





Age/Gender

: 42 Y 0 M 16 D/M

UHID/MR No Visit ID

: CVIS.0000118236 : CVISOPV113667

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF : 9885686175 Collected : 26/Aug/2023 07:58AM

Received : 26/Aug/2023 12:17PM Reported : 26/Aug/2023 01:27PM

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

DEPARTMENT OF HAEMATOLOGY

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

Page 1 of 14









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Test Name Result Unit Bio. Ref. Range Method

HAEMOGLOBIN	14.7	g/dL	13-17	Spectrophotometer
PCV	43.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.16	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	84	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,300	cells/cu.mm	4000-10000	Electrical Impedanc
DIFFERENTIAL LEUCOCYTIC COUNT (D	LC)			: =1=
NEUTROPHILS	45.2	%	40-80	Electrical Impedance
LYMPHOCYTES	45.2	%	20-40	Electrical Impedance
EOSINOPHILS	3.2	%	1-6	Electrical Impedanc
MONOCYTES	6.4	%	2-10	Electrical Impedanc
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2847.6	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2847.6	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	201.6	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	403.2	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	283000	cells/cu.mm	150000-410000	Electrical impedenc
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergre
PERIPHERAL SMEAR				

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DEPARTMENT OF HAEMATOLOGY ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324 Method **Test Name** Unit Result Bio. Ref. Range

BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDTA	
BLOOD GROUP TYPE	В	Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE	Forward & Reverse Grouping with Slide/Tube Agglutination

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: 26/Aug/2023 12:17PM : 26/Aug/2023 12:43PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY					
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324					
Test Name Result Unit Bio. Ref. Range Method					

GLUCOSE, FASTING, NAF PLASMA	111	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines

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 occasions.
- 2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2	143	mg/dL	70-140	GOD - POD
HOURS, SODIUM FLUORIDE PLASMA (2				
HR)				

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.

Ref: Marks medical biochemistry and clinical approach

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	6.6	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	143	mg/dL	Calculated

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GSTIN: 37AADCA0733E1Z6

Address: 50-81-1/2, Plot no. 5, Seetham Visakhapatnam, Andhra Pradesh









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DEPARTMENT OF BIOCHEMISTRY					
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324					
Test Name Result Unit Bio. Ref. Range Method					

Reported

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 Diabetes Association guidelines 2023. American
- Trends in HbA1C values is a better indicator of Glycemic control than a single test. 2.
- 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 4. decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect are present.
- In cases of Interference of Hemoglobin variants in HbA1C alternative methods (Fructosamine) estimation is recommended Glycemic Control for

A: HbF > 25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL B	ODY ANNUAL PLUS	S ABOVE 50Y M	IALE - 2D ECHO - PAN	INDIA - FY2324
Test Name	Result	Unit	Bio, Ref. Range	Method

LIPID PROFILE , SERUM		TL-9		
TOTAL CHOLESTEROL	183	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	64	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	143	mg/dL	<130	Calculated
LDL CHOLESTEROL	130.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.58		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 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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DEPARTMENT OF BIOCHEMISTRY ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324 Unit Method Result Bio. Ref. Range

LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.50	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	75.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.30	g/dL	6.3-8.2	Biuret
ALBUMIN	3.90	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.15		0.9-2.0	Calculated

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DEPARTMENT OF BIOCHEMISTRY ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324 Unit Method Result Bio. Ref. Range

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM							
CREATININE	0.80	mg/dL	0.66-1.25	Creatinine amidohydrolase			
UREA	13.30	mg/dL	19-43	Urease			
BLOOD UREA NITROGEN	6.2	mg/dL	8.0 - 23.0	Calculated			
URIC ACID	3.80	mg/dL	3.5-8.5	Uricase			
CALCIUM	8.50	mg/dL	8.4 - 10.2	Arsenazo-III			
PHOSPHORUS, INORGANIC	3.00	mg/dL	2.5-4.5	PMA Phenol			
SODIUM	144	mmol/L	135-145	Direct ISE			
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE			
CHLORIDE	101	mmol/L	98 - 107	Direct ISE			

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APOLLO CLINICS NETWORK





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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GAMMA GLUTAMYL TRANSPEPTIDASE	34.00	U/L	15-73	Glyclyclycine
(GGT), SERUM				Nitoranalide

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> **ARCOFEMI - MEDIWHEEL - FU Test Name**

Age/Gender

: 42 Y 0 M 16 D/M

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: Dr.SELF : 9885686175

Collected : 26/Aug/2023 07:59AM Received : 26/Aug/2023 12:12PM

Reported : 26/Aug/2023 03:33PM

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

DEPARTMENT OF IMMUNOLOGY						
ULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324						
	Result	Unit	Bio. Ref. Range	Method		

THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM						
TRI-IODOTHYRONINE (T3, TOTAL)	1.29	ng/ml	0.69-2.15	CLIA		
THYROXINE (T4, TOTAL)	98.30	ng/ml	52-127	CLIA		
THYROID STIMULATING HORMONE (TSH)	0.922	μIU/mL	0.3-4.5	CLIA		

Comment:

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		

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	Т3	T4	FT4	Conditions
High	Low	Low	II OW	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N		Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.

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DEPARTMENT OF IMMUNOLOGY ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324 Unit Result Bio. Ref. Range Method

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

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Patient Name

: Mr.TURAKA RAVI KUMAR

Age/Gender

: 42 Y 0 M 16 D/M : CVIS.0000118236

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Reported Status

: 27/Aug/2023 11:17AM

Sponsor Name

: Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT	OF IMMUN	OLOGY
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Test Name	Result	Unit	Bio. Ref. Range	Method
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TOTAL PROSTATIC SPECIFIC ANTIGEN	0.470	ng/mL	0-4	CLIA
(tPSA), SERUM				

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: ARCOFEMI HEALTHCARE LIMITED

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

Test Name Result Unit Bio. Ref. Range Method

COMPLETE URINE EXAMINATION (C	UE), URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL	-	NORMAL	EHRLICH
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MO	OUNT AND MICROSCOPY	•		
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

- 1.Biochemical Examination of urine sample was performed by reflectance photometry and confirmed by alternative methods.
- 2. The samples are assessed for integrity and adequacy before processing.

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT	OF CLINICAL	DATHOLOGY
DEPARTMENT	OF GLINIGAL	- PAIDULUST

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

URINE GLUCOSE(FASTING) **NEGATIVE NEGATIVE** Dipstick

*** End Of Report ***

DR. V. SNEHAL

M.D (PATH) Consultant Pathologist Dr.Shalini Singh

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



Patient Name : Mr. TURAKA RAVI KUMAR Age/Gender : 42 Y/M

UHID/MR No.

: CVIS.0000118236

Sample Collected on :

LRN#

: RAD2082285

Ref Doctor : SELF Emp/Auth/TPA ID : 9885686175 **OP Visit No**

: CVISOPV113667

: 26-08-2023 16:13 Reported on

Specimen

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: 13.9 cm.appears normal in size and mild increased in echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is partially distended. No evidence of calculus. Wall thickness appears normal.

No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen 10.7 cm.appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas: Head and body appear normal, tail and para Aortic region obscured by bowel gases.

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: 11 x 4.7 cm Left kidney : 10.1 x 5.5 cm

Urinary Bladder is partially distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate: Normal in size and echo texture. No evidence of necrosis/calcification seen.

its volume 10 cc

There is no evidence of ascites/ pleural effusion seen.

IMPRESSION:-

*GRADE-I FATTY INFILTRATION OF LIVER.

For clinico-lab correlation / follow - up / further work up.

This is only a screening test.



Patient Name : Mr. TURAKA RAVI KUMAR Age/Gender : 42 Y/M

 $\begin{array}{c} \textbf{Dr. VINEET WADHWA} \\ \underline{DMRD} \\ \text{Radiology} \end{array}$



Patient Name : Mr. TURAKA RAVI KUMAR Age/Gender : 42 Y/M

UHID/MR No.

: CVIS.0000118236

OP Visit No

: CVISOPV113667

Sample Collected on

: RAD2082285

Reported on Specimen

: 26-08-2023 12:35

Ref Doctor

LRN#

: SELF

Emp/Auth/TPA ID : 9885686175

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. ARUNA PEBBILI
DMRD Radiology

Seura Jebbili

Radiology

Age/Gender: 42 Y/M Address: vskp

VISAKHAPATNAM, ANDHRA PRADESH Location:

Doctor:

Department: LABORATORY
Rate Plan: VISHAKAPATN
Samuran ABCOFFM HE VISHAKAPATNAM_06042023 ARCOFEMI HEALTHCARE LIMITED Sponsor: Consulting Doctor: Dr. ABHIJEET SINGH SACHAN

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

MR No: CVIS.0000118236 CVISOPV113667 Visit ID: Visit Date: 26-08-2023 07:55

Discharge Date:

Age/Gender: 42 Y/M Address: vskp

VISAKHAPATNAM, ANDHRA PRADESH Location:

Doctor:

Department: LABORATORY
Rate Plan: VISHAKAPATN
Sangari ARCOFFMI HE VISHAKAPATNAM_06042023 ARCOFEMI HEALTHCARE LIMITED Sponsor: Consulting Doctor: Dr. ABDUL DAWOOD KHAN

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

MR No: CVIS.0000118236 CVISOPV113667 Visit ID: Visit Date: 26-08-2023 07:55

Discharge Date:

Age/Gender: 42 Y/M Address: vskp

VISAKHAPATNAM, ANDHRA PRADESH Location:

Doctor:

Department: LABORATORY
Rate Plan: VISHAKAPATN
Sponsor: ARCOFEMI HE VISHAKAPATNAM_06042023 ARCOFEMI HEALTHCARE LIMITED Sponsor: Consulting Doctor: Dr. ADIREDDY GOPALAKRISHNA

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

MR No: CVIS.0000118236 CVISOPV113667 Visit ID: Visit Date: 26-08-2023 07:55

Discharge Date:

Age/Gender: 42 Y/M Address: vskp

VISAKHAPATNAM, ANDHRA PRADESH Location:

Doctor:

Department: LABORATORY
Rate Plan: VISHAKAPATN
Sponsor: ARCOFEMI HE VISHAKAPATNAM_06042023 ARCOFEMI HEALTHCARE LIMITED Sponsor: Consulting Doctor: Dr. ABHIJEET VISHWAS GHATGE

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

MR No: CVIS.0000118236 CVISOPV113667 Visit ID: Visit Date: 26-08-2023 07:55

Discharge Date:

II)ate	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	Weight	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
26-08-2023 14:45	-		-	_	169 cms	91 Kgs	%	%	Years	31.86	cms	cms	cms		AHLL06520

II)ate	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	Weight	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
26-08-2023 14:45	-		-	_	169 cms	91 Kgs	%	%	Years	31.86	cms	cms	cms		AHLL06520

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26-08-2023 14:45	-		-	_	169 cms	91 Kgs	%	%	Years	31.86	cms	cms	cms		AHLL06520

II)ate	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	Weight	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
26-08-2023 14:45	-		-	_	169 cms	91 Kgs	%	%	Years	31.86	cms	cms	cms		AHLL06520





Physical Medical Examination Format

NAME:- MA. T. Pay	9 leves	DATE:- 26/8/27	
DESIGNATION:-		AGE: 42/20	
EMP CODE:-		UNIT/DEPARTMENT:-	11. 12. 12. 12. 12. 12. 12. 12. 12. 12.
BLOOD GROUP:-		MARTIAL STATUS:-MARRIED/L	JNMARRIED
8	MEDICAL EXA	AMINATION	
Complaints (if any)		NIL	
Personal /family history		NIV	
Past Medical /Occupational History		w'L	
Sensitivity/Allergy (if any)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	wic	
Heart		Nan	
Any other Conditions		NIL	
Height:- 169 Weig	ht:- 9)	вмі 31.9	Pulse 81
Temp:- 98-6 Pulse	81	Resp:- 16	B.P 140/90
Remarks	/ _ 0	0 2	
I Hereby Certify that I have examine	ed Mr/MsJ	i Lull for pi	re-employment
/periodical medical examination, I	have found / not found	any disease, Illness, contaglous	illness
I Certify That Employee Is Medicall	y	- Tir	
	25		
Eit	Unfit	Dr.G. INDIRA PRIYA	DARSHINI
		Regd.No. 631 Apollo Family Phy Signature Seas Of Men Apollo Clinic	48 sician
Signature Of Employee		Apollo Clinic	

Registration No:-....





Patient Name

: Mr. TURAKA RAVI KUMAR

UHID

: CVIS.0000118236 : Dr. SHASHANKA CHUNDURI

Conducted By: Referred By

: SELF

Age

OP Visit No Conducted Date : 42 Y/M

: CVISOPV113667

: 26-08-2023 14:53

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

2.6 CM Ao (ed) 3.0 CM LA (es) 3.8 CM LVID (ed) 3.0 CM LVID (es) 1.0 CM IVS (Ed) 1.0 CM LVPW (Ed) 62.00% EF 33.00%

MITRAL VALVE:

NORMAL

AML PML

%FD

NORMAL 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

LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES:

PF:0.7m/sec. MF:E > AAF:0.8m/sec

Apollo Health and Lifestyle Limited

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





IMPRESSION:

NORMAL CAEDIAC SIZE. NO RWMA. NORMAL LV SYSTOLIC FUNCTION. NO PERICARDIAL EFFUSION. LVEF:62%







Patient Name

: Mr. TURAKA RAVI KUMAR

Age

: 42 Y M

UHID

: CVIS.0000118236

OP Visit No : CVISOPV113667

Reported on

: 26-08-2023 16:10

Printed on

: 26-08-2023 16:13

Adm/Consult Doctor

Ref Doctor

: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

<u>Liver</u>: 13.9 cm.appears normal in size and mild increased in echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

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

Spleen 10.7 cm.appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas : Head and body appear normal, tail and para Aortic region obscured by bowel gases.

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: 11 x 4.7 cm

Left kidney: 10.1 x 5.5 cm

Urinary Bladder is partially distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate: Normal in size and echo texture. No evidence of necrosis/calcification seen. its volume 10 cc

There is no evidence of ascites/ pleural effusion seen.





Patient Name

: Mr. TURAKA RAVI KUMAR

Age

: 42 Y M

UHID

: CVIS.0000118236

OP Visit No

: CVISOPV113667

Reported on

: 26-08-2023 16:10

Printed on

: 26-08-2023 16:13

Adm/Consult Doctor

Ref Doctor

: SELF

IMPRESSION:-

*GRADE-I FATTY INFILTRATION OF LIVER.

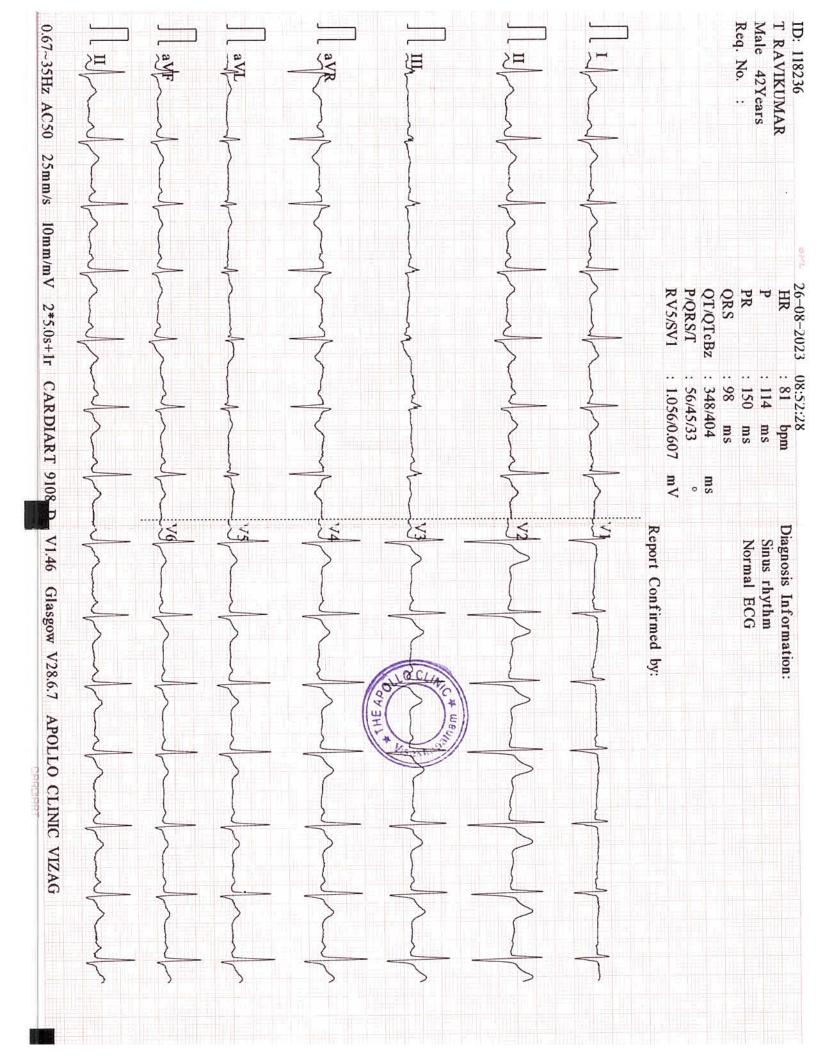
For clinico-lab correlation / follow - up / further work up.

This is only a screening test.

Printed on:26-08-2023 16:10

---End of the Report---









Dr. N. MUKUNDA RAO

MBBS.,MS

ENT CONSULTANT

Reg. No. AMC17481

For Moutine check







Patient Name UHID

Reported By:

Referred By

: Mr. TURAKA RAVI KUMAR

: CVIS.0000118236

: Dr. SHASHANKA CHUNDURI

OP Visit No Conducted Date : 42 Y/M

: CVISOPV113667

: 26-08-2023 14:44

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.

2. Heart rate is 81 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 seen.

Impression:

NORMAL RESTING ECG.

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







CVIS.0000118236

CVISOPV113667

26-08-2023 07:55

SELF

Name:

Mr. TURAKA RAVI KUMAR

Age/Gender:

42 Y/M

Address: Location: vskp

Doctor: Department:

LABORATORY

Rate Plan:

VISHAKAPATNAM_06042023

Sponsor:

ARCOFEMI HEALTHCARE LIMITED

Vitals:

VISAKHAPATNAM, ANDHRA PRADESH

Hate	Pulse (Beats/min)		Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	(cms)	Waist & Hip Ratio	User
26-08-2023 14:45	000 - 100 -	1 St.	18 Rate/min	98.6 F	169 cms	91 Kgs	%	%	Years	31.86	cms	cms	cms	2	AHLL06520

MR No:

Visit ID:

Visit Date:

Referred By:

Discharge Date:





MEDI WHERE
MV-T. RAVI KUMAR

Age:

Gender: †?
Test Done Date: 26/8/19

OPHTALMOLOGY SCREENING REPORT

VISION

DISTANCE

NEAR VISION.

COLOUR VISION

ANT. SEGMENT:

Conjunctiva

Cornea

Pupil

FUNDUS

IMPRESSION:

Signature

Apollo Health and Lifestyle Limited

ICIN: U85110TN2000PLC(046089) Regd. Office: 19 Bishop Gardens, R.A. Puram, Chennai 600 028, Tamilnadu, India / Email Id: info@apollohi.com





Patient Name

: Mr. TURAKA RAVI KUMAR

UHID

: CVIS.0000118236

Reported on

: 26-08-2023 12:35

Adm/Consult Doctor

Age

: 42 Y M

OP Visit No

: CVISOPV113667

Printed on

: 26-08-2023 12:35

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:26-08-2023 12:35

--- End of the Report---

RD Radiology Radiology







: Mr.TURAKA RAVI KUMAR

Age/Gender UHID/MR No : 42 Y 0 M 16 D/M

Visit ID

: CVIS.0000118236

: CVISOPV113667

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 9885686175 Collected

: 26/Aug/2023 07:58AM

Received

: 26/Aug/2023 12:17PM

Reported

: 26/Aug/2023 01:27PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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







: Mr. TURAKA RAVI KUMAR

Age/Gender UHID/MR No : 42 Y 0 M 16 D/M : CVIS.0000118236

Visit ID

: CVISOPV113667

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DEPARTMENT OF HAEMATOLOGY

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

Test Name Result Unit Bio. Ref. Range Method

HAEMOGLOBIN	14.7	g/dL	13-17	Spectrophotometer
PCV	43.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.16	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	84	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,300	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (D	LC)			
NEUTROPHILS	45.2	%	40-80	Electrical Impedance
LYMPHOCYTES	45.2	%	20-40	Electrical Impedance
EOSINOPHILS	3.2	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2847.6	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2847.6	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	201.6	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	403.2	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	283000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergre
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC, DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN

Page 2 of 13









: Mr.TURAKA RAVI KUMAR

Age/Gender UHID/MR No : 42 Y 0 M 16 D/M : CVIS.0000118236

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

	DEPARTMENT OF	HAEMATOLO	GY	
ARCOFEMI - MEDIWHEEL - FU	LL BODY ANNUAL PLU	S ABOVE 50Y	MALE - 2D ECHO - PAN IN	IDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

BLOOD GROUP TYPE	В	Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE	Forward & Reverse Grouping with Slide/Tube Agglutination

Page 3 of 13









: Mr.TURAKA RAVI KUMAR

Age/Gender UHID/MR No : 42 Y 0 M 16 D/M : CVIS.0000118236

Visit ID

: CVISOPV113667

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 9885686175 Collected

: 26/Aug/2023 07:59AM

Received

: 26/Aug/2023 12:17PM

Reported

: 26/Aug/2023 12:43PM

Status

Sponsor Name

: Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL I	US ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324
1967(C) 1 (5)	

Test Name	Result	Unit	Bio. Ref. Range	Method

GOD - POD 70-100 mg/dL 111 GLUCOSE, FASTING, NAF PLASMA

Comment:

As per American Diabetes Guidelines

Fasting Glucose Values in mg/dL	Interpretation Normal	
70-100 mg/dL		
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 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

	2017-100-00-2017	1	70.440	GOD - POD
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2	143	mg/dL	70-140	GOD - FOD
HR)				

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.

Ref: Marks medical biochemistry and clinical approach

HBA1C, GLYCATED HEMOGLOBIN,	6.6	%	HPLC
WHOLE BLOOD EDTA ESTIMATED AVERAGE GLUCOSE (eAG),	143	mg/dL	Calculated
WHOLE BLOOD EDTA			11.0

Page 4 of 13







: Mr.TURAKA RAVI KUMAR

Age/Gender UHID/MR No : 42 Y 0 M 16 D/M : CVIS.0000118236

Visit ID

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

	DEPARTMENT OF	BIOCHEMIST	RY	
ARCOFEMI - MEDIWHEEL - FU	LL BODY ANNUAL PLU	S ABOVE 50Y	MALE - 2D ECHO - PAN IN	IDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

Comment:

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

REFERENCE GROUP	нва1С %		
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 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 3. Disease. Clinical Correlation is advised in interpretation of low Values. Kidney
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect decrease are present. erythrocyte survival
- In cases of Interference of Hemoglobin variants in HbA1C alternative methods (Fructosamine) estimation is recommended Glycemic Control for

A: HbF > 25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Page 5 of 13







: Mr. TURAKA RAVI KUMAR

Age/Gender

: 42 Y 0 M 16 D/M

UHID/MR No

: CVIS.0000118236

Visit ID Ref Doctor : CVISOPV113667

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BO	DY ANNUAL	PLUS ABOVE 50Y MA	ALE - 2D ECHO - PAN I	NDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
	500000000000000000000000000000000000000	100-00-00		

TOTAL CHOLESTEROL	183	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	64	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	143	mg/dL	<130	Calculated
LDL CHOLESTEROL	130.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.58		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 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

Page 6 of 13









: Mr.TURAKA RAVI KUMAR

Age/Gender UHID/MR No : 42 Y 0 M 16 D/M : CVIS.0000118236

Visit ID

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Status

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method

BILIRUBIN, TOTAL	0.50	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	75.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.30	g/dL	6.3-8.2	Biuret
ALBUMIN	3.90	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.15		0.9-2.0	Calculated







: Mr.TURAKA RAVI KUMAR

Age/Gender

: 42 Y 0 M 16 D/M

UHID/MR No

Visit ID

: CVIS.0000118236 : CVISOPV113667

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL	- FULL BODY ANNUAL	PLUS ABOVE 50Y MALE - 2D ECHO	- PAN INDIA - FY2324
			1 100000 100000 100000

Test Name	Result	Unit	Bio. Ref. Range	Method

CREATININE	0.80	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	13.30	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	6.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.80	mg/dL	3.5-8.5	Uricase
CALCIUM	8.50	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.00	mg/dL	2.5-4.5	PMA Phenol
SODIUM	144	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98 - 107	Direct ISE





: Mr.TURAKA RAVI KUMAR

Age/Gender UHID/MR No : 42 Y 0 M 16 D/M

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL	- FULL BODY	ANNUAL PLU	JS ABOVE 50Y M	IALE - 2D	ECHO - PAN INDIA - FY2324	
ARCOFEINI - MIEDIANNEEL	- I OLL DOD!	AITHOAL I L	,			

Test Name	Result	Unit	Bio. Ref. Range	Method

200					\neg
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	34.00	U/L	15-73	Glyclyclycine Nitoranalide	

Page 9 of 13









: Mr. TURAKA RAVI KUMAR

Age/Gender UHID/MR No : 42 Y 0 M 16 D/M

Visit ID

: CVIS.0000118236

VISITIO

: CVISOPV113667

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 9885686175 Collected

: 26/Aug/2023 07:59AM

Received

: 26/Aug/2023 12:12PM

Reported

: 26/Aug/2023 03:33PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT C	OF IMMU	JNOL	OGY
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ARCOFEMI - MEDIWHEEL -	FULL BODY ANNUAL	. PLUS ABOVE 50Y MAL	E - 2D ECHO - PAN INDIA - FY2324

Test Name Result Unit Bio. Ref. Range	Method
---------------------------------------	--------

THYROID PROFILE TOTAL (T3, T4, TSH),	SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	1.29	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	98.30	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	0.922	μIU/mL	0.3-4.5	CLIA

Comment:

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		

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	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.

Page 10 of 13







: Mr.TURAKA RAVI KUMAR

Age/Gender

: 42 Y 0 M 16 D/M

UHID/MR No

: CVIS.0000118236

Visit ID

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - P	- PAN INDIA - FY2:	324
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T N	Daniella	11-44	Die Det Denge	Method
Test Name	Result	Unit	Bio. Ref. Range	Method

N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	Ν	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







: Mr. TURAKA RAVI KUMAR

Age/Gender

: 42 Y 0 M 16 D/M

UHID/MR No

: CVIS.0000118236

Visit ID Ref Doctor : CVISOPV113667

Emp/Auth/TPA ID

: Dr.SELF : 9885686175 Collected

: 26/Aug/2023 07:59AM

Received

: 26/Aug/2023 12:39PM

Reported

: 26/Aug/2023 02:23PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name Result Unit Bio. Ref. Range Method

COMPLETE	URINE EXAMINATION (CUE), UR	INE
DHASICVI	EVAMINATION	

THOOAL		~~!!	 1014
	-		
0010110			

PALE YELLOW	PALE YELLOW	Visual
CLEAR	CLEAR	Visual
7.0	5-7.5	Bromothymol Blue
1.010	1.002-1.030	Dipstick
	CLEAR 7.0	CLEAR CLEAR 7.0 5-7.5

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE	NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE	NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE	NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE	NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL	NORMAL	EHRLICH
BLOOD	NEGATIVE	NEGATIVE	Dipstick
NITRITE	NEGATIVE	NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE	NEGATIVE	PYRROLE HYDROLYSIS

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

CENTRIFUGED SEDIMENT WET I	NOUNT AND MICROSCOP	1		
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

- 1. Biochemical Examination of urine sample was performed by reflectance photometry and confirmed by alternative methods.
- 2. The samples are assessed for integrity and adequacy before processing.

Page 12 of 13









: Mr.TURAKA RAVI KUMAR

Age/Gender UHID/MR No : 42 Y 0 M 16 D/M

Visit ID

: CVIS.0000118236

Ref Doctor

: CVISOPV113667

Emp/Auth/TPA ID

: Dr.SELF : 9885686175 Collected

: 26/Aug/2023 07:59AM

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: 26/Aug/2023 02:13PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BOI	Y ANNUAL PLUS ABOVE 50	DY MALE - 2D ECHO - PAN INDIA - FY2324
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		07.D0 1E 001	MALL ED LONG - I AN II	DIA - 1 12324
Test Name	Result	Unit	Bio. Ref. Range	Method

NEOATH /E	Dipstick
	NEGATIVE

*** End Of Report ***

Result/s to Follow:

PROSTATIC SPECIFIC ANTIGEN - TOTAL (PSA)

DR. V. SNEHAL

M.D (PATH) Consultant Pathologist

Page 13 of 13



RE Health checkup booking no. 07 (Blue)

Corporate Apollo Clinic <corporate@apolloclinic.com>

nai 5/12/2023 5 14 PM

To 'Wellness: Mediwheel: New Delhi' <wellness@mediwheel.in>

Cc:Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>;Network : Mediwheel : New Delhi <network@mediwheel.in>;deepak <deepak.c@apolloclinic.com>;Rahul Rai <rrahul rai@apolloclinic.com>;Pritam Padyal pritam.padyal@apolloclinic.com>;Devendra Singh <devendra.singh@apolloclinic.com>;Dilip Baniya <Dilip.b@apolloclinic.com>;Vizag Apolloclinic <vizag@apolloclinic.com>;Apollo Clinic Uppal <uppal@apolloclinic.com>

Tenatings from tipeato curvas.

It is reported to the discoverequest please check with the Below Appointment status.

S. No.	10	DAYNE T		characatt (100	GIND H	\$19/A#	=TIAZMETROC	-MRC+-
1	Arcofemi/Mediwheel/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324	UBOI1707	Jyoti bhatia	56	Female	bhanakapil63@email.com	8368234651	14-08-2023
2	Arcofemi/Mediwheel/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	UBO 1707	KAPIL BHATIA	59	Male	<u>bhanakapil63@gmāil.com</u> •	8368234651	14-08-2023
3	Arcofemi/Mediwheel/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324	UBOI1699	Rekha	40	Female	vinavak hindi@unionbankgfindia.bank	9449276410	17-08-2023
4	Arcofemi/Mediwheel/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	UBO 1699	HINDI VINAYAK	50	Male	vinavak hindi@unicabankofindia.bank	9449276410	17-08-2023
5	Arcofemi/Mediwheel/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	UBOI1676	TURAKA RAVI KUMAR	42	Male	ravikumar turaka@cmail.com	9885686175	26-08-2023
6	Arcofemi/Mediwheel/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL	UBOI1600	MANDA SUDHEER	44	Male	cool sudheer18@vahoo.co.in	9849333038	09-09-202
7	Arcofemi/Mediwheel/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL		AWADHESH KUMAR UPADHYAY	49	Male	awdheshi@unionbankofindia.com	9644354577	03-09-202

Thanks & Regards,

Sanjeev kumar | Apollo Clinics | Pan India Toll No: 1860 500 7788 | Contact E-Mail: corporate@apolloclinic.com | www.apolloclinic.com |

Dear Team

Please note the following health checkup booking and confirm the same.

		žoria r	HORELIN I	tar veter f	0-	1.60(9	A80.70	edinavanium.	IBIIII		
		LEVAN			+						
1	Arcofemi/Mediwheel/MALE/FEMALE	- FULL BODY HC STARTER FEMALE - PAN INDIA -	JBO11707 J	yoti bhatia	56	Female	bhatiakapil63@gmail.com	8368234651	14/08/2023	9:00 AM	One
	Arcofemi/Mediwheel/MALE/FEMALE	- FULL BODY STANDARD PLUS MALE - PAN INDIA -	UBOI1707	KAPIL BHATIA	59	Male	bhanakapil63@gmail.com	8368234651	14/08/2023	9:00 AM	On
	Arcofemi/Mediwheel/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324	UBO11699	Rekha	40	Female	vinayak hindi@unionbankofindia.ban	<u>k</u> 9449276410	0 17/08/2023	9:00 AM	Ai
	Arcofemi/Mediwheel/MALE/FEMALI	ARCOFEMI - EMEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	UBOI1699	HINDI VINAYAK	50	Male	vinayak hindi@unionbankofindia.bar	944927641	0 17/08/2023	9:00 AM	10
	Arcofemi/Mediwheel/MALE/FEMAL	ARCOFEMI - MEDIWHEEL - FULL BODY EANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324		TURAKA RAVI KUMAR	4.	2 Male	ravikumar,turaka@gmail.com	988568617	75 26/08/2023	9:00 AM	100
	Arcofemi/Mediwheel/MALE/FEMAL	PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA -		MANDA				094022200	38 09/09/2023	9:00 AN	4
	6 7 Arcofemi/Mediwheel/MALE/FEMAL	FY2324 E ARCOFEMI - MEDIWHEEI - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO -	UBOI1554	SUDHEER 4 AWADHESH KUMAR UPADHYAY	4	4 Male 9 Male	cool_sudheer18@vahoo.co.in awdhesh@unionbankofindia_com		03/09/2023	5-14-27 Wiley ASSOL	-

Thanks & Regards

Lav Gupta



Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030 M. 8800465156 Email : wellness@mediwheel.in; | Web: www.mediwheel.in

Corporate Apollo Clinic

Mob:

Direct:

Board No : 343 4904 7777

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Over 1.75 Lakh Deliveries

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Name : Mr. TURAKA RAVI KUMAR

Age: 42 Y

Sex: M

ige. 42 1

*6715-00001182

UHID:CVIS.0000118236

OP Number:CVISOPV113667

Bill No :CVIS-OCR-61966 Date : 26.08.2023 07:56

Address: vskp

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Plan

: ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN

INDIA OP AGREEMENT

no	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE	- 2D ECHO - PAN INDIA - FY2324
- {	1 URINE GLUCOSE(FASTING)	
	2 GAMMA GLUTAMYL TRANFERASE (GGT)	
200	3 PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	4 HbA1c, GLYCATED HEMOGLOBIN	
	5 2 D ECHO	
į.	6 LIVER FUNCTION TEST (LFT)	
	7 X-RAY CHEST PA	
8	8 GLUCOSE, FASTING	
	9 HEMOGRAM + PERIPHERAL SMEAR	
1	0 ENT CONSULTATION	
1	FITNESS BY GENERAL PHYSICIAN	
1	2 DIET CONSULTATION	
1	3 COMPLETE URINE EXAMINATION	
1	4 URINE GLUCOSE(POST PRANDIAL)	
1	5 PERIPHERAL SMEAR	
1	6 ECG	
1	7 BLOOD GROUP ABO AND RH FACTOR	
1	8 LIPID PROFILE	
1	9 BODY MASS INDEX (BMI)	
2	0 OPTHAL BY GENERAL PHYSICIAN	
2	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
2	2 ULTRASOUND - WHOLE ABDOMEN	
2	3 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
2	4 DENTAL CONSULTATION	
2	5 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

New Window | Person.

Favories - Manifero -

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter

That of the Continuent Union Bank of India City Comme

RO - VISHAKHAPATNAM D. No. 47-7-30/2, Mohan Mansion, 2nd Floor, 4th Lane, Dwarkanagar, Visakhapatnam, A.P., Pin - 530 01

The Chief Medical Officer

M/S Mediwheel hisignup011-https://mediwheel.in/signup011-41195959(A brand name of Acolemi Healthcare Ltd),
Mumbai400021

Tie-up arrangement for Health Checkup under Health Checkup

Shri/Smt./Kum. RAVI KUMAR, TURAKA

40-50 Male

P.F. No. 654038

Designation: Manager

Checkup for Financial Year 2023. Approved Charges Rs. 3500.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

BRANCH MANAGERISENIOR MANAGER Yours Faithfully,

PS. Status of the application. Sanctioned

Notry

Update/Display



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CONTRACTOR INDIA

తురక రవి కుమార్ Turaka Ravi Kumar

పుట్టిన సంవ**ర్స**రం/ Year of Birth: 1981 තුරාකාරා / Male

9291 7728 3387



ఆధార్ - సామాన్యుని హక్కు



భారత విశిష్ట శ్వారియ స్థాఫికార సంస్థ UNIQUE IDENTIFICATION ALTO CONTROL

చిరునామా: s/o గణపలి రావు, 14-9-65 ఓల్డ్ (కికాకురం, స.చ. కాలవీ, (శికాకురం (కికామరం, (శీకామరం, ఆంద్ర ప్రవేశ్ 532001

Address: S/O Ganapathi Rao, 14-9-65, Old Srikakulam, S.C. Colony, Srikakulam, Srikakulam, Andhra Pradesh, 532001









यूनियन बैंक 🔰 Union Bank







नाम Name तुराका रवि कुमार TURAKA RAVI KUMAR

पदनाम / Designation : Manager कर्मचारी क्र / Employe No.: 654038

जन्म तिथि / Birth Date : 10-08-1981 रक्त ग्रुप / Blood Group : B+ve

कार्ड जारी स्थान / Place of Issue : Visakhapatham Main Br., जारी तिथि / Date of Issue : 01.07.2022

धारक का हस्ताक्षर Staff Signature ्रान्हें प्राधिकारी Issuing Authority यदि, किस को यह पहचान पत्र मिले तो कृप्या

यूनियन बैंक ऑफ इंडिया क्षेत्रीय कार्यालय, विशाखपट्टणम यूनियन बैंक बिल्डिंग कॉम्प्लेक्स पहली मंजिल, सीतम्मधारा विशाखपट्टणम, आ प्र - 530 013 को लौटा दें।

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If you find this Card, Please Return to

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