


Patient Name : Mr.VINAY M	Collected : 09/Mar/2024 09:42AM
Age/Gender : 39 Y 4 M 25 D/M	Received : 09/Mar/2024 02:17PM
UHID/MR No : CMYS.0000059992	Reported : 09/Mar/2024 03:37PM
Visit ID : CMYSOPV123247	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 375126073491	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA


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

SIN No:BED240063065



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16.8	g/dL	13-17	Spectrophotometer
PCV	50.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.51	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	91	fL	83-101	Calculated
MCH	30.5	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	12	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	62.4	%	40-80	Electrical Impedance
LYMPHOCYTES	25.7	%	20-40	Electrical Impedance
EOSINOPHILS	3.1	%	1-6	Electrical Impedance
MONOCYTES	7.9	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4680	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1927.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	232.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	592.5	Cells/cu.mm	200-1000	Calculated
BASOPHILS	67.5	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.43		0.78- 3.53	Calculated
PLATELET COUNT	243000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	06	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC: are normocytic normochromic.



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DEPARTMENT OF HAEMATOLOGY

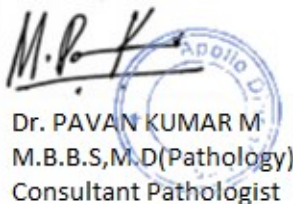
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

WBC: are normal in number, morphology and distribution.

Platelets: are normal in number and are seen in singles and clumps.

Hemoparasites: not seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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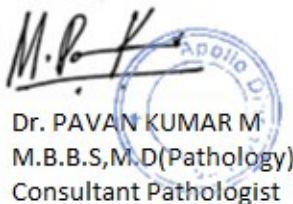


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UHID/MR No : CMYS.0000059992	Reported : 09/Mar/2024 04:18PM
Visit ID : CMYSOPV123247	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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Patient Name : Mr.VINAY M	Collected : 09/Mar/2024 09:42AM
Age/Gender : 39 Y 4 M 25 D/M	Received : 09/Mar/2024 02:26PM
UHID/MR No : CMYS.0000059992	Reported : 09/Mar/2024 03:35PM
Visit ID : CMYSOPV123247	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	102	mg/dl	74-106	GOD, POD

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)	129	mg/dl	70-140	GOD, POD

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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.0	%		HPLC



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ESTIMATED AVERAGE GLUCOSE (eAG)	97	mg/dL	Calculated
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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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Age/Gender : 39 Y 4 M 25 D/M	Received : 09/Mar/2024 08:12PM
UHID/MR No : CMYS.0000059992	Reported : 09/Mar/2024 10:25PM
Visit ID : CMYSOPV123247	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

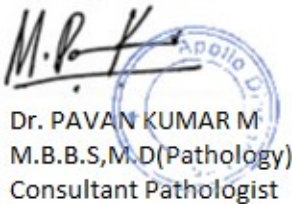
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	189	mg/dl	0-200	CHOD
TRIGLYCERIDES	243	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	32	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	157	mg/dL	<130	Calculated
LDL CHOLESTEROL	108.57	mg/dL	<100	Calculated
VLDL CHOLESTEROL	48.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.94		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

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.
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.



Dr. PAVAN KUMAR M
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SIN No:SE04655643



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.05	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.75	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/l	0-35	IFCC
ALKALINE PHOSPHATASE	69.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	7.30	g/dl	6.4-8.3	Biuret
ALBUMIN	4.93	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.37	g/dL	2.0-3.5	Calculated
A/G RATIO	2.08		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:

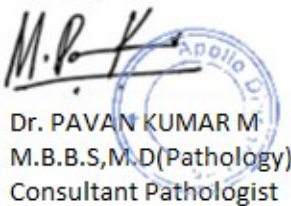
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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 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. PAVAN KUMAR M
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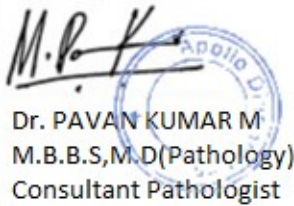


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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.03	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	23.46	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	11.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.20	mg/dL	3.5-7.2	Uricase
CALCIUM	9.80	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	2.14	mg/dl	2.7-4.5	Molybdate
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	3.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.30	g/dl	6.4-8.3	Biuret
ALBUMIN	4.20	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		0.9-2.0	Calculated



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Consultant Pathologist

SIN No:SE04655643

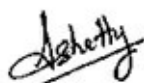


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Age/Gender : 39 Y 4 M 25 D/M	Received : 11/Mar/2024 11:25AM
UHID/MR No : CMYS.0000059992	Reported : 11/Mar/2024 11:47AM
Visit ID : CMYSOPV123247	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	24.00	U/L	<55	IFCC



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:BI18713635



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DEPARTMENT OF IMMUNOLOGY

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

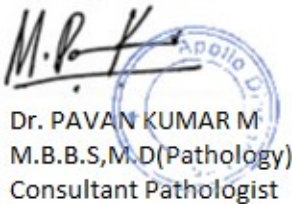
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.0	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	10	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	0.78	µIU/mL	0.35-4.94	CMIA

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



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SIN No:SPL24041880



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DEPARTMENT OF IMMUNOLOGY

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


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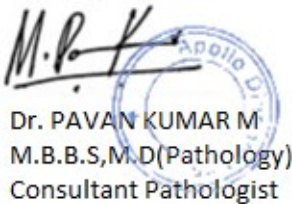
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

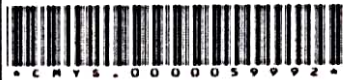
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Consultant Pathologist

SIN No:UR2301289



Name : Mr. VINAY M Address : MYSORE Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age: 39 Y Sex: M	UHID: CMYS.0000059992  OP Number: CMYSOPV123247 Bill No : CMYS-OCR-22620 Date : 09.03.2024 09:28
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	
<input checked="" type="checkbox"/> 1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/> 2	LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/> 3	GLUCOSE, FASTING	
<input checked="" type="checkbox"/> 4	HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/> 5	COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/> 6	PERIPHERAL SMEAR	HCG 168
<input checked="" type="checkbox"/> 7	ECG	
<input checked="" type="checkbox"/> 8	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	Wb 7/5
<input checked="" type="checkbox"/> 9	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
<input checked="" type="checkbox"/> 10	HbA1c, GLYCATED HEMOGLOBIN	BP 110/70
<input checked="" type="checkbox"/> 11	X-RAY CHEST PA	
<input checked="" type="checkbox"/> 12	FITNESS BY GENERAL PHYSICIAN → P	
<input checked="" type="checkbox"/> 13	BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/> 14	LIPID PROFILE	
<input checked="" type="checkbox"/> 15	BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/> 16	OPHTHAL BY GENERAL PHYSICIAN → P	
<input checked="" type="checkbox"/> 17	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Date : 09-03-2024
MR NO : QWAS000053352
Name : Mr. VINAY M
Age/Gender : 38 Y / Male

Department : GENERAL
Doctor : *[Signature]*
Registration No : 67059
Qualification :

Consultation Timing : 09:27

Height : 178	Weight : 72.5	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 110/70

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

CC
As
per

As
T. Act D₂ 6th line *(5)*
a week
Regular Exercise/Dieting

Follow up date :

[Signature]
Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalkatta Road, Mysore - 02
Ph : 0821-4006040/41

Date : 09-03-2024 Department : GENERAL [Opthal]
 MR NO : CMYS.0000059992 Doctor :
 Name : Mr. VINAY M Registration No :
 Age/ Gender : 39 Y / Male Qualification :

Consultation Timing: 09:27

Height: 168	Weight: 77.5	BMI:	Waist Circum: 106.70
Temp:	Pulse:	Resp:	

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Vision	RT	28
Low	6/6	6/6
Mean	N-6	N-6
Color	(N)	(N)

Follow up date :


Doctor Signature

Apollo Clinic
 # 23, 1st Floor,
 Kalidasa Road, Mysore - 02
 Ph : 0821-4006040/41

Patient Name : Mr. VINAY M
UHID : CMYS.0000059992
Reported on : 09-03-2024 15:39
Adm/Consult Doctor :

Age : 39 Y M
OP Visit No : CMYSOPV123247
Printed on : 09-03-2024 15:40
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .
No obvious active pleuro-parenchymal lesion seen .
Both costophrenic and cardiophrenic angles are clear .
Both diaphragms are normal in position and contour .
Thoracic wall and soft tissues appear normal.

IMPRESSION :NORMAL STUDY .

Pradeep

Printed on:09-03-2024 15:39

---End of the Report---

Dr. PRADEEP KUMAR C N
MBBS DNB(RADIOLOGY)
Radiology

Apollo Health and Lifestyle Limited

ICMR U85110TG2000PLC115819
Regd. Office: 1-10-60-62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
Ph: No. (04) 4904 7777 Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK KARNATAKA
Bengaluru (Basavanagudi) | Bellandur | Electronic City | Fraser Town | HSR Layout | Indra Nagar | JP Nagar | Kundalahalli |
Koramangala | Sarjapur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

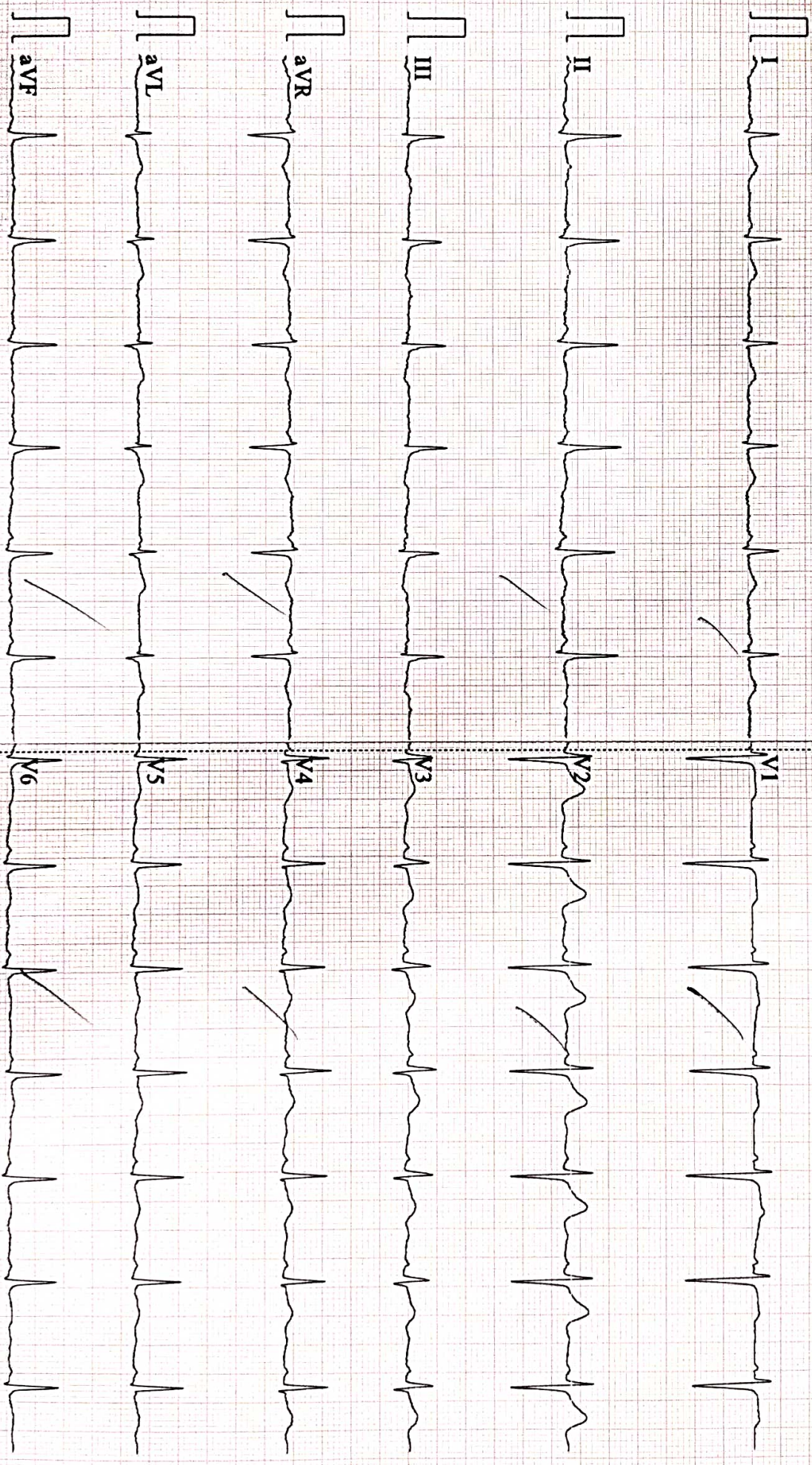
ID: 59992
MR VINAY N
Male 39Years
168cm 77kg 110/70 mmHg

09-03-2024 12:08:39 PM

Diagnosis Information:

Unconfirmed Report.

Apollo Clinic
23, 1st Floor,
Kallidasa Road, Mysore - 07
Ph : 0821-4006040/41



0.5~45Hz AC50 25mm/s 10mm/mV 2*5.0s 80 CARDIART

8 D V1.43 Glasgow V28.60 APOLLO CLINIC MYSURU



ಭಾರತ ಸರ್ಕಾರ

Government of India



ವಿನಯ್ ಎಂ

Vinay M

ಜನ್ಮ ದಿನಾಂಕ / DOB : 15/10/1984

ಪುರುಷ / Male



3751 2607 3491

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Health checkup at tie-up Ctr

Health Checkup Authorisation letter



Union Bank of India

RO - BANGALORE EAST
NO.1/1, GROUND FLOOR, JEEVAN
SAMPIGE, 2ND MAIN, SAMPIGE ROAD,
MALLESWARAM, - 0

To,

The Chief Medical Officer

M/S Mediwheel
<https://mediwheel.in/signup011-41195959> (A brand name of
Arcofemi Healthcare Ltd),
Mumbai 400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup 35-40 Male

Shri/Smt./Kum. VINAY M.,

P.F. No. 703712 Designation : Asst Manager

Checkup for Financial Year 2023-2024 Approved Charges Rs. 2200.00

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

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

Thanking you,

(Signature of the Employee)



Yours Faithfully,

BRANCH MANAGER/SENIOR MANAGER

PS. : Status of the application- Sanctioned

Patient Name	: Mr. VINAY M	Age/Gender	: 39 Y/M
UHID/MR No.	: CMYS.0000059992	OP Visit No	: CMYSOPV123247
Sample Collected on	:	Reported on	: 09-03-2024 15:40
LRN#	: RAD2261689	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 375126073491		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

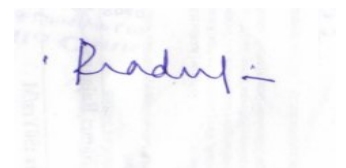
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Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

IMPRESSION :NORMAL STUDY .



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MBBS DNB(RADIOLOGY)
Radiology

Name: Mr. VINAY M
Age/Gender: 39 Y/M
Address: MYSORE
Location: MYSORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: MYSORE_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SABAH JAVED

MR No: CMYS.0000059992
Visit ID: CMYSOPV123247
Visit Date: 09-03-2024 09:27
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: For Corporate Health Checkup,

SYSTEMIC REVIEW

**Weight

--->: Stable,

Number of kgs: 77,

-=: 168,

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: Nil Significant,

**Cancer: NILL,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

IMPRESSION

Finding Category : within normal limits,

ECG

: NORMAL,

RECOMMENDATION

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