

Patient Name : Mr.GOSWAMI RAHUL	Collected : 12/Mar/2024 09:45AM
Age/Gender : 32 Y 1 M 17 D/M	Received : 12/Mar/2024 11:48AM
UHID/MR No : CCHA.0000106844	Reported : 12/Mar/2024 01:29PM
Visit ID : CCHAOPV326201	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE14737	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.9	g/dL	13-17	Spectrophotometer
PCV	41.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.61	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	88.9	fL	83-101	Calculated
MCH	30.1	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	15.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,460	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	42.2	%	40-80	Electrical Impedence
LYMPHOCYTES	46.4	%	20-40	Electrical Impedence
EOSINOPHILS	3.1	%	1-6	Electrical Impedence
MONOCYTES	8	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	0-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	1882.12	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2069.44	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	138.26	Cells/cu.mm	20-500	Calculated
MONOCYTES	356.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	13.38	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.91		0.78- 3.53	Calculated
PLATELET COUNT	150000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				


 Dr. B Pavani
 M.B.B.S, M.D(pathalogy)
 Consultant Pathologist

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SIN No:BED240066119


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DEPARTMENT OF HAEMATOLOGY

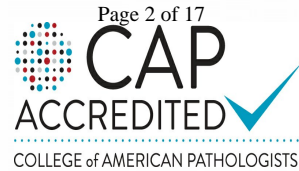
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

WBC - RELATIVE LYMPHOCYTOSIS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE LYMPHOCYTOSIS


Dr. B Pavani
M.B.B.S, M.D(pathology)
Consultant Pathologist

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UHID/MR No : CCHA.0000106844	Reported : 12/Mar/2024 04:38PM
Visit ID : CCHAOPV326201	Status : Final Report
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	AB			Microplate technology
Rh TYPE	Positive			Microplate technology



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Consultant Pathologist

SIN No:BED240066119

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Patient Name : Mr.GOSWAMI RAHUL	Collected : 12/Mar/2024 12:25PM
Age/Gender : 32 Y 1 M 17 D/M	Received : 12/Mar/2024 01:45PM
UHID/MR No : CCHA.0000106844	Reported : 12/Mar/2024 02:20PM
Visit ID : CCHAOPV326201	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	91	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:

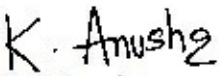
- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	91	mg/dL	70-140	HEXOKINASE

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.K.Anusha
 M.B.B.S,M.D(Biochemistry)
 Consultant Biochemist

SIN No:PLP1430331

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Patient Name : Mr.GOSWAMI RAHUL	Collected : 12/Mar/2024 09:45AM
Age/Gender : 32 Y 1 M 17 D/M	Received : 12/Mar/2024 11:35AM
UHID/MR No : CCHA.0000106844	Reported : 12/Mar/2024 12:36PM
Visit ID : CCHAOPV326201	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE14737	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	mg/dL		Calculated


Comment:

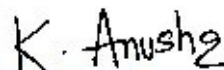
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)


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SIN No:EDT240030119

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DEPARTMENT OF BIOCHEMISTRY

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

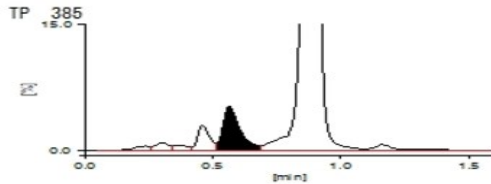
Chromatogram Report

HLC72368 V5.28 1 2024-03-12 12:11:12
 ID EDT240030119
 Sample No. 03120038 SL 0001 - 10
 Patient ID
 Name
 Comment

CALIB Y = 1.1933X + 0.3360			
Name	%	Time	Area
A1A	0.4	0.24	5.85
A1B	0.6	0.30	8.44
F	0.4	0.39	6.22
LA1C+	1.7	0.46	24.17
SA1C	5.3	0.56	60.45
AO	93.1	0.88	1328.36
H-V0			
H-V1			
H-V2			

Total Area 1433.49

HbA1c 5.3 % **IFCC 34 mmol/mol**
 HbA1 6.3 % HbF 0.4 %



12-03-2024 12:23:01 APOLLO

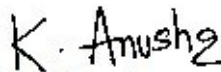
APOLLO DIAGNOSTICS GLOBAL
BALANAGER

1 / 1



Dr.E.Maruthi Prasad
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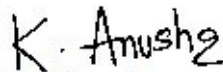
DEPARTMENT OF BIOCHEMISTRY

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



Dr.E.Maruthi Prasad
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	177	mg/dL	<200	CHO-POD
TRIGLYCERIDES	84	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	126	mg/dL	<130	Calculated
LDL CHOLESTEROL	109.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.47		0-4.97	Calculated
ATHEROGENIC INDEX PLASMA (AIP)	< 0.01		<0.11	Calculated


Comment:

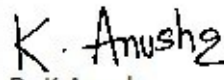
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX OF PLASMA (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:SE04658808

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DEPARTMENT OF BIOCHEMISTRY

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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 AIP reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

Maruthi...
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 Consultant biochemist

K. Anusha
Dr.K.Anusha
 M.B.B.S,M.D(Biochemistry)
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SIN No:SE04658808

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.45	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.24	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.21	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	33.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	75.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.85	g/dL	6.6-8.3	Biuret
ALBUMIN	4.42	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.43	g/dL	2.0-3.5	Calculated
A/G RATIO	1.82		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's diseases, Cirrhosis, but the increase is usually not >2.

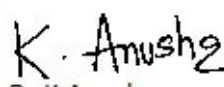
2. Cholestatic Pattern:

- 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.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist


Dr.K.Anusha
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist

Page 10 of 17
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 COLLEGE of AMERICAN PATHOLOGISTS



SIN No:SE04658808

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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Patient Name : Mr.GOSWAMI RAHUL	Collected : 12/Mar/2024 09:45AM
Age/Gender : 32 Y 1 M 17 D/M	Received : 12/Mar/2024 11:48AM
UHID/MR No : CCHA.0000106844	Reported : 12/Mar/2024 02:20PM
Visit ID : CCHAOPV326201	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE14737	

DEPARTMENT OF BIOCHEMISTRY

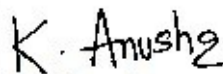
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.88	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	23.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.45	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.58	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.49	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.85	g/dL	6.6-8.3	Biuret
ALBUMIN	4.42	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.43	g/dL	2.0-3.5	Calculated
A/G RATIO	1.82		0.9-2.0	Calculated



Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist

SIN No:SE04658808



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Patient Name : Mr.GOSWAMI RAHUL	Collected : 12/Mar/2024 09:45AM
Age/Gender : 32 Y 1 M 17 D/M	Received : 12/Mar/2024 11:48AM
UHID/MR No : CCHA.0000106844	Reported : 12/Mar/2024 01:41PM
Visit ID : CCHAOPV326201	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE14737	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.00	U/L	<55	IFCC

K. Anusha

Dr.K.Anusha
M.B.B.S,M.D(Biochemistry)
Consultant Biochemist

SIN No:SE04658808

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Patient Name : Mr.GOSWAMI RAHUL	Collected : 12/Mar/2024 09:45AM
Age/Gender : 32 Y 1 M 17 D/M	Received : 12/Mar/2024 11:49AM
UHID/MR No : CCHA.0000106844	Reported : 12/Mar/2024 02:07PM
Visit ID : CCHAOPV326201	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE14737	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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)	1.1	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	7.73	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	5.235	µIU/mL	0.38-5.33	CLIA

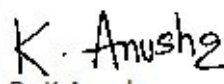
Comment:

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


Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist


Dr.K.Anusha
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist

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SIN No:SPL24044016

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Patient Name : Mr.GOSWAMI RAHUL	Collected : 12/Mar/2024 09:45AM
Age/Gender : 32 Y 1 M 17 D/M	Received : 12/Mar/2024 11:49AM
UHID/MR No : CCHA.0000106844	Reported : 12/Mar/2024 02:07PM
Visit ID : CCHAOPV326201	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE14737	

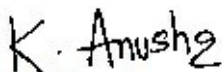
DEPARTMENT OF IMMUNOLOGY

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



Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist

SIN No:SPL24044016



Dr.K.Anusha
M.B.B.S.,M.D(Biochemistry)
Consultant Biochemist

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Patient Name : Mr.GOSWAMI RAHUL	Collected : 12/Mar/2024 09:45AM
Age/Gender : 32 Y 1 M 17 D/M	Received : 12/Mar/2024 01:51PM
UHID/MR No : CCHA.0000106844	Reported : 12/Mar/2024 04:11PM
Visit ID : CCHAOPV326201	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE14737	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
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



Dr. R. SHALINI
M.B.B.S., M.D (Pathology)
Consultant Pathologist

SIN No: UR2303462

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

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Patient Name	: Mr.GOSWAMI RAHUL	Collected	: 12/Mar/2024 12:25PM
Age/Gender	: 32 Y 1 M 17 D/M	Received	: 12/Mar/2024 01:52PM
UHID/MR No	: CCHA.0000106844	Reported	: 12/Mar/2024 05:46PM
Visit ID	: CCHAOPV326201	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE14737		

DEPARTMENT OF CLINICAL PATHOLOGY

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

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


Dr. B Pavani
M.B.B.S, M.D(pathalogy)
Consultant Pathologist

SIN No:UPP017117

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad



Patient Name : Mr.GOSWAMI RAHUL	Collected : 12/Mar/2024 09:45AM
Age/Gender : 32 Y 1 M 17 D/M	Received : 12/Mar/2024 01:51PM
UHID/MR No : CCHA.0000106844	Reported : 12/Mar/2024 04:11PM
Visit ID : CCHAOPV326201	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE14737	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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:
PERIPHERAL SMEAR



Dr.R.SHALINI
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:UF011158

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CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of

Mr. Goswami Rahul. on 12/3/24. After reviewing the medical history on clinical examination it has been found that he/she is

Medically Fit	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---------------	---	-----------------------------

Fit with restrictions/recommendations

Though following restrictions have been revealed, in my opinion, these are not impediments to the job.

1.....
2.....
3.....

However the employee should follow the advice/medication that has been communicated to him/her.

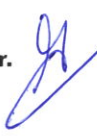
Review after

Currently Unfit.

Review after.....
.....

Recommended Unfit

.....

Dr. 
Medical Officer
The Apollo Clinic, Chandanagar



Dr. BOLLINI MAANASA JAYARAM
Reg No: TSMC/FMR/00039
Qualification: M.B.B.S, M.Sc (Perfusion)

This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

THE APOLLO CLINIC
PHYSICAL EXAMINATION FORM

Arcoferi

BILL DATE : 12/3/24 UHID:

106844

BILL NO: 85309

PATIENT NAME : Mr. Goswami Rahul

AGE: 32y

Weight : 66.8 Kgs

Height : 1.77 Cms

Chest Measurement :

Abdomen :

(in)

(out)

Pulse : 63 / bpm

B.P : 110/70 / mm Hg

BMI : 21

waist - 97

Hip - 104

SpO2 - 99%

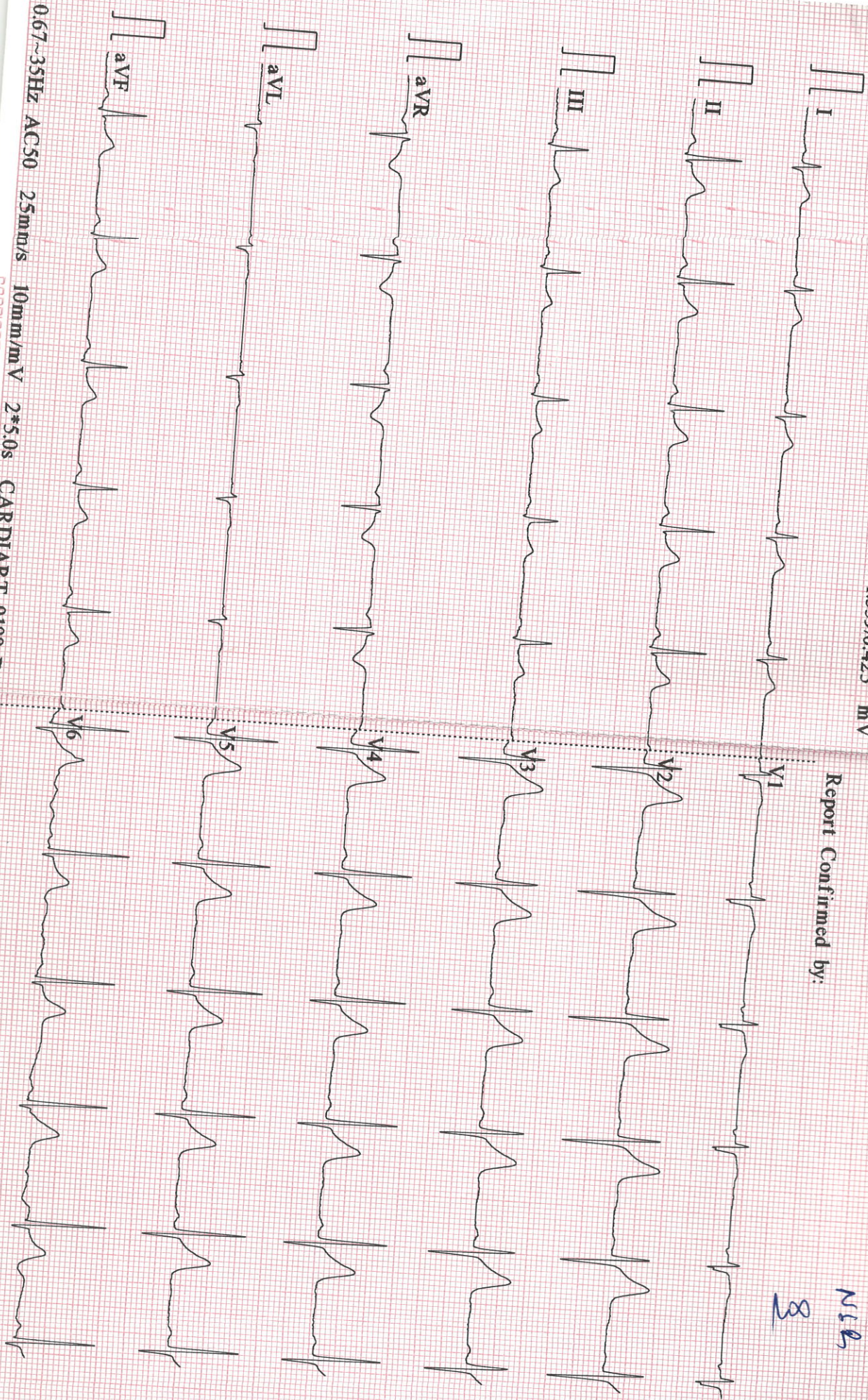
GOSWAMI RAHUL
Male 32 Years
Req. No. :

12-03-2024 10:27:12
HR : 63 bpm
P : 114 ms
PR : 150 ms
QRS : 78 ms
QT/QTcBz : 366/375 ms
P/QRS/T : 63/72/60 °
RV5/SV1 : 1.359/0.425 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:

NLB
8



0.67~35Hz AC50 25mm/s 10mm/mV 2*5.0s CARDIART 9108

V147 Glasgow V28.6.7 APOLLO CLINIC CHANDRA NAGAR

PRESCRIPTION

Besaid Bata Show Room ,Madinaguda opp SBI Bank Hyderabad .040-23046745

RAHUL GOSWAMI

Date:

12-03-2024

Age:

32

UHID:

PH NO

	SPHE	CYL	AXIS	ADD	CVA
RIGHT	PL				20/20
LEFT	PL				20/20

Single Vision
Glass

Biofocal

Progressive
Normal Progressive

CR-39

D- Biofocal

Internal Progressive

Polycarbonate

(Glass/CR)

ARC

High Index

Photochromic

Contact Lenses:

Daily Disposables

Monthly Disposables

Quarterly Disposables

Yearly

Tori- ca

Cosmetics

Colour Vision Test:

RE: NORMAL

LE: NORMAL

NEXT EXAMINATIONS :

1

Month / Year

Signature

Patient Name : Mr. Goswami Rahul	Age/Gender : 32 Y/M
UHID/MR No. : CCHA.0000106844	OP Visit No : CCHAOPV326201
Sample Collected on :	Reported on : 12-03-2024 12:43
LRN# : RAD2264558	Specimen :
Ref Doctor : SELF	
Emp/Auth/TPA ID : bobE14737	

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size. **Increased Echogenicity**. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals. **Liver measures : 13.04 cm.**

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 is normal. No focal lesion seen. Splenic vein is normal. **Spleen measures : 8 cm.**

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 measures : 97 x 40 mm . , Left kidney measures : 100 x 45 mm.**

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 is normal in size and echo texture. No evidence of necrosis/calcification seen. **Prostate volume = 18 cc .**

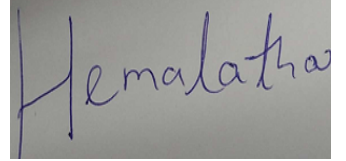
IMPRESSION:-

1 . GRADE - I FATTY LIVER .

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Patient Name : Mr. Goswami Rahul

Age/Gender : 32 Y/M



Dr. G HEMALATHA
MBBS, DNB
Radiology

Patient Name : Mr. Goswami Rahul

Age/Gender : 32 Y/M

UHID/MR No. : CCHA.0000106844

OP Visit No : CCHAOPV326201

Sample Collected on :

Reported on : 12-03-2024 11:27

LRN# : RAD2264558

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE14737

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

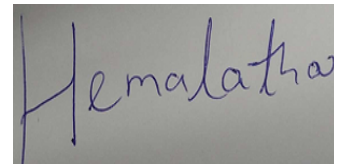
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. G HEMALATHA
MBBS,DNB
Radiology



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. GOSWAMI RAHUL
EC NO.	110686
DESIGNATION	INTERNATIONAL CBS OPERATIONS
PLACE OF WORK	HYDERABAD,DISASTER RECOVERY SI
BIRTHDATE	26-01-1993
PROPOSED DATE OF HEALTH CHECKUP	12-03-2024
BOOKING REFERENCE NO.	23M110686100098936E

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 **11-03-2024** 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



बैंक ऑफ बरोडा
Bank of Baroda

नाम

Name

कार्डनंबर वूट अ

E.C. No.

राहुल गोस्वामी

Rahul Goswami

110686

जारीकर्ता प्राधिकारी

Issuing Authority



होल्डर के हस्ताक्षर

Signature of Holder

Patient Name : Mr. Goswami Rahul Age : 32 Y/M
UHID : CCHA.0000106844 OP Visit No : CCHAOPV326201
Conducted By: : Dr. A RAVINDRA Conducted Date : 12-03-2024 12:24
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed) 2.8 CM
LA (es) 3.0 CM
LVID (ed) 4.0 CM
LVID (es) 2.7 CM
IVS (Ed) 1.0 CM
LVPW (Ed) 1.0 CM
EF 66.00%
%FD 33.00%

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM NORMAL

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NO EFFUSION

LEFT VENTRICLE:-NO RWMA

Patient Name	: Mr. Goswami Rahul	Age	: 32 Y/M
UHID	: CCHA.0000106844	OP Visit No	: CCHAOPV326201
Conducted By:	: Dr. A RAVINDRA	Conducted Date	: 12-03-2024 12:24
Referred By	: SELF		

COLOUR AND DOPPLER STUDIES:-NO MR/TR/AR/PR,

PWD: A>E AT MITRAL INFLOW

E/A-E: 0.7m/sec A: 0.5m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO
1.0m/sec

VELOCITY ACROSS THE AV UPTO 1.2m/sec

IMPRESSION:

NORMAL CHAMBERS,

NO RWMA,

GOOD LV FUNCTION,



DR.RAVINDRA

Patient Name : Mr. Goswami Rahul
UHID : CCHA.0000106844
Conducted By: : Dr. A RAVINDRA
Referred By : SELF

Age : 32 Y/M
OP Visit No : CCHAOPV326201
Conducted Date : 12-03-2024 12:24

NO MR/TR/AR/PR,

NO PE/NP CLOT/VEGS.

Patient Name	: Mr. Goswami Rahul	Age	: 32 Y/M
UHID	: CCHA.0000106844	OP Visit No	: CCHAOPV326201
Reported By:	: Dr. A RAVINDRA	Conducted Date	: 12-03-2024 16:16
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 63beats 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 see

Impression:

NORMAL RESTING ECG.

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



Dr. A RAVINDRA