


Patient Name	: Mr.P N LOKESHA	Collected	: 26/Mar/2024 08:10AM
Age/Gender	: 37 Y 10 M 21 D/M	Received	: 26/Mar/2024 10:09AM
UHID/MR No	: CMYS.0000060225	Reported	: 26/Mar/2024 11:51AM
Visit ID	: CMYSOPV123866	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 938936641465		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA


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

SIN No:BED240082397



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UHID/MR No	: CMYS.0000060225	Reported	: 26/Mar/2024 01:44PM
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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	16.2	g/dL	13-17	Spectrophotometer
PCV	48.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.14	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	93	fL	83-101	Calculated
MCH	31.6	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	12	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,900	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	55.4	%	40-80	Electrical Impedance
LYMPHOCYTES	35.5	%	20-40	Electrical Impedance
EOSINOPHILS	2.9	%	1-6	Electrical Impedance
MONOCYTES	5.8	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4376.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2804.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	229.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	458.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	31.6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.56		0.78- 3.53	Calculated
PLATELET COUNT	283000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

R.B.C: Majority are normocytic normochromic.



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DEPARTMENT OF HAEMATOLOGY

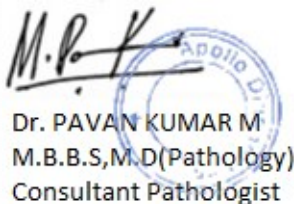
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

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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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	145	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)	130	mg/dl	70-140	GOD, POD

Result is rechecked. Kindly correlate clinically

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				

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

SIN No:EDT240037926



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HbA1C, GLYCATED HEMOGLOBIN	5.7	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL	Calculated

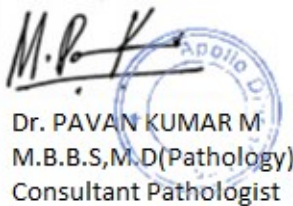
Comment:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	150	mg/dl	0-200	CHOD
TRIGLYCERIDES	406	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	30	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	120	mg/dL	<130	Calculated
VLDL CHOLESTEROL	81.21	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.99		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.77		<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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine

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Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
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SIN No:SE04675631



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DEPARTMENT OF BIOCHEMISTRY

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

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).



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LDL CHOLESTEROL - (DIRECT LDL)	61.00	mg/dL	<100	CHE/CHO/POD & Catalase



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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	1.87	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.40	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	1.47	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	38	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/l	0-35	IFCC
ALKALINE PHOSPHATASE	94.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	7.50	g/dl	6.4-8.3	Biuret
ALBUMIN	4.85	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.65	g/dL	2.0-3.5	Calculated
A/G RATIO	1.83		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:

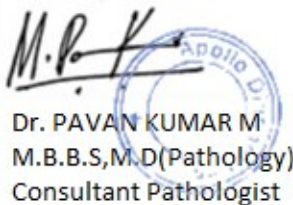
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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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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	1.16	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	29.12	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	13.6	mg/dl	6-20	Urease, UV
URIC ACID	7.90	mg/dL	3.5-7.2	Uricase
CALCIUM	10.03	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.85	mg/dl	2.7-4.5	Molybdate
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.50	g/dl	6.4-8.3	Biuret
ALBUMIN	4.85	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.65	g/dL	2.0-3.5	Calculated
A/G RATIO	1.83		0.9-2.0	Calculated



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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	62.00	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)	0.93	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.72	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	0.620	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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ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324



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M.B.B.S,M.D(Pathology)
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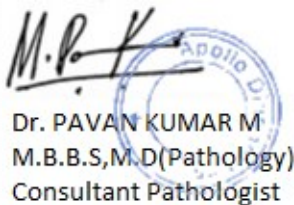
DEPARTMENT OF CLINICAL PATHOLOGY

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	TURBID		CLEAR	Visual
pH	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	POSITIVE (+)		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:UR2316156



Patient Name : Mr. P N LOKESHA

Age/Gender : 37 Y/M

UHID/MR No. : CMYS.0000060225

OP Visit No : CMYSOPV123866

Sample Collected on :

Reported on : 26-03-2024 16:37

LRN# : RAD2281287

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 938936641465

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

Patient Name : Mr. P N LOKESHA

Age/Gender : 37 Y/M

UHID/MR No. : CMYS.0000060225

OP Visit No : CMYSOPV123866

Sample Collected on :

Reported on : 26-03-2024 16:03

LRN# : RAD2281287

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 938936641465

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.

CONCLUSION :

No obvious abnormality seen

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

Name: Mr. P N LOKESHA
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.0000060225
Visit ID: CMYSOPV123866
Visit Date: 26-03-2024 08:05
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: 87.2,

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: Nil Significant,

**Cancer: nil,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Fitness Report

Fitness.: YES,

Fitness: fit,

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. P N LOKESHA

Age: 37 Y

Sex: M

UHID:CMYS.0000060225



OP Number:CMYSOPV123866

Bill No :CMYS-OCR-22816

Date : 26.03.2024 08:07

Address : MYSORE

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	COMPLETE URINE EXAMINATION	HE → 173
7	PERIPHERAL SMEAR	
8	ECG	W G → 78.8
9	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
10	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	BP → 120/70
11	HbA1c, GLYCATED HEMOGLOBIN	
12	X-RAY CHEST PA	
13	FITNESS BY GENERAL PHYSICIAN → P	
14	BLOOD GROUP ABO AND RH FACTOR	
15	LIPID PROFILE	
16	BODY MASS INDEX (BMI)	
17	OPHTHAL BY GENERAL PHYSICIAN → P	
18	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Laksha on 26/3/24

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

	Tick
<ul style="list-style-type: none"> 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. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> Unfit 	

Dr. _____
Medical Officer
The Apollo Clinic, Mysore.

Apollo Health and Lifestyle Limited

CIN: U85110TG2000PLC115819

Regd Office: 1, 10-60/62, Ashoka Raghupathi Chetty Street, 3rd Floor, 6th Cross, 4th Stage, 6th Block, Jayanagar, Bangalore - 560029

Ph. No: 0821-4904 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 |
Kuvempunagar | Sarjapur Road | Mysore: (VV Mohalla)

Online appointments: www.apolloclinic.com

This certificate is not meant for medical/legal purposes

Apollo Clinic

23, 1st Floor,
Kalidasa Road, Mysore

Ph: 0821-4904 7777

1860 500 7788

Date : 26-03-2024
 MR NO : CMYS.000060225
 Name : Mr. P N LOKESHA
 Age/ Gender : 37 Y / Male

Department : GENERAL
 Doctor :
 Registration No :
 Qualification : Ophthalm

Consultation Timing: 08:05

Height: 173	Weight: 78.5	BMI:	Waist Circum: 120/70
Temp: (N)	Pulse: 90/min	Resp: 20/min	B.P: 120/70

General Examination /
 Allergies History

-NU-

Clinical Diagnosis & Management Plan

Not on Spectacle.
 No fresh complaints.
 No H/o T2 DM / HTN.
 Not on any treatment.

O/E P I C R L E

R.S }
 CVS } KAD.
 PLA }

CNS - NO focal deficits found.

Follow up date :

Doctor Signature

- Regular Health checks.
- follow up.

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

Date : 26-03-2024
MR NO : CMYS.0000060225

Department : GENERAL
Doctor :

Name : Mr. P N LOKESHA

Registration No :

Age/ Gender : 37 Y / Male

Qualification :

Consultation Timing: 08:05

Height: 173	Weight: 78.8	BMI:	Waist Circum:
Temp: (N)	Pulse: 92/min	Resp: 20/min	B.P: 120/70

General Examination /
Allergies History

- Nil -

Clinical Diagnosis & Management Plan

Normal reports.

Blood Sugars - slightly high.

No fresh complaints.

NOT on any treatments.

σ/ε P I C K L E

R-S } NO H/O T₁ DM/HTN.
CVS } WAD.
PIA }

CNS - NO focal deficits found.

Follow up date :

Doctor Signature

- Regular Health

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

Patient Name : Mr. P N LOKESHA
UHID : CMYS.0000060225
Reported on : 26-03-2024 16:36
Adm/Consult Doctor :

Age : 37 Y M
OP Visit No : CMYSOPV123866
Printed on : 26-03-2024 16:37
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:26-03-2024 16:36

---End of the Report---



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

Apollo Health and Lifestyle Limited

(CIN: U85110TG2000PLC115819)

Head Office: 11D-60/62, Anshika Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

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

APOLLO CLINICS NETWORK KARNATAKA

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

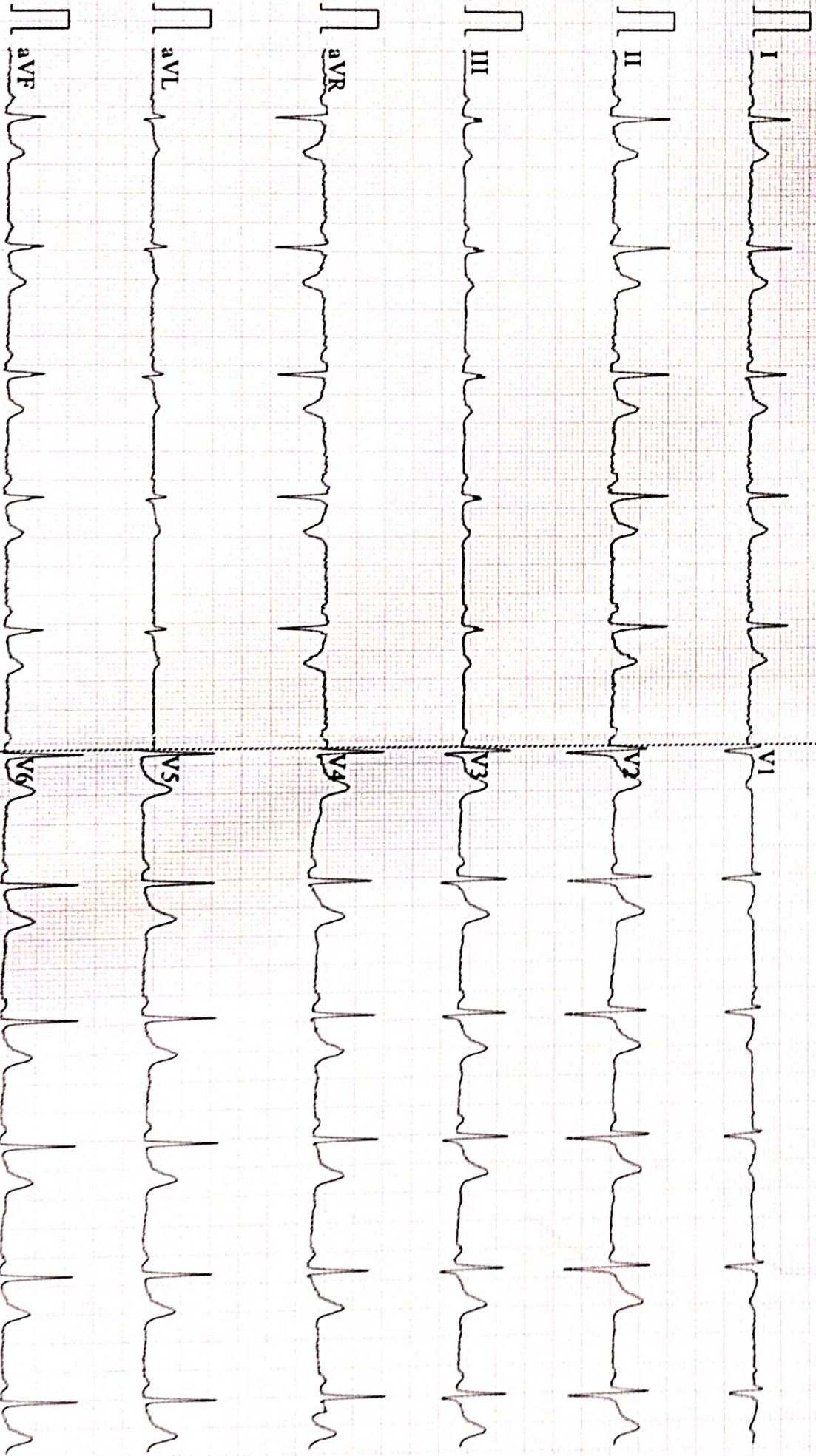
Online appointments: www.apolloh.com

TO BOOK AN APPOINTMENT

1860 500 7788

Unconfirmed Report.

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





भारत सरकार
ಭಾರತ ಸರ್ಕಾರ



आधार

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತಿನ ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrolment No.: 1037/11579/06132

To

ಲೋಕೇಶ ಪಿ ಎನ್

Lokesh P N

S/O Nagarajappa P S

#5808 23rd C Cross

Vijaya Nagar Mysore

Vijaynagar II Stage Mysore

Karnataka 570017

9972115743

29/02/2012

11997366



UG1199736691N



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9389 3664 1465

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ
GOVERNMENT OF INDIA



ಲೋಕೇಶ ಪಿ ಎನ್

Lokesh P N

ಹುಟ್ಟಿದ ವರ್ಷ / Year of Birth : 1986

ವಿಧ / Male



9389 3664 1465

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

Bh - Vijaynagar-Mysore [Union Bank Of India]

From: Lokiasha 99 <lokiasha9@gmail.com>
Sent: 25 March 2024 18:47
To: Bh - Vijaynagar-Mysore [Union Bank Of India]
Subject: Fwd: Health Check up Booking Request(UBOIE4628),Package Code(PKG10000361),Beneficiary Code(311912)

कृपया सावधानी बरतें एवं ध्यान दें: यह ई-मेल बाहर से प्राप्त हुई है। कृपया प्रेषक के ई-मेल पते को पूर्ण रूप से जाँचें (केवल प्रेषक का नाम ही नहीं)। प्रेषक की पहचान किए बिना लिंक पर क्लिक न करें एवं संलग्न को न खोलें और पहचाने की दी गई सामग्री सुरक्षित है अथवा नहीं। संदिग्ध मेल के संबंध में, कृपया antiphishing@the.rate.unionbankofindia.bank पर रिपोर्ट करें

CAUTION AND ATTENTION PLEASE: This is an external email. Please check the sender's full email address (not just the sender name). Do not click links or open attachments unless you recognize the sender and know the content is safe. In case of any suspicious email please report it to antiphishing@the.rate.unionbankofindia.bank

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

From: Mediwheel <wellness@mediwheel.in>
Date: Fri, Mar 22, 2024, 1:27 PM
Subject: Health Check up Booking Request(UBOIE4628),Package Code(PKG10000361),Beneficiary Code(311912)
To: <lokiasha9@gmail.com>
Cc: <customercare@mediwheel.in>



011-41195959

Dear P N LOKESHA,

We have received your booking request for the following health checkup, please upload your approval letter as soon as possible to enable us to confirm your booking.

Upload HRM Letter

User Package Name : MediWheel Full Body Health Checkup Male 35 to 40
Package Code : PKG10000361
Name of Diagnostic/Hospital : Apollo clinic - VV Mohalla
Address of Diagnostic/Hospital- Apollo Clinic, 23, Kalidasa Road, VV Mohalla, Mysore - 570002
Appointment Date : 26-03-2024
Preferred Time : 08:00:AM

Member Information		
Booked Member Name	Age	Gender
P N LOKESHA	37 year	Male

कृते यूनियन बैंक ऑफ इंडिया
For UNION BANK OF INDIA
शाखा प्रबंधक/लेखाकार / Br. Manager/Acct.
विजयनगर, मैसूरु / Vijayanagar, Mysuru