



**Mediwheel**  
...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. Mantu Singh aged, 33yr. 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: Durgapur

Date: 18/11/2024

  
Name & Signature of

Medical officer



<b>Lab No.</b>	: DUR/18-11-2024/SR9923660	<b>Lab Add.</b>	: Newtown,Kolkata-700156
<b>Patient Name</b>	: MANTU SINGH	<b>Ref Dr.</b>	: Dr.MEDICAL OFFICER
<b>Age</b>	: 33 Y 9 M 9 D	<b>Collection Date</b>	: 18/Nov/2024 10:53AM
<b>Gender</b>	: M	<b>Report Date</b>	: 18/Nov/2024 06:53PM



**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
<b>PHOSPHORUS-INORGANIC,BLOOD , GEL</b> SERUM (Method:Phosphomolybdate/UV)	3.4	2.4-5.1 mg/dL	mg/dL

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

Dr Neepa Chowdhury  
MBBS, MD(Biochemistry)  
SECTION DIRECTOR AND SENIOR CONSULTANT BIOCHEMIST  
Reg no. WBMC 62456

<b>Lab No.</b> : DUR/18-11-2024/SR9923660	<b>Lab Add.</b> : CITY CENTER, DURGAPUR PIN-713211
<b>Patient Name</b> : MANTU SINGH	<b>Ref Dr.</b> : Dr.MEDICAL OFFICER
<b>Age</b> : 33 Y 9 M 9 D	<b>Collection Date</b> : 18/Nov/2024 10:53AM
<b>Gender</b> : M	<b>Report Date</b> : 18/Nov/2024 12:21PM



### DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
<b>ALKALINE PHOSPHATASE</b> (Method:AMP)	97	53-128 U/L	U/L
<b>BILIRUBIN (DIRECT)</b> (Method:Diazotized DCA Method)	0.2	< 0.3	mg/dL
<b>*BILIRUBIN (TOTAL) , GEL SERUM</b> BILIRUBIN (TOTAL) (Method:Diazotized DCA Method)	0.4	< 1.2	mg/dL
<b>POTASSIUM,BLOOD</b> (Method:ISE DIRECT)	4.73	3.5 - 5.1	mmol/L
<b>UREA,BLOOD</b> (Method:UREASE-GLDH)	16.4	12.8 - 42.8	mg/dL
<b>CALCIUM,BLOOD</b> (Method:ARSENazo III)	9.6	8.6 - 10.2 mg/dl	mg/dL
<b>URIC ACID,BLOOD</b> (Method:URICASE)	6.4	3.4 - 7.0	mg/dl
<b>*GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD</b> GLYCATED HEMOGLOBIN (HBA1C)	6	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC) (Method:HPLC)	42		mmol/mol

#### Clinical Information and Laboratory clinical interpretation on Biological Reference Interval:

Low risk / Normal / non-diabetic : <5.7% (NGSP) / < 39 mmol/mol (IFCC)  
 Pre-diabetes/High risk of Diabetes : 5.7%- 6.4% (NGSP) / 39 - < 48 mmol/mol (IFCC)  
 Diabetics-HbA1c level : >= 6.5% (NGSP) / > 48 mmol/mol (IFCC)

**Analyzer used : BIORAD D-10**

**Method : HPLC**

#### Recommendations for glycemic targets

- Ø Patients should use self-monitoring of blood glucose (SMBG) and HbA1c levels to assess glycemic control.
- Ø The timing and frequency of SMBG should be tailored based on patients' individual treatment, needs, and goals.
- Ø Patients should undergo HbA1c testing at least twice a year if they are meeting treatment goals and have stable glycemic control.
- Ø If a patient changes treatment plans or does not meet his or her glycemic goals, HbA1c testing should be done quarterly.
- Ø **For most adults who are not pregnant, HbA1c levels should be <7% to help reduce microvascular complications and macrovascular disease .**

**Action suggested >8% as it indicates poor control.**

Ø Some patients may benefit from HbA1c goals that are stringent.

**Result alterations in the estimation has been established in many circumstances, such as after acute/ chronic blood loss, for example, after surgery, blood transfusions, hemolytic anemia, or high erythrocyte turnover; vitamin B<sub>12</sub>/ folate deficiency, presence of chronic renal or liver disease; after administration of high-dose vitamin E / C; or erythropoietin treatment.**

Reference: Glycated hemoglobin monitoring *BMJ* 2006; 333:586-8

**References:**  
 1. Chamberlain JJ, Rhinehart AS, Shaefer CF, et al. Diagnosis and management of diabetes: synopsis of the 2016 American Diabetes Association Standards of Medical Care in Diabetes. *Ann Intern Med.* Published online 1 March 2016. doi:10.7326/M15-3016.  
 2. Mosca A, Goodall I, Hoshino T, Jeppsson JO, John WG, Little RR, Miedema K, Myers GL, Reinauer H, Sacks DB, Weykamp CW. International Federation of Clinical Chemistry and Laboratory Medicine, IFCC Scientific Division. Global standardization of glycated hemoglobin measurement: the position of the IFCC Working Group. *Clin Chem Lab Med.* 2007;45(8):1077-1080.

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<b>Age</b> : 33 Y 9 M 9 D	<b>Collection Date</b> : 18/Nov/2024 10:53AM
<b>Gender</b> : M	<b>Report Date</b> : 18/Nov/2024 12:21PM



### DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
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[PDF Attached](#)

Test Name	Result	Bio Ref. Interval	Unit
<b>*LIPID PROFILE , GEL SERUM</b>			
CHOLESTEROL-TOTAL (Method:CHOD PAP Method)	162	Desirable: < 200 mg/dL Borderline high: 200-239 High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-PAP)	127	NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500	mg/dL
HDL CHOLESTEROL (Method:DIRECT METHOD)	39	35.3-79.5 mg/dl	mg/dL
LDL CHOLESTEROL DIRECT (Method:Direct Method)	93	OPTIMAL : <100 mg/dL, Near optimal/ above optimal : 100-129 mg/dL, Borderline high : 130-159 mg/dL, High : 160-189 mg/dL, Very high : >=190 mg/dL	mg/dL
VLDL (Method:Calculated)	30	< 40	mg/dL
CHOL HDL Ratio (Method:Calculated)	4.2	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	

<b>GLUCOSE,FASTING</b> (Method:GOD POD)	<b>111</b>	(70 - 110 mg/dl)	mg/dL
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<b>*TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .</b>			
TOTAL PROTEIN (Method:BIURET METHOD)	6.8	6.6 - 8.7	g/dL
ALBUMIN (Method:BCG)	4.3	3.5-5.2 g/dl	g/dl
GLOBULIN (Method:Calculated)	2.5	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.72	1.0 - 2.5	

<b>CREATININE, BLOOD</b> (Method:ENZYMATIC)	0.78	0.70 - 1.3 mg/dl	mg/dL
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<b>SGOT/AST</b> (Method:IFCC Kinetic Method)	27	< 41	U/L
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<b>CHLORIDE,BLOOD</b> (Method:ISE DIRECT)	104	97 - 108	mmol/L
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<b>*THYROID PANEL (T3, T4, TSH) , GEL SERUM</b>			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.2	0.9 - 2.2 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	7.3	5.5-16 microgram/dl	5.5-16 microgram/dl
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	2.00	0.5-4.7	µIU/mL

**BIOLOGICAL REFERENCE INTERVAL :** [ONLY FOR PREGNANT MOTHERS]

**Lab No. :** DUR/18-11-2024/SR9923660

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Lab No.	: DUR/18-11-2024/SR9923660	Lab Add.	: CITY CENTER, DURGAPUR PIN-713211
Patient Name	: MANTU SINGH	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 33 Y 9 M 9 D	Collection Date	: 18/Nov/2024 10:53AM
Gender	: M	Report Date	: 18/Nov/2024 12:21PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
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Trimester specific TSH LEVELS during pregnancy:

FIRST TRIMESTER : 0.10 2.50  $\mu$  IU/mL  
SECOND TRIMESTER : 0.20 3.00  $\mu$  IU/mL  
THIRD TRIMESTER : 0.30 3.00  $\mu$  IU/mL

References :

1. Indian Thyroid Society guidelines for management of thyroid dysfunction during pregnancy. Clinical Practice Guidelines, New Delhi: Elsevier; 2012.
2. Stagnaro-Green A, Abalovich M, Alexander E, Azizi F, Mestman J, Negro R, et al. Guidelines of the American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pregnancy and Postpartum. Thyroid 2011;21:1081-25.
3. Dave A, Maru L, Tripathi M. Importance of Universal screening for thyroid disorders in first trimester of pregnancy. Indian J Endocr Metab [serial online] 2014 [cited 2014 Sep 25];18:735-8. Available from: <http://www.ijem.in/text.asp?2014/18/5/735/139221>.

SGPT/ALT (Method:IFCC Kinetic Method)	36	< 41	U/L
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SODIUM,BLOOD (Method:ISE DIRECT)	138	136 - 145	mmol/L
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\*\*\* End Of Report \*\*\*



Dr Sayak Biswas  
MBBS, MD (Pathology)  
Consultant Pathologist  
Reg No. WBMC 74506

Lab No.	: DUR/18-11-2024/SR9923660	Lab Add.	: CITY CENTER, DURGAPUR PIN-713211
Patient Name	: MANTU SINGH	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 33 Y 9 M 9 D	Collection Date	: 18/Nov/2024 10:53AM
Gender	: M	Report Date	: 18/Nov/2024 01:09PM




DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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<b>*CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD</b>			
HEMOGLOBIN (Method:PHOTOMETRIC)	13.8	13 - 17	g/dL
WBC (Method:DC detection method)	4.8	4 - 10	*10 <sup>3</sup> /μL
RBC (Method:DC detection method)	5.06	4.5 - 5.5	*10 <sup>6</sup> /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	263	150 - 450*10 <sup>3</sup>	*10 <sup>3</sup> /μL
<b><u>DIFFERENTIAL COUNT</u></b>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	54	40 - 80	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	38	20 - 40	%
MONOCYTES (Method:Flowcytometry/Microscopy)	03	2 - 10	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	05	1 - 6	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9	%
<b><u>CBC SUBGROUP</u></b>			
HEMATOCRIT / PCV (Method:Calculated)	41.2	40 - 50 %	%
MCV (Method:Calculated)	<b>81.6</b>	83 - 101 fl	fl
MCH (Method:Calculated)	27.2	27 - 32 pg	pg
MCHC (Method:Calculated)	33.4	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	<b>14.7</b>	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	24.8	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	11.1	7.5 - 11.5 fl	

<b>*ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD</b>			
1stHour (Method:Westergren)	<b>65</b>	0.00 - 20.00 mm/hr	mm/hr

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

  
**Dr Sayak Biswas**  
 MBBS, MD (Pathology)  
 Consultant Pathologist  
 Reg No. WBMC 74506



<b>Lab No.</b>	: DUR/18-11-2024/SR9923660	<b>Lab Add.</b>	: Newtown,Kolkata-700156
<b>Patient Name</b>	: MANTU SINGH	<b>Ref Dr.</b>	: Dr.MEDICAL OFFICER
<b>Age</b>	: 33 Y 9 M 9 D	<b>Collection Date</b>	: 18/Nov/2024 10:53AM
<b>Gender</b>	: M	<b>Report Date</b>	: 18/Nov/2024 07:07PM



**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Bio Ref. Interval	Unit
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<b>BLOOD GROUP ABO+RH [GEL METHOD] , EDTA WHOLE BLOOD</b>			
ABO (Method:Gel Card)	A		
RH (Method:Gel Card)	POSITIVE		

**TECHNOLOGY USED: GEL METHOD**

**ADVANTAGES :**

- Gel card allows simultaneous forward and reverse grouping.
- Card is scanned and record is preserved for future reference.
- Allows identification of Bombay blood group.
- Daily quality controls are run allowing accurate monitoring.

*Historical records check not performed.*

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

*Kaushik Dey*  
 Dr. KAUSHIK DEY  
 MD (PATHOLOGY)  
 CONSULTANT PATHOLOGIST  
 Reg No. WBMC 66405

Lab No. : DUR/18-11-2024/SR9923660  
Patient Name : MANTU SINGH  
Age : 33 Y 9 M 9 D  
Gender : M

Lab Add. :  
Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date :  
Report Date : 18/Nov/2024 11:25AM



**DEPARTMENT OF X-RAY**

**DEPARTMENT OF RADIOLOGY**  
**X-RAY REPORT OF CHEST (PA)**

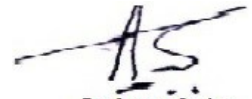
**FINDINGS :**

No active lung parenchymal lesion is seen.  
Both the hila are normal in size, density and position.  
Mediastinum is central. Trachea is in midline.  
Domes of diaphragm are smoothly outlined. Position is within normal limits.  
Lateral costo-phrenic angles are clear.  
The cardio-thoracic ratio is normal.  
Bony thorax reveals no definite abnormality.

**IMPRESSION :**

Normal study.

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

  
Dr. Anoop Sastry  
MBBS, DMRT(CAL)  
CONSULTANT RADIOLOGIST  
Registration No.: WB-36628



<b>Lab No.</b> : DUR/18-11-2024/SR9923660	<b>Lab Add.</b> : CITY CENTER, DURGAPUR PIN-713211
<b>Patient Name</b> : MANTU SINGH	<b>Ref Dr.</b> : Dr.MEDICAL OFFICER
<b>Age</b> : 33 Y 9 M 9 D	<b>Collection Date</b> : 19/Nov/2024 12:15PM
<b>Gender</b> : M	<b>Report Date</b> : 19/Nov/2024 01:49PM



### DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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<b>*URINE ROUTINE ALL, ALL , URINE</b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
<b><u>CHEMICAL EXAMINATION</u></b>			
pH (Method:Dipstick (triple indicator method))	6.0	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.010	1.005 - 1.030	
PROTEIN (Method:Dipstick (protein error of pH indicators)/Manual)	NOT DETECTED	NOT DETECTED	
GLUCOSE (Method:Dipstick(glucose-oxidase-peroxidase method)/Manual)	NOT DETECTED	NOT DETECTED	
KETONES (ACETOACETIC ACID, ACETONE) (Method:Dipstick (Legals test)/Manual)	NOT DETECTED	NOT DETECTED	
BLOOD (Method:Dipstick (pseudoperoxidase reaction))	NOT DETECTED	NOT DETECTED	
BILIRUBIN (Method:Dipstick (azo-diazo reaction)/Manual)	NEGATIVE	NEGATIVE	
UROBILINOGEN (Method:Dipstick (diazonium ion reaction)/Manual)	NEGATIVE	NEGATIVE	
NITRITE (Method:Dipstick (Griess test))	NEGATIVE	NEGATIVE	
LEUCOCYTE ESTERASE (Method:Dipstick (ester hydrolysis reaction))	NEGATIVE	NEGATIVE	
<b><u>MICROSCOPIC EXAMINATION</u></b>			
LEUKOCYTES (PUS CELLS) (Method:Microscopy)	1-2	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	1-2	0-5	/hpf
RED BLOOD CELLS (Method:Microscopy)	NOT DETECTED	0-2	/hpf
CAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
CRYSTALS (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
BACTERIA (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
YEAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	

**Note:**

1. All urine samples are checked for adequacy and suitability before examination.
2. Analysis by urine analyzer of dipstick is based on reflectance photometry principle. Abnormal results of chemical examinations are confirmed by manual methods.
3. The first voided morning clean-catch midstream urine sample is the specimen of choice for chemical and microscopic analysis.
4. Negative nitrite test does not exclude urinary tract infections.
5. Trace proteinuria can be seen in many physiological conditions like exercise, pregnancy, prolonged recumbency etc.
6. False positive results for glucose, protein, nitrite, urobilinogen, bilirubin can occur due to use of certain drugs, therapeutic dyes, ascorbic acid, cleaning agents used in urine collection container.
7. Discrepancy between results of leukocyte esterase and blood obtained by chemical methods with corresponding pus cell and red blood cell count by microscopy can occur due to cell lysis.
8. Contamination from perineum and vaginal discharge should be avoided during collection, which may falsely elevate epithelial cell count and show presence of bacteria

**Lab No. : DUR/18-11-2024/SR9923660**

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Lab No.	: DUR/18-11-2024/SR9923660	Lab Add.	: CITY CENTER, DURGAPUR PIN-713218
Patient Name	: MANTU SINGH	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 33 Y 9 M 9 D	Collection Date	: 19/Nov/2024 12:15PM
Gender	: M	Report Date	: 19/Nov/2024 01:49PM



DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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and/or yeast in the urine.

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

**Dr Sayak Biswas**  
MBBS, MD (Pathology)  
Consultant Pathologist  
Reg No. WBMC 74506

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Patient Name : MANTU SINGH  
Age : 33 Y 9 M 9 D  
Gender : M

Lab Add. :  
Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date :  
Report Date : 18/Nov/2024 11:48AM



DEPARTMENT OF CARDIOLOGY

**DEPARTMENT OF CARDIOLOGY**  
**REPORT OF E.C.G.**

DATA		
HEART RATE	62	Bpm
PR INTERVAL	170	Ms
QRS DURATION	84	Ms
QT INTERVAL	362	Ms
QTC INTERVAL	369	Ms
AXIS		
P WAVE	58	Degree
QRS WAVE	-13	Degree
T WAVE	40	Degree
IMPRESSION	:	Sinus rhythm, normal ECG.

\*\*\*Please correlate clinically\*\*\*

*ACRay*

Dr. A C RAY  
Department of Non-invasive  
Cardiology