

Patient Name : MR. AMARJEET UPADHYAY

Age / Gender : 30 years / Male

MR No. / IPD No. : /

Patient Type / Bed No. : D /

Referred By : ARCOFEMI HEALTH CARE
 PVT.LIMITED (MEDIWHEEL)

Registration Time : Nov 14, 2024, 01:24 p.m.

Receiving Time : Nov 14, 2024, 01:24 p.m.

Reporting Time : Nov 14, 2024, 02:56 p.m.


241114096

Panel : Dr Arcofemi Health Care PVT.limited (MediWheel)

Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

Test Description	Value(s)	Unit(s)	Reference Range
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HAEMATOLOGY

CBC (Complete Blood Count)

Hemoglobin (Hb)	14.6	g/dL	13.0 - 17.0
Method : SLS-haemoglobin			
Erythrocyte (RBC) Count	4.40	x 10 ⁶ /uL	4.5 - 5.5
Method : DC Detection			
Hematocrit (HCT)	44.0	%	40 - 50
Method : RBC pulse height detection			
Mean Cell Volume (MCV)	100.0	fL	83 - 101
Method : DC Detection (Calculated)			
Mean Cell Haemoglobin (MCH)	33.2	pg	27 - 32
Method : DC Detection (Calculated)			
Mean Corpuscular Hb Conc (MCHC)	33.2	g/dL	32.0 - 35.0
Method : DC Detection (Calculated)			
Red Cell Distribution Width (RDW) CV	14.4	%	11.5 - 14.0
Method : Calculated			
Total Leucocytes (WBC) Count	5.6	x 10 ³ /uL	4-10
Method : Flow Cytometry			

DLC (Differential Leucocytes Count)

Neutrophils	59.8	%	40 - 80
Method : Fluorescence /Flowcytometry/ Microscopy			
Lymphocytes	30.3	%	20 - 40
Method : Fluorescence /Flowcytometry/ Microscopy			
Monocytes	4.8	%	2 - 10
Method : Fluorescence /Flowcytometry/ Microscopy			
Eosinophils	4.7	%	1 - 6
Method : Fluorescence /Flowcytometry/ Microscopy			
Basophils	0.4	%	0-2
Method : Fluorescence /Flowcytometry/ Microscopy			
Absolute Neutrophil Count	3.35	x 10 ³ /uL	2.0 - 7.0
Method : Calculated			
Absolute Lymphocyte Count	1.70	x 10 ³ /uL	1-3
Method : Calculated			
Absolute Monocyte Count	0.27	x 10 ³ /uL	0.2-1.0
Method : Calculated			
Absolute Eosinophil Count	0.26	x 10 ³ /uL	0.0-0.5
Method : Calculated			

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241114096

Panel : Dr Arcofemi Health Care PVT.limited (MediWheel)

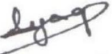
Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

Test Description	Value(s)	Unit(s)	Reference Range
Absolute Basophils Count Method : Calculated	0.02	x 10 ³ /uL	0.02 - 0.1
Platelet Count Method : DC detection	215	x 10 ³ /uL	150 - 450

Comment:

Tests done on Automated Six Part Cell Counter.

****END OF REPORT****



Dr.Artri Tripathi
MD Pathology
Chief Consultant, Pathology
DMC No: 43012

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Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

Creatinine (Serum)

Creatinine	0.70	mg/dL	0.70-1.30
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Method : Kinetic colorimetric (Jaffe method)

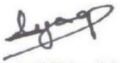
Note

Interpretation:

Elevated levels are found in renal dysfunction, reduced renal blood flow shock, dehydration, Congestive heart failure, Diabetes Acromegaly.

Decreased levels are found in Muscular Dystrophy

END OF REPORT



Dr. Arti Tripathi
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Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

SGPT(ALT),Serum

SGPT	31	U/L	5-50
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Method : IFCC with pyridoxal phosphate

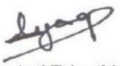
Interpretation

Increased in: Acute viral hepatitis , Biliary tract obstruction (cholangitis, choledocholithiasis) Alcoholic hepatitis and cirrhosis.

Other conditions - liver abscess, metastatic or primary liver cancer; non-alcoholic steatohepatitis; right heart failure, ischemia or hypoxia, injury to liver ("shock liver"), extensive trauma. Drugs that cause cholestasis or hepatotoxicity.

Decreased in: Pyridoxine (vitamin B6) deficiency.

END OF REPORT




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Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
ESR (EDTA,whole blood)			
Erythrocyte Sedimentation Rate	8	mm/hr	<10
Method : Modified Westergren Method			
Interpretation:			
It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.			

END OF REPORT



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Test Description	Value(s)	Unit(s)	Reference Range
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HAEMATOLOGY

Blood Group (ABO)

Blood Group	"B"		
Method : Forward and Reverse by Slide method			
RH Factor	Positive		


Methodology

This is done by forward and reverse grouping by slide agglutination method.

Interpretation

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required. Confirmation of the New-born's blood group is indicated when the A and B antigen expression and the isoagglutinins are fully developed (2-4 years).

END OF REPORT



Dr. Arti Tripathi
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Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

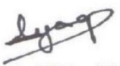
Glucose (Fasting)

Glucose Fasting Method : Plasma,Enzymatic Hexokinase	92	mg/dL	Normal: 72-106 Impaired Tolerance: 100-125 Diabetes mellitus: ≥ 126 (on more than one occasion) (American diabetes association guidelines 2018)
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Interpretation

Glucose is the major carbohydrate present in the peripheral blood. Oxidation of glucose is the major source of cellular energy in the body. The concentration of glucose in blood is controlled within the narrow limits by many hormones, the most important of which are produced by the pancreas. The most frequent cause of hyperglycaemia is diabetes mellitus resulting from deficiency in insulin secretion or action. These include pancreatitis, thyroid dysfunction, renal failure, and liver disease. Hypoglycaemia is less frequently observed. A variety of conditions may cause low blood glucose levels such as insulinoma, hypopituitarism, or insulin induced hypoglycaemia.

END OF REPORT



Dr.Artri Tripathi
 MD Pathology
 Chief Consultant, Pathology
 DMC No: 43012

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Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

Glucose (PP)

Blood Glucose-Post Prandial	98	mg/dL	70 - 140
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Method : Plasma, Enzymatic Hexokinase

Interpretation

Glucose is the major carbohydrate present in the peripheral blood. Oxidation of glucose is the major source of cellular energy in the body. The concentration of glucose in blood is controlled within the narrow limits by many hormones, the most important of which are produced by the pancreas. The most frequent cause of hyperglycaemia is diabetes mellitus resulting from deficiency in insulin secretion or action. These include pancreatitis, thyroid dysfunction, renal failure, and liver disease. Hypoglycaemia is less frequently observed. A variety of conditions may cause low blood glucose levels such as insulinoma, hypopituitarism, or insulin induced hypoglycaemia.

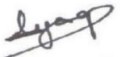
END OF REPORT


Dr.Ravi Gaur
 MD Pathology
 Senior Consultant Pathology
 DMC No: 4910

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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
BUN			
UREA*	27.3	mg/dL	17 - 43
Method : Serum,Urease			
BUN*	12.76	mg/dL	7 - 18.0
Method : Serum,Calculated			

END OF REPORT

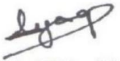

Dr.Artri Tripathi
 MD Pathology
 Chief Consultant, Pathology
 DMC No: 43012

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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
<u>Bilirubin (Total/Direct/Indirect, Serum)</u>			
Bilirubin Total* Method : Colorimetric Diazo Method	0.40	mg/dL	0.10 - 1.20
Bilirubin Direct* Method : Diazo Method	0.10	mg/dL	0.1 - 0.3
Bilirubin Indirect* Method : Calculated	0.30	mg/dL	0.1 - 1.2

Bilirubin :- Bilirubin- a substance produced during the normal breakdown of red blood cells. Bilirubin passes through the liver and is excreted instool.
 Elevated levels of bilirubin (jaundice) might indicate liver damage or disease or certain types of anemia.

END OF REPORT



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 LTD. (MEDIWHEEL)

Test Description	Value(s)	Unit(s)	Reference Range
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CLINICAL PATHOLOGY

Urine (RE/ME)

Physical Examination :

Volume	40		mL
Method : Visual Observation			
Colour	Pale Yellow		Pale Yellow
Method : Visual Observation			
Transparency (Appearance)	Clear		Clear
Method : Visual Observation			
Deposit	Absent		Absent
Method : Visual Observation			
Reaction (pH)	6.0		4.5 - 8.0
Method : Double Indicator method			
Specific Gravity	1.030		1.010 - 1.030
Method : Ionic Concentration			

Chemical Examination (Dipstick Method) Urine

Urine Protein	Absent		Absent
Method : Protein Ionisation/ Manual			
Urine Glucose (sugar)	Absent		Absent
Method : Oxidase Reaction/ Manual			
Blood (Urine)	Trace		Absent
Method : Peroxidase Reaction			

Microscopic Examination Urine

Pus Cells (WBCs)	2 - 4	/hpf	0 - 5
Method : Microscopy			
Epithelial Cells	1 - 2	/hpf	0 - 4
Method : Microscopy			
Red blood Cells	6-8	/hpf	Absent
Method : Microscopy			
Crystals	Absent		Absent
Method : Microscopy			
Cast	Absent		Absent
Method : Microscopy			
Yeast Cells	Absent		Absent
Method : Microscopy			
Amorphous Material	Absent		Absent
Method : Microscopy			


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Test Description	Value(s)	Unit(s)	Reference Range
Bacteria	Absent		Absent
Method : Microscopy			
Others	Absent		

Remarks:-

Epithelial cells	Urolithiasis bladder carcinoma or hydronephrosis ,ureteric stents or bladdercatheters for prolonged periods of time.
Granular casts	Low intratubular pH,high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts	Physical stress, fever, dehydration,acute congestive heart failure, renal diseases.
Calcium Oxalate	Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of VitaminC, the use of vasodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit(A verrhoa carambola)or its juice
Uric acid	Artharitis
Bacteria	Urinary infection when present in significant numbers and with pus cells.
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis

END OF REPORT



Dr.Artri Tripathi
 MD Pathology
 Chief Consultant, Pathology
 DMC No: 43012

Atrial Rate
 Ventricular Rate
 Rhythm
 Axis
 P Wave
 P.R. Interval
 QRS Duration
 Q.T. Duration
 Q.T. Interval
 Conclusion



ST Segment
 T.Wave
 -Others
 Signature
 Doctor I/C

ID: 0000000000037212		Male
Vent. rate	64 bpm	
QRS duration	70 ms	
QT/QTc	358/389 ms	
PR interval	150 ms	
Q duration	72 ms	
RR interval	937 ms	
P-R-T axes	59 59 92	
MAC600 1.02		12SL ^M 239



Name Mr. Amarjeet Upadhyay Age 31yr Sex M
 Ref by Date 14/11/24
 M.R. No. H/O Drug Allergy - Yes / No

Deptt. of Medicine

Dr. Vineet Sabharwal
M.B.B.S., M.D. (MED)
Senior Physician
DMC No.: 3860

Dr. Rakesh Sharma
M.B.B.S., M.D. (MED)
Senior Consultant Physician
DMC No.: 5671

Dr. Vishal Garg
M.B.B.S., MD (Internal Medicine)
Senior Consultant Physician
Post Graduate in Diabetes (Boston, USA)
Thyroid Specialist (ATS, USA)
DMC No.: 50003

Dr. Pankaj Kumar
M.B.B.S. (Hons.) DTCD
Consultant Physician,
Pulmonologist & Intensivist
DMC No.: 18751

Dr. Glossy Sabharwal
MBBS, MD Radio-Diagnosis
Clinical and Interventional Radiologist
Maternal-Fetal Medicine Specialist
Fetal Medicine Foundation Certified (UK)
Fellow - Breast Interventional Imaging (Paris)
Ex - Jt. Secretary IRIA (Delhi)
Harvard University Certified
Yale School of Medicine Certified
Certified Reproductive Health Specialist
Distinction Holder MD Radiology
ECFMG Certified (USA)
Young Investigator Scholar (AOCR - Japan)

Member
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e-mail: docglossy@gmail.com
Website: www.drglossy.in
Mob.: 9811020477 DMC No. 58599

Dr. Laxmi Kant Tomar
MBBS, MD (Medicine)
DM (Neurology)
DMC NO- DMC/R/5022

Dr. Jatin Anand
M.D. (Psychiatry)
DMC No.: 61376

Dr. Mudit Gupta
MBBS
DNB (General Medicine)
DM (Nephrology)
DMC No.: 34678

Dr. Avinash Bansal
MBBS, MD (Medicine)
DM (Cardiology) SGPIMS
DMC- 33007

Dr. Sandeep Bhagat
MBBS
MD (General Medicine)
DNB (Gastro)
DMC No.: 16977

Dr. Sandeep Garg
MBBS
MD (Pulmonary Medicine)
DMC No.: 52901

Dr. Nikhil Sharma
MBBS, DDV
Consultant Dermatology & Cosmetology
DMC No.: 27578

*W. = 71.8 kg
BP = 110/70
SRor = 99%
PR = 63b/m
Temp = 98.1F*

*CMS - Conscious averted
CW - S, S2 ⊕
RS - B/L PE ⊕
PA - soft, non-tender*

*In up^o investigations.
Pt. is vitally stable.*

DR. SYED NAZMUS SAQUIB
CASUALTY MEDICAL OFFICER
DMC - DMC/R/27484
JEEWAN MALA HOSPITAL
NEW DELHI - 110005

Treatment Adv for.....days - Next Followup Visit on.....

67/1, New Rohtak Road, New Delhi-110 005 (India) Tel.: 47774141, 9212167895
E-mail.: info@jmh.in Website : www.jmh.in



Name Mr Amarjeet Upadhyaya Age 31 y Sex M
 Deptt. Ref by Date 14/11/24
 M.R. No. H/O Drug Allergy-Y/N.....

Deptt. of General & Laparoscopic Surgery

Dr. Vinay Sabharwal

M.B.B.S., M.S., FICA
 Hon. Surgeon to Fmr. President of India
 Sir Ganga Ram Hospital
 Sr. Member : Association of Surgeons of India
 Indian Association of Gastro. Endo Surgeons
 Indian Hernia Society
 Association of Min. Access Surgeons of India
 E-mail: drvinay@jmh.in
 Website: www.drvinay@sabharwal.com
 DMC No. 4687

Vn ← 6/19P
 naked eye ← 6/60
 E glasses ← 6/6 R10
 ← 6/12 L10

Dr. Malvika Sabharwal

MBBS, DGO, F.I.C.O.G., Dipl. Endo. Surgery (USA)
 Awarded Padmashri by the President of India
 Chief Dept. of Gynae, Laparoscopic, Endoscopy Surgery
 President, Delhi Gynae Endoscopy Society (2018)
 Founder Chairperson: Indian Ass. of Gynae. Endoscopists
 International Society of Gynae. Laparoscopists
 American Association Gynae. Laparoscopy
 Federation of obst. & Gynae. Societies of India
 International College of Obst. & Gynae
 E-mail: drmalvika@jmh.in
 Website: drmalvika@sabharwal.com
 DMC No. 4686

Near ← N6
 ← N8

Ant. Segment - NAD
 Fundus B/O - NAD
 Colour vision - normal as Ishihara Chart

Deptt. of E.N.T.

Dr. R.K. Trivedi

M.B.B.S., D.L.O., M.S. (E.N.T.)
 Senior Consultant
 D.M.C. No.: 12647

Dr. Rajeev Nangia

M.B.B.S., M.S. (E.N.T.)
 Senior Endoscopic Surgeon
 DMC No. 4681

Deptt. of Ophthalmology

Dr. Ashwani Seth

M.B.B.S., M.S.
 Senior Consultant Eye Surgeon
 D.M.C. No.: 13702

Dr. S.C. Pahwa

M.B.B.S., M.S. (Ophth)
 Eye Surgeon
 D.M.C. No.: 8424

Power of glasses
 RA - 0.25 DM
 - 1.25 Dep 90°
 LT - 4.00 DM
 - 1.00 Dep 90°

Deptt. of Dentistry

Dr. Varun Aggarwal

B.D.S., M.D.S., CAIC, M.I.D.A.
 Consultant Implantologist
 & Unit Head

Dr. Neha Gupta

B.D.S., PGCHM, F.I.C.D., M.I.D.A.
 Senior Consultant
 Deptt. of Dentistry

DR. S.C. PAHWA
 M.B.B.S., M.S. (Ophth)
 EYE Specialist
 DMC No. 8424
 Jeevan Mala Hospital
 New Delhi-110005

Treatment Adv for.....days Next followup Visit on.....



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...Your wellness partner

Arcofemi Healthcare Pvt Ltd

(Formerly known as Arcofemi Healthcare Ltd)

F-701A, Lado Sarai, Mehrauli, New Delhi - 110030

Email: wellness@mediwheel.in, Website: www.mediwheel.in

Tel: +91-11-41195959, Fax: +91-11-29523020

CIN: U24240DL2011PTC216307

MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that Mr. Amarjeet Upadhyay aged, 30yr. Based on the examination, I certify that he is in good dental and physical health and it is free from any physical defects such as deafness, color blindness, and any chronic or contagious diseases.

Place: **Delhi**

Date: 14/11/2024

Dr. Nitesh Kumar
MBBS
BCMR 47093

Name & Signature of

Medical officer.