


Patient Name : Mr.ABHAY KUMAR PANDEY	Collected : 31/Mar/2024 09:03AM
Age/Gender : 39 Y 2 M 30 D/M	Received : 31/Mar/2024 01:47PM
UHID/MR No : CINR.0000165303	Reported : 31/Mar/2024 03:39PM
Visit ID : CINROPV223983	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4847	

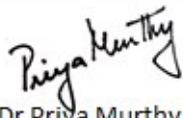
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	16.6	g/dL	13-17	Spectrophotometer
PCV	49.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.57	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88.6	fL	83-101	Calculated
MCH	29.9	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	12.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,290	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	66.9	%	40-80	Electrical Impedance
LYMPHOCYTES	22.2	%	20-40	Electrical Impedance
EOSINOPHILS	4	%	1-6	Electrical Impedance
MONOCYTES	6.3	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4877.01	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1618.38	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	291.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	459.27	Cells/cu.mm	200-1000	Calculated
BASOPHILS	43.74	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	3.01		0.78- 3.53	Calculated
PLATELET COUNT	259000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	11	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic

  
**DR. Aditi Parkhe**  
 MBBS, MD (PATHOLOGY)  
 Consultant Pathologist

  
**Dr Priya Murthy**  
 M.B.B.S, M.D (Pathology)  
 Consultant Pathologist



SIN No: BED240090273

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
 Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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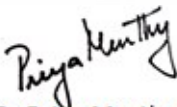
WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**

  
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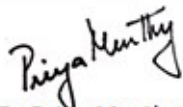
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DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

  
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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	248	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

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


Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	11.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	289	mg/dL		Calculated

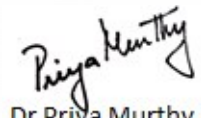
Comment:

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

Page 4 of 14

  
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SIN No: EDT240042074

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DEPARTMENT OF BIOCHEMISTRY

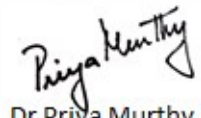
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POOR CONTROL >10

**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

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	166	mg/dL	<200	CHO-POD
TRIGLYCERIDES	107	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>38</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	128	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>106.7</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.37		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.09		<0.11	Calculated

**Comment:**

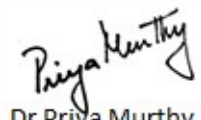
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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.

  
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SIN No:SE04683820

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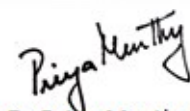
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 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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Visit ID : CINROPV223983	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4847	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.17	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.25	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.92	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	32	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	79.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.53	g/dL	6.6-8.3	Biuret
ALBUMIN	5.00	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.53	g/dL	2.0-3.5	Calculated
A/G RATIO	1.98		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.

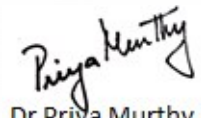
**2. Cholestatic Pattern:**

- 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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 Consultant Biochemist

  
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SIN No:SE04683820

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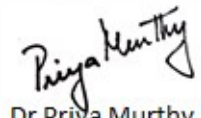
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.91	mg/dL	0.67-1.17	Jaffe's, Method
UREA	24.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.08	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.92	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	99	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.53	g/dL	6.6-8.3	Biuret
ALBUMIN	5.00	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.53	g/dL	2.0-3.5	Calculated
A/G RATIO	1.98		0.9-2.0	Calculated

  
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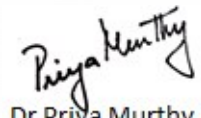
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	29.00	U/L	<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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.2	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.2	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.471	µIU/mL	0.34-5.60	CLIA

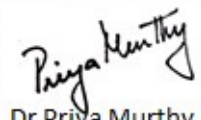
Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

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

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

  
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SIN No: SPL24061527

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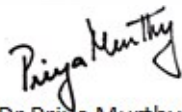
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DEPARTMENT OF IMMUNOLOGY

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



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DEPARTMENT OF CLINICAL PATHOLOGY


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

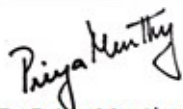
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	POSITIVE +		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE +++		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Result Rechecked

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

Page 13 of 14

  
**DR. Aditi Parkhe**  
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**Dr Priya Murthy**  
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 Consultant Pathologist



SIN No: UR2322540

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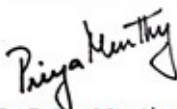
DEPARTMENT OF CLINICAL PATHOLOGY

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

Result/s to Follow:  
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 **1860 500 7788**  
www.apolloclinic.com



Name : Mr. ABHAY KUMAR PANDEY

Age: 39 Y

UHID: CINR.0000165303

Address : INDIRANAGER

Sex: M



Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

OP Number: CINROPV223983

Bill No : CINR-OCR-95980

Date : 31.03.2024 09:00

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)	
9	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
10	HbA1c, GLYCATED HEMOGLOBIN	
11	X-RAY CHEST PA 10	
12	FITNESS BY GENERAL PHYSICIAN	
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)	

Densit → 1

wd - 76.7 kg

HA - 165 cm

BP - 120/84 mmHg

BMI - 28.2 kg/m<sup>2</sup>

wnist - 28.2 kg/m<sup>2</sup> → 92

Pulse - 92 bpm



Date HOSPITALS: 31-03-2024

Department : GENERAL

MR NO : CINR.0000165303

Doctor :

Name : Mr. ABHAY KUMAR PANDEY

Registration No :

Age/ Gender : 39 Y / Male

Qualification :

Consultation Timing: 09:00

Height : <del>78</del> 165 cm	Weight : 76.4 kgs	BMI : 28.2 kg/m <sup>2</sup>	Waist Circum :
Temp : 98 °F	Pulse : 92 bpm	Resp : 18 bpm	B.P : 120/80 mmHg

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

**Apollo Clinic, Indiranagar**

#2012, 1st Floor, 100 Feet Road, HAL 2nd Stage, Indiranagar - 560038

Phone: (080) 2521 4614/15

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BOOK YOUR APPOINTMENT TODAY!

Whatsapp Number : 970 100 3333

Toll Number : 1860 500 7788

Website : www.apolloclinic.com

## OPHTHAL PRESCRIPTION

PATIENT NAME : *Mr. Abhay Kumar*

DATE : *31/3/24*

UHID NO : *65303*

AGE : *39*

OPTOMETRIST NAME: Ms.Swathi

GENDER: *m*

This is to certify that I have examined

years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	<i>Plano</i>	<i>Plano</i>		<i>6/6</i>	<i>Plano</i>	<i>Plano</i>		<i>6/6</i>
Add								

PD - RE: *31* - LE: *31* -

Colour Vision: *normal (BU)*

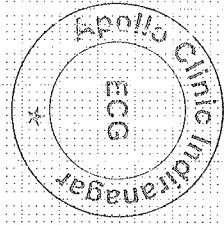
Remarks: *tear eye drops* →



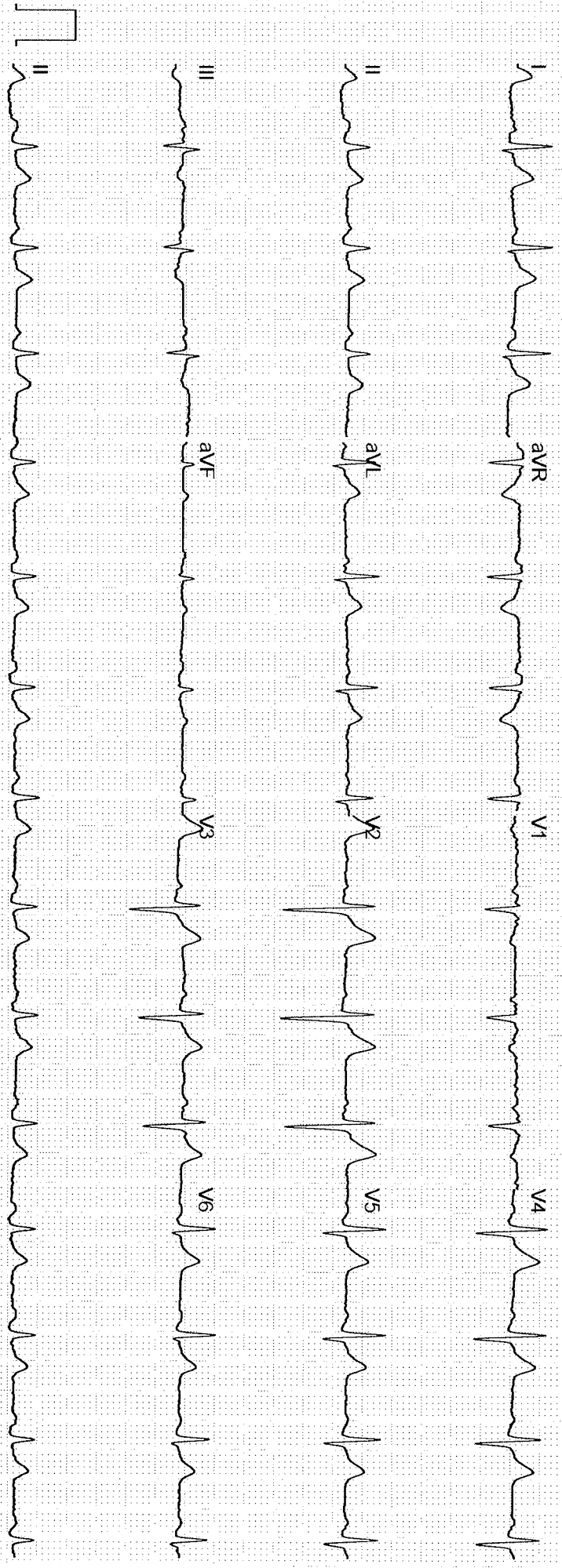
Apollo clinic Indiranagar



QRS	72 ms
QT / QTcBaz	330 / 387 ms
PR	144 ms
P	98 ms
RR / PP	718 / 722 ms
P / QRS / T	39 / 23 / 15 degrees



Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:



GE MAC2000 1 1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz 4x2.5x3\_25\_R1

Unconfirmed

RO - LUCKNOW

IST FLOOR, UNION BANK BHAVAN, VIBHUTI KHAND GOMTI NAGAR, Uttar  
Pradesh, Lucknow- 522

To,

The Chief Medical Officer

M/S Mediwheel

<https://mediwheel.in/signup011-41195959>(A brand name of Arcofemi Healthcare Ltd),  
Mumbai400021

Dear Sir,

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

Shri/Smt./Kumari. PANDEY, ABHAY KUMAR

P.F. No 552236

Designation: Manager

Checkup for Financial Year: 2023

Approved Charges Rs. 2200

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

Our Pay order/DD No. 0 dated for Rs. 2200 (after deducting TDS, wherever applicable) towards the Health Checkup charges is enclosed. TDS Certificate, as applicable will be sent to you separately.

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

Thanking you,

Yours Faithfully,



(Signature of the Employee)

Branch Manager/Senior Manager

011-41195959

Dear ABHAY KUMAR PANDEY,

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

**Name of Diagnostic/Hospital** : Apollo Clinic - Indiranagar

**Address of Diagnostic/Hospital** : 2012,1st floor, Above vision express, Next to Starbucks, 100 feet road, HAL 2nd stage, Indiranagar - 560038

**Appointment Date** : 31-03-2024

**Preferred Time** : 8:30am

Member Information		
Booked Member Name	Age	Gender
ABHAY KUMAR PANDEY	38 year	Male

### Tests included in this Package

- Bmi Check
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- Eye Check-up consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile

Thanks,  
Mediwheel Team



Health checkup at tie-up Ctr HealthCheckup Authorisation letter

Employee Request for Health Checkup at Tie-up Centre/Clinic

Employee Id 552236

Name PANDEY,ABHAY KUMAR Date of Birth 20/05/1985 Gender Male

Designation Manager Grade SCALE 2 OFFICER

Department RO - LUCKNOW Location ZAO LUCKNOW

I wish to undergo Health Checkup at MIS Mediwheel

under tie up arrangement with our bank for the Financial Year 2023-2024

The health checkup charges payable to above Centre as per bank's agreement with them is Rs. 2200.00

Kindly make the payment to them towards their health checkup charges after deducting TDS and Service Tax as applicable.

\*\*As bank is making payment to the above Centre/Clinic as per my request, I will undergo health checkup at above mentioned Centre only.

Submit	Date of Request	25/03/2024	Status of the application	Sanctioned
Approve	Decline	Approved by:	375811	Date
Remarks, if declined		Approved		

Approver Name SAXENA,ANURADHA

Health checkup at tie-up Ctr HealthCheckup Authorisatn letter



Union Bank of India  
RO -LUCKNOW/  
1ST FLOOR, UNION BANK BHAVAN,  
VIBHUTI KHAND GOMTI NAGAR, Uttar  
Pradesh, Lucknow- 522

To,

The Chief Medical Officer

M/S Medivheel  
[https://medivheel.in/signup011-41195959\(A brand name of Arcoterni Healthcare Ltd\), Mumbai400021](https://medivheel.in/signup011-41195959(A)

Dear Sir,

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

Shri/Smt./Kum. PANDEY,ABHAY KUMAR

P.F. No. 552236

Designation : Manager

Checkup for Financial Year 2023-2024

Approved Charges Rs. 2200.00

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

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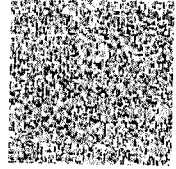





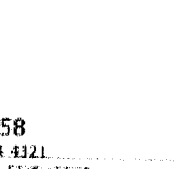


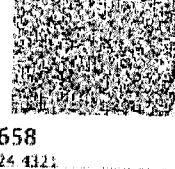
Thanking you,

Yours Faithfully,

(Signature of the Employee)

BRANCH MANAGER/SENIOR MANAGER

PS. : Status of the application- Sanctioned

  <p><b>भारत सरकार</b> Government of India</p> <p><b>भारतीय विशिष्ट पहचान प्राधिकरण</b> Unique Identification Authority of India</p> <p>नामांकन क्र./ Enrolment No.: 0656/07293/01195</p> <p>To        Abhay Kumar Pandey        C/O Anil Kumar Pandey        House No. 37 D        Shri Krishna Puram        Kirti Nagar Off Pashar Bazaar        Gurgaon        Haryana        Udaipur Pradesh - 271003        9-9-271015</p>  <p>आपका आधार क्रमांक / Your Aadhaar No.  <b>XXXX XXXX 2658</b>        VID : 9117 1074 5124 4321</p> <p>मेरा आधार, मेरी पहचान</p>	  <p><b>सूचना</b></p> <ul style="list-style-type: none"> <li>आधार एक पहचान का प्रमाण है, नागरिकता का नहीं है।</li> <li>सुरक्षित QR कोड / ऑनलाइन XML / ऑनलाइन अधिष्ठापन या प्रमाण प्रदर्शित करें।</li> <li>यह एक इलेक्ट्रॉनिक प्रतिलिपि है और इसे सुरक्षित रखें।</li> </ul> <p><b>INFORMATION</b></p> <ul style="list-style-type: none"> <li>Aadhaar is a proof of identity, not of citizenship.</li> <li>Verify identity using Secure QR Code/Online XML/Online Authentication.</li> <li>This is electronically generated letter.</li> </ul> <div style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> <li>आधार एक पहचान का प्रमाण है।</li> <li>आधार को सुरक्षित रखें और ऑनलाइन अधिष्ठापन या प्रमाण प्रदर्शित करें।</li> <li>यह एक इलेक्ट्रॉनिक प्रतिलिपि है और इसे सुरक्षित रखें।</li> <li>आधार को सुरक्षित रखें और ऑनलाइन अधिष्ठापन या प्रमाण प्रदर्शित करें।</li> </ul> <ul style="list-style-type: none"> <li>Aadhaar is valid throughout the country.</li> <li>Aadhaar helps you avail various Government and non Government services easily.</li> <li>Keep your mobile number &amp; email ID updated in Aadhaar.</li> <li>Carry Aadhaar in your smart phone – use mAadhaar App.</li> </ul> </div>
   <p><b>भारत सरकार</b> Government of India</p> <p>नामांकन क्र./ Enrolment No.: 0656/07293/01195</p> <p>Abhay Kumar Pandey        C/O Anil Kumar Pandey        House No. 37 D        Shri Krishna Puram        Kirti Nagar Off Pashar Bazaar        Gurgaon        Haryana        Udaipur Pradesh - 271003        9-9-271015</p>  <p><b>XXXX XXXX 2658</b>        VID : 9117 1074 5124 4321</p> <p>मेरा आधार, मेरी पहचान</p>	  <p><b>भारतीय विशिष्ट पहचान प्राधिकरण</b> Unique Identification Authority of India</p> <p>नामांकन क्र./ Enrolment No.: 0656/07293/01195</p> <p>Abhay Kumar Pandey        C/O Anil Kumar Pandey        House No. 37 D        Shri Krishna Puram        Kirti Nagar Off Pashar Bazaar        Gurgaon        Haryana        Udaipur Pradesh - 271003        9-9-271015</p>  <p><b>XXXX XXXX 2658</b>        VID : 9117 1074 5124 4321</p>

**Patient Name** : Mr. ABHAY KUMAR PANDEY

**Age/Gender** : 39 Y/M

**UHID/MR No.** : CINR.0000165303

**OP Visit No** : CINROPV223983

**Sample Collected on** :

**Reported on** : 31-03-2024 13:26

**LRN#** : RAD2289566

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : UBOIE4847

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**DEPARTMENT OF RADIOLOGY**

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**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. RAMESH G**  
**MBBS DMRD**  
**RADIOLOGY**