

Patient Name : Mr.ARUNKUMAR R	Collected : 27/Jul/2024 09:00AM
Age/Gender : 34 Y 7 M 13 D/M	Received : 27/Jul/2024 10:37AM
UHID/MR No : CANN.0000224934	Reported : 27/Jul/2024 11:00AM
Visit ID : SALWOPV218161	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E29852	

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

ETHODLOGY: MICROSCOPIC


RBC : Predominantly Normocytic Normochromic RBCS.

WBC : Normal in count and distribution. No abnormal cells seen..

PLATELET : Adequate on smear.

PARASITES : No haemoparasites seen.

IMPRESSION : Normal blood picture.

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:BED240196682

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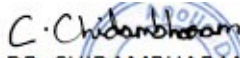
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**DEPARTMENT OF HAEMATOLOGY**

**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>	14.2	g/dL	13-17	Spectrophotometer
PCV	42.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.03	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	84.3	fL	83-101	Calculated
MCH	28.1	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	12	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,910	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	50.9	%	40-80	Electrical Impedance
LYMPHOCYTES	40	%	20-40	Electrical Impedance
EOSINOPHILS	3.4	%	1-6	Electrical Impedance
MONOCYTES	4.2	%	2-10	Electrical Impedance
BASOPHILS	1.5	%	0-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3008.19	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2364	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	200.94	Cells/cu.mm	20-500	Calculated
MONOCYTES	248.22	Cells/cu.mm	200-1000	Calculated
BASOPHILS	88.65	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.27		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	267000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	8	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:BED240196682




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**DEPARTMENT OF HAEMATOLOGY**

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

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Patient Name : Mr.ARUNKUMAR R	Collected : 27/Jul/2024 09:00AM
Age/Gender : 34 Y 7 M 13 D/M	Received : 27/Jul/2024 12:21PM
UHID/MR No : CANN.0000224934	Reported : 27/Jul/2024 02:35PM
Visit ID : SALWOPV218161	Status : Final Report
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Emp/Auth/TPA ID : 22E29852	

**DEPARTMENT OF HAEMATOLOGY**

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

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

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



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

SIN No:HA07336389

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



Patient Name : Mr.ARUNKUMAR R	Collected : 27/Jul/2024 09:00AM
Age/Gender : 34 Y 7 M 13 D/M	Received : 27/Jul/2024 10:32AM
UHID/MR No : CANN.0000224934	Reported : 27/Jul/2024 10:37AM
Visit ID : SALWOPV218161	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E29852	

**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	96	mg/dL	60-100	Oxidase & Peroxidase-reflectance spectrophotometry


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

  
DR. CHIDAMBHARAM C  
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CONSULTANT PATHOLOGIST

SIN No:PLF02194417



Patient Name : Mr.ARUNKUMAR R	Collected : 27/Jul/2024 11:46AM
Age/Gender : 34 Y 7 M 13 D/M	Received : 27/Jul/2024 01:24PM
UHID/MR No : CANN.0000224934	Reported : 27/Jul/2024 01:41PM
Visit ID : SALWOPV218161	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E29852	

**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, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	87	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.



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UHID/MR No : CANN.0000224934	Reported : 27/Jul/2024 01:30PM
Visit ID : SALWOPV218161	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	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	mg/dL		Calculated

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
  - (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:EDT240081179

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mr.ARUNKUMAR R	Collected : 27/Jul/2024 09:00AM
Age/Gender : 34 Y 7 M 13 D/M	Received : 27/Jul/2024 11:26AM
UHID/MR No : CANN.0000224934	Reported : 27/Jul/2024 12:49PM
Visit ID : SALWOPV218161	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E29852	

**DEPARTMENT OF BIOCHEMISTRY**

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


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	205	mg/dl	150-219	CHE-COD-POD - colorimetric, reflectance Spectropho
TRIGLYCERIDES	116	mg/dl	50-149	LPL -GPO-POD Colorimetric, reflectance Spectropho
HDL CHOLESTEROL	42	mg/dL	37-67	CHE-COD-POD - colorimetric, reflectance Spectropho
NON-HDL CHOLESTEROL	<b>163</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>139.8</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.88		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.08		<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

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CONSULTANT PATHOLOGIST

SIN No:SE04793192






Patient Name : Mr.ARUNKUMAR R  
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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

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 ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.30	mg/dL	0.1-1.2	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	4-44	Peroxidase oxidation of Diarylimidazole Leuco Dye
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	8-38	Peroxidase oxidation of Diarylimidazole Leuco Dye
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	107.00	U/L	32-111	P-Nitro Phenol Phosphate-reflectance spectrophoto
PROTEIN, TOTAL	7.50	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.20	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.27		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:

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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

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**DEPARTMENT OF BIOCHEMISTRY**

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

**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. 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 diseases, Cirrhosis, but the increase is usually not >2.


**2. Cholestatic Pattern:**

\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. \*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

**3. Synthetic function impairment:**

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

**4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.**

  
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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	0.80	mg/dL	0.6-1.1	Ammonia Concentration Measurement - color change o
UREA	<b>12.20</b>	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	<b>5.7</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>7.10</b>	mg/dL	4-7	Uricase Peroxidase - colorimetric, reflectance spe
CALCIUM	9.00	mg/dL	8.4-10.2	Calcium - CLIII Complex - reflectance spectrophot
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.6-4.4	PNP-XOD-POD - Colorimetric, reflectance spectroph
SODIUM	143	mmol/L	136-149	Ion Selective Electrode-potentiometric
POTASSIUM	4.6	mmol/L	3.8-5	Ion Selective Electrode-potentiometric
CHLORIDE	99	mmol/L	98-106	Ion Selective Electrode-potentiometric
PROTEIN, TOTAL	7.50	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.20	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.27		0.9-2.0	Calculated

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	36.00	U/L	16-73	catalytic activity- reflectance spectrophotometry

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CONSULTANT PATHOLOGIST

SIN No:SE04793192



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Age/Gender : 34 Y 7 M 13 D/M	Received : 27/Jul/2024 12:20PM
UHID/MR No : CANN.0000224934	Reported : 27/Jul/2024 03:04PM
Visit ID : SALWOPV218161	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.81	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.64	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.490	µIU/mL	0.34-5.60	CLIA

**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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

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DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:SPL24123952

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

(Formerly Known as Nova Specialty Hospitals Private Limited)

CIN : U85100TG2009PTC099414

Registered Office:No.7-1-617A,615&616, Imperial Towers, 7th Floor, Opp.Ameerpet Metro Station Ameerpet, Hyderabad, Telangana-500 038.

**BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE**

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Emp/Auth/TPA ID : 22E29852	

**DEPARTMENT OF IMMUNOLOGY**

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

Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:SPL24123952

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



Patient Name : Mr.ARUNKUMAR R	Collected : 27/Jul/2024 09:00AM
Age/Gender : 34 Y 7 M 13 D/M	Received : 27/Jul/2024 11:49AM
UHID/MR No : CANN.0000224934	Reported : 27/Jul/2024 12:41PM
Visit ID : SALWOPV218161	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E29852	

**DEPARTMENT OF CLINICAL PATHOLOGY**

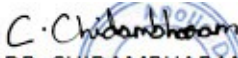
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

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	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:UR2394496




Patient Name : Mr.ARUNKUMAR R  
Age/Gender : 34 Y 7 M 13 D/M  
UHID/MR No : CANN.0000224934  
Visit ID : SALWOPV218161  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E29852

Collected : 27/Jul/2024 09:00AM  
Received : 27/Jul/2024 11:49AM  
Reported : 27/Jul/2024 12:41PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Microscopy findings are reported as an average of 10 high power fields.

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:UR2394496

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Patient Name : Mr.ARUNKUMAR R	Collected : 27/Jul/2024 09:00AM
Age/Gender : 34 Y 7 M 13 D/M	Received : 27/Jul/2024 12:10PM
UHID/MR No : CANN.0000224934	Reported : 27/Jul/2024 12:42PM
Visit ID : SALWOPV218161	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E29852	

**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 \*\*\*

*C. Chidambaram*  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:UF011950

Page 19 of 19



<b>Patient Name</b>	: Mr. ARUNKUMAR R	<b>Age/Gender</b>	: 34 Y/M
<b>UHID/MR No.</b>	: CANN.0000224934	<b>OP Visit No</b>	: SALWOPV218161
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 29-07-2024 13:48
<b>LRN#</b>	: RAD2389466	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 22E29852		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

Liver appears normal in size, Shows fatty changes(Grade I).  
Intra and extra hepatic biliary passages are not dilated.

Gall bladder - Partially distended with no evidence of calculus.  
Wall thickness appear normal.

Pancreas appears normal.

Spleen measures 8.8cm and shows uniform echotexture.

Visualised aorta and IVC are normal.  
No evidence of ascites or lymphadenopathy.

Right kidney measures 9.5 x 4.5cm.  
Left kidney measures 10.3 x 5.2cm.  
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 2.5 x 2.9 x 2.7cm(Vol-10ml).

Bladder is normal in contour.

**IMPRESSION:**

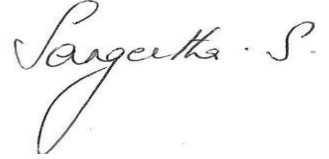
FATTY LIVER.

-SUGGESTED CLINICAL CORRELATION.

**Patient Name** : Mr. ARUNKUMAR R

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

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable).



**Dr. S SANGEETHA**  
MBBS., TRAINED IN ULTRASONOGRAPHY  
Radiology

Mail    Contacts    Calendar    Preferences    Search    Fwd: Health Che

Close    Reply    Reply to All    Forward    Delete    Spam        Actions    View

**Fwd: Health Check up Booking Confirmed Request(22E29852),Package Code-PKG10000366**

Dear **Arunkumar R,**

We are pleased to confirm your health ch

**Hospital Package Name** : Mediwheel Full E

**Patient Package Name** : Mediwheel Full E

**Name of Diagnostic/Hospital** : Apollo Spectra -

**Address of Diagnostic/Hospital-** : [12 Cp Ramaswa](#)

**City** : Chennai

**State** : Tamil Nadu

**Pincode** : 600018

**Appointment Date** : 27-07-2024

**Confirmation Status** : Booking Confirm

**Preferred Time** : 09:00 am - 09:30

**Booking Status** : Booking Confirm

<b>Membr</b>
<b>Booked Member Name</b>
MR. R ARUNKUMAR

## CERTIFICATE OF MEDICAL FITNESS

This is a clinical examination

of \_\_\_\_\_ on 27-07-24

After that h Mr. ARUNKUMAR R : clinical examination it has been found  
CANN.0000224934 34/M

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

Dr. RAJMADHANGI .D  
 M.D. INTERNAL MEDICINE  
 GENERAL PHYSICIAN  
 Medical Officer  
 Apollo Spectra Alwarpet  
 Apollo Spectra Hospitals  
 Alwarpet, REG No: 104481

*This certificate is not meant for medico-legal purposes*

Patient Name : Mr. ARUNKUMAR R Age : 34 Y/M  
UHID : CANN.0000224934 OP Visit No : SALWOPV218161  
Conducted By: : Conducted Date : 27-07-2024 16:35  
Referred By : SELF

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed)	2.4 CM
LA (es)	2.4 CM
LVID (ed)	4.2 CM
LVID (es)	2.5 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	0.8 CM
EF	72%
%FD	41%

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

LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES

PWD: A<E AT MITRAL INFLOW



E/A-E: 0.7m/sec A: 0.4m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO  
0.8m/sec

VELOCITY ACROSS THE AV UPTO 0.8m/sec

TR VELOCITY UPTO 1.9m/sec 15mmHg

IMPRESSION

NO REGIONAL WALL MOTION ABNORMALITY  
NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION(LVEF-72%)  
TRIVIAL MITRAL REGURGITATION  
TRIVIAL TRICUSPID REGURGITATION  
NO PULMONARY ARTERY HYPERTENSION  
NORMAL RIGHT VENTRICULAR SYSTOLIC FUNCTION  
NO PERICARDIAL EFFUSION / CLOT.

Done By Mrs. KALAIYARASI

  
DR CECILY MARY MAJELLA MD DM (Cardio)

Rate: 63 . Sinus rhythm.....normal P axis, V-rate 50- 99  
 . Probable left atrial enlargement.....P >50ms, <-0.16mV V1  
 . ST elev, probable normal early repol pattern.....ST elevation, age<55

PR 148  
 QRSd 110  
 QT 383  
 QTcB 394

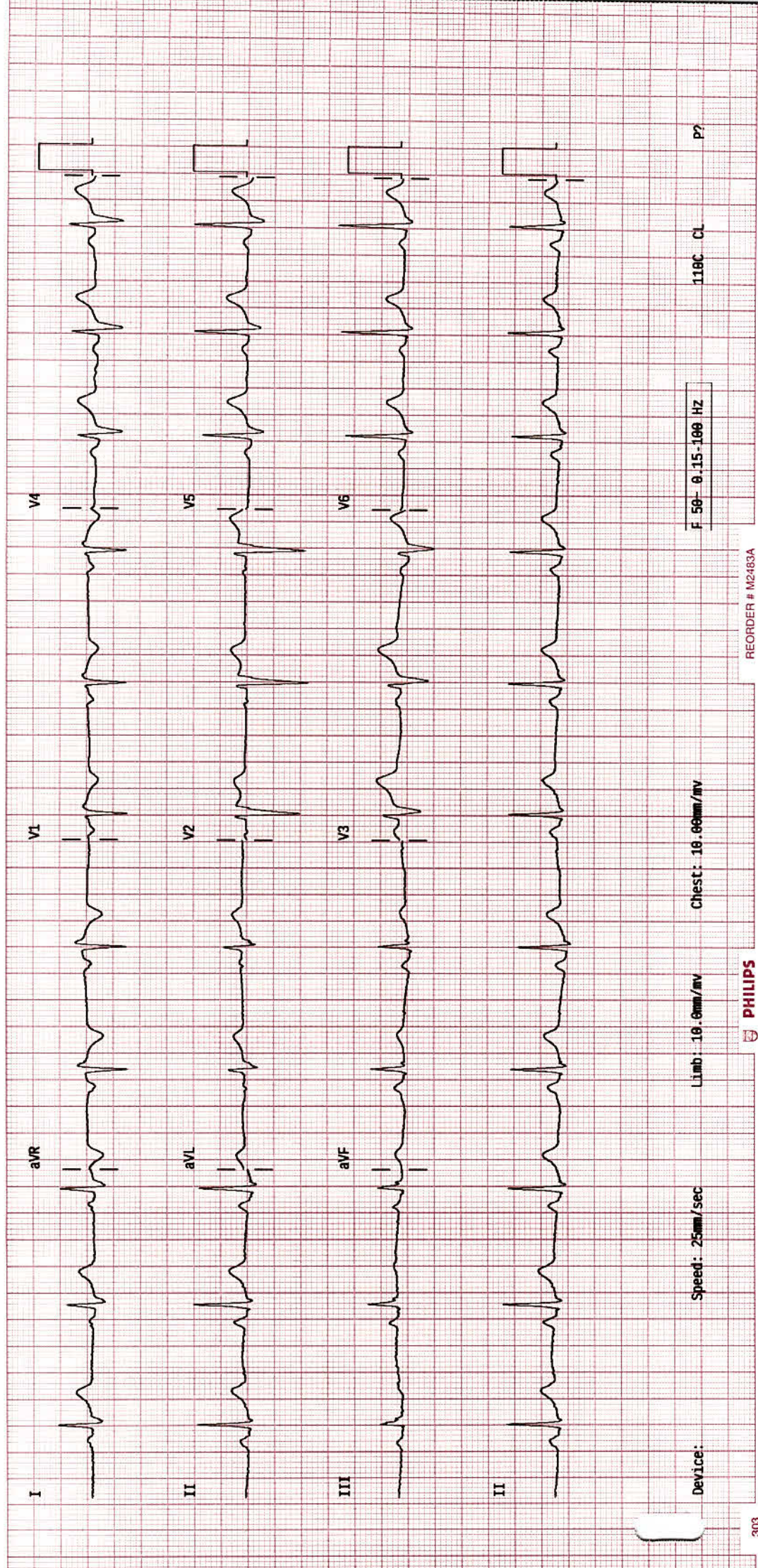
--AXIS--

P 64  
 QRS 63  
 T 28

12 Leads; Standard Placement

- BORDERLINE ECG -

Unconfirmed Diagnosis



Device:

Speed: 25mm/sec

Limb: 10.0mm/mv

Chest: 10.00mm/mv

F 50-0.15-100 HZ

118C CL

P?



Bank of Baroda

R. ARUN KUMAR

C. No. 123187



Bank of Baroda

Bank of Baroda

**Dr. SUNDHARI V, MBBS., DNB., MNAMS**  
SENIOR ENT CONSULTANT  
Ear Nose Throat Surgeon, Head & Neck Surgeon  
Specialist in Endoscopic, Microscopic,  
Advanced Skull Base  
Phono Surgery & Snoring Surgery  
Reg. No. 58764

27/7/24

Mr. ARUNKUMAR R  
CANN.0000224934 34/M

Health check

No ENT Symptoms

R/O: Exam: - TMJ intact & normal case.

Nose: DSL & Bilateral HAD & some block

Throat: Referred to Otolaryngology consultant  
granular PDW

DSL / Mild oss.

Well

# OPHTHALMIC RECORD

NAME :

AGE : Mr. ARUNKUMAR R  
CANN.0000224934 34/M

DATE : 27/7/24

I.D. No. :

REFERRAL DETAILS :

MHC

ALLERGIES :

NOT aware

OCULAR HISTORY :

OU: No specific ocul 40.

SYSTEMIC ILLNESS :

Nil

CURRENT MEDICATION :

Nil

INVESTIGATIONS :

Nil

MAIN DIAGNOSIS

TREATMENT GIVEN

RE

LE

PRESENT GLASSES :  
NV ADD :

$\overline{0.75} / \overline{0.50} \times 60$

$\overline{0.75}$

Cx 8 months)

VN. WITH PG :

6/6 No

6/6 No

VISION UNAIDED :

VN WITH PH :

$\overline{1.00}$

RETINOSCOPY An :

$\overline{1.00} / \overline{1.00} \times 60$

SUBJECTIVE :

$\overline{0.75} / \overline{0.50} \times 60$   
(6/6) No

$\overline{0.75}$   
(6/6) No

ANTERIOR SEGMENT :

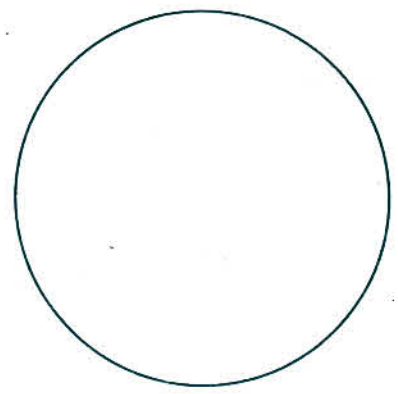
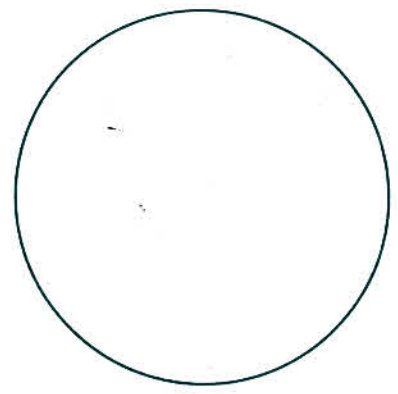
same as old An,

color m :  
or: normal

IOP { (10) 14 mmHg  
(12) 14 mmHg

@ 10.00 AM

FUNDUS :



<b>Patient Name</b>	: Mr. ARUNKUMAR R	<b>Age/Gender</b>	: 34 Y/M
<b>UHID/MR No.</b>	: CANN.0000224934	<b>OP Visit No</b>	: SALWOPV218161
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 27-07-2024 15:07
<b>LRN#</b>	: RAD2389466	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 22E29852		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

**IMPRESSION:**

NORMAL STUDY.



**Dr. ARUN KUMAR S**  
**MBBS, DMRD, DNB**  
Radiology