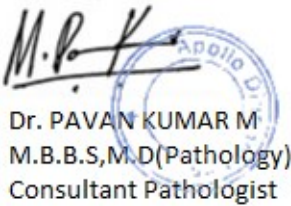


Patient Name : Mr.DHARESHA A K	Collected : 11/Mar/2024 08:04AM
Age/Gender : 51 Y 8 M 7 D/M	Received : 11/Mar/2024 10:08AM
UHID/MR No : CMYS.0000060010	Reported : 11/Mar/2024 12:26PM
Visit ID : CMYSOPV123295	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 584100909017	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



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

SIN No:BED240064607



Patient Name : Mr.DHARESHA A K	Collected : 11/Mar/2024 08:04AM
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	14.7	g/dL	13-17	Spectrophotometer
PCV	44.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.8	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	93	fL	83-101	Calculated
MCH	30.5	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	11.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,200	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	52.5	%	40-80	Electrical Impedance
LYMPHOCYTES	37.4	%	20-40	Electrical Impedance
EOSINOPHILS	2.4	%	1-6	Electrical Impedance
MONOCYTES	7.3	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3255	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2318.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	148.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	452.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	24.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.4		0.78- 3.53	Calculated
PLATELET COUNT	240000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC: are normocytic normochromic.



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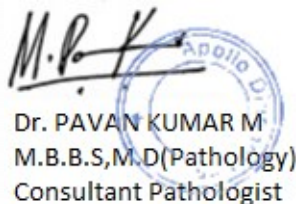
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - 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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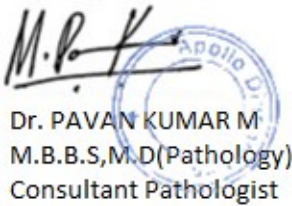


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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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Consultant Pathologist

SIN No:BED240064607





Patient Name : Mr.DHARESHA A K	Collected : 11/Mar/2024 08:04AM
Age/Gender : 51 Y 8 M 7 D/M	Received : 11/Mar/2024 12:56PM
UHID/MR No : CMYS.0000060010	Reported : 11/Mar/2024 01:34PM
Visit ID : CMYSOPV123295	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	153	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)	327	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	7.8	%		HPLC



Dr. PAVAN KUMAR M  
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SIN No:EDT240029422



Patient Name : Mr.DHARESHA A K	Collected : 11/Mar/2024 08:04AM
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

ESTIMATED AVERAGE GLUCOSE (eAG)	177	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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SIN No:EDT240029422



Patient Name : Mr.DHARESHA A K	Collected : 11/Mar/2024 08:04AM
Age/Gender : 51 Y 8 M 7 D/M	Received : 11/Mar/2024 12:10PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	134	mg/dl	0-200	CHOD
TRIGLYCERIDES	150	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	<b>32</b>	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	102	mg/dL	<130	Calculated
LDL CHOLESTEROL	71.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.92	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.13		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 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:BI18745359





Patient Name : Mr.DHARESHA A K	Collected : 11/Mar/2024 08:04AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.16	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.05	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/l	0-35	IFCC
ALKALINE PHOSPHATASE	124.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	6.90	g/dl	6.4-8.3	Biuret
ALBUMIN	4.34	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.7		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.



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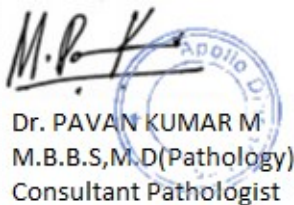


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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	1.06	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	24.57	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	11.5	mg/dl	6-20	Urease, UV
URIC ACID	5.00	mg/dL	3.5-7.2	Uricase
CALCIUM	9.33	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	2.93	mg/dl	2.7-4.5	Molybdate
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.90	g/dl	6.4-8.3	Biuret
ALBUMIN	4.34	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.7		0.9-2.0	Calculated



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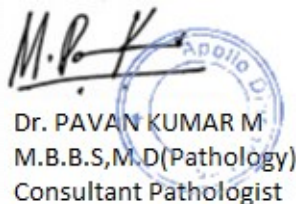
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	124.00	U/l	53-128	IFCC (AMP buffer)

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	37.00	U/l	0-55	IFCC



Dr. PAVAN KUMAR M  
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Patient Name : Mr.DHARESHA A K	Collected : 11/Mar/2024 08:04AM
Age/Gender : 51 Y 8 M 7 D/M	Received : 11/Mar/2024 03:42PM
UHID/MR No : CMYS.0000060010	Reported : 11/Mar/2024 04:28PM
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Emp/Auth/TPA ID : 584100909017	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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)	0.89	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.59	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.307	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.SHIVARAJA SHETTY  
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CONSULTANT BIOCHEMIST

SIN No:SPL24042968

Patient Name	: Mr.DHARESHA A K	Collected	: 11/Mar/2024 08:04AM
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DEPARTMENT OF IMMUNOLOGY

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



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

SIN No:SPL24042968





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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	13	ng/mL		CMIA

**Comment:**

**BIOLOGICAL REFERENCE RANGES**

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

**Decreased Levels:**

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

**Increased levels:**

- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	291	pg/mL	187 - 883	CMIA



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SIN No:IM07130033



Patient Name : Mr.DHARESHA A K	Collected : 11/Mar/2024 08:04AM
Age/Gender : 51 Y 8 M 7 D/M	Received : 11/Mar/2024 03:42PM
UHID/MR No : CMYS.000060010	Reported : 11/Mar/2024 04:14PM
Visit ID : CMYSOPV123295	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 584100909017	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

**Comment:**

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.230	ng/mL	0-4	CLIA

**Comment:**

Disclaimer: \*The results determined by assays using different manufacturers or methods may not be comparable.  
Manufacturer: BECKMAN COULTER



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

SIN No:IM07130033



Patient Name : Mr.DHARESHA A K	Collected : 11/Mar/2024 08:04AM
Age/Gender : 51 Y 8 M 7 D/M	Received : 11/Mar/2024 11:58AM
UHID/MR No : CMYS.0000060010	Reported : 11/Mar/2024 01:33PM
Visit ID : CMYSOPV123295	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 584100909017	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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 YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE (+)		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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	4 - 6	/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



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

SIN No:UR2302396



Patient Name : Mr.DHARESHA A K	Collected : 11/Mar/2024 08:04AM
Age/Gender : 51 Y 8 M 7 D/M	Received : 11/Mar/2024 11:58AM
UHID/MR No : CMYS.0000060010	Reported : 11/Mar/2024 01:32PM
Visit ID : CMYSOPV123295	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 584100909017	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

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

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

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



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

SIN No:UF011151





<b>Patient Name</b>	: Mr. DHARESHA A K	<b>Age/Gender</b>	: 51 Y/M
<b>UHID/MR No.</b>	: CMYS.0000060010	<b>OP Visit No</b>	: CMYSOPV123295
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 12-03-2024 11:31
<b>LRN#</b>	: RAD2263120	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 584100909017		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**LIVER:** It is normal in size and echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

**GALL BLADDER:** It is well distended and normal. No e/o calculi.

**SPLEEN:** It is normal in size, outline and echopattern. No e/o focal lesions.

**PANCREAS:** It is normal in size, outline and echopattern.

**RIGHT KIDNEY:** It Measures 106x55 mm with parenchymal thickness of 18 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**LEFT KIDNEY:** It measures 116x58 mm with parenchymal thickness of 14 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**URINARY BLADDER:** It is well distended. The UB wall is normal. No e/o calculi.

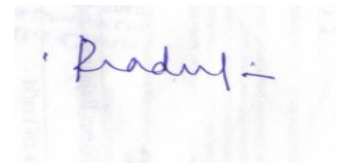
**PROSTATE:** It measures 40x35x40 mm with a volume of 29 cc. It is increased in size, normal in outline and echotexture. The vascularity of prostate is normal.

**LIVER:** No evidence of focal collection or mass lesion seen. Appendix is not visualized.

**OTHERS:** No e/o free fluid in the abdomen. No e/o lymphadenopathy. No e/o gut wall thickening. No mass lesion seen in the abdomen.

**IMPRESSION: ENLARGED PROSTATE.**

Pradeep Kumar C N, DNB  
Consultant Radiologist.



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

Radiology

**Patient Name** : Mr. DHARESHA A K

**Age/Gender** : 51 Y/M

**UHID/MR No.** : CMYS.0000060010

**OP Visit No** : CMYSOPV123295

**Sample Collected on** :

**Reported on** : 11-03-2024 18:14

**LRN#** : RAD2263120

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 584100909017

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

Both lung fields and hila are normal .

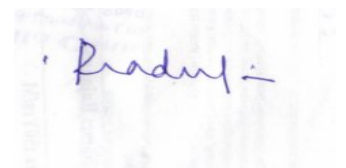
No obvious active pleuro-parenchymal lesion seen .

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 .**



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

Radiology

Name: Mr. DHARESHA A K  
Age/Gender: 51 Y/M  
Address: #37/1 2672, 3RD CROSS 4TH MAIN K G KOPPAL  
Location: MYSORE, KARNATAKA  
Doctor:  
Department: GENERAL  
Rate Plan: MYSORE\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. UMESH H B

MR No: CMYS.0000060010  
Visit ID: CMYSOPV123295  
Visit Date: 11-03-2024 08:01  
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: 95,

## 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

### 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

Name : Mr. DHARESHA A K

Age: 51 Y

Sex: M

UHID:CMYS.0000060010



OP Number:CMYSOPV123295

Bill No :CMYS-OCR-22628

Date : 11.03.2024 08:02

Address : #37/1 2672, 3RD CROSS 4TH MAIN K G KOPPAL  
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324	
<del>1</del>	<del>GAMMA GLUTAMYL TRANSFERASE (GGT)</del>	
<del>2</del>	<del>PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)</del>	
<del>3</del>	<del>2D ECHO → P</del>	
<del>4</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<del>5</del>	<del>GLUCOSE, FASTING</del>	
<del>6</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
<del>7</del>	<del>DIET CONSULTATION → P</del>	H → 171
<del>8</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>9</del>	<del>URINE GLUCOSE (POST PRANDIAL)</del>	W → 93.6
<del>10</del>	<del>PERIPHERAL SMEAR</del>	
<del>11</del>	<del>ECG</del>	
<del>12</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
<del>13</del>	<del>DENTAL CONSULTATION</del>	
<del>14</del>	<del>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)</del>	BP → 120/80
<del>15</del>	<del>VITAMIN D - 25 HYDROXY (D2+D3)</del>	
<del>16</del>	<del>URINE GLUCOSE (FASTING)</del>	
<del>17</del>	<del>HbA1c, GLYCATED HEMOGLOBIN</del>	
<del>18</del>	<del>ALKALINE PHOSPHATASE - SERUM/PLASMA</del>	
<del>19</del>	<del>X-RAY CHEST PA → P</del>	
<del>20</del>	<del>ENT CONSULTATION → P</del>	
<del>21</del>	<del>FITNESS BY GENERAL PHYSICIAN → P</del>	
<del>22</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	
<del>23</del>	<del>VITAMIN B12</del>	
<del>24</del>	<del>LIPID PROFILE</del>	
<del>25</del>	<del>BODY MASS INDEX (BMI)</del>	
<del>26</del>	<del>OPHTHAL BY GENERAL PHYSICIAN → P</del>	
<del>27</del>	<del>ULTRASOUND - WHOLE ABDOMEN</del>	
<del>28</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	



## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr Dharesha AK. on 11/03/24

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 checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1..... <u>Strict Glycemic control</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>	
<ul style="list-style-type: none"> <li>• Currently Unfit. Review after _____ recommended</li> </ul>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

Dr. DB Muddu  
Medical Officer  
The Apollo Clinic, Mysore.

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

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

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

**APOLLO CLINICS NETWORK KARNATAKA**

**Bangalore** (Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Date : 11-03-2024  
 MR NO : CMYS.0000060010  
 Name : Mr. DHARESHA A K  
 Age/ Gender : 51 Y / Male

Department : GENERAL  
 Doctor : D. UMESH HB  
 Registration No : 67089  
 Qualification :

Consultation Timing: 08:01

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse : <u>92/hr</u>	Resp : <u>20/4</u>	B.P : <u>120/80 mm Hg</u>

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

C/S  
AS  
P/A / N/A

DM - Poorly controlled

- T- OPRA MET- S-XR 1000 (20)
- T- Met met 500 0-0-1- (20)
- T- ALT D<sub>3</sub> 60k Once a week - (10)
- T- Nesualt 010 - (20)
- RIA 15 days

Regular Encoural Dieting

Follow up date :

D. Umesh HB  
Doctor Signature -

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

Date : 11-03-2024  
MR NO : CMYS.0000060010  
Name : Mr. DHARESHA A K  
Age/ Gender : 51 Y / Male

Department : GENERAL  
Doctor : Dr Umesh HB  
Registration No : 67080  
Qualification : MBBC - MD

Consultation Timing: 08:01

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse : 80/m	Resp : 20/m	B.P : 120/80 mmHg

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

Vision -	RT	LT
fund	6/6	6/6
Hear -	N-2 N-6	N-10 N-6
Color	(N)	(N)

Follow up date :

  
Doctor Signature

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



Date : 11-03-2024  
MR NO : CMYS.0000060010

Department : GENERAL  
Doctor :

Name : Mr. DHARESHA A K

Registration No : *Dr. Praveen Kumar R*  
Qualification : *MS (ENT)*

Age/ Gender : 51 Y / Male

Consultation Timing: 08:01

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

*Come for regular hearing checkup*

---

*Eor - normal TM - @*

*nose - normal mucosa @*

*oral cavity & oropharynx - @*

*neck @*

*As -             
- *hearing**

Follow up date :

*PK*  
Doctor Signature



Date : 11-03-2024  
MR NO : CMYS.0000060010

Department : GENERAL Diabetics  
Doctor : Madhura . B.P

Name : Mr. DHARESHA A K

Registration No :

Age/ Gender : 51 Y / Male

Qualification : M. Sc Nutrition & Dietetics  
PHD\*

Consultation Timing: 08:01

TBW - 69kg

Height: 171	Weight: 93.6	BMI: 32 kg/m <sup>2</sup>	Waist Circum:
Temp:	Pulse:	Resp:	B.P:

General Examination /  
Allergies History


FBS - 153  
PPBS - 307  
HbA1c - 7.8%  
HDL - 32  
Vitamin D - 13

Clinical Diagnosis & Management Plan

K/c/o - T<sub>2</sub>DM & HTAI  
=> Advised salt restricted diabetic diet with fiber rich foods.  
=> Fruits like Apple, Papaya, Muskmelon, orange, Mosambi, Guava & Pear can be taken 100gms/day. If FBS is below 150mg/dl.  
=> Avoid root vegetables like potato, sweet potato, Carrot & Arbi.

Follow up date :

Doctor Signature

  
11/3/2024

APOLLO CLINIC

#23, 1st Floor,

Kalidasa Road, Mysore-02

Ph: 0811-4006040/41

Free Home Collection : Ice

Mob 8095909222

Patient Name : Mr. DHARESHA A K  
UHID : CMYS.0000060010  
Reported on : 11-03-2024 18:14  
Adm/Consult Doctor :

Age : 51 Y M  
OP Visit No : CMYSOPV123295  
Printed on : 11-03-2024 18:14  
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.**

Printed on:11-03-2024 18:14

---End of the Report---

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

**Apollo Health and Lifestyle Limited**

(CP: UB5110TG2000PS/C115819)

Regd Office: 110-6/2, Ashoka Nigrahpathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

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Online appointments: [www.apolloclinics.com](http://www.apolloclinics.com)

TO BOOK AN APPOINTMENT

**1860 500 7788**

Date : 11-03-2024  
MR NO : CMYS.0000060010  
Name : Mr. DHARESHA A K  
Age/ Gender : 51 Y / Male

Department : GENERAL Dental  
Doctor : Dr. Jyothishree  
Registration No :  
Qualification :

Consultation Timing: 08:01

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination /  
Allergies History

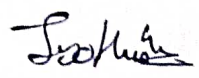
Clinical Diagnosis & Management Plan

O/E

(cat, set + (Tobacco stains)

Asv - oral prophylaxis

Follow up date :

  
Doctor Signature

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



Patient's Name : Mr.Dharesha A K	Age & Sex; 51Yrs /Male
Date : 11.03.2024	UHID No:60010

## 2D ECHOCARDIOGRAPHY STUDY

### Impression:

- Normal chambers and valves
- No regional wall motion abnormality
- Normal left ventricular systolic function. EF 66 %
- No clots. No pericardial effusion

### Findings

Left Ventricle:	No RWMA
Right Ventricle	Normal
Left Atrium	Normal
Right Atrium	Normal
Aorta	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Valves	Normal
Pericardium	Normal
Doppler	Normal

### Apollo Health and Lifestyle Limited

Regd. Office: 1102/00/PC/115619/

Regd. Office: 1102/00/02, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

Ph.No: (040) 404 7777, Fax No: 4904 7744 | Email ID: enquiry@apolloh.com | www.apolloh.com

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Bangalore: Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indra Nagar | JP Nagar | Kundalahalli |  
Koramangala | Sarjapur Road | Mysore (W. Mohalla)

Online appointments: www.apolloh.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**



Patient's Name : Mr.Dharesha A K	Age & Sex; 51Yrs /Male
Date : 11.03.2024	UHID No:60010

Measurements

AO : 2.9 cm  
LA : 2.7 cm

RV : 2.2 cm  
LVIDd 4.63 cm  
LVIDs : 2.92 cm  
IVSd : 0.98 cm  
IVSs : 1.40 cm  
PWd : 1.11 cm  
PWs : 1.43 cm  
EF : 66.0 %  
FS : 36.0 %

Doppler  
MV TV AV PV  
E 0.87 m/s E --- m/s V max 1.01 m/s V max 0.85 m/s  
:  
A: 0.50 m/s A --- m/s

**Dr. GURU PRASAD. B. V, MBBS, PGDCC**  
**CONSULTANT – NON-INVASIVE CARDIOLOGY**

**Dr. GURU PRASAD. B. V**  
MBBS, PGDCC (CARDIO)  
CCMH, CRFC (CCPR), PGCC, CCEBDM  
Consultant- Non Invasive Cardiology  
KMC No 6994

**Apollo Health and Lifestyle Limited**

CIN: U85110TG0000PLC1158191  
Regd Office: 110 to 112, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016  
Ph No: 040 4904 7777 Fax No: 4904 7744 | Email: enquiry@apollohi.com | www.apollohi.com

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Koramangala | Rajapur Road | Mysore (VV Mahalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

<b>Patient Name: Mr .Dharesha A K</b>	<b>Date: 11.03.2024</b>	<b>Doctor:Dr. Self</b>
<b>Age / Sex:51 yrs /Male</b>	<b>UHID No :60010</b>	<b>OP:</b>
<b>ULTRASONOGRAPHY – ABDOMEN &amp; PELVIS</b>		

**LIVER:** It is normal in size and echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

**GALL BLADDER:** It is well distended and normal. No e/o calculi.

**SPLEEN:** It is normal in size, outline and echopattern. No e/o focal lesions.

**PANCREAS:** It is normal in size, outline and echopattern.

**RIGHT KIDNEY:** It Measures 106x55 mm with parenchymal thickness of 18 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**LEFT KIDNEY:** It measures 116x58 mm with parenchymal thickness of 14 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**URINARY BLADDER:** It is well distended. The UB wall is normal. No e/o calculi.

**PROSTATE:** It measures 40x35x40.mm with a volume of 29 cc. It is increased in size, normal in outline and echotexture. The vascularity of prostate is normal.

**RIF:** No evidence of focal collection or mass lesion seen. Appendix is not visualized.

**OTHERS:** No e/o free fluid in the abdomen. No e/o lymphadenopathy. No e/o gut wall thickening. No mass lesion seen in the abdomen.

**IMPRESSION: ENLARGED PROSTATE.**

*Pradeep*

**Dr. Pradeep Kumar C N, DNB**  
Consultant Radiologist.

Apollo Health and Lifestyle Limited

KIN: U85110TG2000PLC1158191

Regd. Office: 1-10-60-62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

Ph. No: (91) 4964 7777, Fax No: 4964 7744 | Email ID: enquiry@apollohi.com | www.apollohi.com

APOLLO CLINICS NETWORK KARNATAKA

Bangalore: Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli |

Koramangala | Sarajapur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

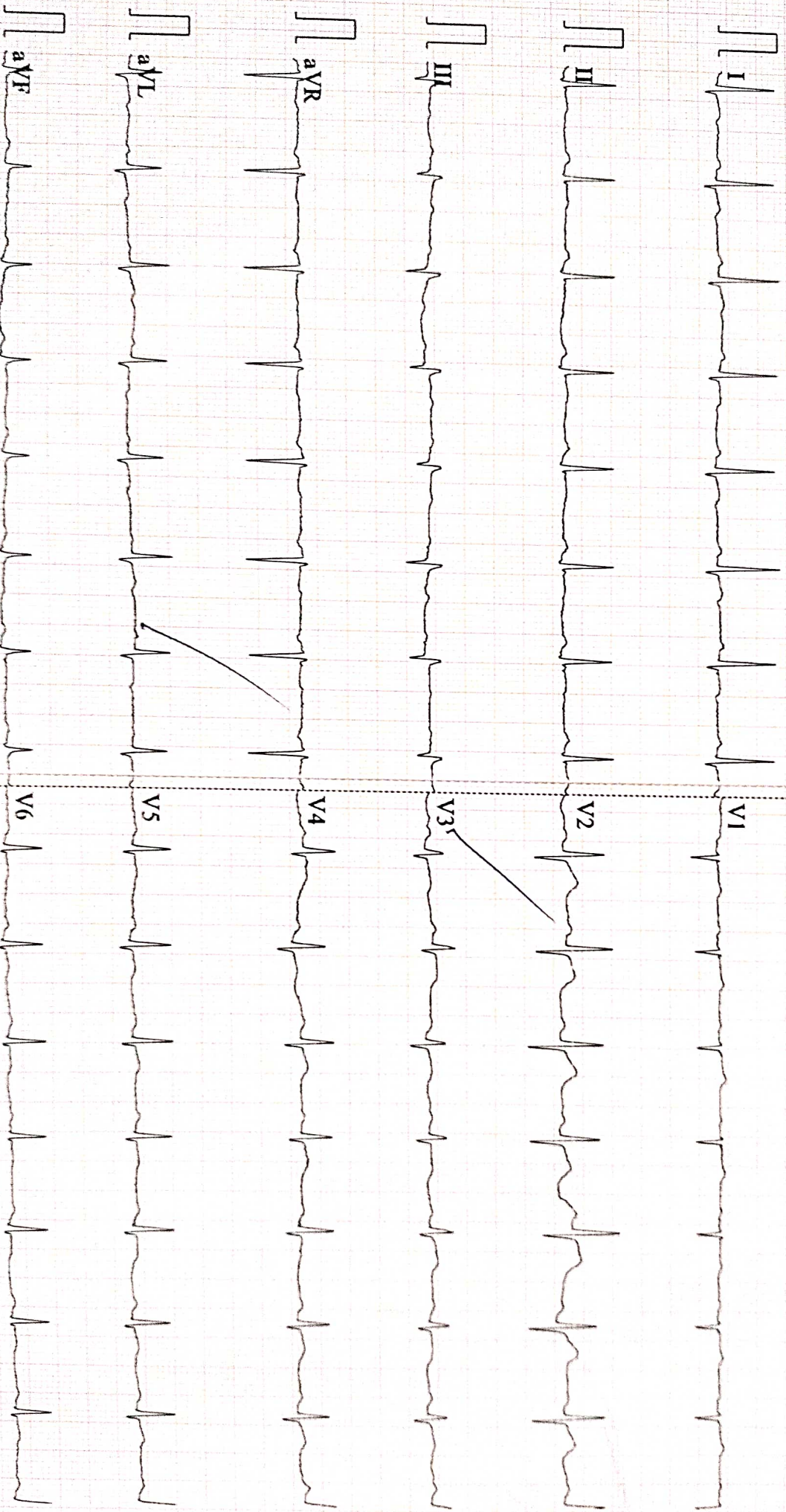


ID: 60010  
MR DHARESHA A K  
Male 51Years  
171cm 93kg 120/70 mmHg

Diagnosis Information:

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

Unconfirmed Report.





भारत सरकार  
GOVERNMENT OF INDIA

Issue Date 25/07/2012



ಧರೇಶ ಎ ಕೆ  
Dharesha A K  
ಜನ್ಮ ದಿನಾಂಕ / DOB: 04/07/1972  
ಪುರುಷ / MALE  
Mobile No.: 9902634690

5841 0090 9017

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Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Sat 09-03-2024 18:06

To: bhareshak9402@gmail.com <bhareshak9402@gmail.com>

Cc: Mysore Apolloclinic <mysore@apolloclinic.com>; Yogeesh KV <mkt.mysore@apolloclinic.com>; Syamsunder M <syamsunder.m@apollohl.com>



Dear DHARESHA A K,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **KALIDASA RAOD clinic** on **2024-03-11 at 08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

**Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.**

**Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.**

**Instructions to be followed for a health check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.