



Patient Ref. No. 7500000374939

CLIENT CODE : C000138382

CLIENT'S NAME AND ADDRESS :  
ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )  
F-703, LADO SARAI, MEHRAULI  
SOUTH WEST DELHI  
NEW DELHI 110030  
DELHI INDIA  
8800465156

SRL Ltd  
7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM  
BROOKEFIELD MAIN ROAD, KUNDALAHALLI  
BANGALORE, 560066  
KARNATAKA, INDIA  
Tel : 9111591115, CIN - U74899PB1995PLC045956  
Email : wellness.itpl@srl.in

PATIENT NAME : ANDUKURI SURESH KUMAR

PATIENT ID : ANDUM13019675

ACCESSION NO : 0075VK000878 AGE : 26 Years SEX : Male

ABHA NO :

DRAWN : 11/11/2022 09:04

RECEIVED : 11/11/2022 09:05

REPORTED : 12/11/2022 10:12

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
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**MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE**

**BLOOD COUNTS,EDTA WHOLE BLOOD**

HEMOGLOBIN (HB)	14.5		13.0 - 17.0	g/dL
RED BLOOD CELL (RBC) COUNT	<b>6.0</b>	<b>High</b>	4.5 - 5.5	mil/ $\mu$ L
WHITE BLOOD CELL (WBC) COUNT	8.10		4.0 - 10.0	thou/ $\mu$ L
PLATELET COUNT	300		150 - 410	thou/ $\mu$ L

**RBC AND PLATELET INDICES**

HEMATOCRIT (PCV)	48.3		40 - 50	%
MEAN CORPUSCULAR VOLUME (MCV)	<b>80.0</b>	<b>Low</b>	83 - 101	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	<b>23.7</b>	<b>Low</b>	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC)	<b>30.0</b>	<b>Low</b>	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW)	<b>17.5</b>	<b>High</b>	11.6 - 14.0	%
MENTZER INDEX	13.3			
MEAN PLATELET VOLUME (MPV)	7.9		6.8 - 10.9	fL

**WBC DIFFERENTIAL COUNT**

NEUTROPHILS	56		40 - 80	%
LYMPHOCYTES	34		20 - 40	%
MONOCYTES	7		2 - 10	%
EOSINOPHILS	2		1 - 6	%
BASOPHILS	1		0 - 2	%
ABSOLUTE NEUTROPHIL COUNT	4.54		2.0 - 7.0	thou/ $\mu$ L
ABSOLUTE LYMPHOCYTE COUNT	2.75		1.0 - 3.0	thou/ $\mu$ L
ABSOLUTE MONOCYTE COUNT	0.57		0.2 - 1.0	thou/ $\mu$ L
ABSOLUTE EOSINOPHIL COUNT	0.16		0.02 - 0.50	thou/ $\mu$ L
ABSOLUTE BASOPHIL COUNT	0.08		0.02 - 0.10	thou/ $\mu$ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.7			

**MORPHOLOGY**

RBC	PREDOMINANTLY NORMOCYTIC NORMOCHROMIC, FEW MICROCYTES ARE SEEN
WBC	NORMAL IN COUNT, MORPHOLOGY AND DISTRIBUTION
PLATELETS	ADEQUATE NO HEMOPARASITES SEEN
IMPRESSION	NORMOCYTIC NORMOCHROMIC BLOOD PICTURE





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ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD

E.S.R 02 0 - 14 mm at 1 hr

METHOD : MODIFIED WESTERGREN

GLUCOSE FASTING,FLUORIDE PLASMA

FBS (FASTING BLOOD SUGAR) 91 74 - 99 mg/dL

METHOD : SPECTROPHOTOMETRY HEXOKINASE

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C 5.4 Non-diabetic: < 5.7 %

Pre-diabetics: 5.7 - 6.4

Diabetics: > or = 6.5

ADA Target: 7.0

Action suggested: > 8.0

METHOD : PARTICLE-ENHANCED TURBIDIMETRIC INHIBITION IMMUNOASSAY(PETINIA)

ESTIMATED AVERAGE GLUCOSE(EAG) 108.3 < 116.0 mg/dL

METHOD : PARTICLE-ENHANCED TURBIDIMETRIC INHIBITION IMMUNOASSAY(PETINIA)

GLUCOSE, POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR) 90 70 - 139 mg/dL

METHOD : SPECTROPHOTOMETRY HEXOKINASE

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL 168 < 200 Desirable mg/dL

200 - 239 Borderline High

>/= 240 High

METHOD : SPECTROPHOTOMETRY,CHOLESTEROL OXIDASE ESTERASE PEROXIDASE

TRIGLYCERIDES 55 < 150 Normal mg/dL

150 - 199 Borderline High

200 - 499 High

>/=500 Very High

METHOD : LIPOPROTEIN LIPASE (LPL), GLYCEROL KINASE (GK)

HDL CHOLESTEROL 57 < 40 Low mg/dL

>/=60 High

METHOD : DIRECT HDL, PEGME

CHOLESTEROL LDL 100 < 100 Optimal mg/dL

100 - 129

Near optimal/ above optimal

130 - 159

Borderline High

160 - 189 High

>/= 190 Very High

METHOD : DIRECT ENZYME CLEARANCE





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Table with 5 columns: Test Report Status, Final, Results, Biological Reference Interval, Units. Rows include cholesterol levels, liver function profile (Bilirubin, Total Protein, Albumin, Globulin, Ratios, Enzymes), and other markers.



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Main data table containing test results for Lactate Dehydrogenase, Blood Urea Nitrogen, Creatinine, Bun/Creat Ratio, Uric Acid, Total Protein, Albumin, Globulin, Electrolytes, and Urine examination parameters.



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Table listing test results for KETONES, BLOOD, BILIRUBIN, UROBILINOGEN, NITRITE, LEUKOCYTE ESTERASE

MICROSCOPIC EXAMINATION, URINE

Table listing microscopic examination results for RED BLOOD CELLS, PUS CELL (WBC'S), EPITHELIAL CELLS, CASTS, CRYSTALS, BACTERIA, YEAST

Interpretation(s)

THYROID PANEL, SERUM

Table listing thyroid panel results for T3, T4, TSH (ULTRASENSITIVE)

Interpretation(s)

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

Table listing ABO group and RH type results

XRAY-CHEST

Table listing chest X-ray findings and impression

METHOD : MICROSCOPIC EXAMINATION

ECG



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ECG ""T"" INVERSION IN LEAD 111.

MEDICAL HISTORY

RELEVANT PRESENT HISTORY NOT SIGNIFICANT
RELEVANT PAST HISTORY NOT SIGNIFICANT
RELEVANT PERSONAL HISTORY NOT SIGNIFICANT
RELEVANT FAMILY HISTORY FATHER DM2
OCCUPATIONAL HISTORY NOT SIGNIFICANT
HISTORY OF MEDICATIONS NOT SIGNIFICANT

ANTHROPOMETRIC DATA & BMI

HEIGHT IN METERS 1.72 mts
WEIGHT IN KGS. 88 Kgs
BMI 30
BMI & Weight Status as follows: kg/sqmts
Below 18.5: Underweight
18.5 - 24.9: Normal
25.0 - 29.9: Overweight
30.0 and Above: Obese

GENERAL EXAMINATION

MENTAL / EMOTIONAL STATE NORMAL
PHYSICAL ATTITUDE NORMAL
GENERAL APPEARANCE / NUTRITIONAL STATUS HEALTHY
BUILT / SKELETAL FRAMEWORK AVERAGE
FACIAL APPEARANCE NORMAL
SKIN NORMAL
UPPER LIMB NORMAL
LOWER LIMB NORMAL
NECK NORMAL
NECK LYMPHATICS / SALIVARY GLANDS NOT ENLARGED OR TENDER
THYROID GLAND NOT ENLARGED
CAROTID PULSATION NORMAL
BREAST (FOR FEMALES) NORMAL
TEMPERATURE NORMAL
PULSE REGULAR, ALL PERIPHERAL PULSES WELL FELT
RESPIRATORY RATE NORMAL

CARDIOVASCULAR SYSTEM

BP 140/80 mm/Hg



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PERICARDIUM NORMAL

BASIC EYE EXAMINATION

DISTANT VISION RIGHT EYE WITHOUT GLASSES NORMAL

DISTANT VISION LEFT EYE WITHOUT GLASSES NORMAL

NEAR VISION RIGHT EYE WITHOUT GLASSES NORMAL

NEAR VISION LEFT EYE WITHOUT GLASSES NORMAL

COLOUR VISION NORMAL

BASIC DENTAL EXAMINATION

TEETH NORMAL

GUMS HEALTHY

SUMMARY

RELEVANT HISTORY NOT SIGNIFICANT

RELEVANT GP EXAMINATION FINDINGS NOT SIGNIFICANT

RELEVANT LAB INVESTIGATIONS WITHIN NORMAL LIMITS

RELEVANT NON PATHOLOGY DIAGNOSTICS NO ABNORMALITIES DETECTED

REMARKS / RECOMMENDATIONS NONE

FITNESS STATUS

FITNESS STATUS FIT (AS PER REQUESTED PANEL OF TESTS)

Comments

\*NOTE: NON PATHOLOGY TESTS ARE REVIEWED BY
Consultant Physician: Dr.RITESH RAJ MBBS,CCEBDM
Radiologist : Dr.THILAK BABU
Dental Doctor:Dr Ashish sinha BDS,

Interpretation(s)

BLOOD COUNTS,EDTA WHOLE BLOOD-

The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.

RBC AND PLATELET INDICES-

Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait (<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.

WBC DIFFERENTIAL COUNT-

The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.

(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504

This ratio element is a calculated parameter and out of NABL scope.





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ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD-TEST DESCRIPTION :-

Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition.CRP is superior to ESR because it is more sensitive and reflects a more rapid change.

TEST INTERPRETATION

Increase in: Infections, Vasculitides, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.

Finding a very accelerated ESR(>100 mm/hour) in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).

In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm/hr(95 if anemic). ESR returns to normal 4th week post partum.

Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS

False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia

False Decreased : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

REFERENCE :

1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition;2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin;3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis,10th edition.

GLUCOSE FASTING,FLUORIDE PLASMA-TEST DESCRIPTION

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and sothat no glucose is excreted in the urine.

Increased in

Diabetes mellitus, Cushing's syndrome (10 - 15%), chronic pancreatitis (30%). Drugs:corticosteroids,phenytoin, estrogen, thiazides.

Decreased in

Pancreatic islet cell disease with increased insulin,insulinoma,adrenocortical insufficiency, hypopituitarism,diffuse liver disease, malignancy (adrenocortical, stomach,fibrosarcoma), infant of a diabetic mother, enzyme deficiency diseases(e.g., galactosemia),Drugs- insulin, ethanol, propranolol; sulfonyleureas,tolbutamide, and other oral hypoglycemic agents.

NOTE:

Hypoglycemia is defined as a glucoseof < 50 mg/dL in men and< 40 mg/dL in women.

While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values), there is wide fluctuation within individuals.Thus, glycosylated hemoglobin(HbA1c) levels are favored to monitor glycemic control.

High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glyosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-Used For:

1.Evaluating the long-term control of blood glucose concentrations in diabetic patients.

2.Diagnosing diabetes.

3.Identifying patients at increased risk for diabetes (prediabetes).

The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patients metabolic control has remained continuously within the target range.

1.eAG (Estimated average glucose) converts percentage HbA1c to md/dl, to compare blood glucose levels.

2. eAG gives an evaluation of blood glucose levels for the last couple of months.

3. eAG is calculated as eAG (mg/dl) = 28.7 \* HbA1c - 46.7

HbA1c Estimation can get affected due to :

I.Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss,hemolytic anemia) will falsely lower HbA1c test results.Fructosamine is recommended in these patients which indicates diabetes control over 15 days.

II.Vitamin C & E are reported to falsely lower test results.(possibly by inhibiting glycation of hemoglobin.

III.Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia,uremia, hyperbilirubinemia, chronic alcoholism,chronic ingestion of salicylates & opiates addition are reported to interfere with some assay methods,falsely increasing results.

IV.Interference of hemoglobinopathies in HbA1c estimation is seen in

a.Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.

b.Heterozygous state detected (D10 is corrected for HbS & HbC trait.)

c.HbF > 25% on alternate paltform (Boronate affinity chromatography) is recommended for testing of HbA1c.Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy

GLUCOSE, POST-PRANDIAL, PLASMA-High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glyosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.Additional test HbA1c

LIVER FUNCTION PROFILE, SERUM-

LIVER FUNCTION PROFILE

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give



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yellow discoloration in jaundice. Elevated levels results from increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (eg, obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in Viral hepatitis, Drug reactions, Alcoholic liver disease Conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts, tumors & Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of Hemolytic or pernicious anemia, Transfusion reaction & a common metabolic condition termed Gilbert syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin.

AST is an enzyme found in various parts of the body. AST is found in the liver, heart, skeletal muscle, kidneys, brain, and red blood cells, and it is commonly measured clinically as a marker for liver health. AST levels increase during chronic viral hepatitis, blockage of the bile duct, cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis. AST levels may also increase after a heart attack or strenuous activity. ALT test measures the amount of this enzyme in the blood. ALT is found mainly in the liver, but also in smaller amounts in the kidneys, heart, muscles, and pancreas. It is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. AST levels increase during acute hepatitis, sometimes due to a viral infection, ischemia to the liver, chronic hepatitis, obstruction of bile ducts, cirrhosis.

ALP is a protein found in almost all body tissues. Tissues with higher amounts of ALP include the liver, bile ducts and bone. Elevated ALP levels are seen in Biliary obstruction, Osteoblastic bone tumors, osteomalacia, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Paget's disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatasia, Malnutrition, Protein deficiency, Wilson's disease. GGT is an enzyme found in cell membranes of many tissues mainly in the liver, kidney and pancreas. It is also found in other tissues including intestine, spleen, heart, brain and seminal vesicles. The highest concentration is in the kidney, but the liver is considered the source of normal enzyme activity. Serum GGT has been widely used as an index of liver dysfunction. Elevated serum GGT activity can be found in diseases of the liver, biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption and use of enzyme-inducing drugs etc. Serum total protein, also known as total protein, is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease. Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, Protein-losing enteropathy etc. Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc

BLOOD UREA NITROGEN (BUN), SERUM-Causes of Increased levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism) Causes of decreased level include Liver disease, SIADH.

CREATININE, SERUM-Higher than normal level may be due to:

- Blockage in the urinary tract
Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
Loss of body fluid (dehydration)
Muscle problems, such as breakdown of muscle fibers
Problems during pregnancy, such as seizures (eclampsia), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:

- Myasthenia Gravis
Muscular dystrophy

URIC ACID, SERUM-

Causes of Increased levels:-Dietary(High Protein Intake,Prolonged Fasting,Rapid weight loss),Gout,Lesch nyhan syndrome,Type 2 DM, Metabolic syndrome

Causes of decreased levels-Low Zinc intake,OCP, Multiple Sclerosis

TOTAL PROTEIN, SERUM-

Serum total protein, also known as total protein, is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease

Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, Protein-losing enteropathy etc.

ALBUMIN, SERUM-

Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-

Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.

MEDICAL

HISTORY-\*\*\*\*\*

THIS REPORT CARRIES THE SIGNATURE OF OUR LABORATORY DIRECTOR. THIS IS AN INVIOABLE FEATURE OF OUR LAB MANAGEMENT SOFTWARE. HOWEVER, ALL EXAMINATIONS AND INVESTIGATIONS HAVE BEEN CONDUCTED BY OUR PANEL OF DOCTORS.

\*\*\*\*\*



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Patient Ref. No. 7500000374939

CLIENT CODE : C000138382

CLIENT'S NAME AND ADDRESS :

ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )  
F-703, LADO SARAI, MEHRAULI  
SOUTH WEST DELHI  
NEW DELHI 110030  
DELHI INDIA  
8800465156

SRL Ltd  
7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM  
BROOKEFIELD MAIN ROAD, KUNDALAHALLI  
BANGALORE, 560066  
KARNATAKA, INDIA  
Tel : 9111591115, CIN - U74899PB1995PLC045956  
Email : wellness.itpl@srl.in

PATIENT NAME : ANDUKURI SURESH KUMAR

PATIENT ID : ANDUM13019675

ACCESSION NO : 0075VK000878 AGE : 26 Years SEX : Male

ABHA NO :

DRAWN : 11/11/2022 09:04

RECEIVED : 11/11/2022 09:05

REPORTED : 12/11/2022 10:12

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
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FITNESS STATUS-

Conclusion on an individual's Fitness, which is commented upon mainly for Pre employment cases, is based on multi factorial findings and does not depend on any one single parameter. The final Fitness assigned to a candidate will depend on the Physician's findings and overall judgement on a case to case basis, details of the candidate's past and personal history; as well as the comprehensiveness of the diagnostic panel which has been requested for .These are then further correlated with details of the job under consideration to eventually fit the right man to the right job.

Basis the above, SRL classifies a candidate's Fitness Status into one of the following categories:

- Fit (As per requested panel of tests) – SRL Limited gives the individual a clean chit to join the organization, on the basis of the General Physical Examination and the specific test panel requested for.
- Fit (with medical advice) (As per requested panel of tests) - This indicates that although the candidate can be declared as FIT to join the job, minimal problems have been detected during the Pre- employment examination. Examples of conditions which could fall in this category could be cases of mild reversible medical abnormalities such as height weight disproportions, borderline raised Blood Pressure readings, mildly raised Blood sugar and Blood Lipid levels, Hematuria, etc. Most of these relate to sedentary lifestyles and come under the broad category of life style disorders. The idea is to caution an individual to bring about certain lifestyle changes as well as seek a Physician's consultation and counseling in order to bring back to normal the mildly deranged parameters. For all purposes the individual is FIT to join the job.
- Fitness on Hold (Temporary Unfit) (As per requested panel of tests) - Candidate's reports are kept on hold when either the diagnostic tests or the physical findings reveal the presence of a medical condition which warrants further tests, counseling and/or specialist opinion, on the basis of which a candidate can either be placed into Fit, Fit (With Medical Advice), or Unfit category. Conditions which may fall into this category could be high blood pressure, abnormal ECG, heart murmurs, abnormal vision, grossly elevated blood sugars, etc.
- Unfit (As per requested panel of tests) - An unfit report by SRL Limited clearly indicates that the individual is not suitable for the respective job profile e.g. total color blindness in color related jobs.



Scan to View Details



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CLIENT CODE : C000138382

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F-703, LADO SARAI, MEHRAULI  
SOUTH WEST DELHI  
NEW DELHI 110030  
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BANGALORE, 560066  
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Tel : 9111591115, CIN - U74899PB1995PLC045956  
Email : wellness.itpl@srl.in

**PATIENT NAME : ANDUKURI SURESH KUMAR**

PATIENT ID : **ANDUM13019675**

ACCESSION NO : **0075VK000878** AGE : 26 Years SEX : Male

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**MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE**

**ULTRASOUND ABDOMEN**

**ULTRASOUND ABDOMEN**

**GRADE 1 FATTY LIVER**

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

Please visit [www.srlworld.com](http://www.srlworld.com) for related Test Information for this accession

Dr. Anamika Pal  
Lab Head

Dr. Prajwal A, MD  
CONSULTANT BIOCHEMIST  
(SECTION HEAD)



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