

Patient Name : Mr.RADHAKRISHNAN S	Collected : 21/Mar/2024 08:37AM
Age/Gender : 41 Y 5 M 29 D/M	Received : 21/Mar/2024 03:24PM
UHID/MR No : CVAL.000008235	Reported : 21/Mar/2024 06:03PM
Visit ID : CVALOPV108239	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE14707/ 75627	

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

SIN No:BED240075835

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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>12.9</b>	g/dL	13-17	Spectrophotometer
PCV	<b>37.20</b>	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>4.28</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	86.8	fL	83-101	Calculated
MCH	30.1	pg	27-32	Calculated
MCHC	<b>34.6</b>	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,000	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58.1	%	40-80	Electrical Impedance
LYMPHOCYTES	29.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.6	%	1-6	Electrical Impedance
MONOCYTES	9.2	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3486	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1752	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	156	Cells/cu.mm	20-500	Calculated
MONOCYTES	552	Cells/cu.mm	200-1000	Calculated
BASOPHILS	54	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.99		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	<b>327000</b>	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>23</b>	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

METHODOLOGY : Microscopic.

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Consultant Pathologist

SIN No: BED240075835

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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - 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



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

SIN No:BED240075835

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, FASTING , NAF PLASMA</b>	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:**

- 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.
- 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
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	99	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.



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



SIN No:PLP1434375

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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	6.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	131	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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SIN No:EDT240034745

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>214</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>166</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>33</b>	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	<b>181</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>147.8</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>33.2</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>6.48</b>		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.34</b>		<0.11	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

**Note:**

- 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.

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- 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 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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**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.RADHAKRISHNAN S	Collected : 21/Mar/2024 08:37AM
Age/Gender : 41 Y 5 M 29 D/M	Received : 21/Mar/2024 02:59PM
UHID/MR No : CVAL.000008235	Reported : 21/Mar/2024 04:09PM
Visit ID : CVALOPV108239	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE14707/ 75627	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.92	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.79	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	81.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.43		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.



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



SIN No:SE04668914

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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Visit ID	: CVALOPV108239	Status	: Final Report
Ref Doctor	: Dr.Dr PADMINI M	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.77	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	20.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.00	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.00	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)
PROTEIN, TOTAL	7.30	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.43		0.9-2.0	Calculated



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Emp/Auth/TPA ID : bobE14707/ 75627	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	22.00	U/L	<55	IFCC



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Patient Name : Mr.RADHAKRISHNAN S	Collected : 21/Mar/2024 08:37AM
Age/Gender : 41 Y 5 M 29 D/M	Received : 21/Mar/2024 02:54PM
UHID/MR No : CVAL.000008235	Reported : 21/Mar/2024 04:44PM
Visit ID : CVALOPV108239	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.18	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.46	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.736	µIU/mL	0.34-5.60	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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Patient Name	: Mr.RADHAKRISHNAN S	Collected	: 21/Mar/2024 08:37AM
Age/Gender	: 41 Y 5 M 29 D/M	Received	: 21/Mar/2024 02:54PM
UHID/MR No	: CVAL.000008235	Reported	: 21/Mar/2024 04:44PM
Visit ID	: CVALOPV108239	Status	: Final Report
Ref Doctor	: Dr.Dr PADMINI M	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE14707/ 75627		

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**



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



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Age/Gender : 41 Y 5 M 29 D/M	Received : 21/Mar/2024 02:54PM
UHID/MR No : CVAL.000008235	Reported : 21/Mar/2024 04:31 PM
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.370	ng/mL	0-4	CLIA



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Age/Gender : 41 Y 5 M 29 D/M	Received : 21/Mar/2024 04:43PM
UHID/MR No : CVAL.000008235	Reported : 21/Mar/2024 05:48PM
Visit ID : CVALOPV108239	Status : Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE STRAW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		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	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 15 of 16



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

SIN No:UR2310774

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Visit ID	: CVALOPV108239	Status	: Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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



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

SIN No:UF011230

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Phone - 044-26224504 / 05



**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)



## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Radhekrishnan on 26/3/24

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</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with <del>restrictions</del> recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>To take medicine for HT/ LV/ Dyslipidemia</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 _____</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Currently Unfit. Review after _____ recommended</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	<input type="checkbox"/>

Dr. M. Radhama  
**Medical Officer**  
**The Apollo Clinic, (Location)**

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

Dr. M. Radhama, MD,  
Gen. Practitioner,  
Reg. No. 20134

**Patient Name** : Mr. RADHAKRISHNAN S

**Age/Gender** : 41 Y/M

**UHID/MR No.** : CVAL.0000008235

**OP Visit No** : CVALOPV108239

**Sample Collected on** :

**Reported on** : 21-03-2024 17:48

**LRN#** : RAD2274460

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobE14707/ 75627

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both the lung fields are clear.

**Cardio thoracic ratio is mildly increased.**

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

**Impression: Mild cardiomegaly.**



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

Radiology

<b>Patient Name</b>	: Mr. RADHAKRISHNAN S	<b>Age/Gender</b>	: 41 Y/M
<b>UHID/MR No.</b>	: CVAL.0000008235	<b>OP Visit No</b>	: CVALOPV108239
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 21-03-2024 13:36
<b>LRN#</b>	: RAD2274460	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: bobE14707/ 75627		

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**DEPARTMENT OF RADIOLOGY**

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**ULTRASOUND - WHOLE ABDOMEN**

**Liver** appears enlarged in size measures 17.5 cm and grade I increased 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 in size measures 8.9 cm.

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 measures 12.4 x 4.8 cm.

Left kidney measures 12.3 x 5.0 cm.

**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 measures 3.1 x 2.8 x 3.6 cm vol - 16.8 cc and echo texture.

No evidence of necrosis/calcification seen.

**IMPRESSION:**

**Enlarged grade I fatty liver.**

**Patient Name** : Mr. RADHAKRISHNAN S

**Age/Gender** : 41 Y/M

---



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



Name: Mr. RADHAKRISHNAN S  
Age/Gender: 41 Y/M  
Address: 1 C SVARAG FLAT NO:25 P T. RAJAN SALAI KK NAGAR  
Location: OTHER, OTHER  
Doctor: Dr. PADMINI M  
Department: GENERAL PHYSICIAN  
Rate Plan: VALASARAVAKKAM\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. PADMINI M

MR No: CVAL.000008235  
Visit ID: CVALOPV108239  
Visit Date: 21-03-2024 08:32  
Discharge Date:  
Referred By: SELF

## DRUG ALLERGY

DRUG ALLERGY: NIL ,

## HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

### Chief Complaints

COMPLAINTS::: For Annual Health Checkup,

GENERAL SYMPTOMS :: NO SPECIFIC COMPLAINTS ,

### Present Known Illness

Diabetes Mellitus: No History of Diabetes Mellitus,

Hypertension: Know to have Hypertension,

## SYSTEMIC REVIEW

### Cardiovascular System

CHEST PAIN: No,

### \*\*Weight

--->: Stable,

Number of kgs: 104,

### General Symptoms

: NIL SIGNIFICANT ,

### Present Medications

-): Nil,

## HT-HISTORY

### Past Medical History

ALLERGIES: Nil,

PAST MEDICAL HISTORY: Nil Significant,

\*\*Cancer: NIL ,

### Past surgical history

Surgical history: **NIL,**

### **Family History**

Family history	<b>Nil Significant,</b>
----------------	-------------------------

### **PHYSICAL EXAMINATION**

#### **General Examination**

General appearance: **Normal,**

Build: **Obese,**

Height (in cms): **176,**

Weight (in Kgs): **104,**

BMI: **31,**

### **SYSTEMIC EXAMINATION**

#### **CardioVascularSystem**

Heart Rate (Per Minute) : **72,**

Rhythm---: **regular,**

Blood pressure::: **sitting,**

Systolic: **130,**

Diastolic: **80,**

### **IMPRESSION**

#### **Apollo Health check**

Findings: **IMPAIRED GLUCOSE TOLERANCE  
ENALRGED GRADE I FATTY LIVER  
DYSLIPIDEMIA,  
OBESITY ,**

#### **Ultrasound Radiology**

: **ENALRGED GRADE I FATTY LIVER,**

#### **ECG**

: **WITHIN NORMAL LIMITS ,**

#### **Echo Lab**

: **NORMAL STUDY ,**

#### **X-Ray**

: **MILD CARDIOMEGALY ,**

### **RECOMMENDATION**

**Advice on Medication**

Drug Name: T-XTOR 10MG (0-0-1)

T-TELMA 40MG (1-0-0)

T-GLYCOMET SR 850MG (1-0-0)

,

**DISCLAIMER**

Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

Doctor's Signature

MR. RADHAKRISHNAN S  
ID: CVAL08235

41 Years  
Male

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 100 ms  
QT / QTcBaz : 370 / 413 ms  
PR : 160 ms  
P : 114 ms  
RR / PP : 800 / 800 ms  
P / QRS / T : 31 / 7 / 25 degrees

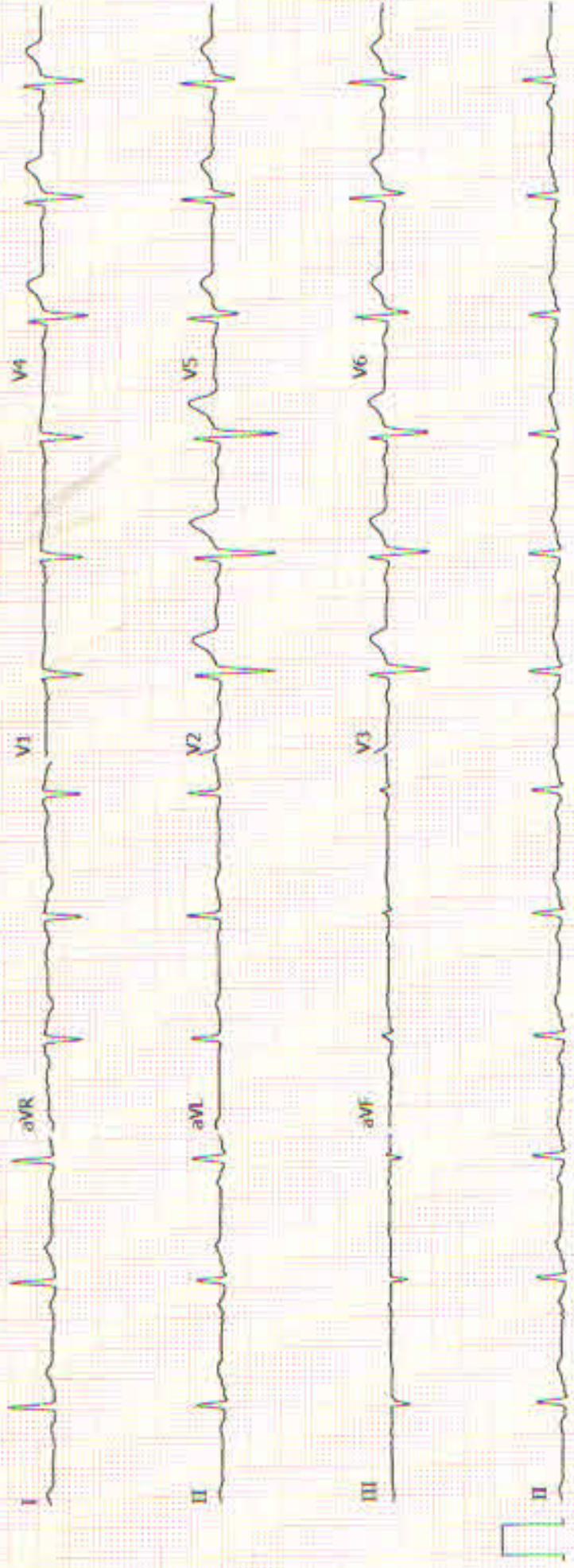
21.03.2024 9:54:16 AM  
apollo clinic  
valasaravakkam  
chennai

Location:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Room:

75 bpm  
- / - mmHg

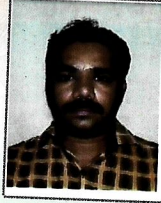
*NSR/warc*  
*NS*







भारत सरकार  
Government of India



Issue Date : 29/11/2013

ராதாகிருஷ்ணன் சம்பத்குமார்  
RADHAKRISHNAN SAMPATHKUMAR  
பிறந்த நாள் / DOB : 22/09/1982  
ஆண் / Male



4369 4506 5402

आधार पहचान का प्रमाण है, नागरिकता का नहीं।  
Aadhaar is a proof of identity, not of citizenship.



**4369 4506 5402**

मेरा आधार, मेरी पहचान



LETTER OF APPROVAL / RECOMMENDATION

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 employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. S RADHA KRISHNAN
EC NO.	75627
DESIGNATION	HEAD CASHIER "E"_II
PLACE OF WORK	CHENNAI,ASHOKNAGAR
BIRTHDATE	22-09-1982
PROPOSED DATE OF HEALTH CHECKUP	21-03-2024
BOOKING REFERENCE NO.	23M75627100098844E

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 **10-03-2024** 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 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))

Date : 21-03-2024  
MR NO : CVAL.000008235

Department : GENERAL PHYSICIAN  
Doctor : Dr. PADMINI M

Name : Mr. RADHAKRISHNAN S

Registration No : 25154  
Qualification : MD

Age/ Gender : 41 Y / Male

Consultation Timing: 08:32

*No complaint*

*Absent HA on Tolma 40 since 3yrs*

*NO fever H2O*

*Old patient 50/60 AD 130/80*

*By  
m d m*

*Dr. Padma*

Date : 21-03-2024  
MR NO : CVAL.000008235

Department : ~~GENERAL PHYSICIAN~~  
Doctor : ~~Dr. RADHAKRISHNAN~~  
Dr. JAYAGAR, M.S

Name : Mr. RADHAKRISHNAN S  
Age/ Gender : 41 Y / Male

Registration No : ~~25154~~ 86430  
Qualification : ~~MD~~ M.S. (ENT)

Consultation Timing: 08:32

WT -> 104 kg  
HT -> 176 cm

Nil ENT Complaints

130/80 mmHg  
Pw -> 98 lmt

O/E -  
Ear  
NOM  
Throat (NAD)  
Neck - No mass  
TFF - WNL

Imp:  
ENT - NAD

R

# OPHTHALMOLOGY

Name <b>Mr. RADHAKRISHNAN.S</b>	Date <b>21.03.24</b>
Age <b>41</b>	UHID No. <b>CVAL. 8235</b>
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	

## OPHTHAL FITNESS CERTIFICATE

No H/o using specs

	RE	LE
DV-UCVA :	6/6	6/6
DV-BCVA :	-	-
NEAR VISION :	Add +1.25 Dsph N6	Add +1.25 Dsph N
ANTERIOR SEGMENT :	-	-
IOP :	-	-
FIELDS OF VISION :	-	-
E O M :	-	Normal
COLOUR VISION :	Normal	-
FUNDUS :	-	-
IMPRESSION :	-	-
ADVICE :	-	-



Patient Name : Mr. RADHAKRISHNAN S Age : 41 Y/M  
UHID : CVAL.0000008235 OP Visit No : CVALOPV108239  
Reported By: : Dr. MANJULA RANGANATHAN M Conducted Date : 21-03-2024 15:29  
Referred By : SELF

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### **ECG REPORT**

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 74beats per minutes.

#### **Impression:**

**WITHIN NORMAL LIMITS**

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



Dr. MANJULA RANGANATHAN M

Patient Name : Mr. RADHAKRISHNAN S Age : 41 Y/M  
UHID : CVAL.0000008235 OP Visit No : CVALOPV108239  
Conducted By: : Dr. S NISHANTH . Conducted Date : 21-03-2024 13:16  
Referred By : SELF

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### **2D-ECHO WITH COLOUR DOPPLER**

#### **Dimensions:**

<b>Ao (ed)</b>	<b>2.6 CM</b>
<b>LA (es)</b>	<b>3.9 CM</b>
<b>LVID (ed)</b>	<b>5.1 CM</b>
<b>LVID (es)</b>	<b>2.8 CM</b>
<b>IVS (Ed)</b>	<b>1.1/1.8 CM</b>
<b>LVPW (Ed)</b>	<b>1.2/1.8 CM</b>
<b>EF</b>	<b>74.00%</b>
<b>%FD</b>	<b>44.00%</b>
<b>MITRAL VALVE :</b>	<b>NORMAL</b>
<b>AML</b>	<b>NORMAL</b>
<b>PML</b>	<b>NORMAL</b>
<b>AORTIC VALVE</b>	<b>NORMAL</b>
<b>TRICUSPID VALVE</b>	<b>NORMAL</b>
<b>RIGHT VENTRICLE</b>	<b>NORMAL</b>
<b>INTER ATRIAL SEPTUM</b>	<b>INTACT</b>
<b>INTER VENTRICULAR SEPTUM</b>	<b>INTACT</b>
<b>AORTA</b>	<b>NORMAL</b>
<b>RIGHT ATRIUM</b>	<b>NORMAL</b>
<b>LEFT ATRIUM</b>	<b>NORMAL</b>
<b>Pulmonary Valve</b>	<b>NORMAL</b>
<b>PERICARDIUM</b>	<b>NORMAL</b>
<b>LEFT VENTRICLE:</b>	<b>NORMAL</b>

Patient Name : Mr. RADHAKRISHNAN S Age : 41 Y/M  
UHID : CVAL.0000008235 OP Visit No : CVALOPV108239  
Conducted By: : Dr. S NISHANTH . Conducted Date : 21-03-2024 13:16  
Referred By : SELF

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**COLOUR AND DOPPLER STUDIES**

**PWD: A>E AT MITRAL INFLOW**

**E/A-E: 0.8m/sec A: 0.6m/sec**

**VELOCITY ACROSS THE PULMONIC VALVE UPTO  
1.0/4 m/sec**

**VELOCITY ACROSS THE AV UPTO 1.6/10 m/sec**

**TR VELOCITY UPTO 1.6/10 m/sec**

**IMPRESSION :**

**NO REGIONAL WALL MOTION ABNORMALITY  
NORMAL LV SYSTOLIC DYSFUNCTION  
NORMAL CHAMBERS DIMENSION  
STRUCTURALLY VALVES ARE NORMAL  
NO PERICARDIAL EFFUSION CLOT/PAH**



**Dr. S  
NISHANTH**