





pm -- -- 3

Patient Name : Mr.ARUL V

Age/Gender : 41 Y 3 M 14 D/M UHID/MR No : CANN.0000242539

UHID/MR No : CANN.000024253 Visit ID : CANNOPV428934

Ref Doctor : Self

Emp/Auth/TPA ID : 22E32984

Collected : 26/Oct/2024 10:23AM

Received : 26/Oct/2024 12:16PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

: 26/Oct/2024 01:25PM

DEPARTMENT OF HAEMATOLOGY

Reported

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.

Page 1 of 10

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

SIN No:CAG241005469

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: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744









PRINT - PRINTS 3

Patient Name : Mr.ARUL V

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DEPARTMENT OF HAEMATOLOGY ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA			12	
HAEMOGLOBIN	14.9	g/dL	13-17	Spectrophotometer
PCV	43.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.91	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	88	fL	83-101	Calculated
MCH	30.4	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	63.3	%	40-80	Electrical Impedance
LYMPHOCYTES	26.5	%	20-40	Electrical Impedance
EOSINOPHILS	3.2	%	1-6	Electrical Impedance
MONOCYTES	6.2	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5760.3	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2411.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	291.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	564.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	72.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.39		0.78- 3.53	Calculated
PLATELET COUNT	347000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	mm/hour	0-15	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY

: Microscopic.

RBC MORPHOLOGY

: Predominantly normocytic normochromic RBC's noted.

Page 2 of 10

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

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DEPARTMENT OF HAEMATOLOGY

Reported

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

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PLATELETS : Adequate in number.

PARASITES : No haemoparasites seen.

IMPRESSION : Normocytic normochromic blood picture.

NOTE/ COMMENT : Please correlate clinically.

Page 3 of 10

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

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: Mr.ARUL V

Age/Gender

: 41 Y 3 M 14 D/M

UHID/MR No Visit ID

: CANN.0000242539

Ref Doctor

: CANNOPV428934

: Self

: 22E32984 Emp/Auth/TPA ID

Collected

: 26/Oct/2024 10:23AM

Received

: 26/Oct/2024 12:16PM

Reported

: 26/Oct/2024 05:00PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDT	A		
BLOOD GROUP TYPE	0			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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

Page 4 of 10

Dr.MARQUESS RAJ M.D,DipRCPath,D.N.B(PATH) Consultant Pathologist

SIN No:CAG241005469

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Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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IVIC-003

: Mr.ARUL V

Age/Gender : 41 Y 3 M 14 D/M

UHID/MR No : CANN.0000242539

Visit ID

Patient Name

: CANNOPV428934

Ref Doctor Emp/Auth/TPA ID : Self

: 22E32984

Collected

: 26/Oct/2024 10:23AM

Received : 26/Oct/2024 12:49PM

Reported : 26/Oct/2024 01:29PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING, NAF PLASMA	92	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	154	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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALANINE AMINOTRANSFERASE	36	U/L	<50	UV with P5P

Page 5 of 10



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

SIN No:CAG241005470

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pm -p. 3

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Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

(ALT/SGPT), SERUM

Comment:

ALT elevations are noted in liver parenchymal diseases, leading to injury / destruction of hepatocytes.

ALT levels are seen to be elevated even before the signs and symptoms of the liver injury appear.

The ALT levels remain high longer in blood as compared to AST levels. And though both the enzymes increase in liver injury, the rise in ALT is more compared to AST, thus also altering the ALT:AST ratio.

Test Name	Result	Unit	Bio. Ref. Interval	Method
BILIRUBIN, TOTAL, SERUM	0.94	mg/dL	0.3-1.2	DPD

Page 6 of 10



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

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Emp/Auth/TPA ID : 22E32984

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: 26/Oct/2024 10:23AM

Received

: 26/Oct/2024 12:49PM : 26/Oct/2024 04:09PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

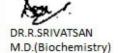
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN/CREATININE RATIO , SERUM	'			<u>'</u>
BLOOD UREA NITROGEN	7.0	mg/dL	8.0 - 23.0	Calculated
CREATININE	0.62	mg/dL	0.72 – 1.18	JAFFE METHOD
BUN / CREATININE RATIO	11.31			Calculated

Page 7 of 10





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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
CREATININE, SERUM	0.62	mg/dL	0.72 – 1.18	JAFFE METHOD

Page 8 of 10



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

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DVIX and

Patient Name : Mr.ARUL V

Age/Gender : 41 Y 3 M 14 D/M UHID/MR No : CANN.0000242539

Visit ID : CANNOPV428934

Ref Doctor : Self Emp/Auth/TPA ID : 22E32984 Collected : 26/Oct/2024 10:23AM

Received : 26/Oct/2024 03:27PM Reported : 26/Oct/2024 05:02PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	7.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.016		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1- 1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	Y		
PUS CELLS	1	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Automated Image based microscopy
RBC	1	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

Page 9 of 10

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

SIN No:CAG241005472

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: Mr.ARUL V

: Self

Patient Name Age/Gender

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UHID/MR No Visit ID

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

*** End Of Report ***

Page 10 of 10

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: 26/Oct/2024 05:02PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

- 1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understandreporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
- 2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of parrticulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
- 3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
- 4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
- 5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of
- 6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

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

SIN No:CAG241005472

APOLLO CLINICS NETWORK

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: Mr. ARUL V

UHID

: CANN.0000242539

Printed On

: 26-10-2024 12:45 PM

Department

: Radiology

Referred By

: Self

Employeer Id

: 22E32984

Age

: 41Yrs 3Mths 15Days

OP Visit No.

: CANNOPV428934 Advised/Pres Doctor : --

Qualification

Registration No.

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardio phrenic 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:

*NO SIGNIFICANT ABNORMALITY DETECTED.

---End Of The Report---

Dr. PRAVEENA T MBBS, DMRD, FAGE 72064 Radiology



: Mr. ARUL V

UHID

: CANN.0000242539

Printed On

: 27-10-2024 02:52 AM

Department

: Cardiology

: 22E32984

Reffered By

: Self

Employeer Id

. 0011

Age

: 41Yrs 3Mths 16Days

OP Visit No.

: CANNOPV428934

Advised/Pres Doctor : --

Qualification

Registration No.

: --: --

DEPARTMENT OF CARDIOLOGY

ECG Report

Observation:-

1. Sinus Rhythm.

2. Heart rate is 90 beats per minutes.

Impression:

NORMAL RESTING ECG.

---End Of The Report---

Dr. ARULNITHI AYYANATHAN MBBS., MRCP, AB, MBA 63907 Cardiology



OPHTHALMOLOGY

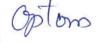


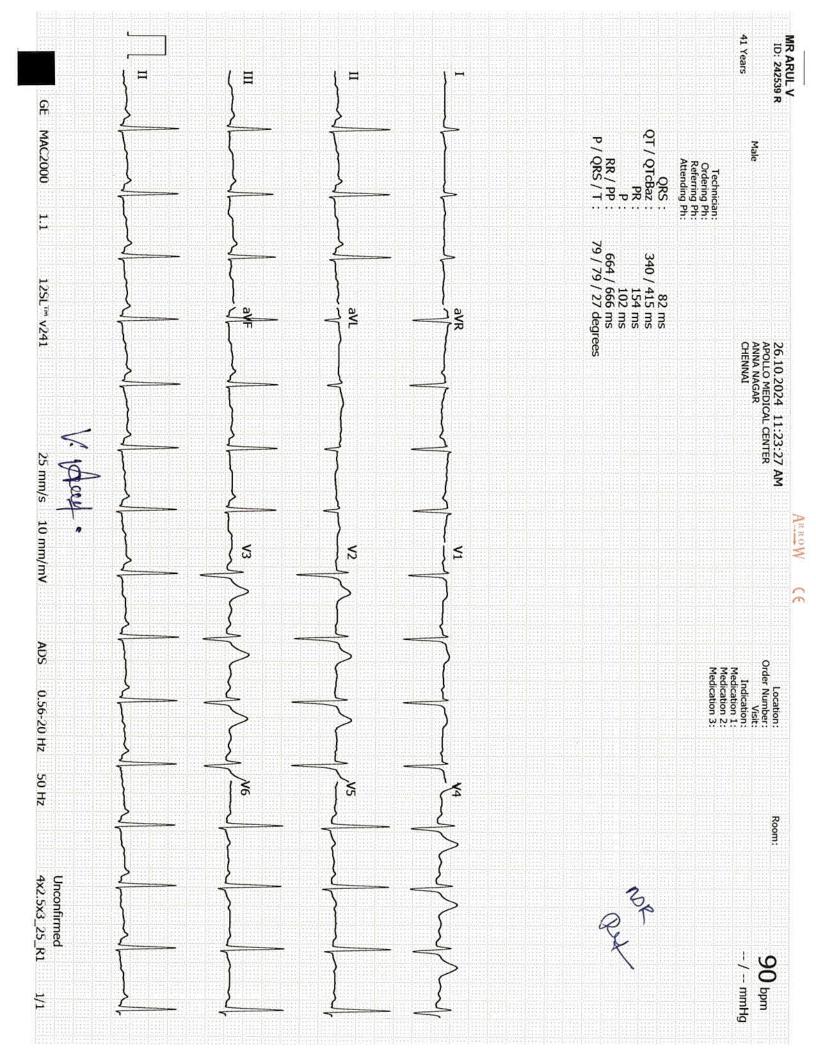
Α		TO SEASON STATE OF THE SEA
Name: V · Occupation:	1	LLO DUREG. No. DL 5-39
Age:Sex: Male Female		
Address:		
Ph:		
REPORT ON OP	HTHALMIC EXAN	IINATION
History:		
	Acce	
Present Complaint:		
	pue	
ON EXAMINATION:	RE	LE
Ocular Movements :		
Anterior Segment :	hele	fiell
Intra-Ocular-Pressure :		
Visual Acuity: D.V. :	N	\sim
Without Glass :	2	
With Glass:		66
N.V. :	bli	16
Visual Fields :		KI.
Fundus:	MI	136
Impression:	No	Tree
Advice:	Tree	1, (=0)
Colour Vision :	N	Mas any











CANN-142539 OCR-107829



N. Huel.





CERTIFICATE OF MEDICAL FITNESS

1€/5	er reviewing the medical history and on clinical examination it has been found that the is	T
	M. P. II. P. C. P. I.	-
	Medically Fit for Employment.	
T	Fit with restrictions/recommendations	
,	Though following restrictions have been revealed, in my opinion, these are not impediments to the job.	
	fb-92 PB-154	
	2	
1	3	
	However the employee should follow the advice/medication that has been communicated to him/her.	
	Review after HBAC	
	Currently Unfit.	
	Review afterrecommended	
	• Unfit	
	Medical Officer Medical Officer The Applie Clinic (Leastion)	-10
	Medical Officer The Apollo Clinic, (Location) This certificate is not meant for medico-legal purposes Or. VIGNESH V.N., MBBS, DNB Apollo Family Physician Apollo Family Physician	



Your appointment is confirmed

From noreply@apolloclinics.info <noreply@apolloclinics.info>

Date Thu 10/24/2024 4:45 PM

To network@mediwheel.in <network@mediwheel.in>

Cc Annanagar Apolloclinic <annanagar@apolloclinic.com>; Haranath S <haranath.s@apolloclinic.com>; Syamsunder M <syamsunder.m@apollohl.com>



Dear Arul V,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **ANNA NAGAR clinic** on **2024-10-26** at **08:15-08:30**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL PMC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.

- During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
- 3. Please bring all your medical prescriptions and previous health medical records with you.
- 4. Kindly inform our staff, 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
- 2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: APOLLO MEDICAL CENTRE,NO-30,F- BLOCK,2ND AVENUE, ANNANAGAR EAST,CHENNAI - 600102.

Contact No: 7358392880/7305702537.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards, Apollo Clinic