

Patient Name : Mr.DEEPAK KUMAR	Collected : 14/Mar/2024 10:08AM
Age/Gender : 34 Y 6 M 3 D/M	Received : 14/Mar/2024 12:22PM
UHID/MR No : CCHA.0000177561	Reported : 14/Mar/2024 02:18PM
Visit ID : CCHAOPV326465	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS12726	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	14.6	g/dL	13-17	Spectrophotometer
PCV	43.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.16	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	84.5	fL	83-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	15.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,460	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	55.2	%	40-80	Electrical Impedance
LYMPHOCYTES	28.9	%	20-40	Electrical Impedance
EOSINOPHILS	8.7	%	1-6	Electrical Impedance
MONOCYTES	6.5	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	0-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4669.92	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2444.94	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	736.02	Cells/cu.mm	20-500	Calculated
MONOCYTES	549.9	Cells/cu.mm	200-1000	Calculated
BASOPHILS	59.22	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.91		0.78- 3.53	Calculated
PLATELET COUNT	150000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC NORMOCYTIC NORMOCHROMIC				
WBC - MILD EOSINOPHILIA				



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

SIN No: BED240068145

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

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

PLATELETS ARE ADEQUATE ON SMEAR  
NO HEMOPARASITES SEEN  
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD EOSINOPHILIA



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

SIN No:BED240068145

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UHID/MR No : CCHA.0000177561	Reported : 14/Mar/2024 04:36PM
Visit ID : CCHAOPV326465	Status : Final Report
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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

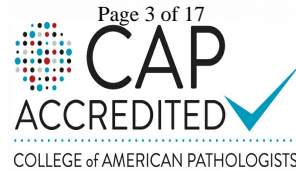
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Microplate technology
Rh TYPE	Positive			Microplate technology



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

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Patient Name : Mr.DEEPAK KUMAR	Collected : 14/Mar/2024 12:42PM
Age/Gender : 34 Y 6 M 3 D/M	Received : 14/Mar/2024 02:37PM
UHID/MR No : CCHA.0000177561	Reported : 14/Mar/2024 03:08PM
Visit ID : CCHAOPV326465	Status : Final Report
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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	95	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)	99	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.

*K. Anusha*  
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SIN No:PLP1431081

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	4.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	91	mg/dL		Calculated


**Comment:**

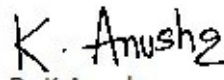
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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:EDT240031028

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

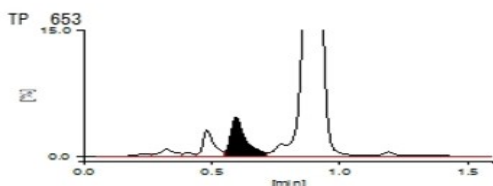
Chromatogram Report

V5.28 1 2024-03-14 12:32:07  
 ID EDT240031028  
 Sample No. 03140044 SL 0001 - 01  
 Patient ID  
 Name  
 Comment

CALIB Y = 1.2025X + 0.3021			
Name	%	Time	Area
A1A	0.3	0.25	4.89
A1B	0.8	0.32	11.95
F	0.3	0.41	4.00
LA1C+	1.8	0.48	29.02
SA1C	4.8	0.59	60.48
AO	93.2	0.88	1467.82
H-V0			
H-V1			
H-V2			

Total Area 1578.16

**HbA1c 4.8 %** **IFCC 29 mmol/mol**  
 HbA1 5.9 % HbF 0.3 %



14-03-2024 12:32:08 APOLLO

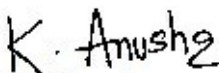
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BALNAGAR

1 / 1



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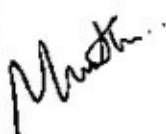
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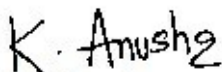
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324



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Visit ID	: CCHAOPV326465	Status	: Final Report
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	140	mg/dL	<200	CHO-POD
TRIGLYCERIDES	164	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	36	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	104	mg/dL	<130	Calculated
LDL CHOLESTEROL	71.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.89		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.30		<0.11	Calculated


**Comment:**

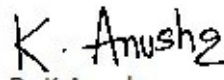
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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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Patient Name	: Mr.DEEPAK KUMAR	Collected	: 14/Mar/2024 10:08AM
Age/Gender	: 34 Y 6 M 3 D/M	Received	: 14/Mar/2024 12:47PM
UHID/MR No	: CCHA.0000177561	Reported	: 14/Mar/2024 02:51PM
Visit ID	: CCHAOPV326465	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS12726		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.74	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.62	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	36	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	91.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.36	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.24	g/dL	2.0-3.5	Calculated
A/G RATIO	1.95		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.

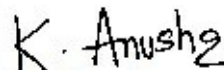
**2. Cholestatic Pattern:**

- 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



SIN No:SE04660947

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

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 Chanda Nagar, Hyderabad, Telangana, India - 500050

  
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Patient Name : Mr.DEEPAK KUMAR	Collected : 14/Mar/2024 10:08AM
Age/Gender : 34 Y 6 M 3 D/M	Received : 14/Mar/2024 12:47PM
UHID/MR No : CCHA.0000177561	Reported : 14/Mar/2024 02:51PM
Visit ID : CCHAOPV326465	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS12726	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.95	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	22.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.11	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.35	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.03	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.36	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.24	g/dL	2.0-3.5	Calculated
A/G RATIO	1.95		0.9-2.0	Calculated

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

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

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Patient Name	: Mr.DEEPAK KUMAR	Collected	: 14/Mar/2024 10:08AM
Age/Gender	: 34 Y 6 M 3 D/M	Received	: 14/Mar/2024 12:47PM
UHID/MR No	: CCHA.0000177561	Reported	: 14/Mar/2024 02:48PM
Visit ID	: CCHAOPV326465	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS12726		

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) , <i>SERUM</i>	23.00	U/L	<55	IFCC

K. Anusha

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

SIN No:SE04660947

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Patient Name : Mr.DEEPAK KUMAR	Collected : 14/Mar/2024 10:08AM
Age/Gender : 34 Y 6 M 3 D/M	Received : 14/Mar/2024 12:44PM
UHID/MR No : CCHA.0000177561	Reported : 14/Mar/2024 02:06PM
Visit ID : CCHAOPV326465	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS12726	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.94	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	6.62	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.523	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

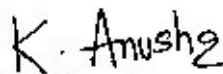
- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. 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

SIN No:SPL24045370



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

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Patient Name	: Mr.DEEPAK KUMAR	Collected	: 14/Mar/2024 10:08AM
Age/Gender	: 34 Y 6 M 3 D/M	Received	: 14/Mar/2024 12:44PM
UHID/MR No	: CCHA.0000177561	Reported	: 14/Mar/2024 02:06PM
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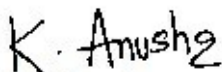
DEPARTMENT OF IMMUNOLOGY

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



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

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

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Patient Name : Mr.DEEPAK KUMAR	Collected : 14/Mar/2024 10:08AM
Age/Gender : 34 Y 6 M 3 D/M	Received : 14/Mar/2024 11:40AM
UHID/MR No : CCHA.0000177561	Reported : 14/Mar/2024 01:24PM
Visit ID : CCHAOPV326465	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS12726	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
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	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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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: UR2304882

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

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Patient Name : Mr.DEEPAK KUMAR	Collected : 14/Mar/2024 12:42PM
Age/Gender : 34 Y 6 M 3 D/M	Received : 14/Mar/2024 02:22PM
UHID/MR No : CCHA.0000177561	Reported : 14/Mar/2024 03:42PM
Visit ID : CCHAOPV326465	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS12726	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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



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

SIN No:UPP017125

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Patient Name	: Mr.DEEPAK KUMAR	Collected	: 14/Mar/2024 10:08AM
Age/Gender	: 34 Y 6 M 3 D/M	Received	: 14/Mar/2024 11:40AM
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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. B Pavani  
M.B.B.S, M.D(pathalogy)  
Consultant Pathologist

SIN No:UF011173

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**CERTIFICATE OF MEDICAL FITNESS**

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

MR. DEEPAK KUMAR on 14/03/24 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.


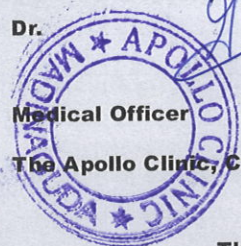
**Review after**

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, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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 Vizag (Seethamma Peta)

Online appointments: [www.apolloclinic.com](http://www.apolloclinic.com)

TO BOOK AN APPOINTMENT

 **1860 500 7788**



# PRESCRIPTION

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

DEEPAK KUMAR

Date:

14-03-2024

Age:

34

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

DIAGNOSIS :

Colour Vision Test:

RE: NORMAL

LE: NORMAL

NEXT EXAMINATIONS :

1

Month / Year

Signature

## Apollo Health and Lifestyle Limited

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

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Vizag (Seethamma Peta)

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TO BOOK AN APPOINTMENT

 **1860 500 7788**



Name	Mr Deepak Kaul	Date	14/3/14
Age	34y	UHID No.	177561
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Ref. Physician	Arcofeet medhawal.
Ref. Diagnosis			

## Echocardiogram Report

Echogenicity  Poor  Adequate  Good      Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ BSA \_\_\_\_\_

DIMENSIONS		NORMAL	DIMENSIONS		NORMAL
Ao (ed)	3.0	cm (1.5cm / m2)	IVS (Ed)	1.0	cm (0.6 - 1.2 cm)
LA (es)	2.8	cm (1.5cm / m2)	LVPW (Ed)	1.0	cm (0.6 - 1.1 cm)
RVID (ed)		cm (0.9 cm / m2)	EF	70	(0.62 - 0.85)
LVID (ed)	4.0	cm (2.6 - 3.4 cm / m2)	% FD	35	(2.8% - 42%)
LVID (es)	3.0				

### MORPHOLOGICAL DATA

Mitral Valve	AML	myxomatous	Interatrial septum	
	PML		Interventricular septum	
Aortic Valve			Pulmonary artery	
Tricuspid valve			Aorta	
Pulmonary valve			Right atrium	
Right ventricle			Left atrium	



THE APOLLO CLINIC  
PHYSICAL EXAMINATION FORM

Aycof EMI

BILL DATE : 14/3/24 UHID: 177561

BILL NO: 85391

PATIENT NAME : Mr. Deepak Kumar

AGE: 39

Weight : 71.5 Kgs

Height : 170 Cms

Chest Measurement : (in) (out)

Abdomen :

Pulse : 126 /bpm

Waist - 97 cm

B.P : 120/90 / mm Hg

Hip - 106 cm

SpO2 :- 99.1.

BMI - 24

**Patient Name** : Mr. DEEPAK KUMAR

**Age/Gender** : 34 Y/M

**UHID/MR No.** : CCHA.0000177561

**OP Visit No** : CCHAOPV326465

**Sample Collected on** :

**Reported on** : 14-03-2024 19:34

**LRN#** : RAD2266582

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobS12726

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

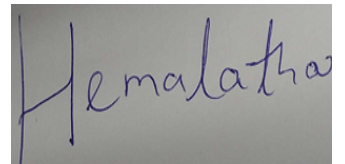
Both costophrenic and cardiophrenic angles are clear .

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

**Patient Name** : Mr. DEEPAK KUMAR

**Age/Gender** : 34 Y/M

**UHID/MR No.** : CCHA.0000177561

**OP Visit No** : CCHAOPV326465

**Sample Collected on** :

**Reported on** : 14-03-2024 12:06

**LRN#** : RAD2266582

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobS12726

## 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 : 14.0 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 : 100 x 40 mm . , Left kidney measures : 108 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 = 19 cc .**

### **IMPRESSION:-**

**1 . GRADE - I FATTY LIVER .**

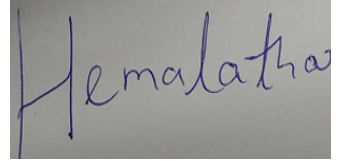
(The sonography findings should always be considered in correlation with the clinical and other investigation

finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



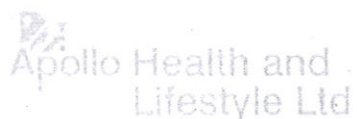
**Patient Name** : Mr. DEEPAK KUMAR

**Age/Gender** : 34 Y/M



**Dr. G HEMALATHA**  
MBBS, DNB  
Radiology

To: swatijha20@gmail.com  
Cc: Chandanagar Apolloclinic, Corporate Apollo Clinic, Syamsunder M



Dear Deepak,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **CHANDA NAGAR** clinic on **2024-03-14** at **08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on c





ഭാരത സർക്കാർ  
Government of India

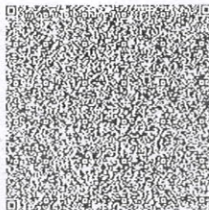
ഭാരതീയ സമ്പന്നത തിരിച്ചറിയൽ അതോറിറ്റി  
Unique Identification Authority of India

വേദന ചേർക്കൽ നമ്പർ / Enrolment No.: 0000/00378/32337

To  
ദീപക് കുമാർ  
Deepak Kumar  
Flat No. B905, Aparna Hillpark Silveroaks  
Survey Np 273  
Chandanagar  
K.v. Rangareddy Telangana - 500050  
9861453243

Signature valid

Digitally signed by  
DEEPAK KUMAR  
AUTHORITY: UIDAI  
Date: 2023.07.23 18:07:53 UTC



നിങ്ങളുടെ ആധാർ നമ്പർ / Your Aadhaar No. :

9692 6041 4515  
VID : 9184 1326 6848 5085

എന്റെ ആധാർ, എന്റെ ഐഡൻറിറ്റി



ഭാരത സർക്കാർ  
Government of India



Issue Date: 17/07/2022



ദീപക് കുമാർ  
Deepak Kumar  
ജനന തീയതി/DOB: 11/09/1989  
പുരുഷൻ/ MALE

9692 6041 4515  
VID : 9184 1326 6848 5085

എന്റെ ആധാർ, എന്റെ ഐഡൻറിറ്റി



വിവരങ്ങൾ / INFORMATION

- ആധാർ തിരിച്ചറിയലിനുള്ള രേഖയാണ്, പൗരത്വത്തിനുള്ളതല്ല
- ആധാർ അമിതവും സുരക്ഷിതവുമാണ്.
- സുരക്ഷിത കൃത്യത കോഡ്/ഓഫ് ലൈൻ XML / ഓൺലൈൻ പ്രമാണീകരണം ഉപയോഗിച്ച് ഐഡൻറിറ്റി പരിശോധിക്കുക
- ആധാർ ലെറ്റർ, പിവിസി കാർഡുകൾ, ഇ-ആധാർ, ഏംബ്രോയർ തുടങ്ങിയ എല്ലാ ആധാറും ഒരുപോലെ സാധുതയുള്ളതാണ്. 12 അക്ക ആധാർ നമ്പറിന് പകരം വെർച്വൽ ആധാർ ഐഡൻറിറ്റി (വിഐഡി) ഉപയോഗിക്കുവാനും കഴിയും.
- 10 വർഷത്തിൽ ഒരിക്കലെങ്കിലും ആധാർ അപ്ഡേറ്റ് ചെയ്യുക
- വിവിധ സർക്കാർ അല്ലെങ്കിൽ സർക്കാരിതര ആനുകൂല്യങ്ങൾ/സേവനങ്ങൾ എളുപ്പത്തിൽ ലഭിക്കുവാൻ ആധാർ സഹായിക്കുന്നു
- നിങ്ങളുടെ മൊബൈൽ നമ്പറും ഇമെയിൽ ഐഡിയും ആധാറിൽ അപ്ഡേറ്റ് ചെയ്ത് വെയ്ക്കുക
- ആധാർ സേവനങ്ങൾ ലഭിക്കുവാൻ നിങ്ങളുടെ സ്മാർട്ട് ഫോണുകളിൽ എംആധാർ ആപ്സ് ഡൗൺലോഡ് ചെയ്യുക
- സുരക്ഷ ഉറപ്പാക്കുവാൻ ആധാർ/ബയോമെട്രിക്സ് ലോക്ക്/അൺലോക്ക് ഫീച്ചർ ഉപയോഗിക്കുക
- ആധാർ ആവശ്യപ്പെടുന്ന സ്ഥാപനങ്ങൾ അർഹമായ സമ്മതം തേടാൻ ബാധ്യസ്ഥരാണ്
- Aadhaar is a proof of identity, not of citizenship.
- Aadhaar is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of Aadhaar like Aadhaar letter, PVC Cards, eAadhaar and mAadhaar are equally valid. Virtual Aadhaar Identity (VID) can also be used in place of 12 digit Aadhaar number.
- Update Aadhaar at least once in 10 years.
- Aadhaar helps you avail various Government and Non- Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app on smart phones to avail Aadhaar Services.
- Use the feature of lock/unlock Aadhaar/biometrics to ensure security.
- Entities seeking Aadhaar are obligated to seek due consent.



भारतीय विशिष्ट ओळख प्राधिकरण  
Unique Identification Authority of India

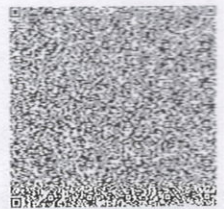


വിലാസം:

എസ്. സി. ബിൽഡിംഗ്, അപർണ ഫീൽഡ് ഓഫീസ്,  
സർവ്വേ നമ്പർ 273, ചന്ദനഗർ,  
കെ.വി. രാജറേഡി,  
തെലുങ്കാന - 500050

Address:  
Flat No. B905, Aparna Hillpark Silveroaks,  
Survey No 273, Chandanagar, K.v.  
Rangareddy,  
Telangana - 500050

Download Date: 02/08/2023



9692 6041 4515  
VID : 9184 1326 6848 5085

1947 | help@uidai.gov.in | www.uidai.gov.in



Patient Name	: Mr. DEEPAK KUMAR	Age	: 34 Y/M
UHID	: CCHA.0000177561	OP Visit No	: CCHAOPV326465
Reported By:	: Dr. A RAVINDRA	Conducted Date	: 14-03-2024 13:15
Referred By	: SELF		

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### **ECG REPORT**

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 75 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 see

#### **Impression:**

NORMAL RESTING ECG.

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



Dr. A RAVINDRA

Patient Name : Mr. DEEPAK KUMAR Age : 34 Y/M  
UHID : CCHA.0000177561 OP Visit No : CCHAOPV326465  
Conducted By: : Dr. A RAVINDRA Conducted Date : 14-03-2024 18:01  
Referred By : SELF

---

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed)	3.0 CM
LA (es)	2.8 CM
LVID (ed)	4.0 CM
LVID (es)	3.0 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	70.00%
%FD	35.00%
MITRAL VALVE :	NORMAL
AML	MYXOMATOUS
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. DEEPAK KUMAR Age : 34 Y/M  
UHID : CCHA.0000177561 OP Visit No : CCHAOPV326465  
Conducted By: : Dr. A RAVINDRA Conducted Date : 14-03-2024 18:01  
Referred By : SELF

---

COLOUR AND DOPPLER STUDIES:-NILD MR/TR/AR/PR,

PWD: A<E AT MITRAL INFLOW

E/A-E: 0.9m/sec A: 0.7m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO  
1.1m/sec

VELOCITY ACROSS THE AV UPTO 1.1m/sec

**IMPRESSION:**

**NORMAL CHAMBERS,**

**NO RWMA,**

**GOOD LV FUNCTION,**



Dr. A  
RAVINDRA



Patient Name : Mr. DEEPAK KUMAR  
UHID : CCHA.0000177561  
Conducted By: : Dr. A RAVINDRA  
Referred By : SELF

Age : 34 Y/M  
OP Visit No : CCHAOPV326465  
Conducted Date : 14-03-2024 18:01

---

**MILD MR/TR/AR/PR,**

**NO PE/CLOT/VEGS.**

Patient Name : Mr. DEEPAK KUMAR Age : 34 Y/M  
UHID : CCHA.0000177561 OP Visit No : CCHAOPV326465  
Conducted By: : Dr. A RAVINDRA Conducted Date : 14-03-2024 18:01  
Referred By : SELF

---

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed)	3.0 CM
LA (es)	2.8 CM
LVID (ed)	4.0 CM
LVID (es)	3.0 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	70.00%
%FD	35.00%
MITRAL VALVE :	NORMAL
AML	MYXOMATON
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 EFFUSSION
LEFT VENTRICLE:-NO RWMA	

Patient Name	: Mr. DEEPAK KUMAR	Age	: 34 Y/M
UHID	: CCHA.0000177561	OP Visit No	: CCHAOPV326465
Conducted By:	: Dr. A RAVINDRA	Conducted Date	: 14-03-2024 18:01
Referred By	: SELF		

---

COLOUR AND DOPPLER STUDIES:-NILD MR/TR/AR/PR,

PWD: A>E AT MITRAL INFLOW

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

VELOCITY ACROSS THE PULMONIC VALVE UPTO  
1.0m/sec

VELOCITY ACROSS THE AV UPTO 1.3m/sec

**IMPRESSION:**

**NORMAL CHAMBERS,**

**NO RWMA,**

**GOOD LV FUNCTION,**



Dr. A  
RAVINDRA



Patient Name : Mr. DEEPAK KUMAR  
UHID : CCHA.0000177561  
Conducted By: : Dr. A RAVINDRA  
Referred By : SELF

Age : 34 Y/M  
OP Visit No : CCHAOPV326465  
Conducted Date : 14-03-2024 18:01

---

**MILD MR/TR/AR/PR,**

**NO PE/CLOT/VEGS.**