

Patient Name : Mr.SRI INDUSANAN .
Age/Gender : 30 Y 7 M 6 D/M
UHID/MR No : SALW.0000135225
Visit ID : SALWOPV222362
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S33673

Collected : 28/Sep/2024 08:06AM
Received : 28/Sep/2024 09:59AM
Reported : 28/Sep/2024 12:07PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY: 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:BED240233110

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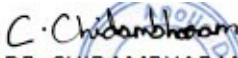
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.9	g/dL	13-17	Spectrophotometer
PCV	39.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.69	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	85.1	fL	83-101	Calculated
MCH	29.7	pg	27-32	Calculated
MCHC	34.9	g/dL	31.5-34.5	Calculated
R.D.W	12.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	29.4	%	20-40	Electrical Impedance
EOSINOPHILS	4.7	%	1-6	Electrical Impedance
MONOCYTES	4.8	%	2-10	Electrical Impedance
BASOPHILS	1.1	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3000	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1470	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	235	Cells/cu.mm	20-500	Calculated
MONOCYTES	240	Cells/cu.mm	200-1000	Calculated
BASOPHILS	55	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.04		0.78- 3.53	Calculated
PLATELET COUNT	267000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

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DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST
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Patient Name : Mr.SRI INDUSANAN .	Collected : 28/Sep/2024 08:06AM
Age/Gender : 30 Y 7 M 6 D/M	Received : 28/Sep/2024 11:44AM
UHID/MR No : SALW.0000135225	Reported : 28/Sep/2024 01:43PM
Visit ID : SALWOPV222362	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			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:HA07746855

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



Patient Name : Mr.SRI INDUSANAN .	Collected : 28/Sep/2024 11:06AM
Age/Gender : 30 Y 7 M 6 D/M	Received : 28/Sep/2024 02:58PM
UHID/MR No : SALW.0000135225	Reported : 28/Sep/2024 04:15PM
Visit ID : SALWOPV222362	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33673	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	92	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:

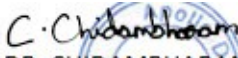
- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	100	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

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

SIN No:PLP1486364




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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

preparations, sulfonyleureas, amylin analogues, or conditions such as overproduction of insulin.


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

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Patient Name : Mr.SRI INDUSANAN .	Collected : 28/Sep/2024 08:06AM
Age/Gender : 30 Y 7 M 6 D/M	Received : 28/Sep/2024 11:40AM
UHID/MR No : SALW.0000135225	Reported : 28/Sep/2024 12:18PM
Visit ID : SALWOPV222362	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	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
M.D.(Biochemistry)



SIN No:EDT240091807

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Reported : 28/Sep/2024 03:16PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

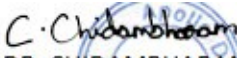
Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	254	mg/dl	150-219	CHE-COD-POD - colorimetric, reflectance Spectropho
TRIGLYCERIDES	64	mg/dl	50-149	LPL -GPO-POD Colorimetric, reflectance Spectropho
HDL CHOLESTEROL	54	mg/dL	37-67	CHE-COD-POD - colorimetric, reflectance Spectropho
NON-HDL CHOLESTEROL	200	mg/dL	<130	Calculated
LDL CHOLESTEROL	187.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.70		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<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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DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:SE04830295




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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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.


DR. CHIDAMBHARAM C
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CONSULTANT PATHOLOGIST
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DEPARTMENT OF BIOCHEMISTRY


ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.10	mg/dL	0.1-1.2	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN CONJUGATED (DIRECT)	0.50	mg/dL	0.1-0.4	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	38	U/L	4-44	Peroxidase oxidation of Diarylimidazole Leuco Dye
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	31.0	U/L	8-38	Peroxidase oxidation of Diarylimidazole Leuco Dye
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	79.00	U/L	32-111	P-Nitro Phenol Phosphate-reflectance spectrophoto
PROTEIN, TOTAL	6.90	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.50	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	2.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.87		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

SIN No:SE04830295



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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.


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

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Age/Gender : 30 Y 7 M 6 D/M	Received : 28/Sep/2024 09:50PM
UHID/MR No : SALW.0000135225	Reported : 29/Sep/2024 07:31AM
Visit ID : SALWOPV222362	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.82	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	24.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.60	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.10	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.8	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated



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



SIN No:BI21982344

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


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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.00	U/L	16-73	catalytic activity- reflectance spectrophotometry


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

SIN No:SE04830295

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Age/Gender : 30 Y 7 M 6 D/M	Received : 28/Sep/2024 12:47PM
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Visit ID : SALWOPV222362	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.28	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.05	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.880	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

1. 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.
2. 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.
3. 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.
4. 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:SPL24141680

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

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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)



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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

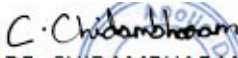
Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.030		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
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	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
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.

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

Page 16 of 18


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

SIN No:UR2414337




Patient Name : Mr.SRI INDUSANAN .
Age/Gender : 30 Y 7 M 6 D/M
UHID/MR No : SALW.0000135225
Visit ID : SALWOPV222362
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S33673

Collected : 28/Sep/2024 08:06AM
Received : 28/Sep/2024 01:49PM
Reported : 28/Sep/2024 02:15PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST
SIN No:UR2414337

Page 17 of 18



Patient Name : Mr.SRI INDUSANAN .
Age/Gender : 30 Y 7 M 6 D/M
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DEPARTMENT OF CLINICAL PATHOLOGY


ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Page 18 of 18


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

SIN No:UF012118



Patient Name : Mr.SRI INDUSANAN .
Age/Gender : 30 Y 7 M 6 D/M
UHID/MR No : SALW.0000135225
Visit ID : SALWOPV222362
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S33673

Collected : 28/Sep/2024 08:06AM
Received : 28/Sep/2024 01:49PM
Reported : 28/Sep/2024 02:15PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

SIN No:UF012118



Patient Name	: Mr. SRI INDUSANAN .	Age/Gender	: 30 Y/M
UHID/MR No.	: SALW.0000135225	OP Visit No	: SALWOPV222362
Sample Collected on	:	Reported on	: 30-09-2024 12:49
LRN#	: RAD2420756	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22S33673		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

Gall bladder - Partially distended. No calculi imaged.
Wall thickness appear normal.

Para aortic / Portal region obscured.

Pancreas appears normal.
Spleen measures 9.6 cm and shows uniform echotexture.

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

Right kidney measures 9.5 x 4.3 cm.
Left kidney measures 9.8 x 4.9 cm.
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 2.6 x 3.9 x 2.5cm (Vol-13ml).

Bladder is normal in contour.

IMPRESSION:

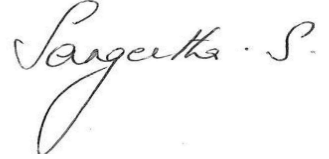
FATTY LIVER.

-SUGGESTED CLINICAL CORRELATION.

Patient Name : Mr. SRI INDUSANAN .

Age/Gender : 30 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

From: Krishna Prabha C V <KRISHNAPRABHA.CV@bankofbaroda.com>
Sent: 28 September 2024 08:28
To: hc.alwarpet@apollospectra.com
Subject: Fw: Health Check up Booking Confirmed Request(22S33673),Package Code-PKG10000366, Beneficiary Code-291883

Pfa

Get [Outlook for Android](#)

From: Mediwheel <wellness@mediwheel.in>
Sent: Monday, September 23, 2024 6:40:26 PM
To: Krishna Prabha C V <KRISHNAPRABHA.CV@bankofbaroda.com>
Cc: customercare@mediwheel.in <customercare@mediwheel.in>
Subject: Health Check up Booking Confirmed Request(22S33673),Package Code-PKG10000366, Beneficiary Code-291883

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

****सावधान:** यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.

****CAUTION:** THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS UNLESS YOU KNOW THE SENDER.



011-41195959

Dear **Krishna Prabha C V**,

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

Hospital Package Name : Mediwheel Full Body Annual Plus
Name of Diagnostic/Hospital : Apollo Spectra - Alwarpet
Address of Diagnostic/Hospital- : 12 Cp Ramaswamy Road, Alwarpet Chennai - 600018
City : Chennai
State : Tamil Nadu
Pincode : 600018

Appointment Date : 28-09-2024
Confirmation Status : Booking Confirmed
Preferred Time : 09:00 AM - 09:30 AM
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Sri Indusanan	30 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



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अस्वीकरण: *****
यह ईमेल (किसी भी संलग्नक सहित) केवल अपेक्षित प्राप्तकर्ता/ओं के उपयोग के लिए है और इसमें ऐसी सामग्री हो सकती है जो कंपनी की गोपनीय और निजी सूचना हो. दूसरों द्वारा इसमें कोई भी संशोधन या इसे आधार बनाना या इस संदेश की किसी भी या सभी सामग्री को कॉपी करना या वितरित करना या अग्रेषित करना पूरी तरह से वर्जित है. यदि आप अपेक्षित प्राप्तकर्ता नहीं हैं, तो कृपया ईमेल द्वारा संबंधित प्रेषक से संपर्क करें और सभी प्रतियां हटा दें. इस संबंध में आपका सहयोग वांछनीय है.


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CERTIFICATE OF MEDICAL FITNESS

This _____ : clinical examination
of _____ on 28/09/2024
After _____
that _____ 1 clinical examination it has been found

Mr. SRI INDUSANAN .
SALW.0000135225 30/M

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Low fat diet</u></p> <p>2. <u>Regular Exercise</u></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 checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>


Dr. Dr. RAJADHANGI D
Medical Officer
 GENERAL PHYSICIAN
 Apollo Spectra Alwarpet
 APOLLO SPECTRA HOSPITALS
 Alwarpet, REG No: 104401

This certificate is not meant for medico-legal purposes

135225
38years

MR. SRI INDUSANAN,
Male

9/28/24 8:01 AM

APOLLO SPECTRA HOSPITALS(SALW)

ALWERPET(OPD)

Rate: 73 . Sinus rhythm.....normal P axis, V-rate 50- 99

PR 143
QRSd 97
QT 385
QTcB 425

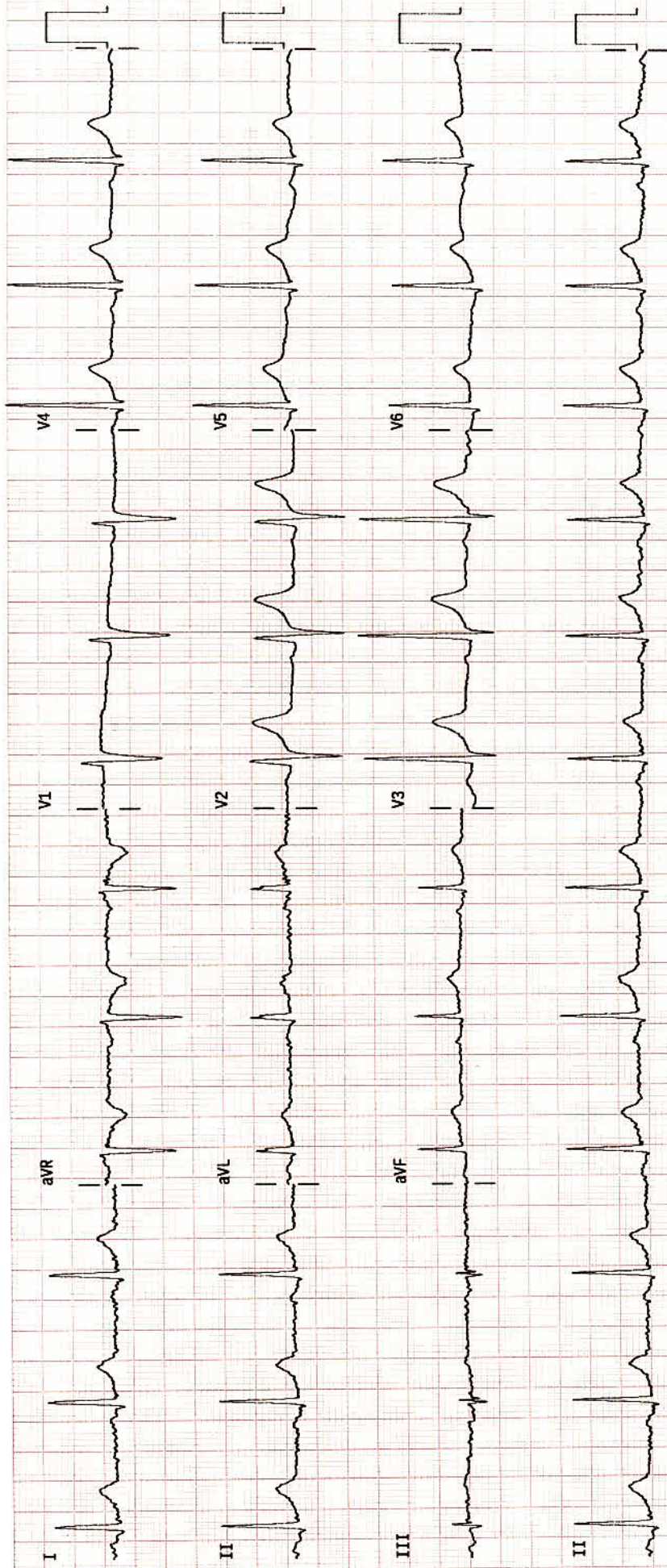
--AXIS--

P 15
QRS 28
T 39

12 Leads; Standard Placement

- NORMAL ECG -

Unconfirmed diagnosis



Device:

Speed: 25mm/sec

Limb: 10.0mm/mv

Chest: 10.00mm/mv

F 50- 0.15-100 HZ

118C CL

P?

PHILIPS

REORDER M3708A

766

Patient Name : Mr. SRI INDUSANAN . Age : 30 Y/M
UHID : SALW.0000135225 OP Visit No : SALWOPV222362
Conducted By: : Dr. CECILY MARY MAJELLA Conducted Date : 30-09-2024 10:48
Referred By : SELF

CARDIOLOGY
CARDIAC STRESS TEST – (TMT)

Angina Pectoria:
NO

Previous MI:
NO

PTCA:
NO

CABG:
NO

HTN:
NO

DM:
NO

Obesity:
NO

Lipidemia:
NO

Resting ECG Supine:
NSR, WNL

Standing:
NSR, WNL

Protocol Used:
BRUCE

Monitoring Leads:
12 LEADS

Grade Achieved:
92%

% HR / METS:
13.30

Reason for Terminating Test:
MAX HR ATTAINED

Total Exercise Time:
11.25

Symptoms and ECG Changes during Exercise:
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

0 mts:
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

3 mts:
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

INTERPRETATION:

Rhythm:
NORMAL

S.T. Segment :
NORMAL

III Blood Pressure Response :
NORMAL

IV Fitness Response :
EXCELLENT

Impression:
Cardiac stress analysis is **NEGATIVE** for inducible myocardial ischemia
at 13.30mets work load and 92% of maximum heart rate.

DR.CECILY MARY MAJELLA MD DM CARDIO

To Kindly correlate clinically

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

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

28/9/24

Mr. SRI INDUSANAN.
SALW.0000135225 30/M

(fesseth chellu.

H/o Sneezing

OPR - Exam. The intecel.

Nose c. DSL & BL allege Bogy tubercle.

*Throat.. Malleus pathi Grade IV ossification.
Jammed PPV.*

D DSL / ASD / GRED

Plan

*Do Absolute Rasmophri) count
& Serum IgE Level.*

Vall

UNION OF INDIA Driving Licence (Tamil Nadu)

DL No. TN02 202100000077

Date of Issue
01-05-2021

Valid Till
31-03-2024

Date of Birth
22-02-1994

Blood Group
O+

Name
SRI INDUSANAN B

Son/Daughter/Wife of
BALASUNDARAM R



OPHTHALMIC RECORD



NAME

AGE

Mr. SRI INDUSANAN .
SALW.0000135225 30/M

DATE: 28/9/24

I.D. No.

REFERRAL DETAILS :

MIH

ALLERGIES :

Not aware of

OCULAR HISTORY :

ov: No specific ocular h.o.

SYSTEMIC ILLNESS :

no

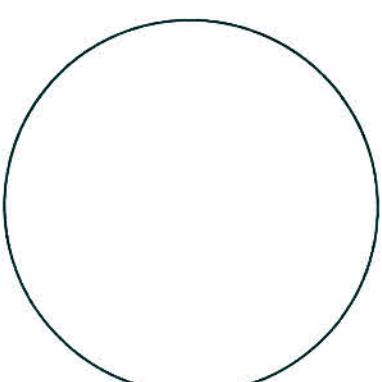
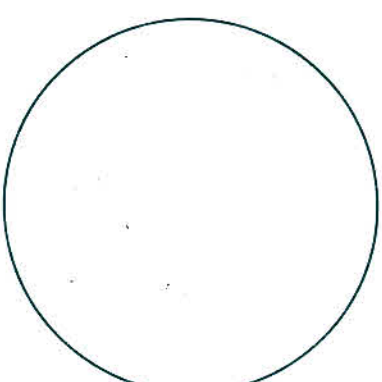
CURRENT MEDICATION :

no

INVESTIGATIONS :

MAIN DIAGNOSIS

TREATMENT GIVEN

	RE	LE
PRESENT GLASSES :	$\overline{3.00}$	$\overline{2.50}$
NV ADD :		
CP (bym)		
VN. WITH PG :	6/6 Mb	6/6 Mb
VISION UNAIDED :		
VN WITH PH :		
RETINOSCOPY :	$\overline{2.50} \overline{0.50} \times 40$	$\overline{2.50} \overline{0.50} \times 150$
SUBJECTIVE :	$\overline{2.50} \overline{0.50} \times 40$ (6/6) Mb	$\overline{2.25} \overline{0.50} \times 150$ (6/6) Mb
ANTERIOR SEGMENT :	same as def eye	
colour m :		
cr: normal		
IOP	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>① normal</p> <p>② normal</p> </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div>	
@ 9.00 Am		
FUNDUS :		

Patient Name	: Mr. SRI INDUSANAN .	Age/Gender	: 30 Y/M
UHID/MR No.	: SALW.0000135225	OP Visit No	: SALWOPV222362
Sample Collected on	:	Reported on	: 28-09-2024 17:53
LRN#	: RAD2420756	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22S33673		

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