

...Your wellness partner

Arcofemi Healthcare Pvt Ltd

(Formerly known as Arcofemi Healthcare Ltd)

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CIN: U24240DL2011PTC216307

MEDICAL FITNESS CERTIFICATE

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

This is to certify that **Ravi Ranjan Kumar** aged **25yr.** 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: 06/03/2025

Dr. Nitpsh Kumar
Nitpsh
BCMR 47093
Name & Signature of

Medical officer

Patient Name : MR. RAVI RANJAN KUMAR

Age / Gender : 25 years / Male

MR No. / IPD No. : /

Patient Type / Bed No. : I /

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



Registration Time : Mar 06, 2025, 10:36 a.m.

Receiving Time : Mar 06, 2025, 10:36 a.m.

Reporting Time : Mar 06, 2025, 11:33 a.m.



250306038

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

Complete Haemogram - Hb RBC count and indices, TLC, DLC, PLATELET, ESR.(EDTA Whole Blood)

Hemoglobin (Hb) Method : Whole Blood, SLS-haemoglobin	13.7	g/dL	13.0 - 17.0
Erythrocyte (RBC) Count Method : Whole Blood, DC detection	4.19	x 10 ⁶ /uL	4.5 - 5.5
HCT Method : Whole Blood, RBC pulse height detection	42.5	%	42 - 52
Mean Cell Volume (MCV) Method : Whole Blood, Electrical Impedence	101.4	fL	78 - 100
Mean Cell Haemoglobin (MCH) Method : Whole Blood, Calculated	32.7	pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC) Method : Whole Blood, Calculated	32.2	g/dL	32.0 - 35.0
Red Cell Distribution Width (RDW) CV Method : Whole Blood, Calculated	13.9	%	11.5 - 14.0
Total Leucocytes (WBC) Count Method : Whole Blood, Flow cytometry	6.9	x 10 ³ /uL	4 - 10
DLC (Differential Leucocytes Count)			
Neutrophils Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	66.4	%	40 - 80
Lymphocytes Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	24.8	%	20 - 40
Monocytes Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	4.8	%	2 - 10
Eosinophils Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	3.3	%	1 - 6
Basophils Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	0.7	%	0 - 2
Absolute Neutrophil Count Method : Whole Blood, Calculated	4.58	x 10 ³ /uL	2.0 - 7.0
Absolute Lymphocyte Count Method : Whole Blood, Calculated	1.71	x 10 ³ /uL	1 - 3
Absolute Monocyte Count Method : Whole Blood, Calculated	0.33	x 10 ³ u/L	0.2-1.0
Absolute Eosinophil Count Method : Whole Blood, Calculated	0.23	x 10 ³ /uL	0.02 - 0.5
Absolute Basophils Count Method : Whole Blood, Calculated	0.05	x 10 ³ /uL	0.02 - 0.1
Platelet Count Method : Whole Blood, DC Detection	130	x 10 ³ /uL	150 - 450

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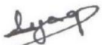
Test Description	Value(s)	Unit(s)	Reference Range
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Interpretation:

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.

Tests done on Automated Six Part Cell Counter.

END OF REPORT



Dr. Arti Tripathi
MD Pathology
Lab Director
DMC No: 43012

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

Creatinine (Serum)

Creatinine	0.91	mg/dL	0.9-1.3
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Method : 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



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BIOCHEMISTRY

SGPT(ALT),Serum

SGPT	60	U/L	10-50
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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.

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HAEMATOLOGY

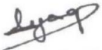
Blood Group (ABO)

Blood Group	"AB"		
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).

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

Glucose (Fasting),Plasma

Glucose Fasting	88	mg/dL	Normal: 74-100 Impaired Glucose Tolerance: 100-125 Diabetes mellitus: ≥ 126 (on more than one occasion) (American diabetes association guidelines 2025)
<small>Method : Hexokinase</small>			

Interpretation

Glycemic goals for Diabetes

Fasting Plasma Glucose	80-130 mg/dL
Post Prandial Plasma Glucose	<180 mg/dL

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.

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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Glucose (PP),Plasma			
Blood Glucose-Post Prandial	87	mg/dL	Normal :74 - 140
Method : Hexokinase			Prediabetes : 140-199 (2 hrs of OGTT)
			Diabetes : > 200 2 hrs

Interpretation

Glycemic goals for Diabetes

Fasting Plasma Glucose	80-130 mg/dL
Post Prandial Plasma Glucose	<180 mg/dL

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.

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Test Description	Value(s)	Unit(s)	Reference Range
<u>BIOCHEMISTRY</u>			
<u>BUN</u>			
UREA	18.5	mg/dL	17 - 43
Method : Serum,Urease			
BUN	8.64	mg/dL	7 - 18.0
Method : Serum,Calculated			
Note			
Calculated with the value of urea. Kindly correlate .			

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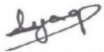
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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
<u>Bilirubin (Total/Direct/Indirect, Serum)</u>			
Bilirubin Total Method : Diazo Method	0.50	mg/dL	0.10 - 1.20
Bilirubin Direct Method : Diazo Method	0.10	mg/dL	0.09 - 0.3
Bilirubin Indirect Method : Calculated	0.40	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.

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