





: Mr.RAMESH P

Age/Gender

: 31 Y 1 M 17 D/M

UHID/MR No

: CVEL.0000145509

Visit ID Ref Doctor : CVELOPV208610

Emp/Auth/TPA ID

: 9920144559.

: Dr.SELF

Collected

: 13/Jul/2024 07:49AM

Received

: 13/Jul/2024 11:01AM

Reported

: 13/Jul/2024 01:20PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF HAEMATOLOGY**

# PERIPHERAL SMEAR, WHOLE BLOOD EDTA

**METHODOLOGY** 

: Microscopic

**RBC MORPHOLOGY** 

: Erythrocytosis noted, 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.

NOTE/ COMMENT

: Please correlate clinically.

Page 1 of 9



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

SIN No:BED240182384

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









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Sponsor Name

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#### **DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.4	g/dL	13-17	Spectrophotometer
PCV	45.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.6	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	80.7	fL	83-101	Calculated
MCH	27.4	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	57.9	%	40-80	Electrical Impedance
LYMPHOCYTES	29.0	%	20-40	Electrical Impedance
EOSINOPHILS	5.3	%	1-6	Electrical Impedance
MONOCYTES	6.9	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4747.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2378	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	434.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	565.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	73.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2		0.78- 3.53	Calculated
PLATELET COUNT	352000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm/hour	0-15	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY

: Microscopic

RBC MORPHOLOGY

: Erythrocytosis noted, predominantly normocytic normochromic RBC's noted.

Page 2 of 9

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

SIN No:BED240182384

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Address:
D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102,
Phone - 044-26224504 (05









: Mr.RAMESH P

Age/Gender

: 31 Y 1 M 17 D/M : CVEL.0000145509

UHID/MR No

: CVELOPV208610

Visit ID Ref Doctor

Emp/Auth/TPA ID

: 9920144559.

: Dr.SELF

Collected

: 13/Jul/2024 07:49AM

Received

: 13/Jul/2024 11:01AM

Reported

: 13/Jul/2024 01:20PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF HAEMATOLOGY**

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

WBC MORPHOLOGY

: Normal in number, Morphology and distribution. No abnormal cells seen.

**PLATELETS** 

: Adequate in number.

**PARASITES** 

: No haemoparasites seen.

NOTE/ COMMENT

: Please correlate clinically.

Page 3 of 9

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

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: Mr.RAMESH P

Age/Gender

: 31 Y 1 M 17 D/M

UHID/MR No

: CVEL.0000145509

Visit ID

: CVELOPV208610

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 9920144559

Collected

: 13/Jul/2024 07:49AM

Received

: 13/Jul/2024 11:01AM

Reported

: 13/Jul/2024 03:44PM

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. Range	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDT	A		
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination

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

Page 4 of 9

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

SIN No:BED240182384

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Phone - 044-26224504 (05







: Mr.RAMESH P

Age/Gender

: 31 Y 1 M 17 D/M : CVEL.0000145509

UHID/MR No Visit ID

: CVELOPV208610

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 9920144559

Collected

: 13/Jul/2024 07:49AM

Received

: 13/Jul/2024 11:16AM

Reported

: 13/Jul/2024 12:14PM

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. Range	Method
GLUCOSE, FASTING, NAF PLASMA	143	mg/dL	70-100	HEXOKINASE

#### **Comment:**

# As per American Diabetes Guidelines, 2023

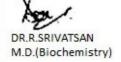
Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

#### Note:

- 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.

Page 5 of 9





SIN No:PLF02187351

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D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102,
Phone . 044.26224504 / 05







Patient Name Age/Gender : Mr.RAMESH P

UHID/MR No

: 31 Y 1 M 17 D/M : CVEL.0000145509

Visit ID

: CVELOPV208610

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 9920144559.

Collected

: 13/Jul/2024 07:49AM

Received

: 13/Jul/2024 11:11AM

Reported Status : 13/Jul/2024 12:59PM

Sponsor Name

: Final Report

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	207	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. Range	Method
ALANINE AMINOTRANSFERASE (ALT/SGPT) , SERUM	60	U/L	<50	UV with P5P

#### **Comment:**

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

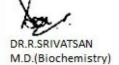
ALT levels are seen to be elevated even before the signs and symptoms of the liver injury appear.

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. Range	Method
BILIRUBIN, TOTAL, SERUM	0.69	mg/dL	0.3-1.2	DPD

Page 6 of 9





SIN No:SE04778821

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Address: D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102, Phone - 044-26224504 / 05







Patient Name Age/Gender : Mr.RAMESH P

/ (gc/ Condo

: 31 Y 1 M 17 D/M

UHID/MR No

: CVEL.0000145509

Visit ID Ref Doctor : CVELOPV208610 : Dr.SELF

Emp/Auth/TPA ID : 9920144559

Collected

: 13/Jul/2024 07:49AM

Received

: 13/Jul/2024 11:11AM

Reported

: 13/Jul/2024 12:24PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

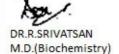
#### ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BUN/CREATININE RATIO , SERUM		'		1
BLOOD UREA NITROGEN	10.8	mg/dL	8.0 - 23.0	Calculated
CREATININE	0.84	mg/dL	0.72 – 1.18	JAFFE METHOD
BUN / CREATININE RATIO	12.80			Calculated

Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE, SERUM	0.84	mg/dL	0.72 – 1.18	JAFFE METHOD

Page 7 of 9





SIN No:SE04778821

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: Mr.RAMESH P

Age/Gender

: 31 Y 1 M 17 D/M

UHID/MR No

: CVEL.0000145509

Visit ID Ref Doctor : CVELOPV208610

Emp/Auth/TPA ID

: Dr.SELF : 9920144559. Collected

: 13/Jul/2024 07:49AM

Received

: 13/Jul/2024 01:16PM

Reported

: 13/Jul/2024 02:34PM

Status Sponsor Name : Final Report

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (C	CUE) , URINE		,	
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Physical measurement
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pН	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1- 1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MO	OUNT AND MICROSCOP	Υ		
PUS CELLS	1	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Automated Image Based Microscopy
RBC	0	/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. Microscopy findings are reported as an average of 10 high power fields.

Page 8 of 9

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

SIN No:UR2385386

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#### **DEPARTMENT OF CLINICAL PATHOLOGY**

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

\*\*\* End Of Report \*\*\*

Page 9 of 9



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

SIN No:UR2385386

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**Patient Name** : Mr. Ramesh P Age/Gender : 31 Y/M

UHID/MR No.

: CVEL.0000145509

Sample Collected on LRN#

: RAD2377016

**Ref Doctor** : SELF : 9920144559. Emp/Auth/TPA ID

Reported on Specimen

: CVELOPV208610

: 13-07-2024 18:54

**OP Visit No** 

### 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. PASUPULETI SANTOSH KUMAR M.B.B.S., DNB (RADIODIAGNOSIS)

Radiology

Name: Mr. Ramesh P
Age/Gender: 31 Y/M
Address: chennai
Location: MR No: CVEL.0000145509 CVELOPV208610 Visit ID: Visit Date: 13-07-2024 07:40

SELF

CHENNAI, TAMIL NADU Location: Discharge Date:

Doctor: Referred By:

Department: GENERAL
Rate Plan: VELACHERY\_16052024

ARCOFEMI HEALTHCARE LIMITED Sponsor: Consulting Doctor: Dr. YASODHA KUMARA REDDY MOKKALA

# HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

**HT-HISTORY** 

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

**IMPRESSION** 

RECOMMENDATION

**Doctor's Signature** 

Name: Mr. Ramesh P
Age/Gender: 31 Y/M
Address: chennai
Location: MR No: CVEL.0000145509 CVELOPV208610 Visit ID: Visit Date: 13-07-2024 07:40

SELF

CHENNAI, TAMIL NADU Location: Discharge Date:

Doctor: Referred By:

Department: GENERAL
Rate Plan: VELACHERY\_16052024

ARCOFEMI HEALTHCARE LIMITED Sponsor: Consulting Doctor: Dr. YASODHA KUMARA REDDY MOKKALA

# HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

**HT-HISTORY** 

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

**IMPRESSION** 

RECOMMENDATION

**Doctor's Signature** 

Established Patient: No

Established Patient: No



# **CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination

of Mg. Ramesh, P. on 13/7/2024

After that h	reviewing the medical history and on clinical examination it has been found e/she is	
	Medically Fit - Dichardin - Fn  FIT FOR NORK.	Tick
	Fit with restrictions/recommendations  Though following restrictions have been revealed, in my opinion, these are not impediments to the job.	
7.	1	
©.	However the employee should follow the advice/medication that has been communicated to him/her.  Review after	
	Currently Unfit.  Review after MC recommended	
•	Unfit NIC  Dr. YASODH REDDY  Medical Office Goldy  Reg. No: 93787  Apollo Family Physician	

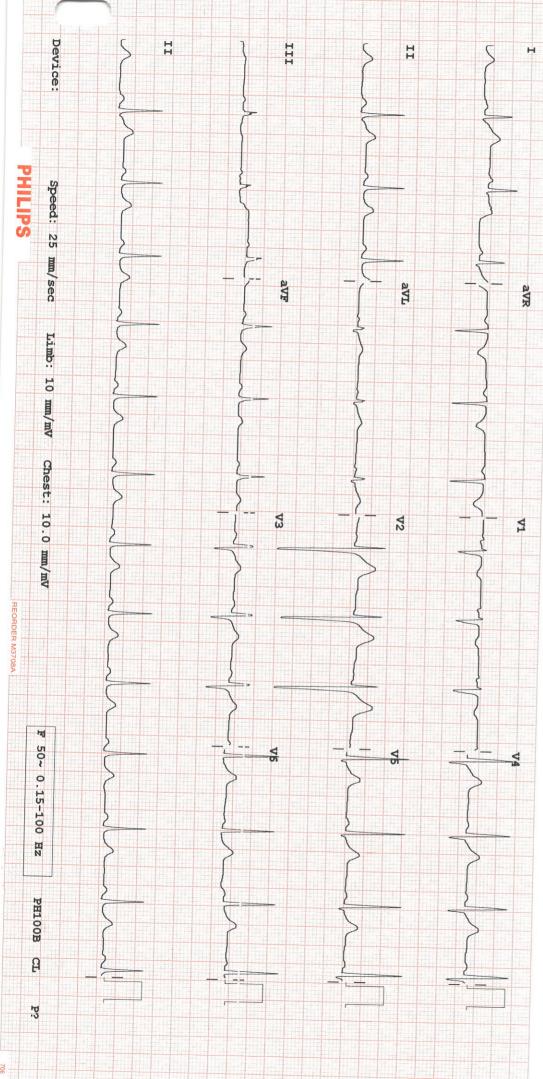
figate is not meant for medico-legal purposes

31 Years MR.RAMESH P

13.7.24 07:10:02
The Apollo Clinic, velacherry.

PR QRSD QT QTc P 49
QRS 51
T 22
12 Lead; Standard Placement Rate 132 87 357 407 78 . Sinus rhythm

- NORMAL ECG -



# **OPTHALMOLOGY**



Name Mr. Dames	h.		Date 13-07-
Age 31			UHID No. 145509.
Sex: Male Fema	le		
	FICATE		
		RE	LE
DV-UCVA	:	6/18 E Pa 6/6	9/18 TPa 9/6
DV-BCVA	:		
NEAR VISION	:	No	N6.
ANTERIOR SEGMENT			

IOP

:

**FIELDS OF VISION** 

EOM

COLOUR VISION :

FUNDUS :

**IMPRESSION** 

**ADVICE** 

1 comma

Normal

Normal.

# Your appointment is confirmed



# noreply@apolloclinics.info <noreply@apolloclinics.info>

Tue 7/2/2024 11:33 AM

To:josephramesh041@gmail.com <josephramesh041@gmail.com>

Cc:Velachery Apolloclinic <velachery@apolloclinic.com>;Manojkumar Murali <manojkumar@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>

# Dear Ramesh P.

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at VELACHERY clinic on 2024-07-13 at 08:00-08:15.

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:

- 1. 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.

