

यूनियन बैंक Union Bank  
of India



नाम : चंद्रा

Name : CHANDRA

कर्मचारी क्र / Employee No : 709124

जन्म तिथि / Date of Birth : 03-06-1969

ब्लड ग्रुप / Blood Group : B+ve

हस्ताक्षर

हस्ताक्षर / Signature

क्षेत्रीय कार्यालय, मैसूर

जारी करने का स्थान / Place of Issue: RO Mysuru

जारी करने की तारीख

Date of Issue: 09/06/2020

हस्ताक्षर

2024/02/27 08:06

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Health checkup at tie-up Ctr

HealthCheckup Authorisatn letter



Union Bank of India

RO - MYSORE  
NO.2254, KAUSALYA, THIRD FLOOR,  
SOUTH WING, VINOBHA ROAD, - 0

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 50-60 Male**

Shri/Smt./Kum. CHANDRA,.

P.F. No. 709124

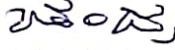
Designation : FULL-TIME HOUSEKEEPER-cum-PEON

Checkup for Financial Year 2023-2024 Approved Charges Rs. 4000.00

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

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

Thanking you,

  
(Signature of the Employee)

Yours Faithfully  
कृते यूनियन बँक ऑफ इंडिया  
For UNION BANK OF INDIA  
BRANCH MANAGER/SENIOR MANAGER

PS. : Status of the application- Sanctioned बरिष्ठ प्रबंधक/Senior Manager  
मुद्रा तिजोरी, मैसूर/Currency Chest, MYSURU-3



## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr CHANDRA on 27/02/2024

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>	✓
<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>Optimise the Bronchus to Regularly</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. [Signature]  
Medical Officer

The Apollo Clinic, Mysore.  
**Apollo Clinic**  
#231st Floor,  
Kalidasa Road, Mysore - 02  
Ph : 0821-4006040/41

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

**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 : 27-02-2024  
 MR NO : CMYS.0000059792  
 Name : Mr. CHANDRA  
 Age/ Gender : 54 Y / Male

Department : GENERAL  
 Doctor : Dr. Chandra HB  
 Registration No : 67093  
 Qualification : MD/BS m

PSM - 971

Consultation Timing: 08:12

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse : 90/ut	Resp : 20/ut	B.P : 110/80 mm Hg

General Examination /  
 Allergies History

Cvs SSG  
 RS-Rhon  
 BA soft

Vit D ↓  
 Vit B12 ↓

Clinical Diagnosis & Management Plan

Go fat liver  
 Bronchitis

T= Biopsy N (10)  
 T= Evalust 1-0 1/2  
 T= Evalust 1-0 1/2 (10)  
 T= Pantocid - 1-0 1-0 (10)  
 BIP

Vit D Rota caps (1)  
 100 mcg 100

T= ALT D3 60K one (10)  
 a week

T= Bentamine plus (15)  
 020

Follow up date :

Doctor Signature

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

Date : 27-02-2024  
MR NO : CMYS.0000059792

Department : GENERAL  
Doctor :

Name : Mr. CHANDRA

Registration No : H. Praveen Kumar R  
M.S. (ENT)

Age/ Gender : 54 Y / Male

Qualification :

Consultation Timing: 08:12

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

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

Came for regular health checkup  

---

Ginuita for (E)

O/E Ear bilateral TM - normal

Nose - nasal mucosa (E)

oral cavity & oropharynx (E)

neck (E)

Ad pure tone audiogram

Follow up date :

Doctor Signature

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

Date : 27-02-2024  
MR NO : CMYS.0000059792

Department : GENERAL Dietetics  
Doctor : Madhura B.P

Name : Mr. CHANDRA

Registration No :

Age/ Gender : 54 Y / Male

Qualification : M.Sc Nutrition & Dietetics  
PhD\*

Consultation Timing: 08:12

IBW - 62kg

Height : 162	Weight : 61.3	BMI : 23.6/km <sup>2</sup>	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination /  
Allergies History

ESR - 54  
HbA1c - (Pre-diabetic) 5.8%  
Total cholesterol - 202  
Triglycerides - 174  
HDL - 26  
Non-HDL - 177  
LDL - 149.36  
VLDL - 34.86  
Chol/HDL - 7.87  
Vitamin D - 17.2  
Vitamin B<sub>12</sub> - 105

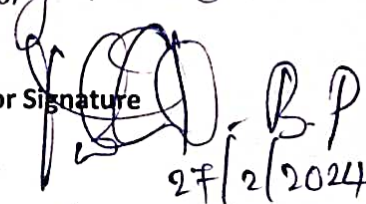
Clinical Diagnosis & Management Plan

4<sup>th</sup> - Fatty Liver

- ⇒ Advised low fat, diabetic diet with complex carbohydrates & avoid simple sugars.
- ⇒ Take small frequent meals. Do not skip meals.
- ⇒ Include all variety of seasonal fruits, veg-tables & green leafy vegetables.
- ⇒ Avoid fruits like Mango, Sapota, Jackfruit, custard apple & big banana.
- ⇒ Avoid roots like potato, sweet potato, Yams & Arbi.
- ⇒ Include nuts like Almonds & walnuts.
- ⇒ Include seeds like Flaxseeds, Pumpkin seeds, Sesame seeds, Sunflower seeds & watermelon seeds - 1 teaspoon each, dry roasted.
- ⇒ Avoid seed head.

Follow up date :

Doctor Signature

  
27/2/2024

Apollo Clinic  
# 23, 2nd Floor,  
Kallidasa Road, Mysore - 02  
Ph : 0821-4006040/41

- ⇒ Cooling oil - 1/2 liter/person/month.
- ⇒ Avoid maida, sugar, too much of salt, bakery soda & cream.
- ⇒ Avoid bakery products, chats, junk foods, deep fried foods, packed & processed foods.

Date : 27-02-2024  
MR NO : CMYS.0000059792

Department : GENERAL Dental  
Doctor : Dr. Jyothishree

Name : Mr. CHANDRA

Registration No :

Age/ Gender : 54 Y / Male

Qualification :

Consultation Timing: 08:12

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

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

O/E

CA++ , ST++

ADU: oral prophylexis

Car teeth attrition noted

Follow up date :

*Jyothishree*  
Doctor Signature

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

Date : 27-02-2024  
MR NO : CMYS.0000059792

Department : GENERAL  
Doctor :

Name : Mr. CHANDRA

Registration No :

Age/ Gender : 54 Y / Male

Qualification :

Consultation Timing: 08:12

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

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

	<u>Rt eye</u>	<u>L eye</u>
Near vision	R24	L24
Distant vision	R - 24 glasses 6/12 9/9 - 2 spots	L - 24 glasses 6/12 6/9 - 2 spots
Colour vision	(N)	(N)

Follow up date :

  
Doctor Signature

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



Patient Name : Mr. CHANDRA  
UHID : CMYS.0000059792  
Reported on : 27-02-2024 16:52  
Adm/Consult Doctor :

Age : 54 Y M  
OP Visit No : CMYSOPV122801  
Printed on : 27-02-2024 16:53  
Ref Doctor : SELF

## DEPARTMENT OF RADIOLOGY

### X-RAY CHEST PA

Both lung fields and hila are normal .

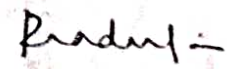
No obvious active pleuro-parenchymal lesion seen .

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:27-02-2024 16:52

---End of the Report---

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

**Apollo Health and Lifestyle Limited**

ICPN: UMS1107G2000PLC1158191  
Regd. Office: 1-10-60-62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016  
Ph. No: (MS) 4964 7777 | Fax No: 4964 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

**Apollo Clinics Network Karnataka**

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Koramangala | Sarjapur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

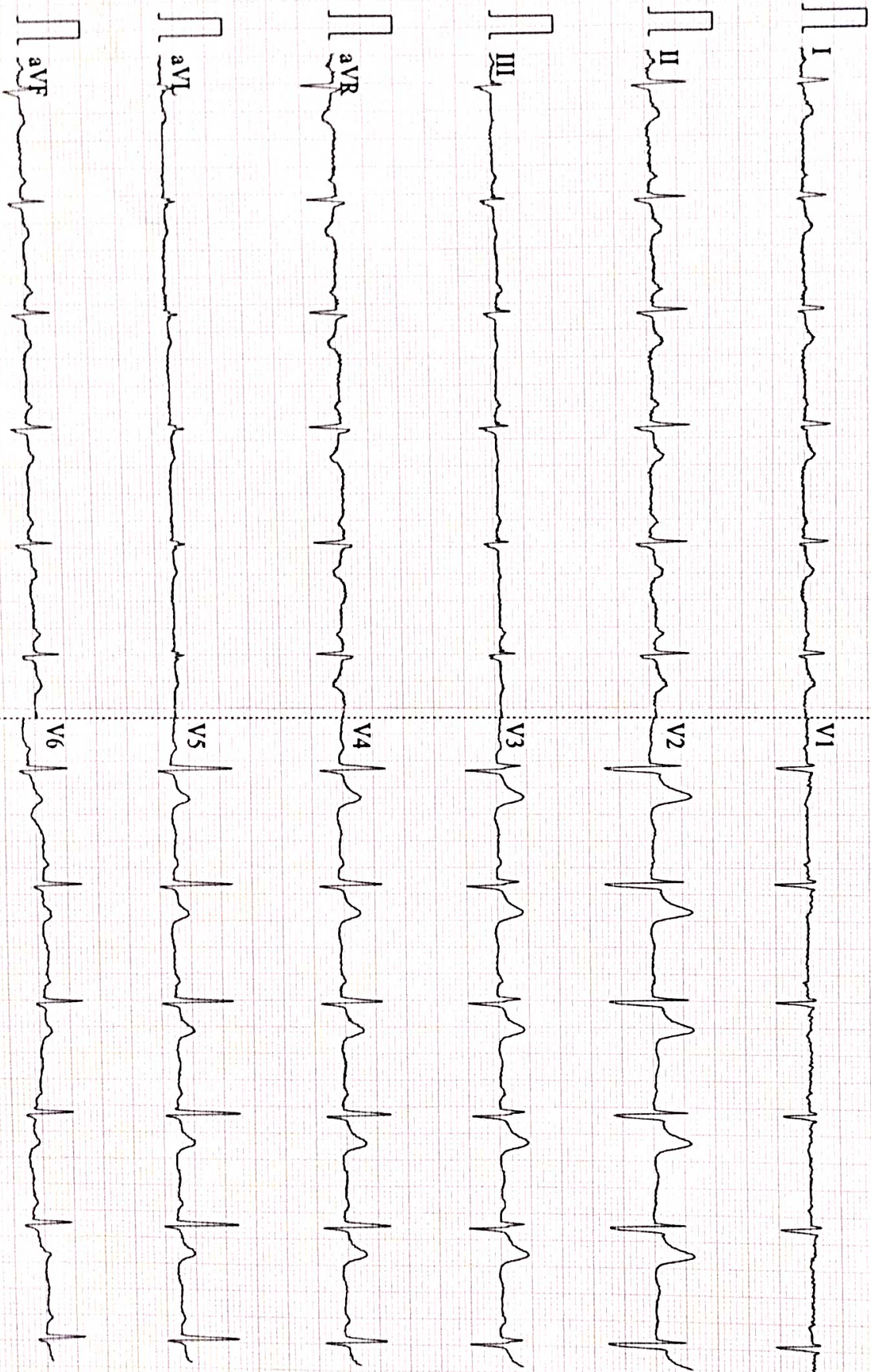
 **1860 500 7788**

MR CHANDRA  
Male 54Years  
162cm 61kg 110/80 mmHg

Diagnosis Information:

Unconfirmed Report.

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



Patient Name: Mr .Chandra	Date:27.02.2024	Doctor:Dr. Self
Age / Sex :54yrs /Male	UHID No :	OP:
<b>ULTRASONOGRAPHY – ABDOMEN &amp; PELVIS</b>		

**LIVER:** It is increased in size(15.2 cm) 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 95x44mm with parenchymal thickness of 11mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**LEFT KIDNEY:** It measures 103x47mm with parenchymal thickness of 15mm. 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 27x21x33mm with a volume of 10 cc. It is normal in size, 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: FATTY LIVER.**

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

**Apollo Health and Lifestyle Limited**

ICIN: 305110702000910315819  
Kings (IT) Tower 1, 10th floor, A. Nelloa Raajbhudhri Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016  
Ph No: 040 4944 7777 Fax No: 4904 7744 Email ID: enquiry@apollohi.com | www.apollohi.com

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Online appointments: www.apollohospitals.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

Patient Name : Mr.Chandra

Age & Sex:54 Yrs /Male

Date :27.02.2024

UHID No : 59607

**MORPHOLOGICAL DATA:**

Left Atrium	Normal
Left Ventricle	Normal
Right Atrium	Normal
Right Ventricle	Normal
Interatrial septum	Intact
Interventricular septum	Intact
Aorta	Normal
Pulmonary artery	Normal
Mitral valve	Normal
Tricuspid valve	Normal
Aortic valve	Normal
Pulmonary valve	Normal
Pericardium	Normal

**DIMENSIONS:**

RVIDd	1.52 cms
LVIDd	3.78 cms
LVIDs	2.54 cms
IVSd	0.79 Cms
LVPWd	0.86 Cms
AORTA	2.73 cms
LA	2.83 Cms
LVEF	64%

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Koramangala | Varadaraja Road | Mysore (VV Mahalla)

Online appointments: www.apolloh.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

Patient Name : Mr.Chandra

Age & Sex:54 Yrs /Male

Date :27.02.2024

UHID No : 59607

**DOPPLER DATA:**

VALVES	Velocity (Cm/s)	Peak Gradient (mmHg)	Mean Gradient (mmHg)	Regurgitation
Mitral	E : 0.46 A : 0.52 E/A : 0.89 E/e' : 8.85	0.86		
Tricuspid	E: 0.36 A: 0.43			NILL
Aortic	1.04	4.35		
Pulmonary	0.88	3.11		

**IMPRESSION:**

NORMAL VALVES AND CHAMBERS

NO RWMA

NORMAL LV FUNCTION

NO e/o CLOT/ VEGETATION/ PE ✓



Dr GOWTHAM H G

MD, DM CARDIOLOGY

Apollo Health and Lifestyle Limited

ICMR - DR5110702000P/CL115819  
 Regd. Office: 1-10 RD 62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016  
 Ph. No: 040 494 7777 Fax No: 494 7744 | Email ID: enquiry@apoltohi.com | www.apollohi.com

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 Kolar: Mangaluru: Kasargod: Road | Mysore: JV Mahallai

Online appointments: www.apollohospitals.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

Name: Mr. CHANDRA  
Age/Gender: 54 Y/M  
Address: MYSORE  
Location: MYSORE, KARNATAKA  
Doctor:  
Department: GENERAL  
Rate Plan: MYSORE\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. SABAH JAVED

MR No: CMYS.0000059792  
Visit ID: CMYSOPV122801  
Visit Date: 27-02-2024 08:12  
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: 55,

**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

<b>Patient Name</b>	: Mr. CHANDRA	<b>Age/Gender</b>	: 54 Y/M
<b>UHID/MR No.</b>	: CMYS.0000059792	<b>OP Visit No</b>	: CMYSOPV122801
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 27-02-2024 16:53
<b>LRN#</b>	: RAD2249520	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 709124		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

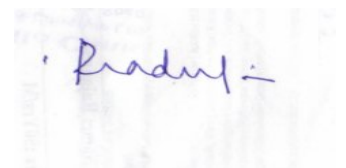
No obvious active pleuro-parenchymal lesion seen .

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

<b>Patient Name</b>	: Mr. CHANDRA	<b>Age/Gender</b>	: 54 Y/M
<b>UHID/MR No.</b>	: CMYS.0000059792	<b>OP Visit No</b>	: CMYSOPV122801
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 27-02-2024 13:32
<b>LRN#</b>	: RAD2249520	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 709124		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**LIVER:** It is increased in size(15.2 cm) 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.

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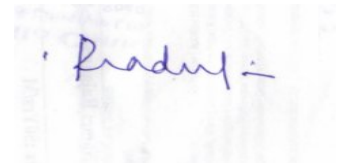
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**IMPRESSION: FATTY LIVER.**

Pradeep Kumar C N, DNB  
Consultant Radiologist.



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



Patient Name	: Mr.CHANDRA	Collected	: 27/Feb/2024 08:18AM
Age/Gender	: 54 Y 8 M 19 D/M	Received	: 27/Feb/2024 10:16AM
UHID/MR No	: CMYS.0000059792	Reported	: 27/Feb/2024 11:56AM
Visit ID	: CMYSOPV122801	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 709124		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



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

SIN No:BED240050984



Patient Name : Mr.CHANDRA	Collected : 27/Feb/2024 08:18AM
Age/Gender : 54 Y 8 M 19 D/M	Received : 27/Feb/2024 10:16AM
UHID/MR No : CMYS.0000059792	Reported : 27/Feb/2024 02:00PM
Visit ID : CMYSOPV122801	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 709124	

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	13.1	g/dL	13-17	Spectrophotometer
PCV	41.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.72	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87	fL	83-101	Calculated
MCH	27.7	pg	27-32	Calculated
MCHC	31.7	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,200	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	47.7	%	40-80	Electrical Impedance
LYMPHOCYTES	34.3	%	20-40	Electrical Impedance
EOSINOPHILS	12.4	%	1-6	Electrical Impedance
MONOCYTES	5.1	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3911.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2812.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	1016.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	418.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	41	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.39		0.78- 3.53	Calculated
PLATELET COUNT	431000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	54	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

R.B.C: Majority are normocytic normochromic.



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

SIN No:BED240050984



Patient Name	: Mr.CHANDRA	Collected	: 27/Feb/2024 08:18AM
Age/Gender	: 54 Y 8 M 19 D/M	Received	: 27/Feb/2024 10:16AM
UHID/MR No	: CMYS.0000059792	Reported	: 27/Feb/2024 02:00PM
Visit ID	: CMYSOPV122801	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 709124		

**DEPARTMENT OF HAEMATOLOGY**

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

W.B.C: normal in number with normal morphology and increase in eosinophils.

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

Hemoparasites: Not seen.

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH EOSINOPHILIA**



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

SIN No:BED240050984

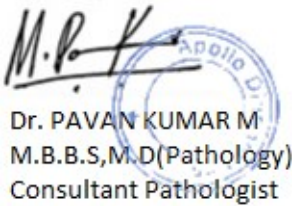


Patient Name : Mr.CHANDRA	Collected : 27/Feb/2024 08:18AM
Age/Gender : 54 Y 8 M 19 D/M	Received : 27/Feb/2024 10:16AM
UHID/MR No : CMYS.0000059792	Reported : 27/Feb/2024 11:56AM
Visit ID : CMYSOPV122801	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 709124	

**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



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

SIN No:BED240050984



Patient Name : Mr.CHANDRA	Collected : 27/Feb/2024 08:17AM
Age/Gender : 54 Y 8 M 19 D/M	Received : 27/Feb/2024 10:16AM
UHID/MR No : CMYS.0000059792	Reported : 27/Feb/2024 11:37AM
Visit ID : CMYSOPV122801	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 709124	

**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	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 > 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.



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

SIN No:PLF02113808



Patient Name : Mr.CHANDRA	Collected : 27/Feb/2024 10:21AM
Age/Gender : 54 Y 8 M 19 D/M	Received : 27/Feb/2024 12:16PM
UHID/MR No : CMYS.0000059792	Reported : 27/Feb/2024 12:51PM
Visit ID : CMYSOPV122801	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 709124	

**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>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	118	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.



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

SIN No:PLP1424447



Patient Name : Mr.CHANDRA	Collected : 27/Feb/2024 08:18AM
Age/Gender : 54 Y 8 M 19 D/M	Received : 27/Feb/2024 02:05PM
UHID/MR No : CMYS.0000059792	Reported : 27/Feb/2024 02:45PM
Visit ID : CMYSOPV122801	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 709124	

**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>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>5.8</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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)



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

SIN No:EDT240022974



Patient Name : Mr.CHANDRA	Collected : 27/Feb/2024 08:18AM
Age/Gender : 54 Y 8 M 19 D/M	Received : 27/Feb/2024 10:16AM
UHID/MR No : CMYS.0000059792	Reported : 27/Feb/2024 12:06PM
Visit ID : CMYSOPV122801	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 709124	

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	203	mg/dl	0-200	CHOD
TRIGLYCERIDES	174	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	26	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	177	mg/dL	<130	Calculated
LDL CHOLESTEROL	142.36	mg/dL	<100	Calculated
VLDL CHOLESTEROL	34.86	mg/dL	<30	Calculated
CHOL / HDL RATIO	7.87		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  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:SE04643008





Patient Name : Mr.CHANDRA	Collected : 27/Feb/2024 08:18AM
Age/Gender : 54 Y 8 M 19 D/M	Received : 27/Feb/2024 10:16AM
UHID/MR No : CMYS.0000059792	Reported : 27/Feb/2024 11:58AM
Visit ID : CMYSOPV122801	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 709124	

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	0.41	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/l	0-35	IFCC
ALKALINE PHOSPHATASE	93.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	6.90	g/dl	6.4-8.3	Biuret
ALBUMIN	3.96	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.94	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:** • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



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

SIN No:SE04643008



Patient Name : Mr.CHANDRA	Collected : 27/Feb/2024 08:18AM
Age/Gender : 54 Y 8 M 19 D/M	Received : 27/Feb/2024 10:16AM
UHID/MR No : CMYS.0000059792	Reported : 27/Feb/2024 01:01PM
Visit ID : CMYSOPV122801	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 709124	

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	0.82	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	13.87	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	6.5	mg/dl	6-20	Urease, UV
URIC ACID	<b>7.60</b>	mg/dL	3.5-7.2	Uricase
CALCIUM	9.10	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.99	mg/dl	2.7-4.5	Molybdate
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.90	g/dl	6.4-8.3	Biuret
ALBUMIN	3.96	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.94	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		0.9-2.0	Calculated



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

SIN No:SE04643008



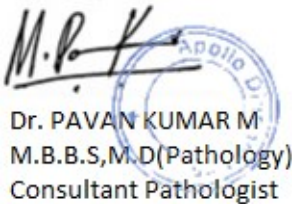
Patient Name : Mr.CHANDRA	Collected : 27/Feb/2024 08:18AM
Age/Gender : 54 Y 8 M 19 D/M	Received : 27/Feb/2024 10:16AM
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**DEPARTMENT OF BIOCHEMISTRY**

**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	93.00	U/l	53-128	IFCC (AMP buffer)

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.00	U/l	0-55	IFCC



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

SIN No:SE04643008



Patient Name : Mr.CHANDRA	Collected : 27/Feb/2024 08:18AM
Age/Gender : 54 Y 8 M 19 D/M	Received : 27/Feb/2024 10:20AM
UHID/MR No : CMYS.0000059792	Reported : 27/Feb/2024 12:00PM
Visit ID : CMYSOPV122801	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 709124	

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)	1.04	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.10	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.830	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



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


SIN No:SPL24033662



Patient Name	: Mr.CHANDRA	Collected	: 27/Feb/2024 08:18AM
Age/Gender	: 54 Y 8 M 19 D/M	Received	: 27/Feb/2024 10:20AM
UHID/MR No	: CMYS.0000059792	Reported	: 27/Feb/2024 12:00PM
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Emp/Auth/TPA ID	: 709124		

DEPARTMENT OF IMMUNOLOGY

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

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

SIN No:SPL24033662



Patient Name : Mr.CHANDRA	Collected : 27/Feb/2024 08:18AM
Age/Gender : 54 Y 8 M 19 D/M	Received : 27/Feb/2024 10:20AM
UHID/MR No : CMYS.0000059792	Reported : 27/Feb/2024 11:58AM
Visit ID : CMYSOPV122801	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 709124	

**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	17.2	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.

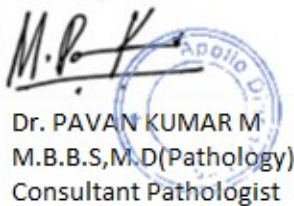
Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized 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.



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

SIN No:SPL24033662



Patient Name : Mr.CHANDRA	Collected : 27/Feb/2024 08:18AM
Age/Gender : 54 Y 8 M 19 D/M	Received : 27/Feb/2024 10:20AM
UHID/MR No : CMYS.0000059792	Reported : 27/Feb/2024 12:00PM
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**DEPARTMENT OF IMMUNOLOGY**

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

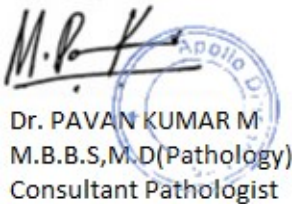
Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	105	pg/mL	187 - 883	CMIA

Result is rechecked. Kindly correlate clinically

**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.



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

SIN No:SPL24033662



Patient Name : Mr.CHANDRA	Collected : 27/Feb/2024 08:18AM
Age/Gender : 54 Y 8 M 19 D/M	Received : 28/Feb/2024 11:23AM
UHID/MR No : CMYS.0000059792	Reported : 28/Feb/2024 12:14PM
Visit ID : CMYSOPV122801	Status : Final Report
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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
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.380	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:IM07042374



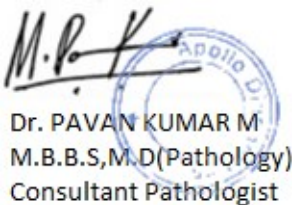


Patient Name : Mr.CHANDRA	Collected : 27/Feb/2024 08:18AM
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Emp/Auth/TPA ID : 709124	

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	6.5		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	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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



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Consultant Pathologist

SIN No:UR2292275



Patient Name : Mr.CHANDRA	Collected : 27/Feb/2024 08:18AM
Age/Gender : 54 Y 8 M 19 D/M	Received : 27/Feb/2024 10:37AM
UHID/MR No : CMYS.0000059792	Reported : 27/Feb/2024 12:07PM
Visit ID : CMYSOPV122801	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 709124	

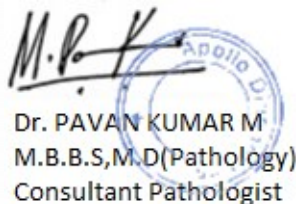
**DEPARTMENT OF CLINICAL PATHOLOGY**

**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)	NEGATIVE		NEGATIVE	Dipstick

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

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



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