*[Signature]*

Unconfirmed report.





Patient Name	: Mr. Suveer Gupta P.V	Age	: 26 Y/M
UHID	: CTNA.0000207764	OP Visit No	: CTNAOPV201028
Reported By:	: Dr. HARI K	Conducted Date	: 01-06-2024 11:28
Referred By	: SELF		

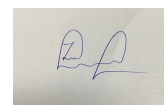
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### **ECG REPORT**

#### **Impression:**

SINUS BRADYCARDIA

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



Dr. HARI K



**Mediwheel**  
...Your wellness partner

**Arcofemi Healthcare Pvt Ltd**

(Formerly known as Arcofemi Healthcare Ltd)

F-701A, Lado Sarai, Mehrauli, New Delhi - 110030

Email: [wellness@mediwheel.in](mailto:wellness@mediwheel.in), Website: [www.mediwheel.in](http://www.mediwheel.in)

Tel: +91-11-41195959, Fax: +91-11-29523020

CIN: U24240DL2011PTC216307

## MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that Suveer Gupta aged, 26yr. Based on the examination, I certify that he is in good mental and physical health and it is free from any physical defects such as deafness, colour blindness, and any chronic or contagious diseases.

Place: Chennai

Date: 01/06/2024

*Dr. Nitesh Kumar*  
*Mr. J. S. S.*  
MBBS  
BCMR 47093

Name & Signature of

Medical officer