

Patient Name	: Mr.MITHUN S	Collected	: 21/Mar/2024 10:35AM
Age/Gender	: 37 Y 6 M 19 D/M	Received	: 21/Mar/2024 12:49PM
UHID/MR No	: CMYS.0000060147	Reported	: 21/Mar/2024 12:54PM
Visit ID	: CMYSOPV123690	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 258593330022		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA


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

SIN No:BED240076290



Patient Name	: Mr.MITHUN S	Collected	: 21/Mar/2024 10:35AM
Age/Gender	: 37 Y 6 M 19 D/M	Received	: 21/Mar/2024 12:49PM
UHID/MR No	: CMYS.000060147	Reported	: 21/Mar/2024 02:06PM
Visit ID	: CMYSOPV123690	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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.7	g/dL	13-17	Spectrophotometer
PCV	45.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.17	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	12.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	50.4	%	40-80	Electrical Impedance
LYMPHOCYTES	37.4	%	20-40	Electrical Impedance
EOSINOPHILS	4.6	%	1-6	Electrical Impedance
MONOCYTES	7.1	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4132.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3066.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	377.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	582.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	41	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.35		0.78- 3.53	Calculated
PLATELET COUNT	284000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	04	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

R.B.C: Majority are normocytic normochromic.



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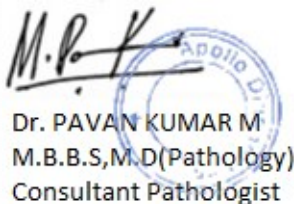
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

W.B.C: normal in number with normal morphology and distribution.

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

Hemoparasites: Not seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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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	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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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	101	mg/dl	74-106	GOD, POD

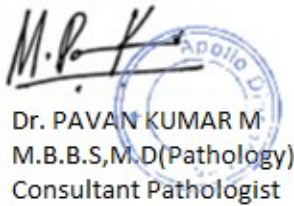
Comment:

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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.



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Patient Name : Mr.MITHUN S	Collected : 21/Mar/2024 12:37PM
Age/Gender : 37 Y 6 M 19 D/M	Received : 21/Mar/2024 01:50PM
UHID/MR No : CMYS.0000060147	Reported : 21/Mar/2024 02:18PM
Visit ID : CMYSOPV123690	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

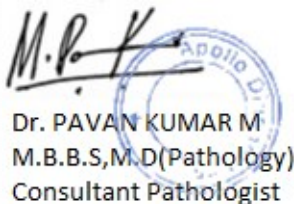
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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	109	mg/dl	70-140	GOD, POD

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.



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UHID/MR No : CMYS.0000060147	Reported : 21/Mar/2024 03:55PM
Visit ID : CMYSOPV123690	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	mg/dL		Calculated

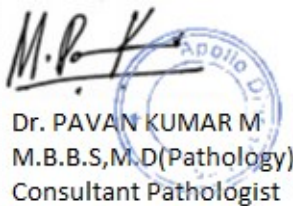
Comment:

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 STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	139	mg/dl	0-200	CHOD
TRIGLYCERIDES	67	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	49	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	90	mg/dL	<130	Calculated
LDL CHOLESTEROL	76.37	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.33	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.82		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<0.11	Calculated

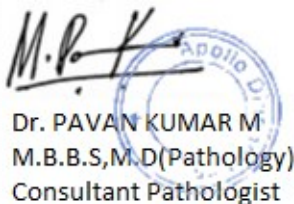
Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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

- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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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	0.53	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.37	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/l	0-35	IFCC
ALKALINE PHOSPHATASE	71.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	7.30	g/dl	6.4-8.3	Biuret
ALBUMIN	4.04	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.26	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		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:

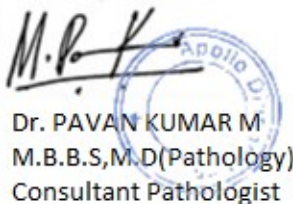
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.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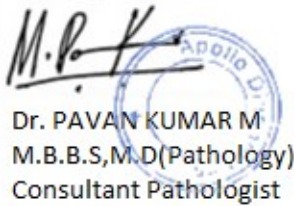


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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.10	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	23.00	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	10.8	mg/dl	6-20	Urease, UV
URIC ACID	5.90	mg/dL	3.5-7.2	Uricase
CALCIUM	8.65	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.66	mg/dl	2.7-4.5	Molybdate
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.30	g/dl	6.4-8.3	Biuret
ALBUMIN	4.04	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.26	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.00	U/l	0-55	IFCC


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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)	0.99	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.41	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.490	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

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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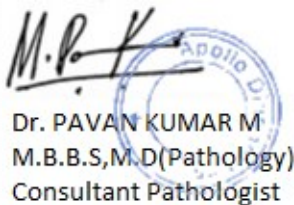
DEPARTMENT OF CLINICAL PATHOLOGY

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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		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
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3 - 4	/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 ***

Page 15 of 15



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

SIN No:UR2311166



Patient Name	: Mr. MITHUN S	Age/Gender	: 37 Y/M
UHID/MR No.	: CMYS.0000060147	OP Visit No	: CMYSOPV123690
Sample Collected on	:	Reported on	: 21-03-2024 17:03
LRN#	: RAD2274861	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 258593330022		

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. CHETAN HOLEPPAGOL
MBBS, DNB(RADIO DIAGNOSIS)
Radiology

Name: Mr. MITHUN S
Age/Gender: 37 Y/M
Address: mysore
Location: MYSORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: MYSORE_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. UMESH H B

MR No: CMYS.0000060147
Visit ID: CMYSOPV123690
Visit Date: 21-03-2024 10:33
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: For Routine Health Checkup,

SYSTEMIC REVIEW

**Weight

--->: Stable,

Number of kgs: 75,

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: Nil Significant,

**Cancer: NILL,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

IMPRESSION

Finding Category : within normal limits,

EKG

: 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

8.9.12

Name : Mr. MITHUN S Address : mysore Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 37 Y Sex : M	UHID :CMYS.0000060147  OP Number :CMYSOPV123690 Bill No :CMYS-OCR-22745 Date : 21.03.2024 10:33
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	LIVER FUNCTION TEST (LFT)	
3	GLUCOSE, FASTING	
4	HEMOGRAM + PERIPHERAL SMEAR	
5	COMPLETE URINE EXAMINATION	
6	PERIPHERAL SMEAR	
7	ECG	
8	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	wt - 75.3
9	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	Ht - 178
10	HbA1c, GLYCATED HEMOGLOBIN	
11	X-RAY CHEST PA	BP - 110/70
12	FITNESS BY GENERAL PHYSICIAN → P	
13	BLOOD GROUP ABO AND RH FACTOR	
14	LIPID PROFILE	
15	BODY MASS INDEX (BMI)	
16	OPHTHAL BY GENERAL PHYSICIAN	
17	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Mitthan S- on 21/03/24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<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>	
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	
<ul style="list-style-type: none"> • Unfit 	

Dr. NBM
Medical Officer
Apollo Clinic
The Apollo Clinic, Mysore,
Kalidasa Road, Mysore - 02

Apollo Health and Lifestyle Limited

ICPN: URS110TG2000PLC115R191

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

This certificate is not meant for medico-legal purpose

TO BOOK AN APPOINTMENT

1860 500 7788

Date : 21-03-2024
MR NO : CMYS.0000060147
Name : Mr. MITHUN S
Age/ Gender : 37 Y / Male

Department : GENERAL
Doctor : Dr Umesh HB
Registration No : 67084
Qualification : M.B.B.S M.D.

Consultation Timing: 10:33

Height : 178	Weight : 75.3	BMI :	Waist Circum :
Temp :	Pulse : 72	Resp : 20	B.P : 110/70

General Examination /
Allergies History

CVS
RS / 21/3
AB

Clinical Diagnosis & Management Plan

Adv
Regular Exercise

Follow up date :


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

Date : 21-03-2024 Department : GENERAL [Ophthal]
 MR NO : CMYS.0000060147 Doctor :
 Name : Mr. MITHUN S Registration No :
 Age/ Gender : 37 Y / Male Qualification :

Consultation Timing: 10:33

Height : 178	Weight : 75.3	BMI : High.	Waist Circum :
Temp : (N)	Pulse : 92/min	Resp : 20/min	B.P : 110/70

General Examination /
Allergies History

-NO-

Clinical Diagnosis & Management Plan

Wearing corrected Spectacles
> 7 yrs.

NO H/O Ty II DM } HTN
on Rx.

No fresh complaints.

vision	(R)	(L)
Far	6/6	6/6
Near	NG	NG
colour	(N)	

Follow up date :

Doctor Signature

Regular check ups.

Apollo Clinic
 # 23, 1st Floor,
 Kalidasa Road, Mysore - 07
 P/T: 0821-4006040/41

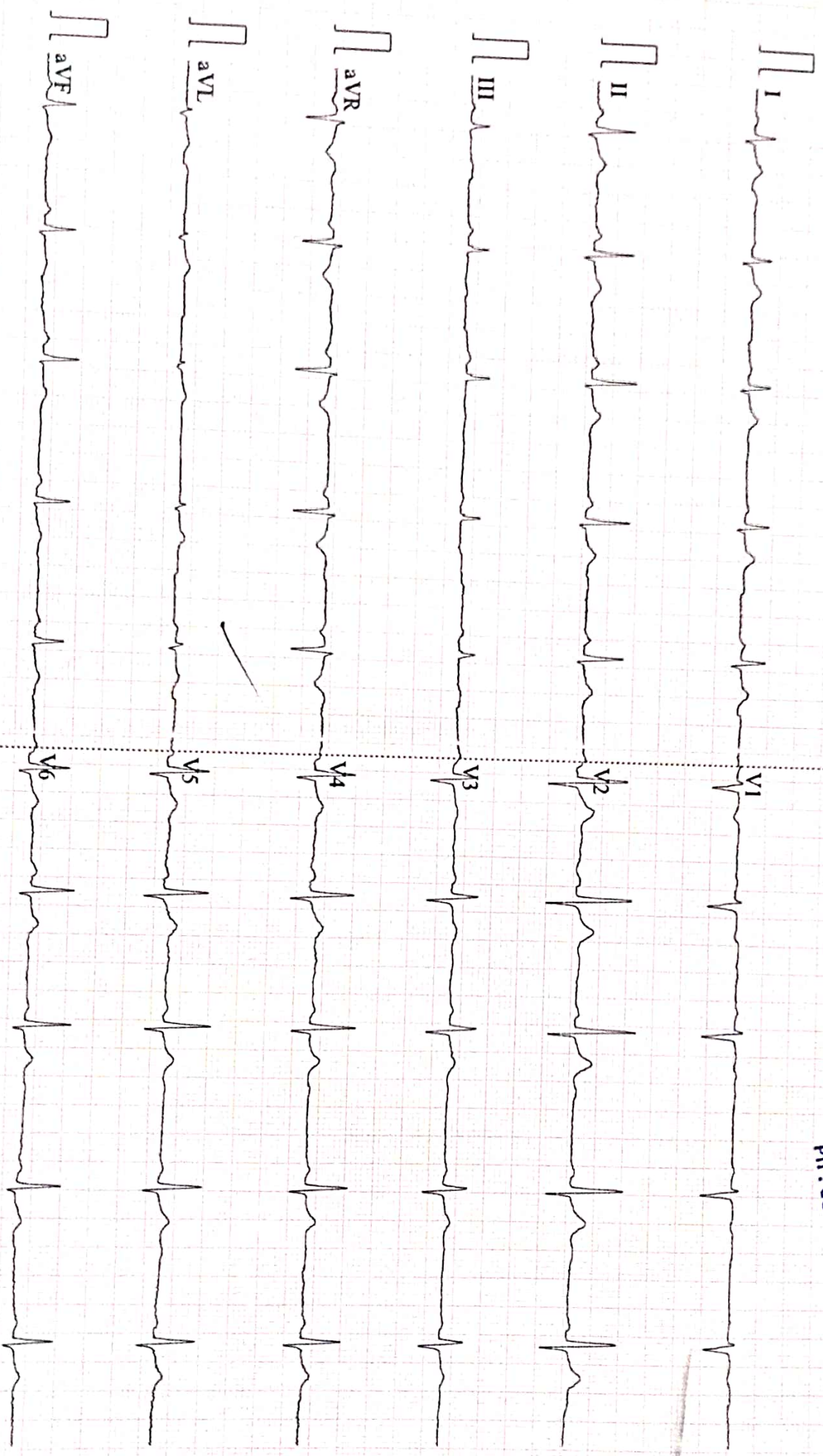
ID: 60147
MR MITHUN S
Male 37Years
178cm 75kg 110/70 mmHg

21-03-2024 11:35:56 AM

Diagnosis Information:

Unconfirmed Report.

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4096040/41



0.5~45Hz AC50 25mm/s 10mm/mV 2*5.0s 60 CARDIART 8 D V1.43 Glasgow V28.6.0 APOLLO CLINIC MYSURU

Patient Name	: Mr. MITHUN S	Age	: 37 Y M
UHID	: CMYS.0000060147	OP Visit No	: CMYSOPV123690
Reported on	: 21-03-2024 17:02	Printed on	: 21-03-2024 17:03
Adm/Consult Doctor	:	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:21-03-2024 17:02

---End of the Report---



Dr. CHETAN HOLEPPAGOL
MBBS, DNB(RADIO DIAGNOSIS)
Radiology

Apollo Health and Lifestyle Limited

(CIN : U85110TG2000PLC115819)

Regd Office: 110-63-62, 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

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Koramangala | Sarjapur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**



भारत सरकार
GOVERNMENT OF INDIA



आधार

Download Date: 13/11/2013



S Mithun
DOB: 02/09/1986
MALE
Mobile No:
9946322604

Issue Date: 01/01/2013

2585 9333 0022
VID : 9115 3349 9334 8957

എന്റെ രജിസ്ട്രേഷൻ നമ്പർ: എന്റെ ഐഡി നമ്പർ

Fwd: Health Check up Booking Confirmed Request(UBOIE4502),Package Code-PKG10000361, Beneficiary Code-311438

mithun s <mithuns123@gmail.com>
Thu 21-03-2024 10:31
To:Mysore Apolloclinic <mysore@apolloclinic.com>
Pfa

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

From: **Mediwheel** <wellness@mediwheel.in>
Date: Wed, Mar 20, 2024, 2:12 PM
Subject: Health Check up Booking Confirmed Request(UBOIE4502),Package Code-PKG10000361, Beneficiary Code-311438
To: <mithuns123@gmail.com>
Cc: <customercare@mediwheel.in>

011-41195959

Dear **MITHUN S,**

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Standard Plus

Patient Package Name : MediWheel Full Body Health Checkup Male 35 to 40

Name of Diagnostic/Hospital : Apollo clinic - VV Mohalla

Address of Diagnostic/Hospital- : Apollo Clinic, 23, Kalidasa Road, VV Mohalla, Mysore - 570002

City : Mysore

State :

Pincode : 570002

Appointment Date : 21-03-2024

Confirmation Status : Booking Confirmed

Preferred Time : 11:00:AM

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MITHUN S	37 year	Male

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team
Please Download Mediwheel App

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