

Patient Name : Mr.VENKATARAMAN B	Collected : 29/Mar/2024 07:57AM
Age/Gender : 58 Y 9 M 26 D/M	Received : 29/Mar/2024 01:47PM
UHID/MR No : CVAL.0000014972	Reported : 29/Mar/2024 06:57PM
Visit ID : CVALOPV108708	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 053889	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic
RBC MORPHOLOGY	: Mild anisocytosis, 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.
NOTE/ COMMENT	: Please correlate clinically.



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

SIN No:BED240086380

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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

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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)



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.5	g/dL	13-17	Spectrophotometer
PCV	33.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.17	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	80.1	fL	83-101	Calculated
MCH	27.6	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61.8	%	40-80	Electrical Impedance
LYMPHOCYTES	25.7	%	20-40	Electrical Impedance
EOSINOPHILS	3.3	%	1-6	Electrical Impedance
MONOCYTES	8.8	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3090	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1285	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	165	Cells/cu.mm	20-500	Calculated
MONOCYTES	440	Cells/cu.mm	200-1000	Calculated
BASOPHILS	20	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.4		0.78- 3.53	Calculated
PLATELET COUNT	203000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	17	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
METHODOLOGY	: Microscopic			



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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Visit ID : CVALOPV108708	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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



Dr THILAGA
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	98	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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	101	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:PLP1439575

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	134	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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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	114	mg/dL	<200	CHO-POD
TRIGLYCERIDES	73	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	35	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	79	mg/dL	<130	Calculated
LDL CHOLESTEROL	64.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.26		0-4.97	Calculated
ATHEROGENIC INDEX (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(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.

Page 7 of 16



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SIN No:SE04679756

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

- 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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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.29	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.99	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	45.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.00	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41		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:SE04679756

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Patient Name : Mr.VENKATARAMAN B	Collected : 29/Mar/2024 07:57AM
Age/Gender : 58 Y 9 M 26 D/M	Received : 29/Mar/2024 02:01PM
UHID/MR No : CVAL.0000014972	Reported : 29/Mar/2024 05:45PM
Visit ID : CVALOPV108708	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 053889	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	0.72 – 1.18	JAFFE METHOD
UREA	26.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.90	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.00	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.7	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.00	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41		0.9-2.0	Calculated



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



SIN No:SE04679756

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UHID/MR No : CVAL.0000014972	Reported : 29/Mar/2024 05:38PM
Visit ID : CVALOPV108708	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 053889	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.00	U/L	<55	IFCC



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



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Patient Name : Mr.VENKATARAMAN B	Collected : 29/Mar/2024 07:57AM
Age/Gender : 58 Y 9 M 26 D/M	Received : 29/Mar/2024 01:43PM
UHID/MR No : CVAL.0000014972	Reported : 29/Mar/2024 03:13PM
Visit ID : CVALOPV108708	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 053889	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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)	0.97	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.85	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.610	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: SPL24058394

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Patient Name	: Mr.VENKATARAMAN B	Collected	: 29/Mar/2024 07:57AM
Age/Gender	: 58 Y 9 M 26 D/M	Received	: 29/Mar/2024 01:43PM
UHID/MR No	: CVAL.0000014972	Reported	: 29/Mar/2024 03:13PM
Visit ID	: CVALOPV108708	Status	: Final Report
Ref Doctor	: Dr.Dr PADMINI M	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 053889		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324



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



SIN No:SPL24058394

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Age/Gender : 58 Y 9 M 26 D/M	Received : 29/Mar/2024 01:43PM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.860	ng/mL	0-4	CLIA

The normal reference PSA for the decadal age group of 50-59 years is 0-3.5 ng/mL



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

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Patient Name : Mr.VENKATARAMAN B	Collected : 29/Mar/2024 07:57AM
Age/Gender : 58 Y 9 M 26 D/M	Received : 29/Mar/2024 02:27PM
UHID/MR No : CVAL.0000014972	Reported : 29/Mar/2024 04:18PM
Visit ID : CVALOPV108708	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 053889	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	DOUBLE INDICATOR
SP. GRAVITY	1.020		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 15 of 16



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

SIN No:UR2319284

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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Patient Name	: Mr.VENKATARAMAN B	Collected	: 29/Mar/2024 07:57AM
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UHID/MR No	: CVAL.0000014972	Reported	: 29/Mar/2024 04:21PM
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

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

*** End Of Report ***



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

SIN No:UF011493

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CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Venkataraman B. on 29.3.24

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

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

Dr. M. PADMINI, MD.
Gen. Medicine,
Reg. No: 25154

Dr. M. Padma
Medical Officer
The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

Patient Name	: Mr. VENKATARAMAN B	Age/Gender	: 58 Y/M
UHID/MR No.	: CVAL.0000014972	OP Visit No	: CVALOPV108708
Sample Collected on	:	Reported on	: 29-03-2024 14:43
LRN#	: RAD2285532	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 053889		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size measures 14.8 cm and grade I increased 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 in size measures 11.2 cm.

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 measures 9.8 x 4.4 cm.

Left kidney measures 11.1 x 5.8 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 is normal in size measures 3.7 x 2.8 x 3.5 cm vol - 19.5 cc and echo texture.

No evidence of necrosis/calcification seen.

IMPRESSION:

Grade I fatty liver.

Patient Name : Mr. VENKATARAMAN B

Age/Gender : 58 Y/M



Dr. PASUPULETI SANTOSH KUMAR
M.B.B.S., DNB (RADIODIAGNOSIS)
Radiology

Patient Name : Mr. VENKATARAMAN B

Age/Gender : 58 Y/M

UHID/MR No. : CVAL.0000014972

OP Visit No : CVALOPV108708

Sample Collected on :

Reported on : 29-03-2024 13:27

LRN# : RAD2285532

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 053889

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Normal Study.



Dr. PASUPULETI SANTOSH KUMAR
M.B.B.S., DNB (RADIODIAGNOSIS)

Radiology



भारत सरकार

GOVERNMENT OF INDIA

Download Date: 27/01/2022



வெங்கடராமன் பா
Venkataraman B
பிறந்த நாள்/DOB: 03/06/1965
ஆண்/ MALE
Mobile No: 9940598444

Issue Date: 29/12/2013

9176 4973 9071
VID : 9108 3455 9118 1473

எனது ஆதார், எனது அடையாளம்

ECM Dept Chennai Rural Region

From: geethavengita@rediffmail.com on behalf of geetha geetha venkatraman <geethavengita@rediffmail.com>
Sent: 28 March 2024 13:45
To: ECM Dept Chennai Rural Region
Subject: Fw: Health Check up Booking Confirmed Request(bobE17627),Package Code-PKG10000367, Beneficiary Code-311739

****सावधान: यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.
CAUTION: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTACHMENT UNLESS YOU KNOW THE SENDER.

From: wellness@mediwheel.in
Sent: Wed, 27 Mar 2024 18:10:22
To: geethavengita@rediffmail.com
Cc: customercare@mediwheel.in
Subject: Health Check up Booking Confirmed Request(bobE17627),Package Code-PKG10000367, Beneficiary Code-311739

MedSave



011-41195959

Dear **MIR. VENKATARAMAN B,**

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package : Mediwheel Full Body Annual Plus Above 50 Male
Name

Patient Package Name : Mediwheel Full Body Health Checkup Male Above 40

Name of Diagnostic/Hospital : Apollo Clinic - Valasaravakkam

Address of Diagnostic/Hospital : Near Mc.Donalds, Prakasam Salai, Valasaravakkam, Chennai - 600087

City : Chennai

State : Tamil Nadu

Pincode : 600087

Appointment Date : 29-03-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:00am-8:30am

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. VENKATARAMAN B	58 year	Male

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.

- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team

Please Download Mediwheel App



You have received this mail because your e-mail ID is registered with **Arcofemi Healthcare Limited** This is a system-generated e-mail please don't reply to this message.

Please visit to our **Terms & Conditions** for more information. [Click here to unsubscribe.](#)

@ 2024 - 25, Arcofemi Healthcare Pvt Limited. (Mediwheel)

Date : 29-03-2024
MR NO : CVAL.0000014972

Department : GENERAL PHYSICIAN
Doctor : Dr. PADMINI M

Name : Mr. VENKATARAMAN B

Registration No : 25154

Age/ Gender : 58 Y / Male

Qualification : MD

Consultation Timing: 07:50

HT → 166 cm
WT → 75 kg
BP → 140/100
Pul → 80 bpm

No complaint
A known HTDM on evast / alycant 500
led / Sactel 20 of same 6 year
HTA DM to (M)
E/B Pulser (M) 78 bpm BP 140/100

ay
m m

Sym HT
Type II DM

M. Padma



Apollo Clinic

CONSENT FORM

Patient Name: Venkata Ramana B Age: 58/M
 UHID Number: CVAL 149702 Company Name: Amcafeem

I Mr/Mrs/Ms Employee of

(Company) Want to inform you that I am not interested in getting ENT, Dental, opthal

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: Date: 29/03/2024



Apollo Clinic

CONSENT FORM

Patient Name: Venkata Ram B Age: 58/M
 UHID Number: CVAL 149702 Company Name: Amca ferni

I Mr/Mrs/Ms Employee of

(Company) Want to inform you that I am not interested in getting ENT, Dental, opthal

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: Date: 29/03/2024

MR. VENKATARAMAN
ID: CVAL16972

58 Years
Male

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 82 ms
QT / QTc : 348 / 396 ms
PR : 200 ms
P : 100 ms
RR / PP : 772 / 769 ms
P / QRS / T : 68 / -15 / 5 degrees

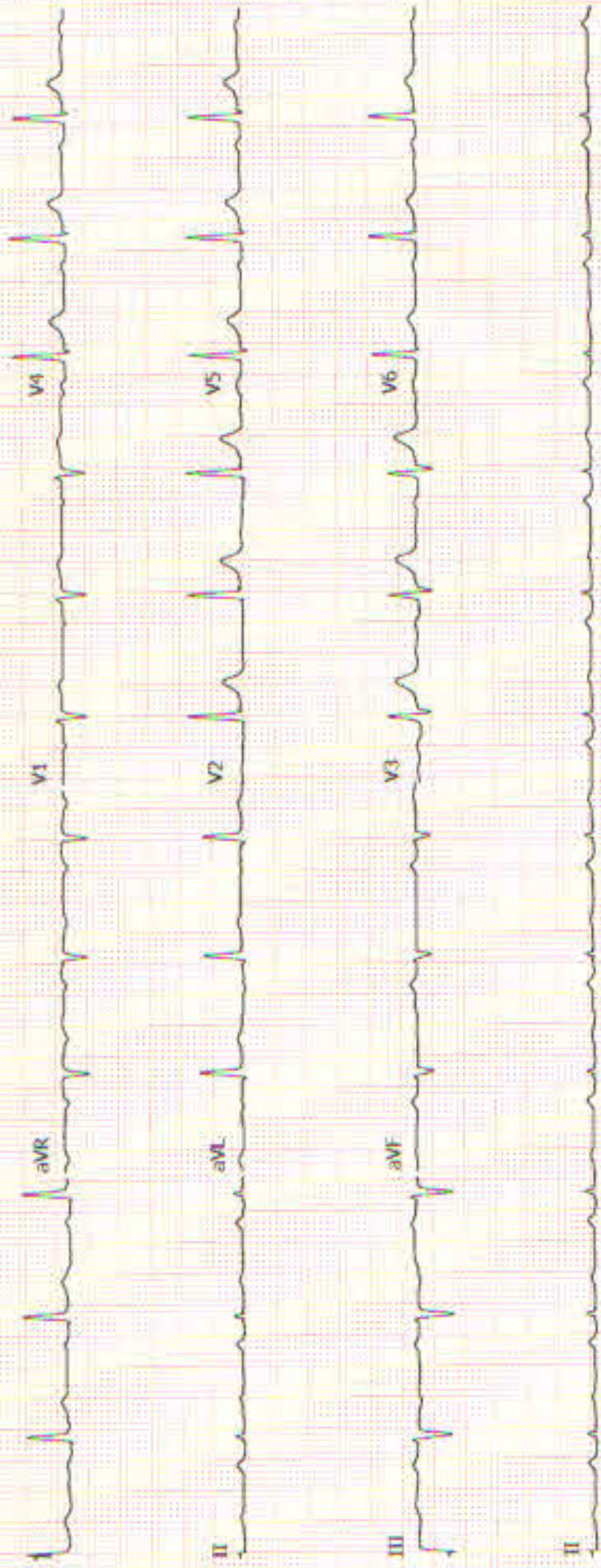
29.03.2024 8:04:02 AM
aposth clinic
velsairambakkam
chennai

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

Room:

78 bpm
/ - mmHg

Handwritten notes:
WNL
Mx



Patient Name	: Mr. VENKATARAMAN B	Age	: 58 Y/M
UHID	: CVAL.0000014972	OP Visit No	: CVALOPV108708
Reported By:	: Dr. PADMINI M	Conducted Date	: 29-03-2024 14:16
Referred By	: SELF		

ECG REPORT

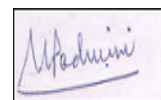
Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 78beats per minutes.

Impression:

WITHIN NORMAL LIMITS

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



Dr. PADMINI M

Patient Name : Mr. VENKATARAMAN B Age : 58 Y/M
UHID : CVAL.0000014972 OP Visit No : CVALOPV108708
Conducted By: : Conducted Date : 29-03-2024 13:45
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed) 2.7 CM
LA (es) 3.0 CM
LVID (ed) 4.6 CM
LVID (es) 2.9 CM
IVS (Ed) 1.0/1.4 CM
LVPW (Ed) 0.9/1.6 CM
EF 66.00%
%FD 36.00%

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 NORMAL

LEFT VENTRICLE:

Patient Name : Mr. VENKATARAMAN B Age : 58 Y/M
UHID : CVAL.0000014972 OP Visit No : CVALOPV108708
Conducted By: : Conducted Date : 29-03-2024 13:45
Referred By : SELF

NORMAL

COLOUR AND DOPPLER STUDIES

PWD: A>E AT MITRAL INFLOW

E/A-E: 0.8m/sec A: 0.9m/sec

**VELOCITY ACROSS THE PULMONIC VALVE UPTO
1.0/4m/sec**

VELOCITY ACROSS THE AV UPTO 1.4/8m/sec

TR VELOCITY UPTO 1.4/8m/sec

IMPRESSION:

- **NO REGIONAL WALL MOTION ABNORMALITIES**
- **NORMAL LV SYSTOLIC FUNCTION**
- **GRADE I DIASTOLIC DYSFUNCTION**
- **NORMAL CHAMBER DIMENSION**
- **STRUCTURALLY VALVES ARE NORMAL**
- **NO PERICARDIAL EFFUSION CLOT/PAH**

DR.NISHANTH