



...Your wellness partner

Arcofemi Healthcare Pvt Ltd

(Formerly known as Arcofemi Healthcare Ltd)

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

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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 **Edwin Mahesh Y.R** aged **40yr**. 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: Kattupakkam

Date: 20/02/2025

Edwin Mahesh Y.R
20MR 27092

Name & Signature of

Medical officer

Name: Mr. Edwin Mahesh. Y. R	MR No: FPOU.0000005097
Age / Gender: MALE 40/Y	Review by: Self

X-RAY CHEST PA

- Both the lung fields are clear.
- Both costophrenic angles are normal.
- Bilateral hila are normal.
- The cardiac shadow is within normal limits.
- Bony thorax is normal.

IMPRESSION - NORMAL STUDY



Dr SHOBIGA, MBBS, MD
RADIOLOGIST

Patient Name	: Mr.EDWIN	Collected	: 20/Feb/2025 03:28PM
Age/Gender	: 40 Y 0 M 0 D /M	Received	: 20/Feb/2025 04:33PM
UHID/MR No	: DGRC.0000004537	Reported	: 20/Feb/2025 05:43PM
Visit ID	: DGR COPV4693	Status	: Final Report
Ref Doctor	: Dr.SELF	Client Name	: PUP ROHAR PROHEALTH PVT LTD
IP/OP NO	:	Center location	: CHENNAI,Chennai

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE BLOOD COUNT (CBC) , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.8	gm%	13-17	Cyanide-free SLS Hemoglobin
PCV	43.90	%	40-50	Fluorescence Flow Cytometry
RBC COUNT	4.33	Million/ul	4.5-5.5	Fluorescence Flow Cytometry
MCV	101.4	fL	83-101	Calculated
MCH	34.2	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	11.8	%	11.6-14	Fluorescence Flow Cytometry
TOTAL LEUCOCYTE COUNT (TLC)	6,460	cells/cu.mm	4000-10000	Fluorescence Flow Cytometry
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61.6	%	40-80	Fluorescence Flow Cytometry
LYMPHOCYTES	24.6	%	20-40	Fluorescence Flow Cytometry
EOSINOPHILS	3.9	%	1-6	Fluorescence Flow Cytometry
MONOCYTES	9.3	%	2-10	Fluorescence Flow Cytometry
BASOPHILS	0.6	%	0-2	Fluorescence Flow Cytometry
CORRECTED TLC	6,460	Cells/cu.mm		Calculated
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3979.36	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1589.16	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	251.94	Cells/cu.mm	20-500	Calculated
MONOCYTES	600.78	Cells/cu.mm	200-1000	Calculated
BASOPHILS	38.76	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.5		0.78- 3.53	Calculated
PLATELET COUNT	275000	cells/cu.mm	150000-410000	Fluorescence Flow Cytometry

Page 1 of 12



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



SIN No:HA08516636

This test has been performed at Apollo Health & Lifestyle Ltd, Central Reference Laboratory, Chennai

 2/396, Sri Mookambigai Nagar, (Opp.Tanishq showroom & Behind Slam Fitness),
 Kattupakkam, Chennai-600 056 Tamilnadu, India

E.mail:porur@apolloclinic.com

TO BOOK AN APPOINTMENT

	044 4784 0022
	073 0543 5694
	090 4373 5694

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DEPARTMENT OF HAEMATOLOGY

MPV	9.3	FI	8.1-13.9	Calculated
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M.B.B.S.,M.D(Pathology)
Consultant Pathologist






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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
ERYTHROCYTE SEDIMENTATION RATE (ESR) , WHOLE BLOOD EDTA	32	mm/hour	0-15	Capillary photometry




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Patient Name : Mr.EDWIN	Collected : 20/Feb/2025 03:35PM
Age/Gender : 40 Y 0 M 0 D /M	Received : 20/Feb/2025 04:11PM
UHID/MR No : DGRC.0000004537	Reported : 20/Feb/2025 05:10PM
Visit ID : DGR COPV4693	Status : Final Report
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IP/OP NO :	Center location : CHENNAI,Chennai

DEPARTMENT OF BIOCHEMISTRY
GLUCOSE FASTING & PP

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	95	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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	117	mg/dL	Non-diabetic $<$ 140 ~ Impaired glucose Tolerance 140 - 200 ~ Diabetic $>$ 200	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 preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.


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


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IP/OP NO :	Center location : CHENNAI,Chennai

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	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:BI24329655

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IP/OP NO :	Center location : CHENNAI,Chennai


DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	196	mg/dL	< 200	CHOD-PAD
TRIGLYCERIDES	169	mg/dL	< 150	GPO-PAP
HDL CHOLESTEROL	48	mg/dL	>=40 Desirable	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	148	mg/dL	<130	Calculated
LDL CHOLESTEROL	114.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	33.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.13		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.19		<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	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 40	Low < 35; Borderline Low 35-40		
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.85	mg/dL	0-1.2	Diazo
BILIRUBIN CONJUGATED (DIRECT)	0.46	mg/dL	0-0.2	Diazo
BILIRUBIN (INDIRECT)	0.38	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	132	U/L	10-50	IFCC with Pyridoxal Phosphate
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	142.0	U/L	10-50	IFCC with Pyridoxal Phosphate
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	106.00	U/L	40-129	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.4-8.3	Biuret
ALBUMIN	4.38	g/dL	3.5-5.2	Bromo Cresol Green
GLOBULIN	3.32	g/dL	2.0-3.5	Calculated
A/G RATIO	1.32		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:

- 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. Note- If both SGPT and SGOT are within reference range then AST:ALT (De Ritis ratio) does not have any clinical significance.
- 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.
- Synthetic function impairment:*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.
- Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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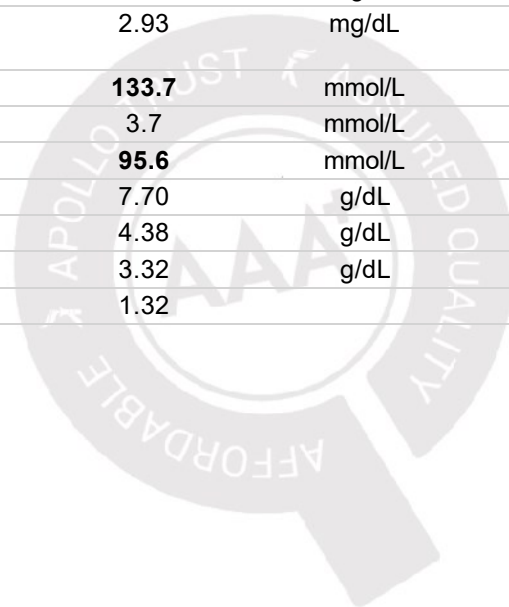

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.85	mg/dL	0.7-1.2	Jaffe
eGFR - ESTIMATED GLOMERULAR FILTRATION RATE	108.99	mL/min/1.73m ²	>60	CKD-EPI FORMULA
UREA	20.10	mg/dL	13-43	Calculated
BLOOD UREA NITROGEN	9.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.60	mg/dL	3.5-7.2	Uricase
CALCIUM	8.88	mg/dL	8.6-10	NM-Bapta
PHOSPHORUS, INORGANIC	2.93	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	133.7	mmol/L	136-145	ISE (Indirect)
POTASSIUM	3.7	mmol/L	3.4-4.5	ISE (Indirect)
CHLORIDE	95.6	mmol/L	98-107	ISE (Indirect)
PROTEIN, TOTAL	7.70	g/dL	6.4-8.3	Biuret
ALBUMIN	4.38	g/dL	3.5-5.2	Bromo Cresol Green
GLOBULIN	3.32	g/dL	2.0-3.5	Calculated
A/G RATIO	1.32		0.9-2.0	Calculated

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DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	103	ng/dL	84.6-202	ECLIA
THYROXINE (T4, TOTAL)	7.44	µg/dL	5.12-14.06	ECLIA
THYROID STIMULATING HORMONE (TSH)	1.980	µIU/mL	0.270-4.20	ECLIA

Comment:

For Pregnant Women	Bio Ref Range for TSH in µIU/mL
9 – 12 Weeks	0.18 – 2.99
First trimester	0.33 – 4.59
Second trimester	0.35 – 4.10
Third trimester	0.21 – 3.15

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 Treatment.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies

Page 9 of 12



DR. R. SRIVATSAN
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DEPARTMENT OF IMMUNOLOGY

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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IP/OP NO :	Center location : CHENNAI,Chennai

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	AMBER		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.031		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		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	NEGATIVE		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Automated Image based microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based 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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DEPARTMENT OF CLINICAL PATHOLOGY

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



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Patient Name : Mr.EDWIN
Age/Gender : 40 Y 0 M 0 D /M
UHID/MR No : DGRC.0000004537
Visit ID : DGR COPV4693
Ref Doctor : Dr.SELF
IP/OP NO :

Collected : 20/Feb/2025 03:28PM
Received : 20/Feb/2025 05:24PM
Reported : 20/Feb/2025 06:42PM
Status : Final Report
Client Name : PUP ROHAR PROHEALTH PVT LTD
Center location : CHENNAI,Chennai

TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. 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 (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.



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



SIN No:C03507822

This test has been performed at Apollo Health & Lifestyle Ltd, Central Reference Laboratory, Chennai

Apollo Clinic - Porur

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Kattupakkam, Chennai-600 056 Tamilnadu, India

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TO BOOK AN APPOINTMENT

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