

Patient Name : Mr.KUMAR SWAMY	Collected : 24/Jun/2023 08:07AM
Age/Gender : 53 Y 7 M 13 D/M	Received : 24/Jun/2023 11:06AM
UHID/MR No : CVIM.0000227180	Reported : 24/Jun/2023 12:03PM
Visit ID : CVIMOPV546749	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 645792	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



SIN No:BED230144708

APOLLO CLINICS NETWORK

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Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	13.7	g/dL	13-17	Spectrophotometer
PCV	40.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.54	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	88.1	fL	83-101	Calculated
MCH	30.1	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,680	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	45.8	%	40-80	Electrical Impedence
LYMPHOCYTES	44	%	20-40	Electrical Impedence
EOSINOPHILS	2.8	%	1-6	Electrical Impedence
MONOCYTES	6.9	%	2-10	Electrical Impedence
BASOPHILS	0.5	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3517.44	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	3379.2	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	215.04	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	529.92	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	38.4	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT	362000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-15	Modified Westergren
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PERIPHERAL SMEAR				
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA

BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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GLUCOSE, FASTING , NAF PLASMA	109	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines

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

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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	117	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control



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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	248	mg/dL	<200	CHO-POD
TRIGLYCERIDES	209	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	199	mg/dL	<130	Calculated
LDL CHOLESTEROL	157.11	mg/dL	<100	Calculated
VLDL CHOLESTEROL	41.87	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.06		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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.65	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24.46	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.6	U/L	<50	IFCC
ALKALINE PHOSPHATASE	63.94	U/L	30-120	IFCC
PROTEIN, TOTAL	7.36	g/dL	6.6-8.3	Biuret
ALBUMIN	4.27	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.09	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.90	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	21.82	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.42	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.30	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.51	mmol/L	101–109	ISE (Indirect)



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	42.52	U/L	<55	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.05	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.57	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	1.590	µIU/mL	0.34-5.60	CLIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

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

*** End Of Report ***


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist


Dr. Sanjay Ingle
M.B.B.S, MD(Pathology)
Consultant Pathologist




CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Swamy Kumar on 24/6/2023.

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 	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> 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>lipid profile is abnormal & need to exercise</u></p> <p>2. <u>winc need to high</u></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>	
<ul style="list-style-type: none"> Currently Unfit. Review after _____ 	
<ul style="list-style-type: none"> Unfit 	

APOLLO CLINIC
Dr. MUKESH BUDHWANI 
 M.D. (PHYSICIAN/ DIABETOLOGIST) **Medical Officer**
 The Apollo Clinic, (Location)
 Mob.: 9422805559 (Pl. SMS Only)
 Reg. No.- 2019010071

This certificate is not meant for medico-legal purposes

Date : 24-06-2023

Department : GENERAL

MR NO : CVIM.0000227180

Doctor :

Name : Mr. KUMAR SWAMY

Registration No :

Age/ Gender : 53 Y / Male

Qualification :

Consultation Timing: 07:46

Height : 160cm	Weight : 82kg	BMI : 32	Waist Circum : 101
Temp : 98°F	Pulse : 82	Resp : 16	B.P : 160/90 mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

. No complaints

↓ psychiatric Rx

. HTN : Rx stopped

SYSTEMIC :


. CVS :

. CNS :

. RSI

NAD

Follow up date:


Dr. Chinmay D. Naik
MBBS., CDM.
(certificate course in treatment of
Diabetes Mellitus)
Doctor's Signature
Reg.No.: MCI-13/51948

Apollo Clinic, Viman Nagar

Nyati Millenium Premises, Cooperative Society Limited, Shop No. S1 & Stilt Floor,
Building "C", Viman Nagar, Pin: 411014 | Phone: (020) 2663 4331/32/34

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Toll Number : 1860 500 7788

Website : www.apolloclinic.com

EYE EXAMINATION

DATE:- 24-6-2023

NAME:- Kumar Swamy

AGE:- 53yrs

CORPORATE:- Union Bank of India

	Right Eye	Left Eye
Distant vision	6/6	6/6
Near vision	N/6	N/6
Color vision	Normal	Normal
Fundus examination	Normal	Normal
Intraocular pressure	Normal	Normal
Slit lamp exam.	Normal	Normal

[Handwritten signature]

Impression - Normal Eye Check Up.

[Handwritten mark]

(Ophthalmology)



The Apollo Clinic
DR. M. D. ALAVAND
MBBS, DO.MS.
Consulting Eye Surgeon
Reg. No.:- 36319
ob.:- 7709006404

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Reg. No.:- 36319

227180
53 Years

KUMAR SWAMY (V N CLINIC)
Male

24-Jun-23 8:20:34 AM

Rate 68 Sinus rhythm.....normal P axis, V-rate 50- 99
Borderline T wave abnormalities.....T/QRS ratio < 1/20 or flat T

PR 144
QRSD 101
QT 418
QTc 445

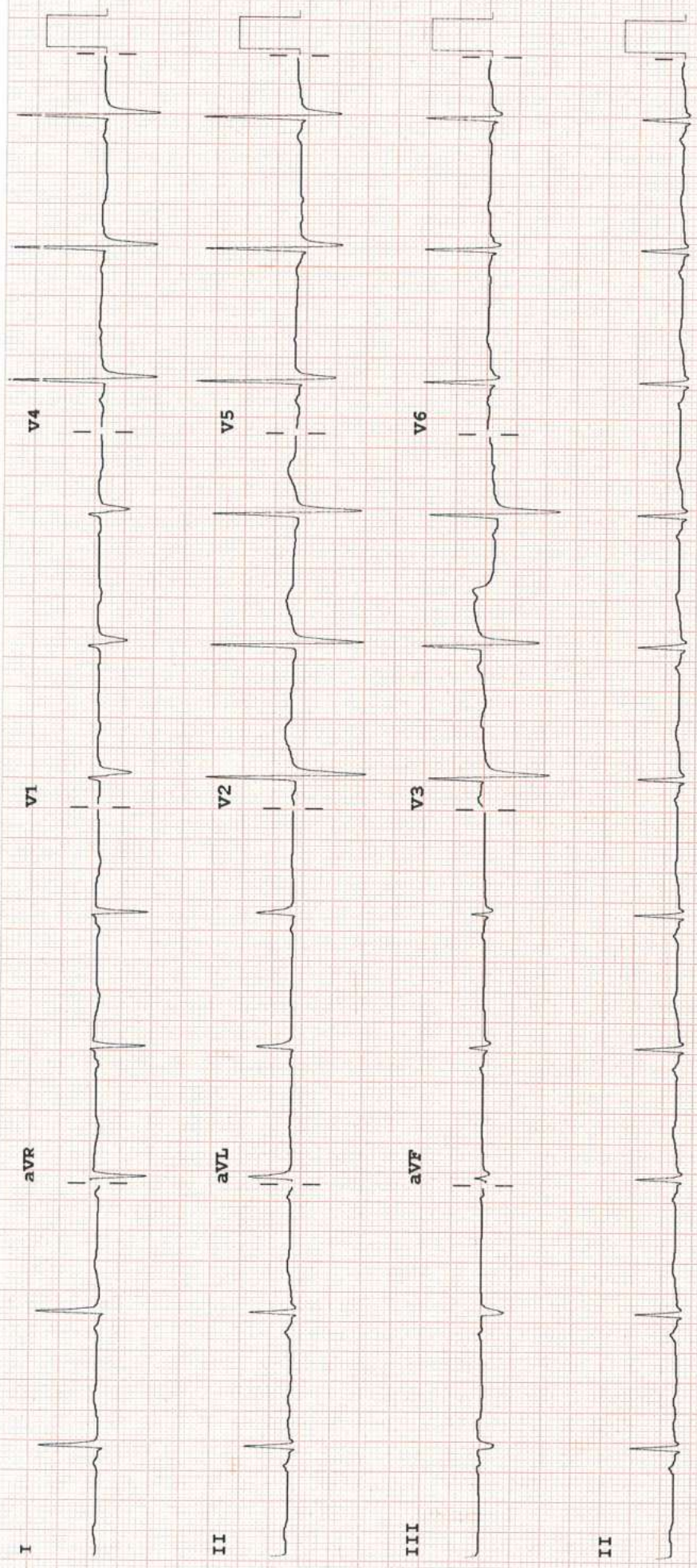
--AXIS--
P 34
QRS 0
T 30

12 Lead; Standard Placement

BORDERLINE ECG *AS*

Unconfirmed Diagnosis

Handwritten signature



Device:

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50~ 0.50- 40 Hz W

PH100B CL? P?

PHILIPS

REORDER M3708A

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Note: Dietary preparation or fasting is not required.

- A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 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. Fructosamine may be used as an alternate measurement of glycemic control



Patient Name : Mr.KUMAR SWAMY	Collected : 24/Jun/2023 08:07AM
Age/Gender : 53 Y 7 M 13 D/M	Received : 24/Jun/2023 11:21AM
UHID/MR No : CVIM.0000227180	Reported : 24/Jun/2023 12:24PM
Visit ID : CVIMOPV546749	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 645792	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	248	mg/dL	<200	CHO-POD
TRIGLYCERIDES	209	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	199	mg/dL	<130	Calculated
LDL CHOLESTEROL	157.11	mg/dL	<100	Calculated
VLDL CHOLESTEROL	41.87	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.06		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

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



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.65	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24.46	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.6	U/L	<50	IFCC
ALKALINE PHOSPHATASE	63.94	U/L	30-120	IFCC
PROTEIN, TOTAL	7.36	g/dL	6.6-8.3	Biuret
ALBUMIN	4.27	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.09	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.90	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	21.82	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.42	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.30	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.51	mmol/L	101–109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	42.52	U/L	<55	IFCC



Patient Name : Mr.KUMAR SWAMY	Collected : 24/Jun/2023 08:07AM
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Visit ID : CVIMOPV546749	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOETHYRONINE (T3, TOTAL)	1.05	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.57	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	1.590	µIU/mL	0.34-5.60	CLIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

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

*** End Of Report ***


Dr. Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist


Dr. Sanjay Ingle
M.B.B.S, MD (Pathology)
Consultant Pathologist



Patient Name : Mr. KUMAR SWAMY Age : 53 Y M
UHID : CVIM.0000227180 OP Visit No : CVIMOPV546749
Reported on : 24-06-2023 14:21 Printed on : 26-06-2023 08:53
Adm/Consult Doctor : Ref Doctor : SELF

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


Printed on:24-06-2023 14:21

---End of the Report---

Preeti

Dr. PREETI P KATHE
DMRE, MD, DNB
Radiology

② ①

Name : Mr. KUMAR SWAMY Address : p[une Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 53 Y Sex : M	UHID :CVIM.0000227180  OP Number :CVIMOPV546749 Bill No :CVIM-OCR-58104 Date : 24.06.2023 07:48
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324	
✓1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
✓2	HbA1c, GLYCATED HEMOGLOBIN	
✓3	LIVER FUNCTION TEST (LFT)	
✓4	X-RAY CHEST PA	
✓5	GLUCOSE, FASTING	
✓6	HEMOGRAM + PERIPHERAL SMEAR	
✓7	FITNESS BY GENERAL PHYSICIAN	
✓8	PERIPHERAL SMEAR	
✓9	ECG	
✓10	BLOOD GROUP ABO AND RH FACTOR	
✓11	LIPID PROFILE	
✓12	BODY MASS INDEX (BMI)	
13	OPHTHAL BY GENERAL PHYSICIAN 10:30am.	
✓14	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
✓15	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Patient Name : Mr. KUMAR SWAMY

Age/Gender : 53 Y/M

UHID/MR No. : CVIM.0000227180

OP Visit No : CVIMOPV546749

Sample Collected on :

Reported on : 24-06-2023 14:21

LRN# : RAD2029487

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 645792

DEPARTMENT OF RADIOLOGY

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CONCLUSION :

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