

Fwd: Health Check up Booking Confirmed Request(bobS4558),Package Code-PKG10000377, Beneficiary Code-302342

Vankadara Rajesh <VANKADARA.RAJESH@bankofbaroda.com>

Sat 1/27/2024 8:45 AM

To:Tnagar Apolloclinic <tnagar@apolloclinic.com>

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From: Mediwheel <wellness@mediwheel.in>

Sent: Monday, January 8, 2024 5:44:22 PM

To: Vankadara Rajesh <VANKADARA.RAJESH@bankofbaroda.com>

Cc: customercare@mediwheel.in <customercare@mediwheel.in>

Subject: Health Check up Booking Confirmed Request(bobS4558),Package Code-PKG10000377, Beneficiary Code-302342

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मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक
THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLIC

011-41195959

Dear **Vankadara rajesh**,

We are pleased to confirm your health checkup booking request with the following details.

Booking Date : 06-01-2024

Hospital Package Name : Mediwheel Full Body Health Annual Plus Check

Patient Package Name : Mediwheel Full Body Health Checkup Female Below 40

Name of Diagnostic/Hospital : Apollo Clinic

Address of Diagnostic/Hospital : Apollo Clinic, Door No 11, 4, Sivaprakasam St, opposite to Brilliant Tutorial, Pondy Bazaar, Parthasarathi Puram, T Nagar - 600017

City : Chennai

State :

Pincode : 600017

Appointment Date : 27-01-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:00am-8:30am

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Mitta sucharitha	29 year	Female

Note - Please note to not pay any amount .

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team

You have received this mail because your e-mail ID is registered with This is a system-generated e-mail **Arcofemi Healthcare Limited**, please don't reply to this message.

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@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)

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Government of India



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Unique Identification Authority of India

రెజిస్ట్రేషన్/Enrolment No.: 2052/42359/36959

To
వంకడ రాజ్
Vankadara Rajesh
S/O Sathya Narayana
3-8-151
ROTARY PURAM
Pulivendla
Pulivendla
Cuddapah Andhra Pradesh - 516390
9443056797

Download Date: 01/13/2019

House Date: 03/10/2014

Signature Date: 03/10/2014



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

6452 5183 6333

VID : 9133 2879 4820 0545

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం
Government of India



వంకడ రాజ్
Vankadara Rajesh
పట్టణ ముద్ర: 20/07/1989
పురుషుడు/ MALE

Download Date: 01/13/2019

House Date: 03/10/2014

6452 5183 6333

VID : 9133 2879 4820 0545

నా ఆధార్, నా గుర్తింపు

OPHTHALMOLOGY

Name RAJESH-U	Date 27/01/24
Age 39	UHID No. 264877
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	

OPHTHAL FITNESS CERTIFICATE

	RE	LE
DV-UCVA :	(6/24P)	(6/24P)
DV-BCVA (24) :	(6/6)	(6/6)
NEAR VISION :	N6	N6
ANTERIOR SEGMENT :		
IOP :		
FIELDS OF VISION :		
E O M :		
COLOUR VISION :	Normal	
FUNDUS :		Normal
IMPRESSION :		
ADVICE :	Refr on 14 Oct	

APOLLO MEDICAL CENTRE
11/4, Sivaprakasam Street, Pondy Bazaar,
T. Nagar, Chennai - 600 017.
Phone: 044 - 2434 1066 / 95001 66259

Mr. Rajish 34/m.

27.1.20.

Height:	Weight:	BMI:	Waist Circum:
Temp:	Pulse:	Resp:	B.P:

General Examination / Allergies
History

No H/O Rec. end to
longh.

I: Th: clear.

No: DSC

S: Pol: Tur + ant.

Δ - TFT: Heavy abnormal

Δ - SAT clinically
normal

APOLLO MEDICAL CENTRE

11/1, Piyaprasadam Street, Pondy Bazaar,
T. Nagar, Chennai - 600 017.
Phone: 044 - 2434 1066 / 95021 65355



Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

PHYSICAL EXAMINATION

NAME	Mr. Rajesh ✓		DATE OF CHECK UP
AGE / GENDER	34	MALE / FEMALE	
HEIGHT	175	Cm	
WEIGHT	75.8	Kgs	
	110/70		
BLOOD PRESSURE		mmHg	
BMI	24.75		
WAST	97		
HR	104		
WAIST IP RATION	0.93		
RESPIRATORY RATE	18		
PULSE	70	Min	
CHEST	INSPIRATION		
	EXPIRATION		

OPHTHAL EXAMINATION

COLOUR VISION

VISION	FAR VISION RIGHT	FAR VISION LEFT	NEAR VISION RIGHT	NEAR VISION LEFT	RIGHT	LEFT
WITHOUT GLASS						
WITH GLASS						
REMARKS IF ANY						

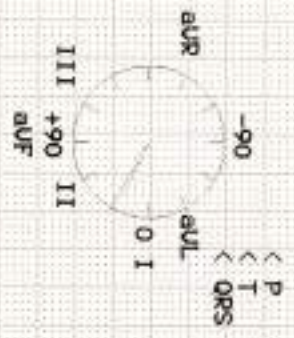
APOLLO MEDICAL CENTRE
 11/4, Sivaprasadam Street, Pondy Taram
 T Nagar, Chennai - 600 017
 Phone: 044 - 2434 1056 / 99091 66355

MALE

AGE: 34

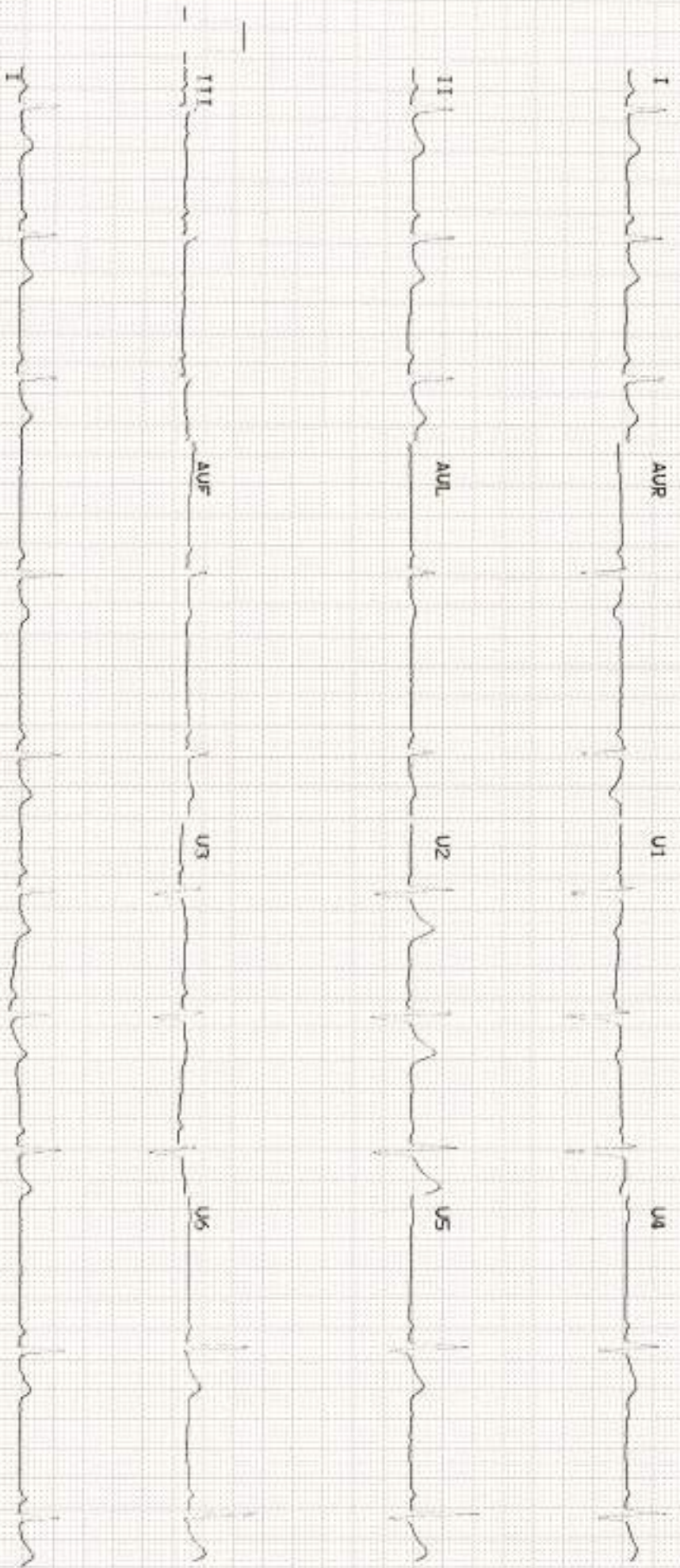
Measurement Results:

QRS : 96 ms
QT/QTcB : 414 / 402 ms
PR : 144 ms
P : 104 ms
RR/PP : 932 / 1050 ms
P/QRS/T : 25/ 31/ 31 degrees



Interpretation:
12SL - Interpretation:
Sinus bradycardia with marked sinus arrhythmia
Otherwise normal ECG

Unconfirmed report.



Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
27-01-2024 15:46	70 Beats/min	110/70 mmHg	Rate/min	F	175 cms	75.8 Kgs	%	%	Years	24.75	cms	cms	cms		AHLL09366

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Established Patient: No

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Name: Mr. RAJESH V
Age/Gender: 34 Y/M
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: T NAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ARUNA BABBURI

MR No: CTNA.0000204877
Visit ID: CTNAOPV191897
Visit Date: 27-01-2024 08:48
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mr. RAJESH V
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Doctor's Signature

Patient Name	: Mr. RAJESH V	Age	: 34 Y/M
UHID	: CTNA.0000204877	OP Visit No	: CTNAOPV191897
Reported By:	: Dr. HARI K	Conducted Date	: 29-01-2024 11:25
Referred By	: SELF		

ECG REPORT

Impression:

SINUS BRADYCARDIA

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



Dr. HARI K

Patient Name	: Mr. RAJESH V	Age	: 34 Y/M
UHID	: CTNA.0000204877	OP Visit No	: CTNAOPV191897
Conducted By:	: Dr. ASHA MAHILMARAN	Conducted Date	: 29-01-2024 13:11
Referred By	: SELF		

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	3.0 CM
LA (es)	3.0 CM
LVID (ed)	4.6 CM
LVID (es)	2.9 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	0.9 CM
EF	63.00%
%FD	32.00%
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

Patient Name	: Mr. RAJESH V	Age	: 34 Y/M
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Conducted By:	: Dr. ASHA MAHILMARAN	Conducted Date	: 29-01-2024 13:11
Referred By	: SELF		

DOPPLER STUDIES

PWD: A>E AT MITRAL INFLOW

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

VELOCITY ACROSS THE PULMONIC VALVE UPTO 0.4m/sec

VELOCITY ACROSS THE AV UPTO 1.1m/sec

IMPRESSION:

OCCASIONALLY ECTOPIC NOTED DURING STUDY

NO REGIONAL WALL MOTION ABNORMALITIES

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

NORMAL LEFT VENTRICULAR IN SIZE

NO : PE/PAH

Patient Name : Mr. RAJESH V Age : 34 Y/M
UHID : CTNA.0000204877 OP Visit No : CTNAOPV191897
Conducted By: : Dr. ASHA MAHILMARAN Conducted Date : 29-01-2024 13:11
Referred By : SELF

DONE BY
NIRMALA



Dr.ASHA
MAHILMARAN.

Patient Name	: Mr. RAJESH V	Age	: 34 Y/M
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HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Patient Name	: Mr. RAJESH V	Age/Gender	: 34 Y/M
UHID/MR No.	: CTNA.0000204877	OP Visit No	: CTNAOPV191897
Sample Collected on	:	Reported on	: 27-01-2024 18:51
LRN#	: RAD2217803	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 645251836333		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

Normal study.



Dr. RASHEED ARAFATH HIDAYATHULLAH
MBBS, DNB (RD)
Radiology

Patient Name	: Mr. RAJESH V	Age/Gender	: 34 Y/M
UHID/MR No.	: CTNA.0000204877	OP Visit No	: CTNAOPV191897
Sample Collected on	:	Reported on	: 27-01-2024 17:40
LRN#	: RAD2217803	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 645251836333		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver shows increase in echogenicity suggestive of fatty changes.

Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.

Wall thickness appear normal.

Pancreas and spleen appear normal. Spleen measures 10.2 cms.

Portal and splenic veins appear normal.

No evidence of ascites or lymphadenopathy. Diaphragmatic movements are satisfactory.

There is no evidence of sub diaphragmatic pathology or pleural effusion.

Aorta and IVC appear normal.

Right kidney measures 8.9 x 4.2 cms.

Left kidney measures 8.7 x 4.9 cms.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 2.9 x 2.9 x 2.4 cms (volume 11 cc) and shows normal echopattern.

Seminal vesicles appear normal.

Bladder is normal in contour. Both iliac fossae appear normal.

IMPRESSION:

Fatty Liver (Grade I).



Dr. A R RAGHUL
MBBS MD Radiodiagnosis



Patient Name : Mr. RAJESH V

Age/Gender : 34 Y/M

Radiology

Patient Name : Mr.RAJESH V	Collected : 27/Jan/2024 08:54AM
Age/Gender : 34 Y 0 M 23 D/M	Received : 27/Jan/2024 11:28AM
UHID/MR No : CTNA.0000204877	Reported : 27/Jan/2024 01:22PM
Visit ID : CTNAOPV191897	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 645251836333	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



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

SIN No:BED240019429

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



This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-11-60/52, Ashoka Baghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 018 |
www.apollohsl.com | Email ID: enquiry@apollohsl.com, Ph No: 844-8904 7777, Fax No: 8864 7744

ADDRESS:
B No.70, F - Block, 2nd Avenue, Ashok Nagar ERM, Chennai 600 032,
Phone - 844 2624804 / 95

1860 500 7788
www.apolloclinic.com

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Patient Name : Mr.RAJESH V	Collected : 27/Jan/2024 08:54AM
Age/Gender : 34 Y 0 M 23 D/M	Received : 27/Jan/2024 11:28AM
UHID/MR No : CTNA.0000204877	Reported : 27/Jan/2024 01:22PM
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Emp/Auth/TPA ID : 645251836333	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.2	g/dL	13-17	Spectrophotometer
PCV	44.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.48	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	98.3	fL	83-101	Calculated
MCH	33.9	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	76.0	%	40-80	Electrical Impedance
LYMPHOCYTES	14.2	%	20-40	Electrical Impedance
EOSINOPHILS	1.9	%	1-6	Electrical Impedance
MONOCYTES	7.3	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6840	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1278	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	171	Cells/cu.mm	20-500	Calculated
MONOCYTES	657	Cells/cu.mm	200-1000	Calculated
BASOPHILS	54	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	232000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm/hour	0-15	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

Page 2 of 15



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

SIN No:BED240019429

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



This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited | CHN - UBS1107G2000PLC1158119
Regd. Office: 1-18-60/52, Ashoka Baghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 018 |
www.apolloh.com | Email ID: enquiry@apolloh.com, Ph No: 040-4904 7272, Fax No: 4864 7244

ADDRESS:
B No.70, F - Block, 2nd Avenue, Ashok Nagar East, Chennai-600 032.
Phone - 044-2624804 / 95

1860 500 7788
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Patient Name : Mr.RAJESH V	Collected : 27/Jan/2024 08:54AM
Age/Gender : 34 Y 0 M 23 D/M	Received : 27/Jan/2024 11:28AM
UHID/MR No : CTNA.0000204877	Reported : 27/Jan/2024 01:22PM
Visit ID : CTNAOPV191897	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 645251836333	

DEPARTMENT OF HAEMATOLOGY

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

WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



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

SIN No:BED240019429

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This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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Patient Name : Mr.RAJESH V	Collected : 27/Jan/2024 08:54AM
Age/Gender : 34 Y 0 M 23 D/M	Received : 27/Jan/2024 11:28AM
UHID/MR No : CTNA.0000204877	Reported : 27/Jan/2024 07:25PM
Visit ID : CTNAOPV191897	Status : Final Report
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Emp/Auth/TPA ID : 645251836333	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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



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Patient Name : Mr.RAJESH V	Collected : 27/Jan/2024 01:37PM
Age/Gender : 34 Y 0 M 23 D/M	Received : 27/Jan/2024 04:49PM
UHID/MR No : CTNA.0000204877	Reported : 27/Jan/2024 05:44PM
Visit ID : CTNAOPV191897	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	90	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	112	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.



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



SIN No:PLP1412235

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Patient Name : Mr.RAJESH V	Collected : 27/Jan/2024 08:54AM
Age/Gender : 34 Y 0 M 23 D/M	Received : 27/Jan/2024 12:35PM
UHID/MR No : CTNA.0000204877	Reported : 27/Jan/2024 02:19PM
Visit ID : CTNAOPV191897	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



DR.R.SRIVATSAN
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SIN No:EDT240008223

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Patient Name : Mr.RAJESH V	Collected : 27/Jan/2024 08:54AM
Age/Gender : 34 Y 0 M 23 D/M	Received : 27/Jan/2024 11:36AM
UHID/MR No : CTNA.0000204877	Reported : 27/Jan/2024 01:15PM
Visit ID : CTNAOPV191897	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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	188	mg/dL	<200	CHO-POD
TRIGLYCERIDES	202	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	35	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	153	mg/dL	<130	Calculated
LDL CHOLESTEROL	112.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	40.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.37		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 on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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



SIN No:SE04610487

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.86	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.72	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	102.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.6-8.3	Biuret
ALBUMIN	4.80	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.78		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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



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SIN No:SE04610487

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DEPARTMENT OF BIOCHEMISTRY

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.77	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	22.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.30	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.40	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101–109	ISE (Indirect)



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Patient Name : Mr.RAJESH V	Collected : 27/Jan/2024 08:54AM
Age/Gender : 34 Y 0 M 23 D/M	Received : 27/Jan/2024 11:36AM
UHID/MR No : CTNA.0000204877	Reported : 27/Jan/2024 12:28PM
Visit ID : CTNAOPV191897	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 645251836333	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	25.00	U/L	<55	IFCC



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



SIN No:SE04610487

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This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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Patient Name : Mr.RAJESH V	Collected : 27/Jan/2024 08:54AM
Age/Gender : 34 Y 0 M 23 D/M	Received : 27/Jan/2024 03:46PM
UHID/MR No : CTNA.0000204877	Reported : 27/Jan/2024 06:23PM
Visit ID : CTNAOPV191897	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 645251836333	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.56	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.76	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	8.108	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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



SIN No: SPL24012733

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Patient Name : Mr.RAJESH V	Collected : 27/Jan/2024 08:54AM
Age/Gender : 34 Y 0 M 23 D/M	Received : 27/Jan/2024 03:46PM
UHID/MR No : CTNA.0000204877	Reported : 27/Jan/2024 06:23PM
Visit ID : CTNAOPV191897	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 645251836333	

DEPARTMENT OF IMMUNOLOGY

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



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



SIN No: SPL24012733

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Patient Name : Mr.RAJESH V	Collected : 27/Jan/2024 08:54AM
Age/Gender : 34 Y 0 M 23 D/M	Received : 27/Jan/2024 12:32PM
UHID/MR No : CTNA.0000204877	Reported : 27/Jan/2024 01:14PM
Visit ID : CTNAOPV191897	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 645251836333	

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 ***



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

SIN No:UF010337

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