

Patient Name : Mr.ELAVARASAN S	Collected : 23/Mar/2024 11:14AM
Age/Gender : 37 Y 3 M 22 D/M	Received : 23/Mar/2024 04:00PM
UHID/MR No : CANN.0000134844	Reported : 23/Mar/2024 08:09PM
Visit ID : CVALOPV108434	Status : Final Report
Ref Doctor : Dr.Dr MANJULA RANGANATHAN M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE15955	

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



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

SIN No:BED240080427

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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.5	g/dL	13-17	Spectrophotometer
PCV	42.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.77	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88.6	fL	83-101	Calculated
MCH	30.5	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,000	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	57.0	%	40-80	Electrical Impedance
LYMPHOCYTES	34.0	%	20-40	Electrical Impedance
EOSINOPHILS	1.8	%	1-6	Electrical Impedance
MONOCYTES	6.5	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3420	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2040	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	108	Cells/cu.mm	20-500	Calculated
MONOCYTES	390	Cells/cu.mm	200-1000	Calculated
BASOPHILS	42	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.68		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	271000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	14	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

METHODOLOGY : Microscopic.

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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, FASTING , NAF PLASMA</b>	94	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	103	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. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No:PLP1436584

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	6	%		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.

- 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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	170	mg/dL	<200	CHO-POD
TRIGLYCERIDES	88	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>33</b>	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	<b>137</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>119.4</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>5.15</b>		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.07		<0.11	Calculated

**Comment:**

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

**Note:**

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

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- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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**Telangana:** Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | **Andhra Pradesh:** Vizag (Seethamma Peta) | **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | **Mysore** (VV Mohalla) | **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | **Uttar Pradesh:** Ghaziabad (Indrapuram) | **Gujarat:** Ahmedabad (Satellite) | **Punjab:** Amritsar (Court Road) | **Haryana:** Faridabad (Railway Station Road)



Patient Name : Mr.ELAVARASAN S	Collected : 23/Mar/2024 11:14AM
Age/Gender : 37 Y 3 M 22 D/M	Received : 23/Mar/2024 04:09PM
UHID/MR No : CANN.0000134844	Reported : 23/Mar/2024 06:50PM
Visit ID : CVALOPV108434	Status : Final Report
Ref Doctor : Dr.Dr MANJULA RANGANATHAN M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE15955	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.57	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.44	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	76.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		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. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No:SE04673570

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This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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**APOLLO CLINICS NETWORK**

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Patient Name	: Mr.ELAVARASAN S	Collected	: 23/Mar/2024 11:14AM
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UHID/MR No	: CANN.0000134844	Reported	: 23/Mar/2024 06:50PM
Visit ID	: CVALOPV108434	Status	: Final Report
Ref Doctor	: Dr.Dr MANJULA RANGANATHAN M	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE15955		

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.72	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	22.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.50	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.80	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.40	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		0.9-2.0	Calculated



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Age/Gender : 37 Y 3 M 22 D/M	Received : 23/Mar/2024 04:09PM
UHID/MR No : CANN.0000134844	Reported : 23/Mar/2024 06:25PM
Visit ID : CVALOPV108434	Status : Final Report
Ref Doctor : Dr.Dr MANJULA RANGANATHAN M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	18.00	U/L	<55	IFCC



**DR.R.SRIVATSAN**  
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Patient Name : Mr.ELAVARASAN S	Collected : 23/Mar/2024 11:14AM
Age/Gender : 37 Y 3 M 22 D/M	Received : 23/Mar/2024 04:14PM
UHID/MR No : CANN.0000134844	Reported : 23/Mar/2024 05:45PM
Visit ID : CVALOPV108434	Status : Final Report
Ref Doctor : Dr.Dr MANJULA RANGANATHAN M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE15955	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.59	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.640	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

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

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



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No: SPL24054061

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Patient Name	: Mr.ELAVARASAN S	Collected	: 23/Mar/2024 11:14AM
Age/Gender	: 37 Y 3 M 22 D/M	Received	: 23/Mar/2024 04:14PM
UHID/MR No	: CANN.0000134844	Reported	: 23/Mar/2024 05:45PM
Visit ID	: CVALOPV108434	Status	: Final Report
Ref Doctor	: Dr.Dr MANJULA RANGANATHAN M	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE15955		

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**



**DR.R.SRIVATSAN**  
M.D.(Biochemistry)



SIN No:SPL24054061

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Patient Name : Mr.ELAVARASAN S	Collected : 23/Mar/2024 11:14AM
Age/Gender : 37 Y 3 M 22 D/M	Received : 23/Mar/2024 04:04PM
UHID/MR No : CANN.0000134844	Reported : 23/Mar/2024 04:41PM
Visit ID : CVALOPV108434	Status : Final Report
Ref Doctor : Dr.Dr MANJULA RANGANATHAN M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE15955	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE STRAW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 14 of 16



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

SIN No:UR2314734

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Patient Name : Mr.ELAVARASAN S	Collected : 23/Mar/2024 11:14AM
Age/Gender : 37 Y 3 M 22 D/M	Received : 23/Mar/2024 05:32PM
UHID/MR No : CANN.0000134844	Reported : 23/Mar/2024 07:14PM
Visit ID : CVALOPV108434	Status : Final Report
Ref Doctor : Dr.Dr MANJULA RANGANATHAN M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

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



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

SIN No:UPP017235

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Patient Name : Mr.ELAVARASAN S	Collected : 23/Mar/2024 11:14AM
Age/Gender : 37 Y 3 M 22 D/M	Received : 23/Mar/2024 04:08PM
UHID/MR No : CANN.0000134844	Reported : 23/Mar/2024 05:38PM
Visit ID : CVALOPV108434	Status : Final Report
Ref Doctor : Dr.Dr MANJULA RANGANATHAN M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

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

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



**Dr. MARQUESS RAJ**  
M.D, DipRCPATH, D.N.B(PATH)  
Consultant Pathologist

SIN No:UF011412

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**APOLLO CLINICS NETWORK**

**Telangana:** Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | **Andhra Pradesh:** Vizag (Seethamma Peta) | **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | **Mysore** (VV Mohalla) | **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | **Uttar Pradesh:** Ghaziabad (Indrapuram) | **Gujarat:** Ahmedabad (Satellite) | **Punjab:** Amritsar (Court Road) | **Haryana:** Faridabad (Railway Station Road)



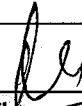
## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. BEA VARASAN, S, <sup>37 y/M</sup> on 23/03/24

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with <del>restrictions</del>/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Currently Unfit. Review after _____ recommended</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	<input type="checkbox"/>

Dr.   
**Medical Officer**  
 The Apollo Clinic, (Location)



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

**Dr. MANJULA RANGANATHAN**  
**M.B.B.S., Dip In Diab.,**  
**Reg.No: 75481**

**Patient Name** : Mr. ELAVARASAN S

**Age/Gender** : 37 Y/M

**UHID/MR No.** : CANN.0000134844

**OP Visit No** : CVALOPV108434

**Sample Collected on** :

**Reported on** : 25-03-2024 11:54

**LRN#** : RAD2279327

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobE15955

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

**Blunting of left costophrenic angle.**

Both lung fields and hila are normal .

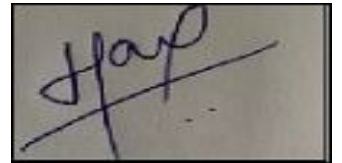
Both cardiophrenic and right costophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

**Blunting of left costophrenic angle.**



**Dr. HARSHINI U**  
**MD (Radio Diagnosis)**  
Radiology

Name: Mr. ELAVARASAN S  
Age/Gender: 37 Y/M  
Address: 197 1ST CROSS ST SRI AYYAPPA NAGAR  
Location: CHENNAI, TAMIL NADU  
Doctor: Dr. MANJULA RANGANATHAN M  
Department: FAMILY MEDICINE  
Rate Plan: VALASARAVAKKAM\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. MANJULA RANGANATHAN M

MR No: CANN.0000134844  
Visit ID: CVALOPV108434  
Visit Date: 23-03-2024 11:01  
Discharge Date:  
Referred By: SELF

## DRUG ALLERGY

DRUG ALLERGY: NIL,

## HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

### Chief Complaints

COMPLAINTS::: For Annual Health Checkup,

GENERAL SYMPTOMS :: NO SPECIFIC COMPLAINTS ,

### Present Known Illness

No history of: No History of diabetes / Hypertension / Heart Disease,

## SYSTEMIC REVIEW

### Cardiovascular System

CHEST PAIN: No,

### \*\*Weight

--->: Stable,

Number of kgs: 104,

### General Symptoms

: NIL,

### Present Medications

-): Nil,

## HT-HISTORY

### Past Medical History

ALLERGIES: Nil,

PAST MEDICAL HISTORY: Nil Significant,

\*\*Cancer: NIL,

### Past surgical history

Surgical history: NIL,

## Family History

Diabetes	mother ,
-->	
Hypertension	mother ,

## PHYSICAL EXAMINATION

### General Examination

General appearance: **Normal,**

Build: **Obese,**

Height (in cms): **180,**

Weight (in Kgs): **104,**

BMI: **32,**

## SYSTEMIC EXAMINATION

### CardioVascularSystem

Heart Rate (Per Minute) : **80,**

Rhythm---: **regular,**

Blood pressure::: **sitting,**

Systolic: **120,**

Diastolic: **80,**

### Eye:

Eye Vision--: **normal,**

Colour Vision-: **normal,**

## IMPRESSION

### Apollo Health check

Findings: **PRE DIABETIC STAGE  
MILD DYSLIPIDEMIA ,**

### ECG

: **WITHIN NORMAL LIMITS,**

### X-Ray

: **Blunting of left costophrenic angle.,**

## RECOMMENDATION

### Fitness Report

Fitness.: **YES,**

**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**

MR. ELAVARASAN S  
ID: CANN134844

37 Years  
Male

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 98 ms  
QT / QTcBaz : 344 / 423 ms  
PR : 144 ms  
P : 110 ms  
RR / PP : 658 / 659 ms  
P / QRS / T : 63 / 77 / 31 degrees

23.03.2024 12:19:44 PM  
apolo clinic  
volsaravakkam  
chennai

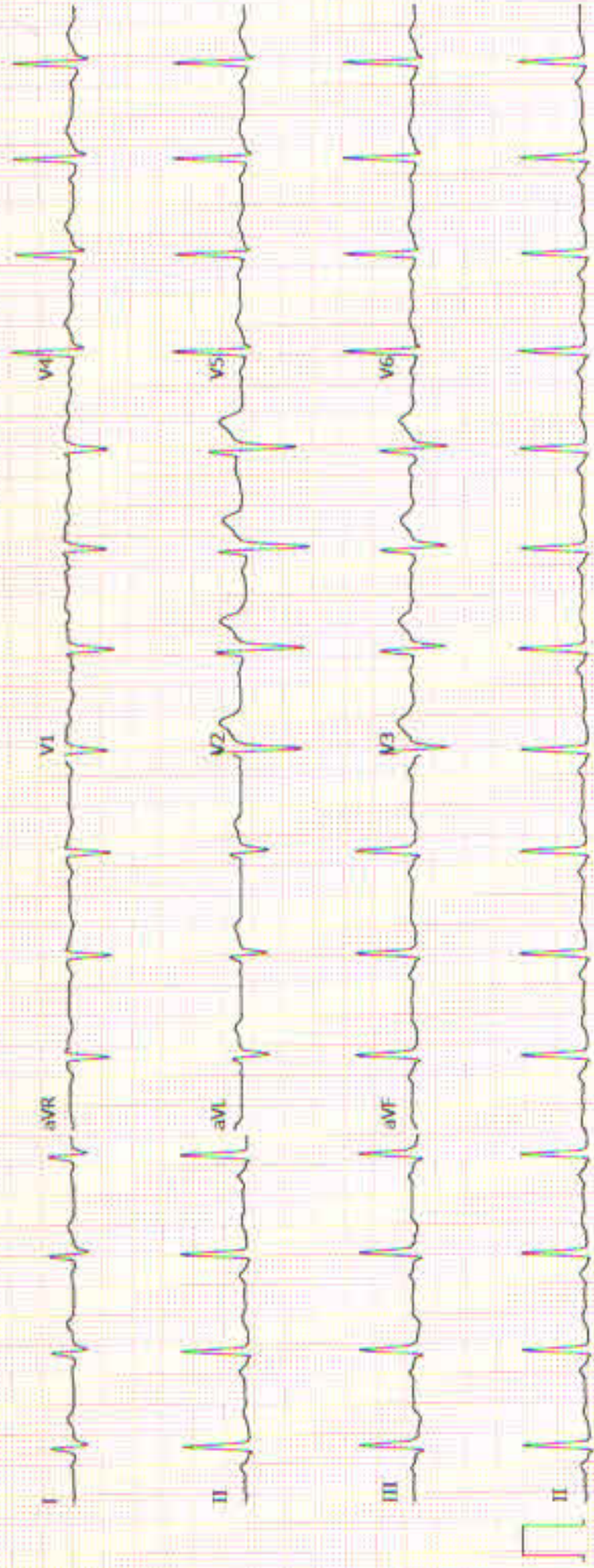
ADW CC

Location:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Room:

91 bpm  
-- / -- mmHg

NSAIDs  
kg



GE MAC2000 1.1 125L™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz Unconfirmed 4x2.5x3\_25\_R1 1/1

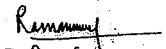


बैंक ऑफ बरोडा  
Bank of Baroda


नाम  
Name

: S. ELAVARASAN

कर्मचारी कूट क्र : 104805  
E.C. No.

  
जारीकर्ता प्राधिकारी  
Issuing Authority



  
धारक के हस्ताक्षर  
Signature of Holder

Patient Name	: Mr. ELAVARASAN S	Age	: 37 Y/M
UHID	: CANN.0000134844	OP Visit No	: CVALOPV108434
Reported By:	: Dr. MANJULA RANGANATHAN M	Conducted Date	: 23-03-2024 16:58
Referred By	: SELF		

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### **ECG REPORT**

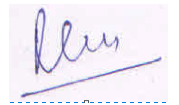
#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 92beats per minutes.

#### **Impression:**

**WITHIN NORMAL LIMITS**

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



Dr. MANJULA RANGANATHAN M