


Patient Name : Mr.CHANDRAKANTH T	Collected : 23/Mar/2024 09:00AM
Age/Gender : 36 Y 4 M 19 D/M	Received : 23/Mar/2024 01:14PM
UHID/MR No : CASR.0000186738	Reported : 23/Mar/2024 02:57PM
Visit ID : CASROPV222825	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 172172/bobS16835	

**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>				
<b>HAEMOGLOBIN</b>	14.6	g/dL	13-17	Spectrophotometer
PCV	41.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83.9	fL	83-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	<b>34.8</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.1</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,040	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	54.6	%	40-80	Electrical Impedance
LYMPHOCYTES	34.9	%	20-40	Electrical Impedance
EOSINOPHILS	2	%	1-6	Electrical Impedance
MONOCYTES	7.8	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	0-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3843.84	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2456.96	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	140.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	549.12	Cells/cu.mm	200-1000	Calculated
BASOPHILS	49.28	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.56		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	261000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	4	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC NORMOCYTIC NORMOCHROMIC  
WBC WITHIN NORMAL LIMITS  
PLATELETS ARE ADEQUATE ON SMEAR

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

SIN No:BED240079236

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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)

Address:  
A-12, # 1-S-71/A/12b, Rishab Heights, Rukminipuri Housing Colony,  
A S Rao Nagar, Hyderabad, Telangana, India - 500062

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**DEPARTMENT OF HAEMATOLOGY**

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

NO HEMOPARASITES SEEN  
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

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

SIN No:BED240079236

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



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

SIN No: BED240079236

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Patient Name : Mr.CHANDRAKANTH T	Collected : 23/Mar/2024 09:00AM
Age/Gender : 36 Y 4 M 19 DM	Received : 23/Mar/2024 01:20PM
UHID/MR No : CASR.0000186738	Reported : 23/Mar/2024 02:41PM
Visit ID : CASROPV222825	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, FASTING , NAF PLASMA</b>	82	mg/dL	70-100	Hexokinase

**Comment:**

As per American Diabetes Guidelines, 2023

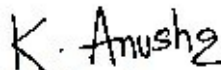
Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**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.



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



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





Patient Name : Mr.CHANDRAKANTH T	Collected : 23/Mar/2024 12:11PM
Age/Gender : 36 Y 4 M 19 D/M	Received : 23/Mar/2024 02:51PM
UHID/MR No : CASR.0000186738	Reported : 23/Mar/2024 04:29PM
Visit ID : CASROPV222825	Status : Final Report
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	96	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*  
Dr.K.Anusha  
M.B.B.S.,M.D(Biochemistry)  
Consultant Biochemist

SIN No:PLP1435949

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Visit ID : CASROPV222825	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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	mg/dL		Calculated

**Comment:**

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

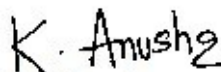
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**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)



Dr.E.Maruthi Prasad  
PhD (Biochemistry)  
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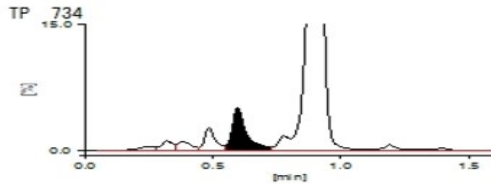
Chromatogram Report

V5.28 1 2024-03-23 16:55:26  
 ID EDT240036246  
 Sample No. 03230232 SL 0021 - 02  
 Patient ID  
 Name  
 Comment

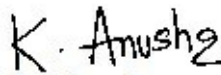
CALIB			
Name	%	Time	Area
A1A	0.4	0.25	7.56
A1B	0.7	0.32	12.39
F	0.8	0.38	14.23
LA1C+	1.6	0.48	26.60
SA1C	5.1	0.60	66.83
AO	93.3	0.90	1573.72
H-V0			
H-V1			
H-V2			

Total Area 1701.33

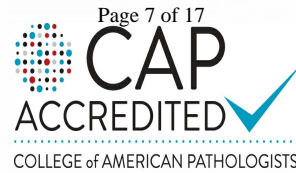
**HbA1c 5.1 %** **IFCC 33 mmol/mol**  
**HbA1 6.3 %** **HbF 0.8 %**




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PhD (Biochemistry)  
Consultant biochemist




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

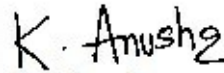


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Consultant biochemist

  
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Consultant Biochemist

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	193	mg/dL	<200	CHO-POD
TRIGLYCERIDES	174	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	35	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	158	mg/dL	<130	Calculated
LDL CHOLESTEROL	123.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	34.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.51		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.34		<0.11	Calculated

**Comment:**

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

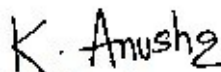
	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)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



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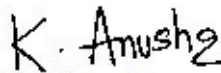
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- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available 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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.61	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	38	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	75.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.6-8.3	Biuret
ALBUMIN	4.78	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.62	g/dL	2.0-3.5	Calculated
A/G RATIO	1.82		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

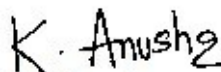
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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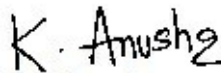
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.86	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	<b>15.80</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.4</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.24	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.62	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.46	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.40	g/dL	6.6-8.3	Biuret
ALBUMIN	4.78	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.62	g/dL	2.0-3.5	Calculated
A/G RATIO	1.82		0.9-2.0	Calculated



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



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

Page 12 of 17  
**CAP**  
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Patient Name	: Mr.CHANDRAKANTH T	Collected	: 23/Mar/2024 09:00AM
Age/Gender	: 36 Y 4 M 19 D/M	Received	: 23/Mar/2024 01:34PM
UHID/MR No	: CASR.0000186738	Reported	: 23/Mar/2024 03:05PM
Visit ID	: CASROPV222825	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 172172/bobS16835		

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>	14.00	U/L	<55	IFCC

Page 13 of 17

*K. Anusha*

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



SIN No:SE04672336

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

Patient Name : Mr.CHANDRAKANTH T	Collected : 23/Mar/2024 09:00AM
Age/Gender : 36 Y 4 M 19 D/M	Received : 23/Mar/2024 01:32PM
UHID/MR No : CASR.0000186738	Reported : 23/Mar/2024 03:42PM
Visit ID : CASROPV222825	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 172172/bobS16835	

**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)	1.3	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.06	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>8.113</b>	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

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

SIN No:SPL24053065

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



Patient Name	: Mr.CHANDRAKANTH T	Collected	: 23/Mar/2024 09:00AM
Age/Gender	: 36 Y 4 M 19 D/M	Received	: 23/Mar/2024 01:32PM
UHID/MR No	: CASR.0000186738	Reported	: 23/Mar/2024 03:42PM
Visit ID	: CASROPV222825	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 172172/bobS16835		

DEPARTMENT OF IMMUNOLOGY

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

*K. Anusha*

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

SIN No:SPL24053065

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

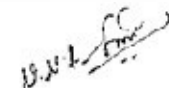


Patient Name : Mr.CHANDRAKANTH T	Collected : 23/Mar/2024 09:00AM
Age/Gender : 36 Y 4 M 19 D/M	Received : 23/Mar/2024 03:47PM
UHID/MR No : CASR.0000186738	Reported : 23/Mar/2024 06:50PM
Visit ID : CASROPV222825	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 172172/bobS16835	

**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	CLEAR		CLEAR	Visual
pH	7.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		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
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.SRINIVAS N.S.NORI  
M.B.B.S,M.D(Pathology)  
CONSULTANT PATHOLOGY

SIN No:UR2313612

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

Page 16 of 17  
**CAP**  
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Patient Name : Mr.CHANDRAKANTH T	Collected : 23/Mar/2024 09:00AM
Age/Gender : 36 Y 4 M 19 D/M	Received : 23/Mar/2024 04:00PM
UHID/MR No : CASR.0000186738	Reported : 23/Mar/2024 06:48PM
Visit ID : CASROPV222825	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 172172/bobS16835	

**DEPARTMENT OF CLINICAL PATHOLOGY**

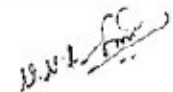
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

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

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

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

Result/s to Follow:  
PERIPHERAL SMEAR



**Dr.SRINIVAS N.S.NORI**  
**M.B.B.S,M.D(Pathology)**  
**CONSULTANT PATHOLOGY**

SIN No:UF011298

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

Page 17 of 17  
**CAP**  
**ACCREDITED**  
COLLEGE of AMERICAN PATHOLOGISTS

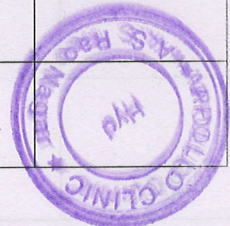


**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination of  
Mr. Chandrakanth T on 23/03/24

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

<ul style="list-style-type: none"><li>• Medically Fit</li></ul>	<u>Tick</u> ✓
<ul style="list-style-type: none"><li>• Fit with Restrictions/ 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 candidate should follow the advice medication that has been communicated to him/her.</p> <p>Review after .....</p>	
<ul style="list-style-type: none"><li>• <del>Fit with Restrictions/ Recommendations</del></li><li>• Currently Unfit.</li></ul> <p>Review after.....recommended.</p>	
<ul style="list-style-type: none"><li>• Unfit</li></ul>	



**Dr. K. VAISHNAVI**

MBBS

Regd. No. TSMC/12106

Dr. Vaishnavi

Reg No :12106

Consultant physician

Apollo Clinic

A S Rao Nagar

communicated to him/her.

CERTIFICATE OF MEDICAL FITNESS

Patient Name	: Mr. Chandrakanth T	Age	: 36 Y/M
UHID	: CASR.0000186738	OP Visit No	: CASROPV222825
Reported By:	: Dr. MRINAL .	Conducted Date	: 25-03-2024 17:28
Referred By	: SELF		

---

### **ECG REPORT**

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 75 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

#### **Impression:**

NORMAL RESTING ECG.

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

Dr. MRINAL .



**Patient Name** : Mr. Chandrakanth T

**Age/Gender** : 36 Y/M

**UHID/MR No.** : CASR.0000186738

**OP Visit No** : CASROPV222825

**Sample Collected on** :

**Reported on** : 24-03-2024 14:25

**LRN#** : RAD2278082

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 172172/bobS16835

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

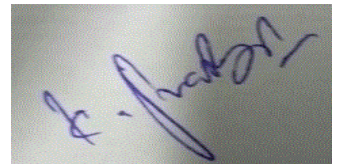
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. PRAVEEN BABU KAJA**  
Radiology





PHYSICAL EXAMINATION FORM

Apollo Clinic

Apollo Clinic  
Lipson, Chennai

Date 23/3/24.

UHID 186438

Name

Ms. Chandratou H. Age 36/m

Height

164 Cms

Weight

45.2 Kgs

Chest Measurement

(in)cm

(out)cm

Waist

cm

HIP

cm

Pulse

68 Bt/Min

BMI

27. kgs/cm<sup>2</sup>

BP

100/70 mm/Hg

SPO2

96 %

Apollo Clinic, A.S. Rao Nagar.



ORAL EXAMINATION FORM



Date: 22/3/2024

Patient ID:  MHC

Patient Name: P. Chandrasekar Age: 36 Sex:  Male  Female

Chief Complaint: General Cheeky

Medical History: -MAD-

Drug Allergy: -

Medication currently taken by the Guest: -

Initial Screenign Findings: -

Dental Caries: -

Impacted Teeth: -

Bleeding: +ve

Calculus / Stains: ++

Restored Teeth: -

Malocclusion: -

Missing Teeth: -

Attrition / Abrasion: +

Pockets / Recession: +ve

Mobility: -

Non - restorable Teeth for extraction /

Root Stumps: -

Others: -

Advice: ① Advise over fraying/leakage  
② follow up

Doctor Name & Signature: Dr. Mounika



*Blue cut  
mirrors*

# POWER PRESCRIPTION

NAME: *T. Chandra Kumar*

GENDER: M/F

DATE: *22/3/2024*

AGE: *36*

UHID:

## RIGHT EYE

## LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>-0.50</i>	<i>-</i>	<i>-</i>	<i>6/6</i>
NEAR	<i>-</i>	<i>-</i>	<i>-</i>	<i>6/6</i>

	SPH	CYL	AXIS	VISION
DISTANCE	<i>-0.50</i>	<i>-</i>	<i>-</i>	<i>6/6</i>
NEAR	<i>-</i>	<i>-</i>	<i>-</i>	<i>6/6</i>

COLOUR VISION :

DIAGNOSIS : *normal*

OTHER FINDINGS :

INSTRUCTIONS :

*Uhs*

SIGNATURE

Patient Name : Mr. Chandrakanth T Age : 36 Y/M  
UHID : CASR.0000186738 OP Visit No : CASROPV222825  
Conducted By: : Dr. SHILPI MOHAN Conducted Date : 24-03-2024 10:50  
Referred By : SELF

---

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed) 2.7 CM  
LA (es) 3.2 CM  
LVID (ed) 4.6 CM  
LVID (es) 2.8 CM  
IVS (Ed) 0.9 CM  
LVPW (Ed) 1.1 CM  
EF 68 %  
%FD 38 %

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

MITRAL: E: 0.8 m/sec A: 0.5 m/sec

AJV:1.0 m/sec

PJV:1.1 m/sec



Patient Name : Mr. Chandrakanth T  
UHID : CASR.0000186738  
Conducted By: : Dr. SHILPI MOHAN  
Referred By : SELF

Age : 36 Y/M  
OP Visit No : CASROPV222825  
Conducted Date : 24-03-2024 10:50

---

**IMPRESSION:**

NORMAL CHAMBER DIMENSION.

NORMAL VALVES.

NO RWMA.


LVEF:68%.

TRIVIAL TR.

NO MR/AR/PAH.

NO CLOTS/VEGETATION.

NO PERICARDIAL EFFUSION.



Dr. SHILPI  
MOHAN

<b>Patient Name</b>	: Mr. Chandrakanth T	<b>Age/Gender</b>	: 36 Y/M
<b>UHID/MR No.</b>	: CASR.0000186738	<b>OP Visit No</b>	: CASROPV222825
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 23-03-2024 20:28
<b>LRN#</b>	: RAD2278082	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 172172/bobS16835		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

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

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

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

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

**Right kidney : 100x42mm**                      **Left kidney : 104x44mm**

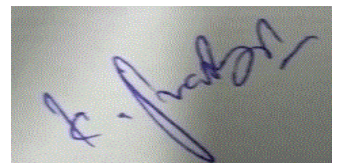
Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality.

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

**IMPRESSION:-No significant abnormality detected.**

**Suggested clinical correlation and further evaluation if necessary .**



**Dr. PRAVEEN BABU KAJA**  
Radiology

Issue Date: 02/12/2013



మేక నాగ వేణి  
Meka Naga Veni  
పుట్టిన తేదీ/DOB: 05/05/1991  
స్త్రీ/ FEMALE

8597 1855 2039

VID : 9110 1401 3939 6959

నా ఆధార్, నా గుర్తింపు

INDIAN UNION DRIVING LICENCE  
ANDHRA PRADESH

DRIVING LICENCE  
DLFAP029303052008



CHANDRA KANTH T  
T KRISHNA MURTHY  
H NO 30-706  
VINAYAK NAGAR

RRD

*Chandra*  
Signature  
Issued on: 26/06/2008

*[Signature]*  
Licencing Authority  
RTA-RANGA REDDY(E)

INNER 43 III Serial  
Para: Per: 通用机型: 43 III

## Asraonagar Apolloclinic

---

**From:** Corporate Apollo Clinic  
**Sent:** 20 March 2024 13:16  
**To:** 'Wellness : Mediwheel : New Delhi'  
**Cc:** Customer Care :Mediwheel : New Delhi; deepak c; Network : Mediwheel : New Delhi; AHCN Apollo Clinic; Rahul Rai; Dilip Baniya; Hitechcity Apolloclinic; Hitechcity Apolloclinic; Chandanagar Apolloclinic; Aundh Apolloclinic; Asraonagar Apolloclinic; Valasaravakkam Clinic; Apollo Clinic Uppal; ITPL CLINIC; FO ITPL; Kharadi Apollo Clinic; Velachery Apolloclinic; Asraonagar Apolloclinic; JP Nagar Apollo Clinic; Cc Tardeo; phc Klc; cc.klc@apollospectra.com; Indiranagar Apolloclinic; JP Nagar Apollo Clinic; Mysore Apolloclinic; Fo Kanpur; Amit Sharma; Basavanagudi Apolloclinic; Aundh Apolloclinic; Wanowrie Apolloclinic  
**Subject:** RE: Health Checkup Booking No. 105  
**Attachments:** 20032024 booking.xlsx

Namaste Team,

Greetings from Apollo clinics,

PFA with status.

Thanks & Regards,

**Rani N** | Apollo Clinics | Pan India Toll No: 1860 500 7788 | Contact E-Mail: [corporate@apolloclinic.com](mailto:corporate@apolloclinic.com) | [www.apolloclinic.com](http://www.apolloclinic.com) |

---

**From:** Wellness : Mediwheel : New Delhi [wellness@mediwheel.in](mailto:wellness@mediwheel.in)  
**Sent:** Wednesday, March 20, 2024 10:12 AM  
**To:** Corporate Apollo Clinic [corporate@apolloclinic.com](mailto:corporate@apolloclinic.com)  
**Cc:** Customer Care :Mediwheel : New Delhi [customercare@mediwheel.in](mailto:customercare@mediwheel.in); deepak c [deepak.c@apollohl.com](mailto:deepak.c@apollohl.com); Network : Mediwheel : New Delhi [network@mediwheel.in](mailto:network@mediwheel.in)  
**Subject:** Health Checkup Booking No. 105

Dear Team

Please find the attached Health checkup booking and confirm the same.

Thanks & Regards



Lav Gupta



Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030

M. 8800465156 Email : [wellness@mediwheel.in](mailto:wellness@mediwheel.in); | Web: [www.mediwheel.in](http://www.mediwheel.in)