

To,

The Coordinator, Mediwheel (Arcofemi Healthcare Limited) Helpline number: 011-41195959

Dear Sir / Madam,

# Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	OF HEALTH CHECK UP BENEFICIARY				
NAME VINEETH POULOSE					
DATE OF BIRTH	22-07-1991				
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	24-02-2024				
BOOKING REFERENCE NO.	23M127360100091210S				
	SPOUSE DETAILS				
EMPLOYEE NAME	MS. CHIRAYATH FINI F				
EMPLOYEE EC NO.	127360				
EMPLOYEE DESIGNATION	DIGI CHAMP				
EMPLOYEE PLACE OF WORK	BANGALORE,GANDHI BAZAR				
EMPLOYEE BIRTHDATE	04-12-1993				

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from 16-02-2024 till 31-03-2024. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a cashless facility as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

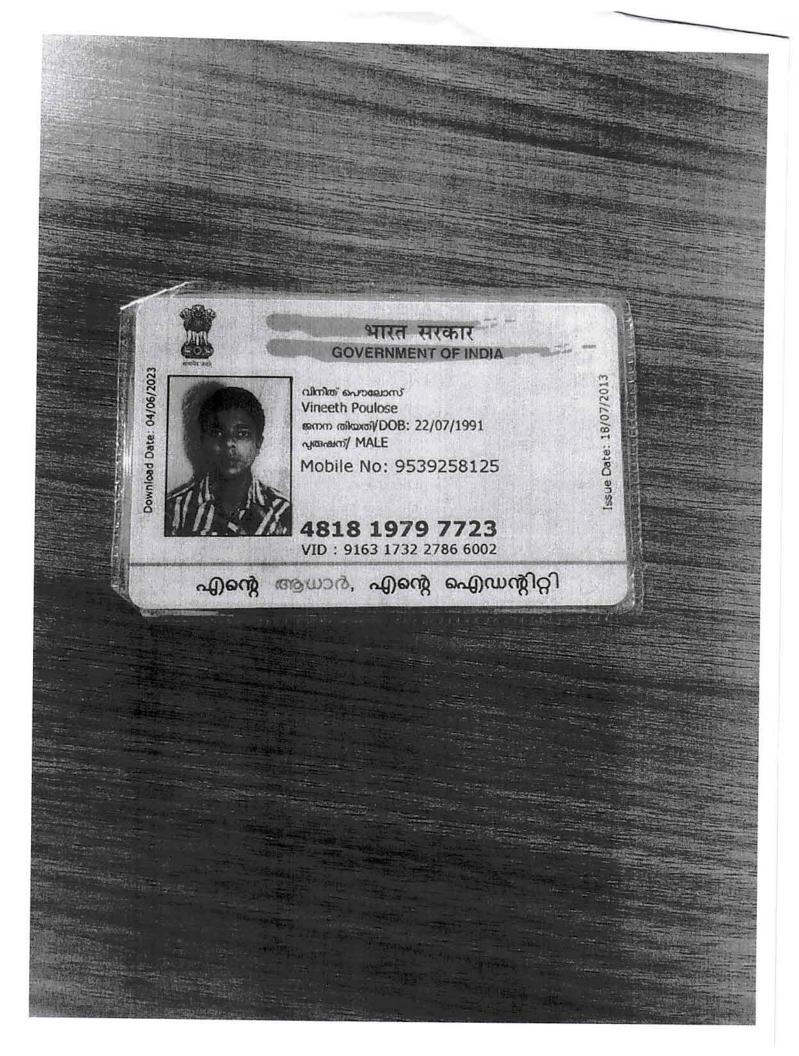
Yours faithfully,

Sd/-

Chief General Manager HRM Department Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))







Patient Name : Mr. Vineeth Poulose Age/Gender : 32 Y/M

**UHID/MR No.** : CJPN.0000092149 **OP Visit No** : CJPNOPV189052

Sample Collected on:Reported on: 24-02-2024 09:36

LRN# : RAD2246761 Specimen : Ref Doctor : SELF

Emp/Auth/TPA ID : 361410

# DEPARTMENT OF RADIOLOGY

# X-RAY CHEST PA

x-ray refused







 Age/Gender
 : 32 Y 7 M 2 D/M

 UHID/MR No
 : CJPN.0000092149

 Visit ID
 : CJPNOPV189052

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 361410 Collected : 24/Feb/2024 09:22AM

Received : 24/Feb/2024 12:19PM Reported : 24/Feb/2024 03:12PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

### **DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM, WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.7	g/dL	13-17	Spectrophotometer
PCV	41.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.58	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	91.3	fL	83-101	Calculated
MCH	32.1	pg	27-32	Calculated
MCHC	35.1	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	3,640	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	47.6	%	40-80	Electrical Impedance
LYMPHOCYTES	45	%	20-40	Electrical Impedance
EOSINOPHILS	1.4	%	1-6	Electrical Impedance
MONOCYTES	5.7	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	1732.64	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1638	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	50.96	Cells/cu.mm	20-500	Calculated
MONOCYTES	207.48	Cells/cu.mm	200-1000	Calculated
BASOPHILS	10.92	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.06		0.78- 3.53	Calculated
PLATELET COUNT	194000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

Dr. Chinki Anupam M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist



SIN No:BED240048160

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE

Address: 323/100/123, Doddathangur Village, Neeladri Main Road, Neeladri Nagar, Electronic city, Bengaluru, Karnataka-560034

Page 1 of 14









: Mr. VINEETH POULOSE

Age/Gender

: 32 Y 7 M 2 D/M

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#### **DEPARTMENT OF HAEMATOLOGY**

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

WBCs: are decreased in total number with relative increase in lymphocytes.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH LEUCOPENIA.

Kindly correlate clinically.

Page 2 of 14

Dr. Chinki Anupam M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist



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Dr CELE

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACT	<b>OR</b> , WHOLE BLOOD EDTA			
BLOOD GROUP TYPE	А			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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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	94	mg/dL	70-100	HEXOKINASE

### **Comment:**

As per American Diabetes Guidelines, 2023

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

#### Note:

- 1. 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
- 2. 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)	92	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

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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN), I	WHOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC

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DR. SHIVARAJA SHETTY M.B.B.S, M.D(Biochemistry) CONSULTANT BIOCHEMIST

SIN No:EDT240021591

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Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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









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ESTIMATED AVERAGE GLUCOSE (eAG)	117	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.

- 1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- 2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 3. 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.
- 4. 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.
- 5. 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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CONSULTANT BIOCHEMIST

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Patient Name : Mr

: Mr.VINEETH POULOSE

Age/Gender UHID/MR No : 32 Y 7 M 2 D/M : CJPN.0000092149

Visit ID

: CJPNOPV189052

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### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method			
LIPID PROFILE , SERUM							
TOTAL CHOLESTEROL	242	mg/dL	<200	CHO-POD			
TRIGLYCERIDES	70	mg/dL	<150	GPO-POD			
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition			
NON-HDL CHOLESTEROL	193	mg/dL	<130	Calculated			
LDL CHOLESTEROL	178.7	mg/dL	<100	Calculated			
VLDL CHOLESTEROL	14	mg/dL	<30	Calculated			
CHOL / HDL RATIO	4.93		0-4.97	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

- 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.
- 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.

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DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04640032

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Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK









: Mr. VINEETH POULOSE

Age/Gender

: 32 Y 7 M 2 D/M

UHID/MR No

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#### **DEPARTMENT OF BIOCHEMISTRY**

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

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### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method			
LIVER FUNCTION TEST (LFT), SERUM							
BILIRUBIN, TOTAL	1.12	mg/dL	0.3–1.2	DPD			
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD			
BILIRUBIN (INDIRECT)	0.95	mg/dL	0.0-1.1	Dual Wavelength			
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<50	IFCC			
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<50	IFCC			
ALKALINE PHOSPHATASE	39.00	U/L	30-120	IFCC			
PROTEIN, TOTAL	7.00	g/dL	6.6-8.3	Biuret			
ALBUMIN	3.93	g/dL	3.5-5.2	BROMO CRESOL GREEN			
GLOBULIN	3.07	g/dL	2.0-3.5	Calculated			
A/G RATIO	1.28		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SEF	RUM		
CREATININE	1.08	mg/dL	0.67-1.17	Jaffe's, Method
UREA	17.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.72	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.57	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL	13.00	U/L	<55	IFCC
TRANSPEPTIDASE (GGT), SERUM				

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#### **DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method	
THYROID PROFILE TOTAL (T3, T4, TSH)	, SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.54	ng/mL	0.7-2.04	CLIA	
THYROXINE (T4, TOTAL)	7.13	μg/dL	5.48-14.28	CLIA	
THYROID STIMULATING HORMONE (TSH)	5.665	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	Т3	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

Page 11 of 14



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24031714

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE

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









: Mr. VINEETH POULOSE

Age/Gender

: 32 Y 7 M 2 D/M

UHID/MR No

: CJPN.0000092149

Visit ID

: CJPNOPV189052

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 361410 Collected

: 24/Feb/2024 09:22AM

Received

: 24/Feb/2024 12:55PM : 24/Feb/2024 01:54PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF IMMUNOLOGY**

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

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DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
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APOLLO CLINICS NETWORK









 Age/Gender
 : 32 Y 7 M 2 D/M

 UHID/MR No
 : CJPN.0000092149

 Visit ID
 : CJPNOPV189052

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 361410 Collected : 24/Feb/2024 09:22AM Received : 24/Feb/2024 01:04PM

Reported : 24/Feb/2024 02:02PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

### **DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (	CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		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	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	1		
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

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Dr. Chinki Anupam M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist

SIN No:UR2290276

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE









: Mr. VINEETH POULOSE

Age/Gender

: 32 Y 7 M 2 D/M

UHID/MR No

: CJPN.0000092149

Visit ID

: CJPNOPV189052

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 361410 Collected

: 24/Feb/2024 09:22AM

Received

: 24/Feb/2024 01:04PM

Reported

: 24/Feb/2024 03:42PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **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

Page 14 of 14

Dr. Chinki Anupam M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist

SIN No:UF010733

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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