

Patient Name	: Mr.JAYA MOHAN S	Collected	: 11/Sep/2024 08:28AM
Age/Gender	: 32 Y 1 M 0 D/M	Received	: 11/Sep/2024 01:03PM
UHID/MR No	: CANN.0000241347	Reported	: 11/Sep/2024 03:41PM
Visit ID	: CANNOPV422188	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 12E1127		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic
RBC MORPHOLOGY	: Erythrocytosis noted, predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Mild eosinophilia noted.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
NOTE/ COMMENT	: Please correlate clinically.



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

SIN No:CAG240901706

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



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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)

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.8	g/dL	13-17	Spectrophotometer
PCV	47.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.68	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	27.8	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	11,600	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57.7	%	40-80	Electrical Impedance
LYMPHOCYTES	27.5	%	20-40	Electrical Impedance
EOSINOPHILS	5.3	%	1-6	Electrical Impedance
MONOCYTES	9.0	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6693.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3190	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	614.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	1044	Cells/cu.mm	200-1000	Calculated
BASOPHILS	58	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.1		0.78- 3.53	Calculated
PLATELET COUNT	319000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	29	mm/hour	0-15	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic

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

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

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NOTE/ COMMENT	: Please correlate clinically.



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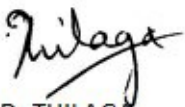
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	AB			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 D - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	97	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
ALANINE AMINOTRANSFERASE (ALT/SGPT) , SERUM	139	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. Interval	Method
TOTAL CHOLESTEROL , SERUM	258	mg/dL	<200	CHO-POD



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



SIN No:CAG240901705

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
UREA , SERUM	15.00	mg/dL	17-43	GLDH, Kinetic Assay

Test Name	Result	Unit	Bio. Ref. Interval	Method
CREATININE , SERUM	0.85	mg/dL	0.72 – 1.18	JAFFE METHOD



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DEPARTMENT OF CLINICAL PATHOLOGY

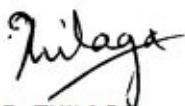
ARCOFEMI - MEDIWHEEL - PMC PACK D - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PINKISH RED		PALE YELLOW	Scattering of light
TRANSPARENCY	LIGHT TURBID		CLEAR	Scattering of light
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	POSITIVE+		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	POSITIVE++		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	21	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0	/hpf	< 10	Microscopy
RBC	NUMEROUS	/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.



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Consultant Pathologist

SIN No:CAG240901707

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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
STOOL ROUTINE EXAMINATION , STOOL				
PHYSICAL EXAMINATION				
COLOUR	BROWN			Macroscopy
CONSISTENCY	SEMISOLID			Macroscopy
MUCUS	ABSENT		ABSENT	Macroscopy
CHEMICAL EXAMINATION				
pH	6.5		5-7.5	Double Indicator
MICROSCOPIC EXAMINATION				
PUS CELLS	2-4	/hpf	0-5	Microscopy
RED BLOOD CELLS	NIL	/hpf	Nil	Microscopy
OVA	ABSENT		ABSENT	Lugols Iodine
CYSTS	ABSENT		ABSENT	Lugols Iodine
EPITHELIAL CELLS	NIL	/hpf	<10	Microscopy
VEGETABLE CELLS	ABSENT		ABSENT	Microscopy
MUSCLE FIBRES	ABSENT		ABSENT	Microscopy
STARCH GRANULES	ABSENT		ABSENT	Microscopy
FAT GLOBULES	ABSENT		ABSENT	Microscopy

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



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

SIN No: CAG240901709

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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.



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Printed On	: 11-09-2024 09:49 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Reffered By	: Self	Registration No.	: --
Employeer Id	: 12E1127		

DEPARTMENT OF CARDIOLOGY

Observation :-

1. Sinus Rhythm.
2. Heart rate is 78 beats per minutes.

Impression:

NORMAL RESTING ECG.

---End Of The Report---

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

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Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 12E1127		

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.A R RAGHUL
MBBS MD Radiodiagnosis
139605
Radiology

CANN-241347
OCR-106462

 भारत सरकार
GOVERNMENT OF INDIA

 ஜெயமோகன் ச
Jayamohan S
பிறந்த நாள் / DOB : 11/08/1992
ஆண் / MALE

5723 2933 2312



ஆதார் - சாதாரண மனிதனின் அதிகாரம்

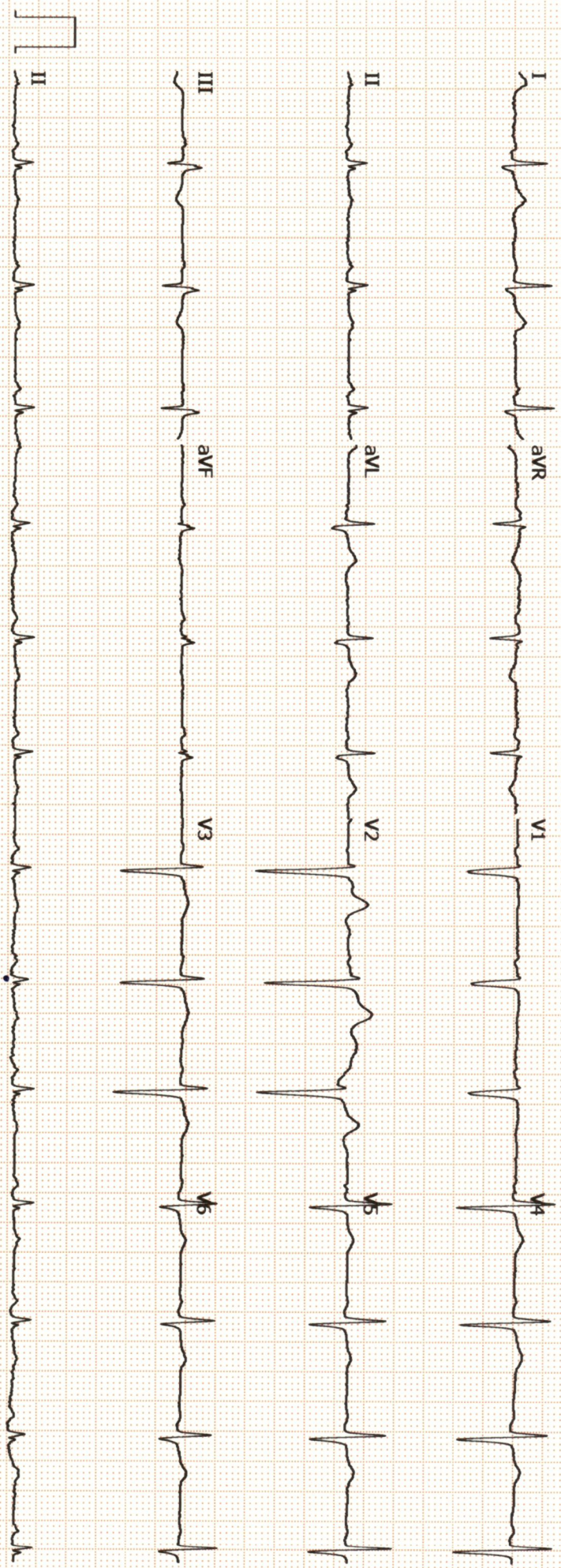
S. J. S.

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 94 ms
QT / QTcbaz : 356 / 405 ms
PR : 142 ms
P : 100 ms
RR / PP : 772 / 769 ms
P / QRS / T : 43 / 20 / 5 degrees

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:



GE MAC2000 I.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-40 Hz 50 Hz

Unconfirmed 4x2.5x3 25_R1 1/1

Fwd: Health Check up Booking Request(12E1127), Package Code(ARCOFEMI MEDIWHEEL - PRE-EMPLOYEMENT D)

From Jayamohan Sundar <jayamohan.sundar@gmail.com>
Date Wed 9/11/2024 8:21 AM
To Annanagar Apolloclinic <annanagar@apolloclinic.com>

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

From: **Mediwheel** <wellness@mediwheel.in>
Date: Sat, 7 Sep, 2024, 13:03
Subject: Health Check up Booking Request(12E1127), Package Code(ARCOFEMI MEDIWHEEL - PRE-EMPLOYEMENT D)
To: <jayamohan.sundar@gmail.com>
Cc: <customercare@mediwheel.in>

011-41195959

Dear Jaya Mohan,

We have received your booking request for the following health checkup, , please upload your approval letter as soon as possible to enable us to confirm your booking.

Upload HRM Letter

User Package Name : Pre-Employment Health Checkup Non Facotry
Package Code : ARCOFEMI MEDIWHEEL - PRE-EMPLOYEMENT D
Name of Diagnostic/Hospital : Apollo Medical centre - Anna Nagar
Address of Diagnostic/Hospital : Apollo Medical Centre, 30, F- Block, 2nd Avenue, Anna Nagar East, Chennai - 600012
Appointment Date : 11-09-2024
Preferred Time : 08:30 AM - 09:00 AM

Member Information		
Booked Member Name	Age	Gender
Jaya Mohan	32 year	Male

Tests included in this Package

- Blood Urea
- Stool Test
- Urine Routine (CUE)
- Creatinine
- CBC
- Blood Group ABO RH Typing
- Total cholesterol
- SGPT
- ESR
- Blood Glucose (Fasting)
- Chest X-ray
- ECG
- Eye Check-up consultation
- General Physician Consultation

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.

Please visit to our [Terms & Conditions](#) for more informaion. [Click here](#) to unsubscribe.

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CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of JAYAMOHAN S on 11-9-24

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

	Tick
<ul style="list-style-type: none"> • Medically Fit for Employment. 	<input 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. <u>URINE (?UTI) ADV: URINE C.T.S</u></p> <p>2. <u>FOLLOW UP ON SPT AFTER 1 WEEK</u></p> <p>3. <u>DIET + EXERCISE FOR CHOLESTEROL</u></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"/>

Apollo Medical Centre
No. 30, F-Block, 2nd Avenue,
Anna Nagar East, Chennai-600 102
Tel: 044-2624505, Mobile: 7356899489
Toll Free: 1800 500 7788

Dr. _____
Medical Officer
The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

JR. SJMA RAGHURAM
MBBS, DA, DNB, M.Med
Apollo Family Physician
Regn. No 60053s