


Patient Name : Mr.UDHAYAKUMAR N P	Collected : 10/Feb/2024 08:46AM
Age/Gender : 37 Y 1 M 0 D/M	Received : 10/Feb/2024 02:19PM
UHID/MR No : CVAL.0000039350	Reported : 10/Feb/2024 06:06PM
Visit ID : CVALOPV105935	Status : Final Report
Ref Doctor : Dr.Dr. THILAGAVATHY K	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE8249	

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:BED240032983

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



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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/52, Kothava Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohli.com | Email ID: enquiry@apollohli.com, Ph No: 940-4904-7777, Fax No: 4904-7744

Address:
B/No.30, F - Block, 2nd Avenue, Anna Nagar East, Chennai-600 102,
Phone - 844-0224904 (9)

1860 500 7788
www.apolloclinic.com

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.6	g/dL	13-17	Spectrophotometer
PCV	44.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.1	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.6	fL	83-101	Calculated
MCH	30.6	pg	27-32	Calculated
MCHC	34.9	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,600	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.6	%	40-80	Electrical Impedance
LYMPHOCYTES	33.7	%	20-40	Electrical Impedance
EOSINOPHILS	2.7	%	1-6	Electrical Impedance
MONOCYTES	6.6	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3735.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2224.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	178.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	435.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	26.4	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	238000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

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Phone - 844-0224904 (08)

1860 500 7788
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

WBC MORPHOLOGY : Normal in number, morphology and distribution. No abnormal cells seen.

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PARASITES : No haemoparasites seen.

IMPRESSION : Normocytic normochromic blood picture.

NOTE/ COMMENT : Please correlate clinically.




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Visit ID : CVALOPV105935	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			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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Patient Name : Mr.UDHAYAKUMAR N P	Collected : 10/Feb/2024 11:42AM
Age/Gender : 37 Y 1 M 0 D/M	Received : 10/Feb/2024 04:35PM
UHID/MR No : CVAL.0000039350	Reported : 10/Feb/2024 06:15PM
Visit ID : CVALOPV105935	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	98	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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	106	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. SRIIVATSAN
M.D. (Biochemistry)



SIN No:PLP1417432

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Patient Name : Mr.UDHAYAKUMAR N P	Collected : 10/Feb/2024 08:46AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	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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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	201	mg/dL	<200	CHO-POD
TRIGLYCERIDES	203	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	163	mg/dL	<130	Calculated
LDL CHOLESTEROL	122.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	40.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.29		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 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

- 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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.66	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	31	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	72.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.60	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.53		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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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AG Rao Nagar | Charada Nagar | Banjara | Balakrishna | Nizampet | Marikonda | Uppal) | Andhra Pradesh: Vizag (Sardar Sarbajit) | Karnataka: Bangalore (Basavanaguda) | Bellary | Electronic City | Frazer Town | HSR Layout | Indira Nagar | JP Nagar | Kuntalahalli | Koramangala | Sarjapur Road | Mysore (VV Mohalla) | Tamil Nadu: Chennai (Annamalai | Kotturpuram | Mogappair | T Nagar | Velazhavan) | Kerala: Kottayam | Maharashtra: Pune (Aundh | Nigdi | Pradhikaran) | Virar Nagar | West Bengal: Uttar Pradesh: Ghaziabad (Indraprastha) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Address:
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Phone - 844-9224904 (09)

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Patient Name : Mr.UDHAYAKUMAR N P	Collected : 10/Feb/2024 08:46AM
Age/Gender : 37 Y 1 M 0 D/M	Received : 10/Feb/2024 03:52PM
UHID/MR No : CVAL.0000039350	Reported : 10/Feb/2024 06:57PM
Visit ID : CVALOPV105935	Status : Final Report
Ref Doctor : Dr.Dr. THILAGAVATHY K	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE8249	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.85	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	15.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.20	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.50	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101–109	ISE (Indirect)



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



SIN No:SE04624559

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	29.00	U/L	<55	IFCC



DR. R. SRI VATSAN
M.D.(Biochemistry)



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Patient Name : Mr.UDHAYAKUMAR N P	Collected : 10/Feb/2024 08:46AM
Age/Gender : 37 Y 1 M 0 D/M	Received : 10/Feb/2024 04:23PM
UHID/MR No : CVAL.0000039350	Reported : 10/Feb/2024 06:11PM
Visit ID : CVALOPV105935	Status : Final Report
Ref Doctor : Dr.Dr. THILAGAVATHY K	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

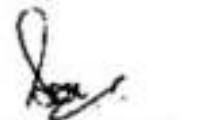
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.44	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	17.07	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.141	µIU/mL	0.34-5.60	CLIA

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



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



SIN No:SPL24021652

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Patient Name	: Mr.UDHAYAKUMAR N P	Collected	: 10/Feb/2024 08:46AM
Age/Gender	: 37 Y 1 M 0 D/M	Received	: 10/Feb/2024 04:23PM
UHID/MR No	: CVAL.0000039350	Reported	: 10/Feb/2024 06:11PM
Visit ID	: CVALOPV105935	Status	: Final Report
Ref Doctor	: Dr.Dr. THILAGAVATHY K	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE8249		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324



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



SIN No: SPL24021652

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Patient Name : Mr.UDHAYAKUMAR N P	Collected : 10/Feb/2024 08:46AM
Age/Gender : 37 Y 1 M 0 D/M	Received : 10/Feb/2024 04:53PM
UHID/MR No : CVAL.0000039350	Reported : 10/Feb/2024 05:15PM
Visit ID : CVALOPV105935	Status : Final Report
Ref Doctor : Dr.Dr. THILAGAVATHY K	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE8249	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
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



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

SIN No:UR2278992

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Patient Name : Mr.UDHAYAKUMAR N P	Collected : 10/Feb/2024 08:46AM
Age/Gender : 37 Y 1 M 0 D/M	Received : 10/Feb/2024 03:16PM
UHID/MR No : CVAL.0000039350	Reported : 10/Feb/2024 04:47PM
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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:UF010490

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10/2/24

Dental op

Mr. Udhay Kumar
37/M.

ADV :-

-- Adv. Scaling.

Lj
10/2/24.

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Ashaya Kumar N. P. on 10.2.2024

After reviewing the medical history and on clinical examination it has been found that

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit <p>Review after _____ recommend</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Dr. Shri Jagavathy
Medical Officer,
The Apollo Clinic (Location)

12/2/24

This certificate is not meant for medico-legal purposes.

Apollo Clinic
 For: U.S. Prakashan Sdha,
 Vaidyanathan, Chennai - 07,
 Ph: 044-42992277 / 944-40598399



Patient Name : Mr. UDHAYAKUMAR N P

Age/Gender : 37 Y/M

UHID/MR No. : CVAL.0000039350

OP Visit No : CVALOPV105935

Sample Collected on :

Reported on : 12-02-2024 16:33

LRN# : RAD2231531

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE8249

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Clavicle overlying the apex.

Under exposed film.

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.HARSHINI
RADIOLOGIST**

Patient Name	: Mr. UDHAYAKUMAR N P	Age/Gender	: 37 Y/M
UHID/MR No.	: CVAL.0000039350	OP Visit No	: CVALOPV105935
Sample Collected on	:	Reported on	: 12-02-2024 13:51
LRN#	: RAD2231531	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE8249		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size measures 14.0 cm and **grade I - II 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 11.8 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 11.1 x 5.0 cm.

Left kidney measures 11.8 x 4.8 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 2.7 x 3.1 x 2.7 cm vol - 12 cc and echo texture.

No evidence of necrosis/calcification seen.

IMPRESSION:

Grade I-II fatty liver.

**DR.HARSHINI
RADIOLOGIST**



Patient Name : Mr. UDHAYAKUMAR N P

Age/Gender : 37 Y/M

Name: Mr. UDHAYAKUMAR N P
Age/Gender: 37 Y/M
Address: CHENNAI
Location: OTHER, OTHER
Doctor: Dr. THILAGAVATHY K
Department: General Practice
Rate Plan: VALASARAVAKKAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PADMINI M

MR No: CVAL.0000039350
Visit ID: CVALOPV105935
Visit Date: 10-02-2024 08:37
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

No history of: No History of diabetes / Hypertension / Heart Disease,

SYSTEMIC REVIEW

Cardiovascular System

CHEST PAIN: No,

GastroIntestinal System

APPETITE : Normal,

BOWEL HABITS : regular,

GenitoUrinary System

-: Nil ,

Central Nervous System

SLEEP- : Good,

****Weight**

--->: Stable,

Number of kgs: 86,

General Symptoms

: NIL,

Present Medications

-): Nil,

HT-HISTORY

Past Medical History

ALLERGIES: Nil,

PAST MEDICAL HISTORY: Nil Significant,

**Cancer: NIL,

Past surgical history

Surgical history: NIL,

PHYSICAL EXAMINATION

General Examination

General appearance: Normal,

Build: Obese,

Height (in cms): 167,

Weight (in Kgs): 86.6,

BMI: 31,

SYSTEMIC EXAMINATION

CardioVascularSystem

Heart Rate(Per Minute):: 84,

Rhythm---: regular,

Blood pressure:::: sitting,

Systolic: 130,

Diastolic: 80,

IMPRESSION

Apollo Health check

Findings: GRADE I- II FATTY LIVER,

Ultrasound Radiology

: GRADE I- II FATTY LIVER,

EKG

: WITHIN NORMAL LIMITS,

Echo Lab

: NORMAL STUDY,

X-Ray

: NORMAL STUDY,

RECOMMENDATION**Advice on Diet**

Dietician diet advice: ,

Diet instructions : **LOW FAT DIET**

,

Advice on Physical Activity

Advice on Physical Activity: **WEIGHT REDUCTION
REGULAR WALKING FOR 30minit /DAY,**

Other Recommendations

Test/Investigation: **LIPID PROFILE AFTER 3 MONTH,**

Fitness Report

Fitness.: **YES,**

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. UDHAYA KUMAR N P
ID: CVAL30350

37 Years Male

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 88 ms
QT / QTcBaz : 336 / 406 ms
PR : 154 ms
P : 90 ms
RR / PP : 682 / 681 ms
P / QRS / T : 70 / 27 / 27 degrees

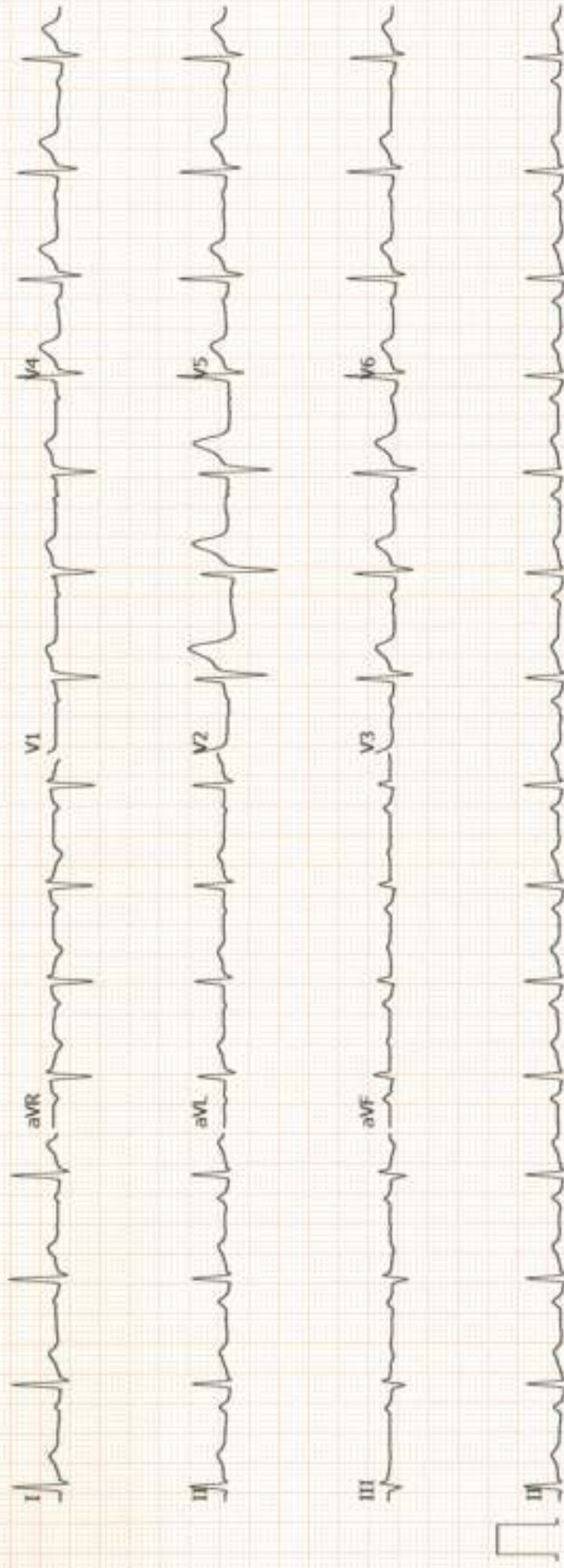
10.02.2024 9:10:18 AM
apollo clinic
valasaravakkam
chennai

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

Room:

88 bpm
- / - mmHg

Ⓜ
M



Date : 10/02/2024
MR NO : CVAL.0000039350

Department : General Practice
Doctor : Dr. THILAGAVATHY K

Name : Mr. UDHAYAKUMAR N P

Registration No : 56450

Age/Gender : 37 Y / Male

Qualification : BSC, MBBS, DNB(Family
Medicine) MRA(I Hospital Management)

Consultation Timing: 08:37

HT: 167 Cm -
WT: 86.6 kg
Sp:
Pt

for Annual (AMC)
last H.C. done - Nil sig -

H/o Nil significant

PH - Sm^o, H^o

Mammal - 1 ♂

PH - F - Exposed - Covid, Covid.
M. e. . .

PH - Covid - Cat A.

PH - All sig

O/A - P^o, U^o

CVS / NA -

RS

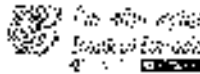
PA - Soft

Name <i>Mr. UDHAYA KUMAR.</i>	Date <i>10.02.24</i>
Age <i>37</i>	UHID No. <i>CNAL 37350</i>
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	

OPHTHAL FITNESS CERTIFICATE

No. H/o using specs

	RE	LE
DV-UCVA :	<i>6/6</i>	<i>6/6p</i>
DV-BCVA :	<i>-</i>	<i>-</i>
NEAR VISION :	<i>No</i>	<i>No</i>
ANTERIOR SEGMENT :	<i>Full</i>	<i>Full</i>
IOP :	<i>-</i>	<i>-</i>
FIELDS OF VISION :	<i>-</i>	<i>-</i>
EOM :	<i>-</i>	<i>Normal</i>
COLOUR VISION :	<i>Normal</i>	<i>-</i>
FUNDUS :	<i>-</i>	<i>-</i>
IMPRESSION :	<i>-</i>	<i>-</i>
ADVICE :	<i>-</i>	<i>-</i>



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arafemi Healthcare Limited)
Helpline number: 011-41195859

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. UDIYAKUMAR N P
LC NO.	151306
DESIGNATION	CREDIT ANALYST
PLACE OF WORK	MID CORPORATE CLUSTER OFFICE S
BIRTHDATE	10-01-1987
PROPOSED DATE OF HEALTH CHECKUP	10-02-2024
BOOKING REFERENCE NO.	23M151306100088862E

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 **07-02-2024** 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 assistance, please contact Mediwheel (Arafemi Healthcare Limited).



ভারত সরকার
Government of India

ভারতীয় বিশিষ্ট পরিচয় প্রাধিকরণ
Unique Identification Authority of India

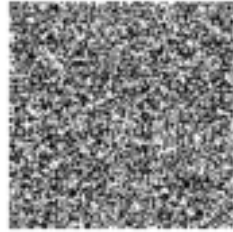
তালিকাভুক্তির নম্বর/ Enrolment No.: 2730/00588/55733

Download Date: 17/08/2020
To
উধয়া কুমার
Udhaya Kumar
C/O Parameshwari
249-1
PERIYAR NAGAR
Salem
Ammapet
Salem Tamil Nadu - 636003
9894410954

Issue Date: 13/12/2018

Signature valid

Digitally signed by
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA 04
Date: 2018.12.13 19:25:57
IST



আপনার **আধার** সংখ্যা / Your **Aadhaar** No. :

9895 5507 0682
VID : 9178 0216 1320 8574

আমার **আধার**, আমার পরিচয়



উধয়া কুমার
Udhaya Kumar
জন্মতারিখ/DOB: 10/01/1987
পুরুষ/ MALE

Issue Date: 13/12/2018

Download Date: 17/08/2020

9895 5507 0682

VID : 9178 0216 1320 8574

আমার **আধার**, আমার পরিচয়



তথ্য

- **আধার** পরিচয়ের প্রমাণ, নাগরিকত্বের প্রমাণ নয়
- নিয়মিত ফিটনেস কোর্স / অনলাইন এক্সএমএল / অনলাইন প্রমাণীকরণ ব্যবহার করে পরিশোধ করতে পারেন।
- এটা এক ইলেকট্রনিক প্রক্রিয়াকৃত তৈরী পত্র

INFORMATION

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

- **আধার** সারা দেশে মানা
- **আধার** আপনাকে বিভিন্ন সরকারী ও বেসরকারী পরিষেবা গ্রহণেরে সাহায্য করে।
- **আধার** আপনার মোবাইল নাম্বার ও ইমেইল আইডি আপডেটে রাখুন।
- **আধার** লিঙ্ক করা যাবে **mAadhaar App** মাধ্যমে।

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

ঠিকানা:
C/O পারমেশউআরি, 249-1, পেরিয়ার নগর,
সালেম, সালেম,
তামিল ন্দু - 636003

Address:
C/O Parameshwari, 249-1, PERIYAR
NAGAR, Salem, Salem,
Tamil Nadu - 636003



9895 5507 0682

VID : 9178 0216 1320 8574

1847 | help@uidai.gov.in | www.uidai.gov.in

Patient Name : Mr. UDHAYAKUMAR N P Age : 37 Y/M
UHID : CVAL.0000039350 OP Visit No : CVALOPV105935
Conducted By: : Conducted Date : 10-02-2024 14:45
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed) 2.6 CM
LA (es) 3.9 CM
LVID (ed) 4.6 CM
LVID (es) 2.7 CM
IVS (Ed) 1.2/1.8 CM
LVPW (Ed) 1.2/1.8 CM
EF 72.00%
%FD 41.00%

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM NORMAL

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

LEFT VENTRICLE:

Patient Name	: Mr. UDHAYAKUMAR N P	Age	: 37 Y/M
UHID	: CVAL.0000039350	OP Visit No	: CVALOPV105935
Conducted By:	:	Conducted Date	: 10-02-2024 14:45
Referred By	: SELF		

NORMAL

COLOUR AND DOPPLER STUDIES

PWD: A>E AT MITRAL INFLOW

E/A-E: 0.7m/sec A: 0.6m/sec

**VELOCITY ACROSS THE PULMONIC VALVE UPTO
1.2/6m/sec**

VELOCITY ACROSS THE AV UPTO 1.2/6m/sec

TR VELOCITY UPTO 1.4/8m/sec

IMPRESSION:

- **NO REGIONAL WALL MOTION ABNORMALITIES**
- **NORMAL LV SYSTOLIC FUNCTION**
- **NORMAL CHAMBER DIMENSIONS**
- **STRUCTURALLY VALVES ARE NORMAL**
- **NO PERICARDIAL EFFUSION CLOT/PAH**

DR.NISHANTH

Patient Name	: Mr. UDHAYAKUMAR N P	Age	: 37 Y/M
UHID	: CVAL.0000039350	OP Visit No	: CVALOPV105935
Reported By:	: Dr. PADMINI M	Conducted Date	: 10-02-2024 15:32
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 88beats per minutes.

Impression:

WITHIN NORMAL LIMITS

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



Dr. PADMINI M



Patient Name	: Mr.UDHAYAKUMAR N P	Collected	: 10/Feb/2024 08:46AM
Age/Gender	: 37 Y 1 M 0 D/M	Received	: 10/Feb/2024 02:19PM
UHID/MR No	: CVAL.0000039350	Reported	: 10/Feb/2024 06:06PM
Visit ID	: CVALOPV105935	Status	: Final Report
Ref Doctor	: Dr.Dr. THILAGAVATHY K	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE8249		

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





Patient Name : Mr.UDHAYAKUMAR N P	Collected : 10/Feb/2024 08:46AM
Age/Gender : 37 Y 1 M 0 D/M	Received : 10/Feb/2024 02:19PM
UHID/MR No : CVAL.0000039350	Reported : 10/Feb/2024 06:06PM
Visit ID : CVALOPV105935	Status : Final Report
Ref Doctor : Dr.Dr. THILAGAVATHY K	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE8249	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.6	g/dL	13-17	Spectrophotometer
PCV	44.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.1	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.6	fL	83-101	Calculated
MCH	30.6	pg	27-32	Calculated
MCHC	34.9	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,600	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.6	%	40-80	Electrical Impedance
LYMPHOCYTES	33.7	%	20-40	Electrical Impedance
EOSINOPHILS	2.7	%	1-6	Electrical Impedance
MONOCYTES	6.6	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3735.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2224.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	178.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	435.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	26.4	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	238000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

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





Patient Name	: Mr.UDHAYAKUMAR N P	Collected	: 10/Feb/2024 08:46AM
Age/Gender	: 37 Y 1 M 0 D/M	Received	: 10/Feb/2024 02:19PM
UHID/MR No	: CVAL.0000039350	Reported	: 10/Feb/2024 06:06PM
Visit ID	: CVALOPV105935	Status	: Final Report
Ref Doctor	: Dr.Dr. THILAGAVATHY K	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE8249		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.

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





Patient Name : Mr.UDHAYAKUMAR N P	Collected : 10/Feb/2024 08:46AM
Age/Gender : 37 Y 1 M 0 D/M	Received : 10/Feb/2024 02:19PM
UHID/MR No : CVAL.0000039350	Reported : 10/Feb/2024 07:59PM
Visit ID : CVALOPV105935	Status : Final Report
Ref Doctor : Dr.Dr. THILAGAVATHY K	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE8249	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			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



Patient Name : Mr.UDHAYAKUMAR N P	Collected : 10/Feb/2024 11:42AM
Age/Gender : 37 Y 1 M 0 D/M	Received : 10/Feb/2024 04:35PM
UHID/MR No : CVAL.0000039350	Reported : 10/Feb/2024 06:15PM
Visit ID : CVALOPV105935	Status : Final Report
Ref Doctor : Dr.Dr. THILAGAVATHY K	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE8249	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	98	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)	106	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)





Patient Name : Mr.UDHAYAKUMAR N P	Collected : 10/Feb/2024 08:46AM
Age/Gender : 37 Y 1 M 0 D/M	Received : 10/Feb/2024 02:18PM
UHID/MR No : CVAL.0000039350	Reported : 10/Feb/2024 06:16PM
Visit ID : CVALOPV105935	Status : Final Report
Ref Doctor : Dr.Dr. THILAGAVATHY K	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE8249	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	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)


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



Patient Name : Mr.UDHAYAKUMAR N P	Collected : 10/Feb/2024 08:46AM
Age/Gender : 37 Y 1 M 0 D/M	Received : 10/Feb/2024 03:52PM
UHID/MR No : CVAL.0000039350	Reported : 10/Feb/2024 06:57PM
Visit ID : CVALOPV105935	Status : Final Report
Ref Doctor : Dr.Dr. THILAGAVATHY K	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE8249	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	201	mg/dL	<200	CHO-POD
TRIGLYCERIDES	203	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	163	mg/dL	<130	Calculated
LDL CHOLESTEROL	122.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	40.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.29		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 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

- 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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.


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



SIN No:SE04624559

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

Patient Name	: Mr.UDHAYAKUMAR N P	Collected	: 10/Feb/2024 08:46AM
Age/Gender	: 37 Y 1 M 0 D/M	Received	: 10/Feb/2024 03:52PM
UHID/MR No	: CVAL.0000039350	Reported	: 10/Feb/2024 06:57PM
Visit ID	: CVALOPV105935	Status	: Final Report
Ref Doctor	: Dr.Dr. THILAGAVATHY K	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE8249		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.66	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	31	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	72.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.60	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.53		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons’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. SRIIVATSAN
M.D. (Biochemistry)



Patient Name : Mr.UDHAYAKUMAR N P	Collected : 10/Feb/2024 08:46AM
Age/Gender : 37 Y 1 M 0 D/M	Received : 10/Feb/2024 03:52PM
UHID/MR No : CVAL.0000039350	Reported : 10/Feb/2024 06:57PM
Visit ID : CVALOPV105935	Status : Final Report
Ref Doctor : Dr.Dr. THILAGAVATHY K	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE8249	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.85	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	15.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.20	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.50	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101–109	ISE (Indirect)



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



SIN No:SE04624559

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

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Age/Gender	: 37 Y 1 M 0 D/M	Received	: 10/Feb/2024 03:52PM
UHID/MR No	: CVAL.0000039350	Reported	: 10/Feb/2024 06:57PM
Visit ID	: CVALOPV105935	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	29.00	U/L	<55	IFCC



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



SIN No:SE04624559

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Patient Name : Mr.UDHAYAKUMAR N P	Collected : 10/Feb/2024 08:46AM
Age/Gender : 37 Y 1 M 0 D/M	Received : 10/Feb/2024 04:23PM
UHID/MR No : CVAL.0000039350	Reported : 10/Feb/2024 06:11PM
Visit ID : CVALOPV105935	Status : Final Report
Ref Doctor : Dr.Dr. THILAGAVATHY K	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE8249	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.44	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	17.07	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.141	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

1. 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.
2. 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.
3. 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.
4. 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


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



SIN No: SPL24021652

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



Patient Name	: Mr.UDHAYAKUMAR N P	Collected	: 10/Feb/2024 08:46AM
Age/Gender	: 37 Y 1 M 0 D/M	Received	: 10/Feb/2024 04:23PM
UHID/MR No	: CVAL.0000039350	Reported	: 10/Feb/2024 06:11PM
Visit ID	: CVALOPV105935	Status	: Final Report
Ref Doctor	: Dr.Dr. THILAGAVATHY K	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE8249		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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





Patient Name : Mr.UDHAYAKUMAR N P	Collected : 10/Feb/2024 08:46AM
Age/Gender : 37 Y 1 M 0 D/M	Received : 10/Feb/2024 04:53PM
UHID/MR No : CVAL.0000039350	Reported : 10/Feb/2024 05:15PM
Visit ID : CVALOPV105935	Status : Final Report
Ref Doctor : Dr.Dr. THILAGAVATHY K	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE8249	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
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

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



Patient Name	: Mr.UDHAYAKUMAR N P	Collected	: 10/Feb/2024 08:46AM
Age/Gender	: 37 Y 1 M 0 D/M	Received	: 10/Feb/2024 03:16PM
UHID/MR No	: CVAL.0000039350	Reported	: 10/Feb/2024 04:47PM
Visit ID	: CVALOPV105935	Status	: Final Report
Ref Doctor	: Dr.Dr. THILAGAVATHY K	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE8249		


DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

