

Physical Medical Examination Format

NAME:- <u>B. Soumya Ranjan</u>	DATE:- <u>13/1/2024</u>
DESIGNATION:- <u>-</u>	AGE:- <u>32/M</u>
EMP CODE:- <u>-</u>	UNIT/DEPARTMENT:-
BLOOD GROUP:- <u>B+ve</u>	MARTIAL STATUS:-MARRIED/UNMARRIED

MEDICAL EXAMINATION

Complaints (if any)	<u>Nil</u>
Personal /family history	<u>Mother HTN⁺, TSH</u>
Past Medical /Surgical	<u>Nil</u>
Sensitivity/Allergy (if any)	<u>Food allergy (Beinjal).</u>
Habits	<u>Drinking</u>
Occupational History	<u>Nil</u>

Height:- <u>180</u>	Weight:- <u>118</u>	BMI <u>36.4</u>	Pulse <u>62</u>
Temp:- <u>98.6</u>	SPO2 <u>99%</u>	Resp:- <u>18</u>	B.P <u>120/80</u>

Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms. B. Soumya Ranjan for pre-employment /periodical medical examination, I have found / not found any disease, illness, contagious illness

I Certify That Employee Is Medically.....

Fit

Signature Of Employee

Unfit

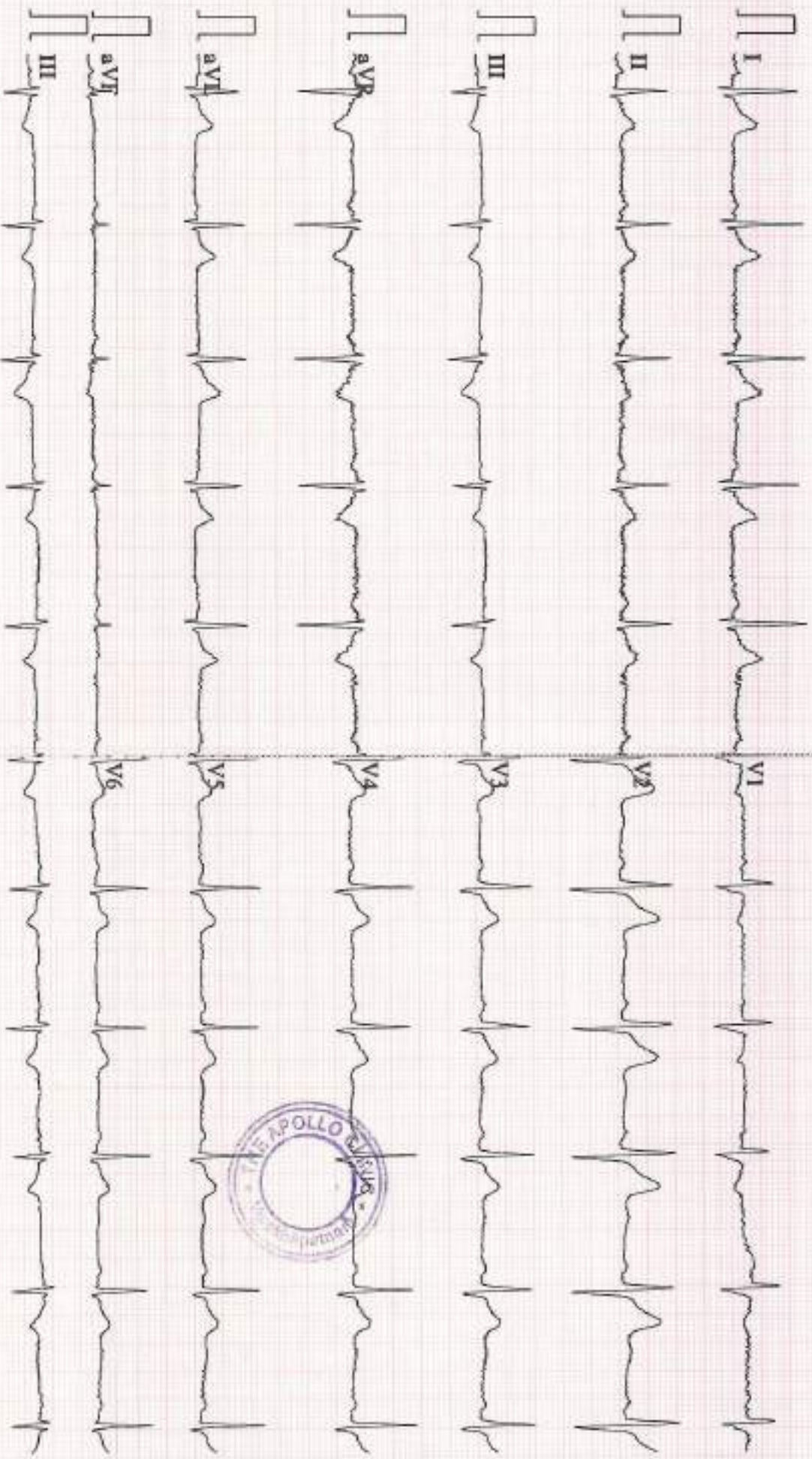
Dr. G. INDERA PRADARSHINI
 Signature & Seal Of Medical Examiner With
 Regd. No. 63148
 Registration No. Family Physician
 Apollo Clinic, Secy - 1, Viasa

ID: 122904
b soumya ranjan
Male 32Years
Req. No. :

15-01-2024 09:21:40
HR : 62 bpm
P : 110 ms
PR : 158 ms
QRS : 94 ms
QT/QTcBz : 376/382 ms
P/QRS/T : 43/16/2 °
RV5/SV1 : 1.02/3.04/6.8 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



Patient Name	: Mr. BHUKTA SOUMYA RANJAN	Age	: 32 Y/M
UHID	: CVIS.0000122904	OP Visit No	: CVISOPV120292
Reported By:	: Dr. SHASHANKA CHUNDURI	Conducted Date	: 13-01-2024 14:19
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 62 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

----- END OF THE REPORT -----



Dr. SHASHANKA CHUNDURI

Patient Name	: Mr. BHUKTA SOUMYA RANJAN	Age	: 32 Y M
UHID	: CVIS.0000122904	OP Visit No	: CVISOPV120292
Reported on	: 13-01-2024 14:32	Printed on	: 13-01-2024 14:32
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .
No obvious active pleuro-parenchymal lesion seen .
Both costophrenic and cardiophrenic angles are clear .
Both diaphragms are normal in position and contour .
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Printed on:13-01-2024 14:32

---End of the Report---



Dr. ARUNA PEBBILI
DMRD Radiology
Radiology

Name: Mr. BHUKTA SOUMYA RANJAN
 Age/Gender: 32 Y/M
 Address: vskp
 Location: VISAKHAPATNAM, ANDHRA PRADESH
 Doctor:
 Department: LABORATORY
 Rate Plan: VISHAKAPATNAM_06042023
 Sponsor: ARCOFEM HEALTHCARE LIMITED

MR No: CVIS.000122904
 Visit ID: CVISOPV120292
 Visit Date: 13-01-2024 08:21
 Discharge Date:
 Referred By: SELF

Vitals:

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
13-01-2024 14:36	62 Beats/min	120/80 mmHg	18 Rate/min	98.6 F	180 cms	118 Kgs	%	%	Years	36.42	cms	cms	cms		AHLL07730



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 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mr. BHUKTA SOUMYA RANJAN	Age	: 32 Y M
UHID	: CVIS.0000122904	OP Visit No	: CVISOPV120292
Reported on	: 13-01-2024 13:43	Printed on	: 13-01-2024 13:44
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : 15cm. appears normal in size and increased in echotexture. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus/ hydronephrosis seen on either side.

Right kidney : 12 x 5.8 cm

Left kidney : 11 x 4.9 cm

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate :Normal in size and echo texture.No evidence of necrosis/calcification seen. its volume 20 cc

There is no evidence of ascites/ pleural effusion seen.

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Adm/Consult Doctor	:	Ref Doctor	: SELF

IMPRESSION:-

***GRADE-I FATTY INFILTRATION OF LIVER.**

For clinico-lab correlation / follow - up / further work up.

This is only a screening test.

Printed on:13-01-2024 13:43

---End of the Report---



Patient Name	: Mr.BHUKTA SOUMYA RANJAN	Collected	: 13/Jan/2024 08:27AM
Age/Gender	: 32 Y 6 M 0 D/M	Received	: 13/Jan/2024 12:25PM
UHID/MR No	: CVIS.0000122904	Reported	: 13/Jan/2024 01:40PM
Visit ID	: CVISOPV120292	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9776290005		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



V. Snehal
DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No: BFD340098058

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14	g/dL	13-17	Spectrophotometer
PCV	41.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.84	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	86	fL	83-101	Calculated
MCH	29	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	42.1	%	40-80	Electrical Impedance
LYMPHOCYTES	41.4	%	20-40	Electrical Impedance
EOSINOPHILS	5.6	%	1-6	Electrical Impedance
MONOCYTES	10.8	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2273.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2235.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	302.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	583.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	5.4	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	164000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	37	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

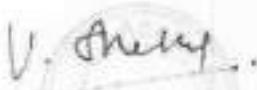
RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN

Page 2 of 17



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M.D (PATH)
Consultant Pathologist



SIN No. 100240008958

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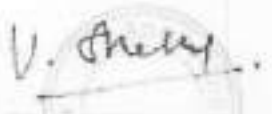
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Emp/Auth/TPA ID	: 9776290005		

DEPARTMENT OF HAEMATOLOGY

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


DR. V. SNEHAL
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SIN No: RKP240000059

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

V. Snehal
DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No: BRD040008058

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr.BHUKTA SOUMYA RANJAN	Collected : 13/Jan/2024 08:28AM
Age/Gender : 32 Y 6 M 0 DM	Received : 13/Jan/2024 12:25PM
UHID/MR No : CVIS.0000122904	Reported : 13/Jan/2024 01:11PM
Visit ID : CVISOPV120292	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9776290005	

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	91	mg/dL	70-100	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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.0 ✓	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	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.
 1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



S/N No. EDT040003765

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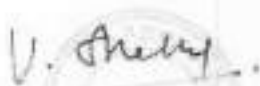
1860 500 7788

Patient Name	: Mr. BHUKTA SOUMYA RANJAN	Collected	: 13/Jan/2024 08:28AM
Age/Gender	: 32 Y 6 M 0 DM	Received	: 13/Jan/2024 12:25PM
UHID/MR No	: CVIS.0000122904	Reported	: 13/Jan/2024 01:11PM
Visit ID	: CVISOPV120292	Status	: Final Report
Ref Doctor	: Dr. SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 8776290005		

DEPARTMENT OF BIOCHEMISTRY

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

- 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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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SN No: EPT940003765

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

MC-2373

Patient Name	: Mr.BHUKTA SQUMYA RANJAN	Collected	: 13/Jan/2024 08:28AM
Age/Gender	: 32 Y 6 M 0 DM	Received	: 13/Jan/2024 11:58AM
UHID/MR No	: CVIS.0000122804	Reported	: 13/Jan/2024 02:47PM
Visit ID	: CVISOPV120292	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	198	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	67	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	48	mg/dL	30-70	Direct
NON-HDL CHOLESTEROL	149 →	mg/dL	<130	Calculated
LDL CHOLESTEROL	136.11 →	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.38	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.11		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 350mg/dL. When Triglycerides are more than 350 mg/dL LDL cholesterol is a direct measurement.

V. Sneh
DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



S/N No: S1004599330

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.38	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.24	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	85.14	U/L	0-45	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	51.4	U/L	0-31	IFCC
ALKALINE PHOSPHATASE	77.50	U/L	53-128	IFCC
PROTEIN, TOTAL	7.76	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.37	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.39	g/dL	2.0-3.5	Calculated
A/G RATIO	1.29		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.

V. Sneh

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No: SE04599330

Apollo Health and Lifestyle Limited and Lifestyle Ltd/Vizag Lab : Vizag-530017

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-61 7/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

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Online appointments: www.apolloclinic.com

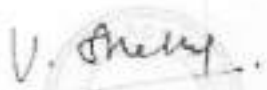
TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name	: Mr.BHUKTA SOUMYA RANJAN	Collected	: 13/Jan/2024 08:28AM
Age/Gender	: 32 Y 6 M 0 D/M	Received	: 13/Jan/2024 11:58AM
UHID/MR No	: CVIS.0000122904	Reported	: 13/Jan/2024 02:47PM
Visit ID	: CVISOPV120292	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9776290005		

DEPARTMENT OF BIOCHEMISTRY

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



DR. V. SNEHAL
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SNR No: 5504599930

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Vizag (Seethamma Peta)

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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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.96	mg/dL	0.7-1.2	Jaffe
UREA	34.94	mg/dL	19-44	Urease with GLDH
BLOOD UREA NITROGEN	16.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.28	mg/dL	3.5-7.2	URICASE/PEROXIDASE
CALCIUM	10.09	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	3.82	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	3.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE



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TO BOOK AN APPOINTMENT

 **1860 500 7788**

MC-2373

Patient Name	: Mr. BHUKTA SOUMYA RANJAN	Collected	: 13/Jan/2024 08:28AM
Age/Gender	: 32 Y 6 M 0 DM	Received	: 13/Jan/2024 11:58AM
UHID/MR No	: CVIS.0000122904	Reported	: 13/Jan/2024 02:47PM
Visit ID	: CVISOPV120292	Status	: Final Report
Ref Doctor	: Dr. SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 8776290005		

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	77.50	U/L	53-128	IFCC

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SIN No: 0094609630

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Vizag (Seethamma Peta)

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TO BOOK AN APPOINTMENT

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Patient Name	: Mr.BHUKTA SOUMYA RANJAN	Collected	: 13/Jan/2024 08:28AM
Age/Gender	: 32 Y 6 M 0 DM	Received	: 13/Jan/2024 11:58AM
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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	90.70	U/L	0-55	IFCC

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SIP No: 6694699538

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr.BHUKTA SOUMYA RANJAN	Collected : 13/Jan/2024 08:28AM
Age/Gender : 32 Y 6 M 0 DM	Received : 13/Jan/2024 11:52AM
UHID/MR No : CVIS.0000122904	Reported : 13/Jan/2024 01:52PM
Visit ID : CVISOPV120292	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9776290005	

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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.51	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	75.50	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	3.150	µIU/mL	0.3-4.5	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: SPL24005956

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mr. BHUKTA SOUMYA RANJAN	Collected : 13/Jan/2024 08:28AM
Age/Gender : 32 Y 6 M 0 DM	Received : 13/Jan/2024 11:52AM
UHID/IR No : CVIS.0000122904	Reported : 13/Jan/2024 01:52PM
Visit ID : CVISOPV120292	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Aut/TPA ID : 9776290005	

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	14.4	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

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

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

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

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

Decreased Levels:

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

Increased levels:

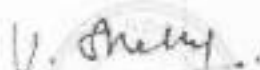
- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	209	pg/ml	200-1100	CLIA

Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.

Page 14 of 17



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Vizag (Seethamma Peta)

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mr. BHUKTA SOUMYA RANJAN	Collected	: 13/Jan/2024 08:26AM
Age/Gender	: 32 Y 6 M 0 D/M	Received	: 13/Jan/2024 11:52AM
UHID/MR No	: CVIS.0000122904	Reported	: 13/Jan/2024 01:52PM
Visit ID	: CVISOPV120292	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9778290005		

DEPARTMENT OF IMMUNOLOGY

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

- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. 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.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.



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TO BOOK AN APPOINTMENT

 **1860 500 7788**

MC-2373

Patient Name : Mr.BHUKTA SOUMYA RANJAN	Collected : 13/Jan/2024 08:28AM
Age/Gender : 32 Y 6 M 0 D/M	Received : 13/Jan/2024 12:44PM
UHID/MR No : CVIS.0000122904	Reported : 13/Jan/2024 03:14PM
Visit ID : CVISOPV120292	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9778290005	

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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
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
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

V. Snehal

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Consultant Pathologist



SIN No: UR2261789

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name	: Mr. BHUKTA SOUMYA RANJAN	Collected	: 13/Jan/2024 08:28AM
Age/Gender	: 32 Y 6 M 0 DM	Received	: 13/Jan/2024 12:44PM
UHID/MR No	: CVIS.0000122904	Reported	: 13/Jan/2024 03:08PM
Visit ID	: CVISOPV120292	Status	: Final Report
Ref Doctor	: Dr. SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9776290005		

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(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:
PROSTATIC SPECIFIC ANTIGEN - TOTAL (PSA)



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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

BANK of BARODA

Name: **MR. BHUKTA SOUMYA RANJAN**

Gender: **M**

Age: **32** Years

Test Done Date: **13/1/24**

OPHTHALMOLOGY SCREENING REPORT

VISION:

6/6

6/6

DISTANCE

26

26

NEAR VISION

COLOUR VISION

WNL

ANT. SEGMENT:

Conjunctiva :

clear

Cornea :

clear

Pupil :

2.5/2.5

FUNDUS :

IMPRESSION :

WNL

[Signature]

Signature

प्रति,

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ोदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. BHUKTA SOUMYA RANJAN
क.कू.संख्या	120509
पदनाम	SINGLE WINDOW OPERATOR A
कार्य का स्थान	JAGDALPUR DB
जन्म की तारीख	12-09-1991
स्वास्थ्य जांच की प्रस्तावित तारीख	13-01-2024
बुकिंग संदर्भ सं.	23M120509100080466E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ोदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 21-12-2023 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ोदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. BHUKTA SOUMYA RANJAN
EC NO.	120509
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	JAGDALPUR DB
BIRTHDATE	12-09-1991
PROPOSED DATE OF HEALTH CHECKUP	13-01-2024
BOOKING REFERENCE NO.	23M120509100080466E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **21-12-2023** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

TO WHOMSOEVER IT MAY CONCERN

THIS IS TO CERTIFY THAT MR SOUMYA RANJAN BHUKTA EC NO 120509 IS A PERMANENT STAFF OF BANK OF BARODA -JAGDALPUR EDB BRANCH CHHATTISHGARH .

HIS SIGNATURE IS APPENDED BELOW FOR YOUR RECORDS .



REGARDS
BRANCH MANAGER
BANK OF BARODA
JAGDALPUR EDB





ଭାରତ ସରକାରଙ୍କ ଦ୍ଵାରା ପ୍ରସ୍ତୁତ

ଭାରତ ସରକାର

Unique Identification Authority of India
Government of India

ଭରତୀୟ ସଂଖ୍ୟା / Enrollment No. : 2016/00414/14084

03/12/2016

To
Soumya Ranjan Bhukta
ଘୋଷ ଚନ୍ଦ୍ର ପୁଞ୍ଜ
S/O: Hrudaya Nanda Bhukta
new colony
p r pela
Jajpur
JEYPUR (M)
Prasadracopeta, Jajpur, Koraput,
Odisha - 761003
9776290005



KA063609875FH

06360987



ଆପଣଙ୍କ ଆଧାର ସଂଖ୍ୟା / Your Aadhaar No. :

6790 6377 2339

ମୋ ଆଧାର, ମୋ ପରିଚୟ



ଭାରତ ସରକାର

Government of India



ଘୋଷ ଚନ୍ଦ୍ର ପୁଞ୍ଜ
Soumya Ranjan Bhukta

ଜନ୍ମ ତାରିଖ / DOB: 12/09/1991

ଲିଙ୍ଗ / Male

6790 6377 2339



ମୋ ଆଧାର, ମୋ ପରିଚୟ

Exception Letter for CAP

Date: 12/12/24

Client Name: B. Sanyal Rajan

Gender - male

UHID: ↑ 2254

We are Not delivered service due to leave

SERVICE 2 weeks

So that we are unable to close all reports, once client visited again will close.

Regards,

EMP Name:

Apollo clinic,

Vizag.

Client Name:

Signature:

Ph no:

UNFIT EXPLANATION

Date: 13/12/24
Patient Name: B. Sathya Ranjan
UHID: 122924
Corporate Name: Profem

The above-mentioned client unfit given due to Adverse physical condition.

As per physician advice it was held not given FIT, once client met with Physician, we will update closure remarks.

Regards,

Apollo Clinic,

Vizag

Ph:0891-2585511/12.