

Patient Name	: Mr.SATHIS MOORTHY	Collected	: 27/Sep/2024 09:00AM
Age/Gender	: 26 Y 3 M 18 D/M	Received	: 27/Sep/2024 10:53AM
UHID/MR No	: CANN.0000241766	Reported	: 27/Sep/2024 01:22PM
Visit ID	: CANNOPV424731	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 36E2074 PMC		

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:CAG240905128

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

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APOLLO CLINICS NETWORK

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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.3	g/dL	13-17	Spectrophotometer
PCV	43.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.68	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	92.3	fL	83-101	Calculated
MCH	<b>32.6</b>	pg	27-32	Calculated
MCHC	<b>35.4</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.5</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,300	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	56.8	%	40-80	Electrical Impedance
LYMPHOCYTES	32.3	%	20-40	Electrical Impedance
EOSINOPHILS	2.7	%	1-6	Electrical Impedance
MONOCYTES	7.1	%	2-10	Electrical Impedance
BASOPHILS	1.1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4146.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2357.9	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	197.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	518.3	Cells/cu.mm	200-1000	Calculated
BASOPHILS	80.3	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.76		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	317000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	6	mm/hour	0-15	Capillary photometry
<b>PERIPHERAL SMEAR</b>				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

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DEPARTMENT OF HAEMATOLOGY

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

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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			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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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	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:**

- 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)	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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALANINE AMINOTRANSFERASE	19	U/L	<50	UV with P5P

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M.D.(Biochemistry)



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**DEPARTMENT OF BIOCHEMISTRY**

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

(ALT/SGPT) , SERUM

Test Name	Result	Unit	Bio. Ref. Interval	Method
BILIRUBIN, TOTAL , SERUM	0.66	mg/dL	0.3–1.2	DPD



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BUN/CREATININE RATIO , SERUM</b>				
BLOOD UREA NITROGEN	9.4	mg/dL	8.0 - 23.0	Calculated
CREATININE	0.94	mg/dL	0.72 – 1.18	JAFFE METHOD
BUN / CREATININE RATIO	9.95			Calculated



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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	0.94	mg/dL	0.72 – 1.18	JAFFE METHOD



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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.009		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	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.

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

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www.apolloclinic.com


**APOLLO CLINICS NETWORK**

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)



Patient Name	: Mr.SATHIS MOORTHY	Collected	: 27/Sep/2024 09:00AM
Age/Gender	: 26 Y 3 M 18 D/M	Received	: 27/Sep/2024 01:53PM
UHID/MR No	: CANN.0000241766	Reported	: 27/Sep/2024 03:31PM
Visit ID	: CANNOPV424731	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 36E2074 PMC		

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



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

SIN No:CAG240905130

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

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

 **1860 500 7788**  
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#### TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

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.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



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



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Patient Name	: Mr. SATHIS MOORTHY	Age	: 26Yrs 3Mths 19Days
UHID	: CANN.0000241766	OP Visit No.	: CANNOPV424731
Printed On	: 27-09-2024 10:47 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 36E2074 PMC		

---

**DEPARTMENT OF RADIOLOGY**

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**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.A R RAGHUL  
MBBS MD Radiodiagnosis  
139605  
Radiology

Patient Name	: Mr. SATHIS MOORTHY	Age	: 26Yrs 3Mths 19Days
UHID	: CANN.0000241766	OP Visit No.	: CANNOPV424731
Printed On	: 27-09-2024 11:30 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 36E2074 PMC		

---

### DEPARTMENT OF CARDIOLOGY

---

**Observation :-**

- 1. Sinus Rhythm.**
- 2. Heart rate is 72 beats per minutes.**

**Impression:**

**NORMAL RESTING ECG.**

---End Of The Report---

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

CANN- 241766  
OCR- 106922

भारत सरकार  
Government of India

Issue Date: 21/12/2013

சதீஸ் மூர்த்தி  
Sathis Moorthy  
பிறந்த நாள் / DOB : 09/06/1998  
ஆண் / MALE

5848 2206 1409

मेरा आधार, मेरी पहचान

*Sathis*

Name: Sathis moorthy  
 Occupation: .....  
 Age: 26/4 Sex: Male  Female   
 Address: .....  
 Ph: .....

Date: 29/9/24 Reg. No.: 241766  
 Ref. Physician: .....  
 Copies to: .....

**REPORT ON OPHTHALMIC EXAMINATION**

History: Experiencing floaters since past 8 months

Present Complaint: Comfortable with present floaters with floaters BE 6/6.

**ON EXAMINATION:**

	RE	LE
Ocular Movements :		
Anterior Segment :	Free	Free
Intra-Ocular-Pressure :		
Visual Acuity: D.V. :		N .
Without Glass :	N	
With Glass :		6/6
N.V. :	6/6	6/6
Visual Fields :		N6
Fundus :	N6	
Impression :	Free	Free .
Advice :		
Colour Vision :	N	N

*(Signature)*



**Fwd: Health Check up Booking Confirmed Request(36E2074),Package Code-PKG10000488, Beneficiary Code-320665**

**From** Born to Run <sathishmoorthyr98@gmail.com>  
**Date** Fri 9/27/2024 8:30 AM  
**To** Annanagar Apolloclinic <annanagar@apolloclinic.com>

----- Forwarded message -----

**From:** **Mediwheel** <[wellness@mediwheel.in](mailto:wellness@mediwheel.in)>  
**Date:** Mon, 23 Sept 2024, 11:20 am  
**Subject:** Health Check up Booking Confirmed Request(36E2074),Package Code-PKG10000488, Beneficiary Code-320665  
**To:** <[sathishmoorthyr98@gmail.com](mailto:sathishmoorthyr98@gmail.com)>  
**Cc:** <[customercare@mediwheel.in](mailto:customercare@mediwheel.in)>

**011-41195959**

Dear **Sathis Moorthy**,

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

**Hospital Package Name** : Pre-employment Health Checkup H

**Name of Diagnostic/Hospital** : Apollo Clinic - Anna Nagar

**Address of Diagnostic/Hospital-** : 30, F- Block, 2nd Avenue, Anna Nagar East, Chennai - 600012

**City** : Chennai

**State** : Tamil Nadu

**Pincode** : 600012

**Appointment Date** : 27-09-2024

**Confirmation Status** : Booking Confirmed

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

**Booking Status** : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Sathis Moorthy	26 year	Male

**Note - Please note to not pay any amount at the center.**



**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  
Please Download Mediwheel App

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

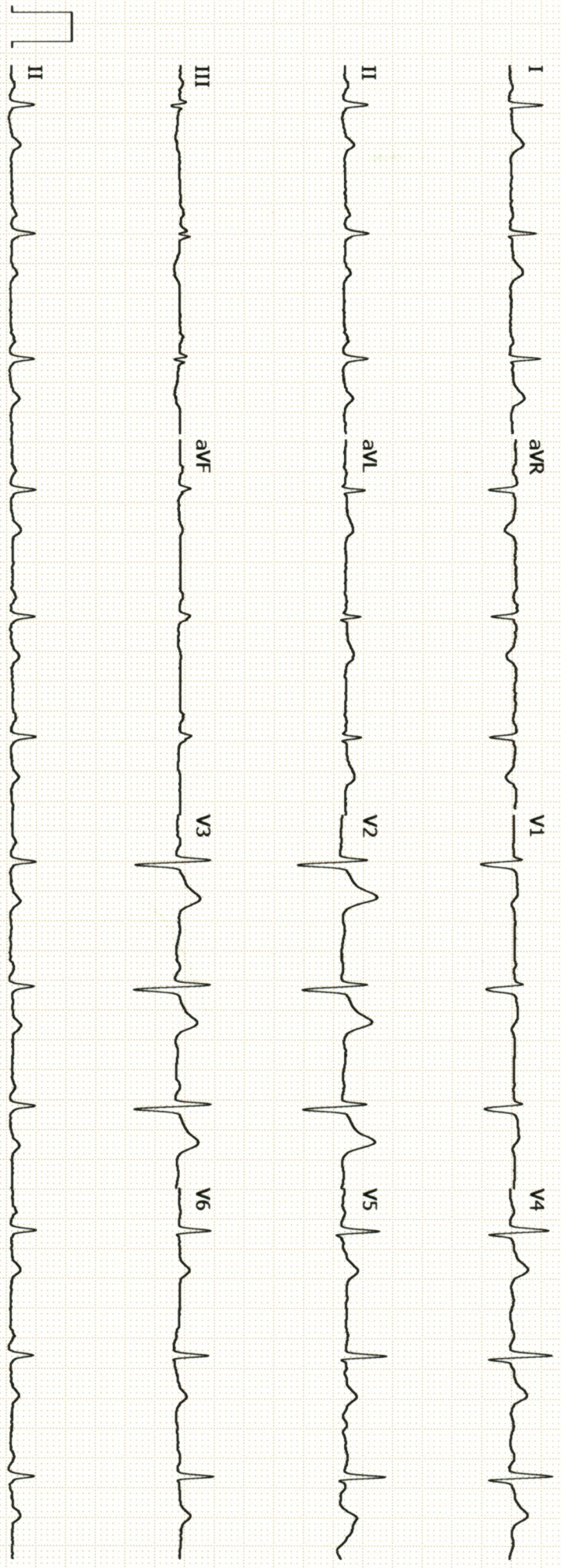
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@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)

Technician:

Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 80 ms  
QT / QTcbaz : 392 / 429 ms  
PR : 134 ms  
P : 96 ms  
RR / PP : 832 / 833 ms  
P / QRS / T : 51 / 23 / 9 degrees



## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of SATHIS MOORTHY on 27-9

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> <li>● Medically Fit for Employment.</li> </ul>	<input checked="" type="checkbox"/>
<p>Fit with restrictions/recommendations</p> <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>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>● Currently Unfit. Review after _____ recommended</li> <li>● Unfit</li> </ul>	<input type="checkbox"/>

**Apollo Medical Centre**  
 No. 30, F-Block, 2nd Avenue,  
 Anna Nagar East, Chennai-600 102  
 Phone: 44-2824505, Mobile: 7358392880  
 Toll No: 1860 500 7788

Dr. [Signature]  
**Medical Officer**  
 The Apollo Clinic, (Location)

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

**Dr. SUMA RAGHURAM**  
 MBBS, DA, DNB, M.Med  
**Apollo Family Physician**  
 Regn. No 60053s