



**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](mailto:wellness@mediwheel.in), Website: [www.mediwheel.in](http://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. Mahavir jain** aged , **46yr**. Based on the examination, I certify that he is in good mental and physical health and it is free from any physical defects such as deafness, color blindness, and any chronic or contagious diseases.

Place: Indore

Date: 04/07/2024

*Dr. Nitesh Kumar*

MBBS  
BCMR 47093

*Nitesh*

Name & Signature of

Medical officer

Name : MR MAHAVIR JAIN  
 ID : 240700230  
 Age,Wt,Ht : 46years(Male), 65Kg,cm

Tested on : 04/07/2024,11:24 AM  
 Doctor : V one hospital

BPL DYNATRAC ULTRA

**Test Summary Report**

Target HR = 174                      Total time = 13:37                      Protocol = BRUCE  
 HR achieved = 173 (99%)              Excercise time = 06:05                      Max ST(mm)=7.45(Lead V4)  
 Peak Ex = Exercise 3                      Recovery time = 06:08                      Min ST(mm)=-4.41(Lead V1)

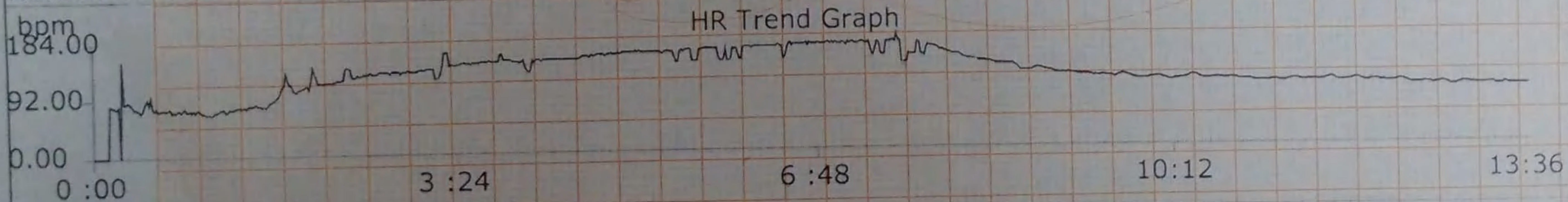
**Stagewise Summary**

| Stage Name           | Duration (mm:ss) | Max HR (bpm) | Max ST (mm) | Min ST (mm) | Speed km/hr | Slope (%) | METS | sys/dia (map) |
|----------------------|------------------|--------------|-------------|-------------|-------------|-----------|------|---------------|
| Supine               | 00:25            | 89           | 7.45(V4)    | -4.41(V1)   | 0.0         | 0.0       | 0.00 | 120/80(93)    |
| Waiting for Exercise | 00:59            | 79           | 1.50(V3)    | -0.80(AVR)  | 0.0         | 0.0       | 0.00 | ---/---(---)  |
| Exercise 1           | 03:00            | 151          | 5.51(V4)    | -4.41(V1)   | 2.7         | 10.0      | 5.10 | 120/80(93)    |
| Exercise 2           | 03:00            | 171          | 3.10(V4)    | -2.67(V1)   | 4.0         | 12.0      | 7.10 | 140/100(113)  |
| Peak Exercise 3      | 00:05            | ---          | 2.00(V1)    | -1.79(II)   | 5.5         | 14.0      | 8.00 | ---/---(---)  |
| Recovery 1           | 01:00            | 173          | 6.07(V4)    | -2.36(AVR)  | 5.5         | 14.0      | 0.00 | ---/---(---)  |
| Recovery 2           | 01:00            | 136          | 7.45(V4)    | -2.98(AVR)  | 5.5         | 14.0      | 0.00 | 140/90(106)   |
| Recovery 3           | 01:00            | 115          | 6.46(V4)    | -2.83(AVR)  | 5.5         | 14.0      | 0.00 | 130/90(103)   |
| Recovery 4           | 01:00            | 108          | 3.52(V4)    | -1.76(AVR)  | 5.5         | 14.0      | 0.00 | 130/90(103)   |
| Recovery 5           | 01:00            | 106          | 1.59(V3)    | -0.73(AVR)  | 5.5         | 14.0      | 0.00 | 120/80(93)    |
| Recovery 6           | 01:00            | 98           | 1.25(V3)    | -0.57(AVR)  | 5.5         | 14.0      | 0.00 | ---/---(---)  |
| Recovery 7           | 00:08            | 93           | 0.98(V3)    | -0.37(AVR)  | 5.5         | 14.0      | 0.00 | ---/---(---)  |

Rpp: 10680(Supine) ,18120(Exercise 1) ,23940(Exercise 2) ,19040(Recovery 2) ,14950(Recovery 3) ,14040(Recovery 4) ,12720(Recovery 5)

Stage comments: none

- Object of test
- Risk factor
- Activity
- Other Investigation
- Ex tolerance
- Ex Arrhythmia
- Hemo Response
- Chrono response
- Reason for Termination



**Medication:**

**History:**

**Observations:** NO SYMPTOMS NOTED DURING PEAK EXERCISE AND RECOVERY  
 NO ARRHYTHMIA NOTED  
 NORMAL INOTROPIC AND CHRONOTROPIC RESPONSE  
 NO ST-T CHANGES NOTED DURING PEAK EXERCISE AND RECOVERY

**Final Impression:** TEST IS INCONCLUSIVE FOR INDUCIBLE ISCHEMIA

Technician:

Done By: Dr. Deepesh Kothari      Confirmed by -



Patient Name: MR. MAHAVIR PRASAD JAIN / MRN-240700230  
Age / Gender : 46 Yr / M  
Address: Indore GPO, Indore, MADHYA PRADESH  
Req. Doctor: VONE HOSPITAL  
Regn. Number: WALKIN.24-25-5500  
Request Date : 04-07-2024

**USG - WHOLE ABDOMEN**

Liver is normal in size (14 cm) and shape. Its echogenicity is normal. Margins are smooth and regular. The portal vein and biliary radicals are normal in calibre.

GB is well distended. Wall thickness is normal with echofree lumen. CBD is within normal limits.

Pancreas is normal in size, shape and echo pattern.

Bilateral kidneys are normal in shape, size and echotexture. Corticomedullary differentiation is maintained. No evidence of any calculus or hydronephrosis.

Rt. Kidney Length: 9.4 cm

Lt. Kidney Length: 9.8 cm

Spleen is normal in size and echopattern.

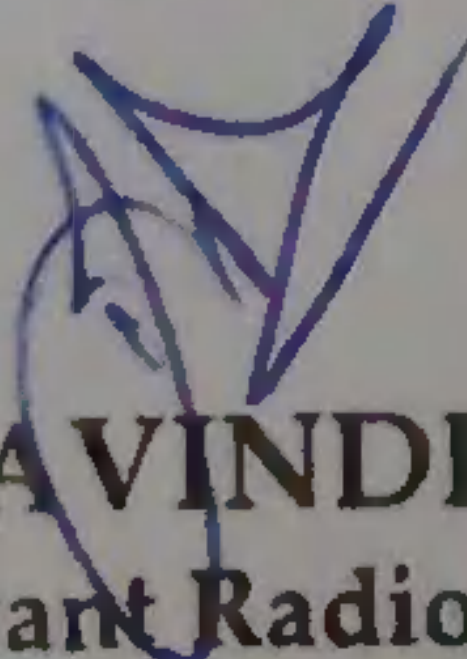
Urinary bladder is normal in shape and size. Lumen appears echofree. Wall thickness is normal. Prevoid - 300 cc. postvoid - 106 cc.

Prostate is normal in size and measures 18 gms. Echotexture is homogenous. Capsule is intact.

No evidence of ascites / pleural effusion.  
Visualized bowel loops are normal in course and calibre.

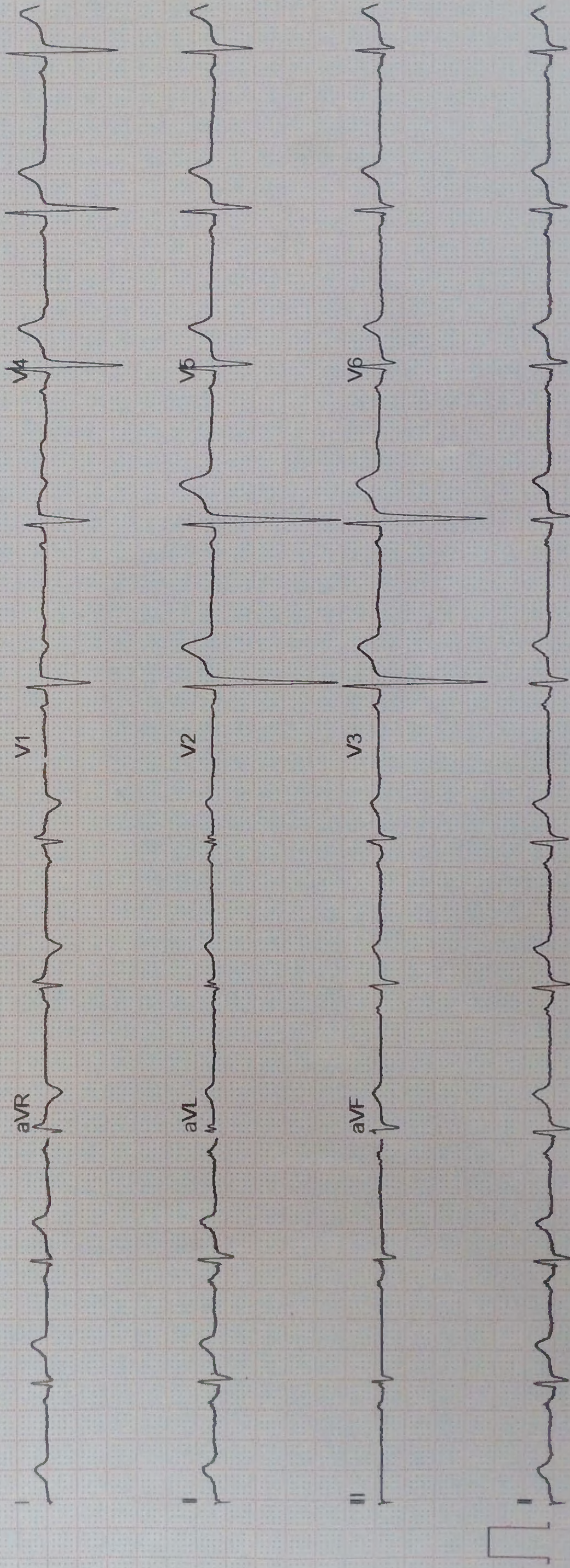
**IMPRESSION :-**

**Significant post void residue.**

  
**DR. RAVINDRA SINGH**  
Consultant Radiologist

Normal sinus rhythm with sinus arrhythmia  
Normal ECG

|             |                     |
|-------------|---------------------|
| QRS         | 96 ms               |
| QT / QTcBaz | 384 / 386 ms        |
| PR          | 150 ms              |
| P           | 94 ms               |
| RR / PP     | 982 / 983 ms        |
| P / QRS / T | 44 / 9 / 32 degrees |



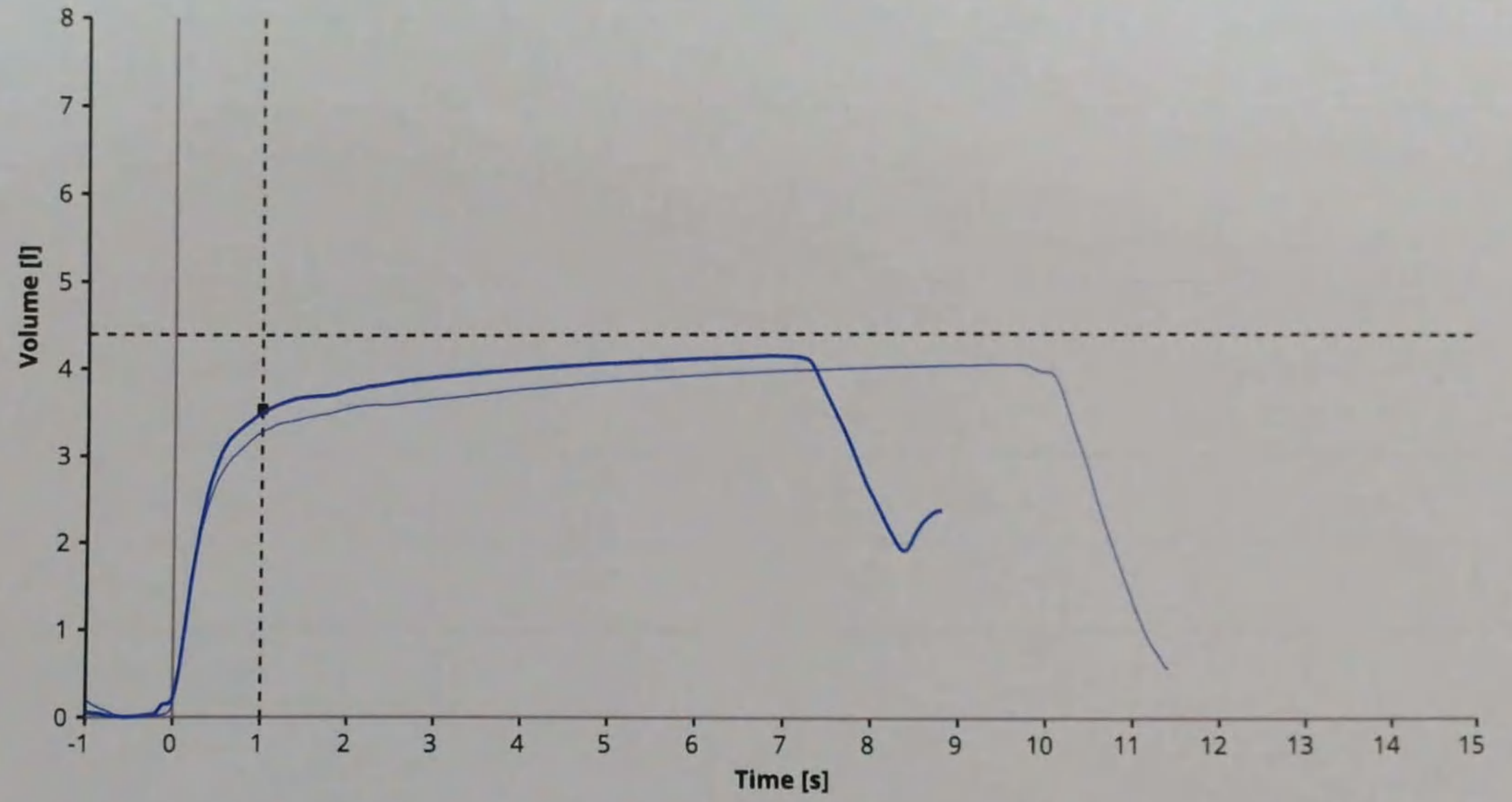
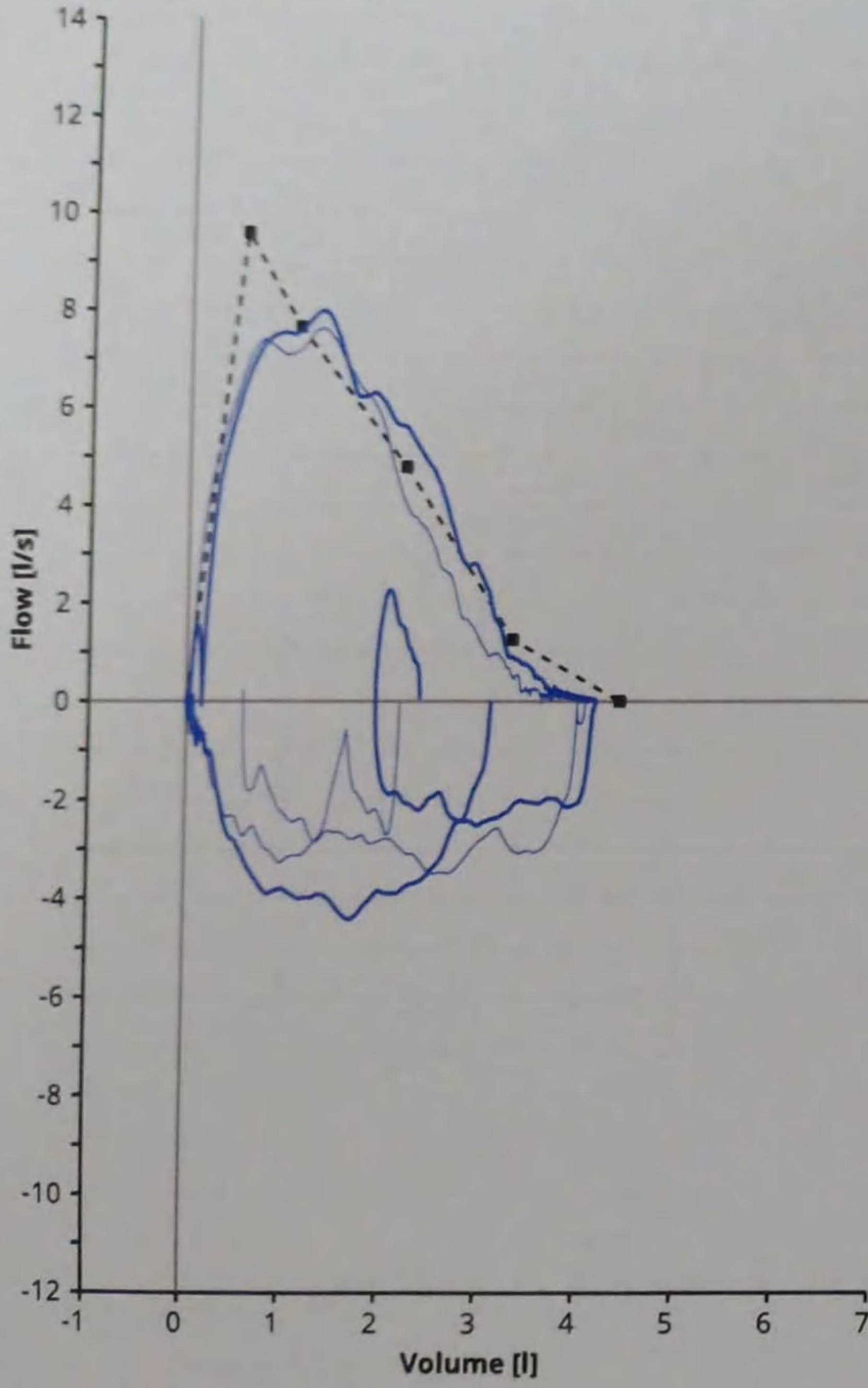
Name **MR MAHAVIR JAIN**  
 Patient ID **240700230**

**Spirometry**

Date of birth 25.05.1978  
 Age 46.1 years  
 Gender Male  
 Ethnic Asian  
 Height 173.0 cm  
 Weight 67.0 kg  
 BMI 22.4 kg/m<sup>2</sup>  
 Smoker Never smoker

Reference values GLI-2012  
 Interpretation International  
 Last verification 31.01.2023 10:58 ok  
 Rel. pressure 955 hPa  
 Temperature 22 °C  
 Humidity 60 %  
 Altitude 500 m  
 SPO2 99 %

Medication



04.07.2024 10:46:35

|                | Pred | LLN  | Best | %   | Z-Score | #1   | #2   | #3 | #4 | #5 | #6 | #7 | #8 |
|----------------|------|------|------|-----|---------|------|------|----|----|----|----|----|----|
| FVC [l]        | 4.40 | 3.51 | 4.14 | 94  | -0.47   | 4.03 | 4.14 |    |    |    |    |    |    |
| FEV1 [l]       | 3.55 | 2.78 | 3.50 | 99  | -0.11   | 3.27 | 3.50 |    |    |    |    |    |    |
| FEV1/FVC [%]   | 80.9 | 71.1 | 84.5 | 104 | 0.67    | 81.0 | 84.5 |    |    |    |    |    |    |
| PEF [l/s]      | 9.57 | 7.38 | 7.98 | 83  | -1.19   | 7.61 | 7.98 |    |    |    |    |    |    |
| FEF25-75 [l/s] | 3.44 | 1.91 | 4.67 | 136 | 1.08    | 3.49 | 4.67 |    |    |    |    |    |    |
| FET [s]        |      |      | 7.03 |     |         | 8.85 | 7.03 |    |    |    |    |    |    |
| FIVC [l]       | 4.40 | 3.51 | 3.08 | 70  | -2.45   | 2.15 | 3.08 |    |    |    |    |    |    |
| FIF50 [l/s]    | --   | --   | 4.18 | --  | --      | 3.14 | 4.18 |    |    |    |    |    |    |
| PIF [l/s]      | --   | --   | 4.43 | --  | --      | 3.27 | 4.43 |    |    |    |    |    |    |

Session Quality: Pre: FVC - B, FEV1 - D

MR MAHAVIR JAIN  
Patient ID 240700230

Spirometry

Date of birth 25.05.1978  
Age 46.1 years  
Gender Male  
Ethnic Asian  
Height 173.0 cm  
Weight 67.0 kg  
BMI 22.4 kg/m<sup>2</sup>  
Smoker Never smoker

Reference values GLI-2012  
Interpretation International  
Last verification 31.01.2023 10:58 ok  
  
Rel. pressure 955 hPa  
Temperature 22 °C  
Humidity 60 %  
Altitude 500 m  
SPO2 99 %

Medication

04.07.2024 10:46:35

|             |       | Pred  | LLN  | ULN   | Best  | %   | Z-Score | #1    | #2    | #3 | #4 | #5 | #6 | #7 | #8 |
|-------------|-------|-------|------|-------|-------|-----|---------|-------|-------|----|----|----|----|----|----|
| FVC         | [l]   | 4.40  | 3.51 | 5.29  | 4.14  | 94  | -0.47   | 4.03  | 4.14  |    |    |    |    |    |    |
| FEV0.5      | [l]   | 2.59  | 1.98 | 3.19  | 2.93  | 113 | 2.34    | 2.72  | 2.93  |    |    |    |    |    |    |
| FEV1        | [l]   | 3.55  | 2.78 | 4.28  | 3.50  | 99  | -0.11   | 3.27  | 3.50  |    |    |    |    |    |    |
| FEV3        | [l]   | 3.82  | 2.95 | 4.69  | 3.91  | 102 | 1.47    | 3.65  | 3.91  |    |    |    |    |    |    |
| FEV6        | [l]   | 4.69  | 3.84 | 5.55  | 4.11  | 88  | -1.11   | 3.92  | 4.11  |    |    |    |    |    |    |
| FEV1/FVC    | [%]   | 80.9  | 71.1 | 89.4  | 84.5  | 104 | 0.67    | 81.0  | 84.5  |    |    |    |    |    |    |
| FEV1/SVC    | [%]   | 80.9  | 71.1 | 89.4  | --    | --  | --      | --    | --    |    |    |    |    |    |    |
| FEV3/FVC    | [%]   | 94.6  | 90.0 | 99.2  | 94.4  | 100 | -0.07   | 90.5  | 94.4  |    |    |    |    |    |    |
| FEV6/FVC    | [%]   | 106.7 | 96.0 | 100.0 | 99.3  | 93  | -1.14   | 97.1  | 99.3  |    |    |    |    |    |    |
| PEF         | [l/s] | 9.57  | 7.38 | 11.77 | 7.98  | 83  | -1.19   | 7.61  | 7.98  |    |    |    |    |    |    |
| FEF25       | [l/s] | 7.64  | 4.83 | 10.45 | 7.49  | 98  | -0.09   | 7.08  | 7.49  |    |    |    |    |    |    |
| FEF50       | [l/s] | 4.78  | 2.61 | 6.95  | 5.73  | 120 | 0.72    | 5.23  | 5.73  |    |    |    |    |    |    |
| FEF75       | [l/s] | 1.26  | 0.60 | 2.49  | 1.76  | 140 | 0.79    | 1.04  | 1.76  |    |    |    |    |    |    |
| FEF25-75    | [l/s] | 3.44  | 1.91 | 5.40  | 4.67  | 136 | 1.08    | 3.49  | 4.67  |    |    |    |    |    |    |
| FET         | [s]   |       |      |       | 7.03  |     |         | 8.85  | 7.03  |    |    |    |    |    |    |
| FIVC        | [l]   | 4.40  | 3.51 | 5.29  | 3.08  | 70  | -2.45   | 2.15  | 3.08  |    |    |    |    |    |    |
| FIV1        | [l/s] | --    | --   | --    | 2.84  | --  | --      | 2.01  | 2.84  |    |    |    |    |    |    |
| FIV1/FIVC   | [%]   | --    | --   | --    | 92.2  | --  | --      | 93.3  | 92.2  |    |    |    |    |    |    |
| PIF         | [l/s] | --    | --   | --    | 4.43  | --  | --      | 3.27  | 4.43  |    |    |    |    |    |    |
| FIF50       | [l/s] | --    | --   | --    | 4.18  | --  | --      | 3.14  | 4.18  |    |    |    |    |    |    |
| FEF50/FIF50 | [%]   | --    | --   | --    | 137.2 | --  | --      | 166.6 | 137.2 |    |    |    |    |    |    |

Session Quality: Pre: FVC - B, FEV1 - D

2/1, Residency Area, AB Road, Geeta Bhavan Square,  
Indore - 452 001, MP, INDIA. E: info@vonehospital.com  
T: +91 0731 3588888, 4238111 | M: +91 93299 22500

A unit of Mediheal Healthcare Private Limited



**Patient Name :** MR. MAHAVIR PRASAD JAIN [MRN-240700230]  
**Age / Gender :** 46 Yr / M  
**Address :** Indore GPO, Indore, MADHYA PRADESH  
**Req. Doctor:** VONE HOSPITAL  
**Regn. ID:** WALKIN.24-25-5500

### HAEMATOLOGY

**Request Date :** 04-07-2024 08:30 AM  
**Collection Date :** 04-07-2024 08:36 AM | H-4654  
**Acceptance Date :** 04-07-2024 08:37 AM | **TAT:** 06:03 [HH:MM]

**Reporting Date :** 04-07-2024 02:40 PM  
**Reporting Status :** Finalized

| Investigations                            | Result                    | Biological Reference Range                   |
|---|---------------------------|--|
| <b>CBC</b>                                |                           |  |
| Haemoglobin                               | 14.3 gm%                  | M 14 - 18 gm% (Age 1 - 100 )                 |
| RBC Count                                 | <b>4.99 mill./cu.mm *</b> | M 3.8 - 4.8 mill./cu.mm (Age 1 - 100 )       |
| Packed Cell Volume (PCV)                  | 41.0 %                    | M 40 - 54 % (Age 1 - 100 )                   |
| MCV                                       | 82.0 Cu.m.                | 76 - 96 Cu.m. (Age 1 - 100 )                 |
| MCH                                       | 28.7 pg                   | 27 - 32 pg (Age 1 - 100 )                    |
| MCHC                                      | <b>35.0 % *</b>           | 30.5 - 34.5 % (Age 1 - 100 )                 |
| Platelet Count                            | 198 10 <sup>3</sup> /uL   | 150 - 450 10 <sup>3</sup> /uL (Age 1 - 100 ) |
| Total Leukocyte Count (TLC)               | 6.81 10 <sup>3</sup> /uL  | 4.5 - 11 10 <sup>3</sup> /uL (Age 1 - 100 )  |
| <b>Differential Leukocyte Count (DLC)</b> |                           |  |
| Neutrophils                               | 57 %                      | 40 - 70 % (Age 1 - 100 )                     |
| Lymphocytes                               | 37 %                      | 20 - 40 % (Age 1 - 100 )                     |
| Monocytes                                 | 03 %                      | 2 - 10 % (Age 1 - 100 )                      |
| Eosinophils                               | 03 %                      | 1 - 6 % (Age 1 - 100 )                       |
| Basophils                                 | 00 %                      | < 1 %  |

END OF REPORT.

**DR. QUTBUDDIN CHAHWALA**  
**M.D. PATHOLOGIST**

Result relate to the sample as received.

V-ONE HOSPITAL Department of Laboratory Medicine.

The Test results are for diagnostic purpose only, not for medico legal purpose.



**Patient Name :** MR. MAHAVIR PRASAD JAIN [MRN-240700230]  
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**Address :** Indore GPO, Indore, MADHYA PRADESH  
**Req. Doctor:** VONE HOSPITAL  
**Regn. ID:** WALKIN.24-25-5500



**HAEMATOLOGY**

**Request Date :** 04-07-2024 08:30 AM  
**Collection Date :** 04-07-2024 08:36 AM | H-4654  
**Acceptance Date :** 04-07-2024 08:37 AM | **TAT:** 07:04 [HH:MM]

**Reporting Date :** 04-07-2024 03:41 PM  
**Reporting Status :** Finalized

| Investigations               | Result            | Biological Reference Range |
|------------------------------|-------------------|----------------------------|
| <b>ESR (WINTROBE METHOD)</b> | <b>13 mm/hr *</b> | M 0 - 12 mm/hr             |
| <b>BLOOD GROUP</b>           |                   |                            |
| ABO GROUP                    | A                 |                            |
| RH FACTOR                    | Positive          |                            |
| <b>HBA1C</b>                 |                   |                            |
| Glyco Hb (HbA1C)             | 5.8 %             | 4 - 6 %                    |
| Estimated Average Glucose    | 119.76 mg/dL      | mg/dL                      |

*Interpretation: 1.HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%*  
*2.Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.*  
*3.In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent control-6-7 %*

END OF REPORT.

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**Age / Gender :** 46 Yr / M  
**Address :** Indore GPO, Indore, MADHYA PRADESH  
**Req. Doctor:** VONE HOSPITAL  
**Regn. ID:** WALKIN.24-25-5500

**BIOCHEMISTRY**

**Request Date :** 04-07-2024 08:30 AM  
**Collection Date :** 04-07-2024 08:35 AM | BIO5614

**Reporting Date :** 04-07-2024 05:11 PM  
**Reporting Status :** Revised And Finalized

**Acceptance Date :** 04-07-2024 08:36 AM | **TAT:** 08:35 [HH:MM]

| Investigations                         | Result               | Biological Reference Range                     |
|--|----------------------|--|
| <b>FBS &amp; PPBS *[ Ser/Plas ]</b>    |                      |  |
| FBS                                    | <b>115.9 mg/dL *</b> | 70 - 110 mg/dL                                 |
| URINE SUGAR - FASTING                  | Nil                  |  |
| PPBS                                   | <b>168.5 mg/dL *</b> | 100 - 140 mg/dL                                |
| URINE SUGAR POST - PRANDIAL            | Nil                  |  |
| <b>URIC ACID</b>                       | 5.9 mg/dL            | Males 3.4 - 7.2 mg/dL<br>Females 2.5 - 6 mg/dL |
| <b>CREATININE</b>                      | 0.92 mg/dL           | 0.7 - 1.4 mg/dL                                |
| <b>BUN</b>                             |                      |  |
| BUN                                    | 11.29 mg/dL          | 5 - 20 mg/dL                                   |
| <b>BUN / CREATINE RATIO</b>            | 12.27                | 10 - 20  |
| <b>GGT(GAMMA GLUTAMYL TRANSFERASE)</b> | 23.05 U/L            | M 11 - 60 U/L                                  |
| <b>AST/ ALT RATIO</b>                  | 1.17 U/L             | < 1 U/L  |

END OF REPORT.

**DR. QUTBUDDIN CHAHWALA**  
M.D. PATHOLOGIST

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**Age / Gender :** 46 Yr / M  
**Address :** Indore GPO, Indore, MADHYA PRADESH  
**Req. Doctor:** VONE HOSPITAL  
**Regn. ID:** WALKIN.24-25-5500



**BIOCHEMISTRY**

**Reporting Date :** 04-07-2024 02:37 PM  
**Reporting Status :** Finalized

**Request Date :** 04-07-2024 08:30 AM  
**Collection Date :** 04-07-2024 08:35 AM | BIO5614  
**Acceptance Date :** 04-07-2024 08:36 AM | **TAT:** 06:01 [HH:MM]

| Investigations         | Result               | Biological Reference Range |
|------------------------|----------------------|----------------------------|
| <b>Lipid Profile</b>   |                      |                            |
| Total Cholesterol      | 127.0 mg/dL          | 0 - 200 mg/dL              |
| Tryglyceride           | <b>125.5 mg/dL *</b> | 150 - 200 mg/dL            |
| HDL Cholesterol        | <b>32.4 mg/dL *</b>  | 35 - 79 mg/dL              |
| VLDL (Calculated)      | 25.1 mg/dL           | 5 - 40 mg/dL               |
| LDL                    | 69.5 mg/dL           | 0 - 130 mg/dL              |
| Total Cholesterol /HDL | 3.92                 | 0 - 5                      |
| LDL/HDL                | 2.15                 | 0.3 - 5                    |

END OF REPORT.

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**Req. Doctor :** VONE HOSPITAL  
**Regn. ID :** WALKIN.24-25-5500



**BIOCHEMISTRY**

**Reporting Date :** 04-07-2024 02:38 PM  
**Reporting Status :** Finalized

**Request Date :** 04-07-2024 08:30 AM  
**Collection Date :** 04-07-2024 08:35 AM | BIO5614  
**Acceptance Date :** 04-07-2024 08:36 AM | TAT: 06:02 [HH:MM]

| Investigations       | Result              | Biological Reference Range |
|----------------------|---------------------|----------------------------|
| LFT                  |                     | 0 - 40 U/L                 |
| SGOT                 | 11.9 U/L            | M 0 - 40 U/L               |
| SGPT                 | 10.1 U/L            | 0 - 1.1 mg/dL              |
| TOTAL BILIRUBIN      | <b>1.23 mg/dL *</b> | 0 - 0.2 mg/dL              |
| DIRECT BILIRUBIN     | <b>0.67 mg/dL *</b> | 0.2 - 0.8 mg/dL            |
| INDIRECT BILIRUBIN   | 0.56 mg/dL          | 6.6 - 8.8 mg/dL            |
| TOTAL PROTEIN        | 7.69 mg/dL          | 3.5 - 5.5 mg/dL            |
| S.ALBUMIN            | 4.62 mg/dL          | 2 - 3.5 mg/dL              |
| GLOBULIN             | 3.07 mg/dL          | 1.1 - 1.5                  |
| A.G.RATIO            | 1.50                | M 40 - 129 U/L             |
| ALKALINE PHOSPHATASE | 72.0 U/L            | CHILD 54 - 369 U/L         |
| PT INR               |                     | 13 - 15 sec                |
| PT                   | <b>12.8 sec *</b>   |                            |
| CONTROL              | 12.8 sec            |                            |
| INR                  | 1.0                 | 0.8 - 1.1                  |
| HBSAG                | Non Reactive        |                            |

END OF REPORT.

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A unit of Mediheal Healthcare Private Limited



Patient Name : MR. MAHAVIR PRASAD JAIN [MRN-240700230]  
Age / Gender : 46 Yr / M  
Address : Indore GPO, Indore, MADHYA PRADESH  
Req. Doctor: VONE HOSPITAL  
Regn. ID: WALKIN.24-25-5500



**SPECIAL TEST**

Reporting Date : 04-07-2024 03:44 PM  
Reporting Status : Finalized

Request Date : 04-07-2024 08:30 AM  
Collection Date : 04-07-2024 08:36 AM | ST-2064  
Acceptance Date : 04-07-2024 08:37 AM | TAT: 07:07 [HH:MM]

| Investigations | Result        | Biological Reference Range  |
|----------------|---------------|---|
| VITAMIN D3     | 39.39 ng / ml | Deficiency : <20<br>Insufficiency : 20-30<br>Sufficiency : 30-100 |

Interpretation: Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol(vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol (vitamin D2) present mainly in dietary sources. Both cholecalciferol & Ergocalciferol are converted to 25(OH)vitamin D in liver. Testing for 25(OH)vitamin D is recommended as it is the best indicator of D nutritional status as obtained from sunlight exposure & dietary intake. For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH)vitamin D, serum calcium, serum PTH & serum alkaline phosphatase. During monitoring of oral vitamin D therapy- suggested testing of serum 25(OH)vitamin D is after 12 weeks or 3 months of treatment. However, the required dosage of vitamin D supplements & time to achieve sufficient vitamin D levels show significant seasonal (especially winter) & individual variability depending on age, body fat, sun exposure, physical activity, genetic factors (especially variable vitamin D receptor responses). associated liver or renal disease, malabsorption syndromes and calcium or magnesium deficiency influencing the vitamin D metabolism. Vitamin D toxicity is known but very rare. Kindly correlate clinically, repeat with fresh sample if indicated.

END OF REPORT.

**DR. QUTBUDDIN CHAHWALA**  
M.D. PATHOLOGIST

Result relate to the sample as received.

V-ONE HOSPITAL Department of Laboratory Medicine.

The Test results are for diagnostic purpose only, not for medico legal purpose.

Residency Area, AB Road, Geeta Bhavan Square,  
Indore - 452 001, MP, INDIA. E: info@vonehospital.com  
+91 0731 3588888, 4238111 | M: +91 93299 22500  
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**Regn. ID:** WALKIN.24-25-5500

**IMMUNOLOGY**

**Reporting Date :** 04-07-2024 03:43 PM  
**Reporting Status :** Finalized

**Request Date :** 04-07-2024 08:30 AM  
**Collection Date :** 04-07-2024 08:35 AM | PATH4744  
**Acceptance Date :** 04-07-2024 08:36 AM | **TAT:** 07:07 [HH:MM]

| Investigations  | Result         | Biological Reference Range |
|---|----------------|----------------------------|
| <b>VITAMIN B12</b>  | 304.98 pg / ml | 120 - 914 pg / ml          |
| <p><b>Interpretation:</b> <u>Introduction</u> : Vitamin B12, a member of the corrin family, is a cofactor for the formation of myelin, and along with folate, is required for DNA synthesis. Levels above 300 or 400 are rarely associated with B12 deficiency induced hematological or neurological disease.</p> <p><u>Clinical Significance</u> : Causes of Vitamin B12 deficiency can be divided into three classes: Nutritional, malabsorption syndromes and gastrointestinal causes. B12 deficiency can cause Megaloblastic anemia (MA), nerve damage and degeneration of the spinal cord. Lack of B12 even mild deficiencies damages the myelin sheath. The nerve damage caused by a lack of B12 may become permanently debilitating. The relationship between B12 and MA is not always clear that some patients with MA will have normal B12 levels; conversely, many individuals with B12 deficiency are not afflicted with MA.</p> <p><u>Decreased in:</u> Iron deficiency, normal near-term pregnancy, vegetarianism, partial gastrectomy/ileal damage, celiac disease, use of oral contraception, parasitic competition, pancreatic deficiency, treated epilepsy and advancing age.</p> <p><u>Increased in:</u> Renal failure, liver disease and myeloproliferative diseases.</p> <p>Variations due to age Increases: with age.<br/>Temporarily increased after Drug.<br/>Falsely high in Deteriorated sample.</p> |                |                            |

END OF REPORT.

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**Reporting Date :** 04-07-2024 03:43 PM  
**Reporting Status :** Finalized

| Investigations         | Result      | Biological Reference Range       |
|------------------------|-------------|----------------------------------|
| <b>Thyroid Profile</b> |             |                                  |
| T3                     | 0.93 ng/dL  | 0.58 - 1.62 ng/dL (Age 1 - 100 ) |
| T4                     | 11.39 ug/dl | 5 - 14.5 ug/dl (Age 1 - 100 )    |
| TSH                    | 2.73 uIU/ml | 0.35 - 5.1 uIU/ml (Age 1 - 100 ) |

Interpretation: Ultra sensitive-thyroid stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, sTSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism. Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations. Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy. TSH ref range in Pregnancy Reference range (microIU/ml)  
 First trimester 0.24 - 2.00  
 Second trimester 0.43-2.2

END OF REPORT.

**DR. QUTBUDDIN CHAHWALA**  
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**IMMUNOLOGY**

**Request Date :** 04-07-2024 08:30 AM  
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**Acceptance Date :** 04-07-2024 08:36 AM | **TAT:** 07:07  
[HH:MM]

**Reporting Date :** 04-07-2024 03:43 PM  
**Reporting Status :** Finalized

| Investigations  | Result       | Biological Reference Range      |
|---|--------------|---------------------------------|
| <b>PSA</b><br>Interpretation: INTERPRETATIONS:<br>Useful for Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year.<br>Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.<br>Prostate-specific antigen (PSA) values are reported with the 95th percentile limits by decade of age. These reference limits include men with benign prostatic hyperplasia. They exclude all cases with proven cancer.<br>PSA values exceeding the age-specific limits are suspicious for prostate disease, but further testing, such as prostate biopsy, is needed to diagnose prostate pathology.<br>Values >0.2 ng/mL are considered evidence of biochemical recurrence of cancer in men after prostatectomy | 0.97 ng / ml | 0 - 4 ng / ml (Age 0 Y - 100 Y) |

END OF REPORT.

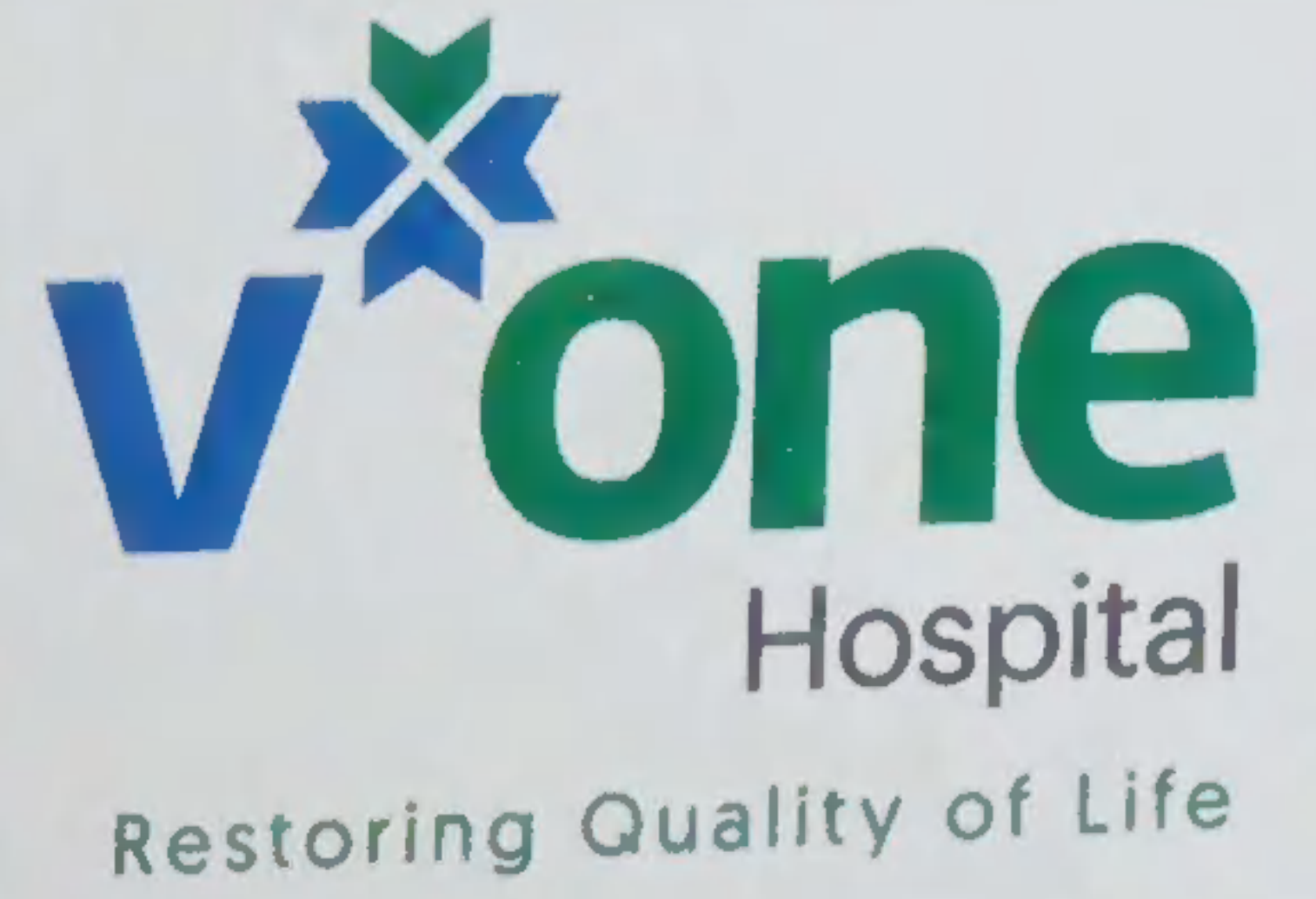
**DR. QUTBUDDIN CHAHWALA**  
M.D. PATHOLOGIST

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**Regn. ID:** WALKIN.24-25-5500



**CLINICAL PATHOLOGY**

**Request Date :** 04-07-2024 08:30 AM  
**Collection Date :** 04-07-2024 08:35 AM | CP-2048  
**Acceptance Date :** 04-07-2024 08:36 AM | TAT: 07:05 [HH:MM]

**Reporting Date :** 04-07-2024 03:41 PM  
**Reporting Status :** Finalized

| Investigations                | Result      | Biological Reference Range |
|-------------------------------|-------------|----------------------------|
| <b>Urine Routine</b>          |             |                            |
| <b>PHYSICAL EXAMINATION</b>   |             |                            |
| Quantity                      | 30 ml       |                            |
| Colour                        | Pale yellow | Pale Yellow                |
| Deposit                       | Absent      | Absent                     |
| Clarity                       | Clear       | Clear                      |
| Reaction                      | Acidic      | Acidic                     |
| Specific Gravity              | 1.015       | 1.001 - 1.035              |
| <b>CHEMICAL EXAMINATION</b>   |             |                            |
| Albumin                       | Absent      | Absent                     |
| Sugar                         | Absent      | Absent                     |
| Bile Salt                     | Absent      | Absent                     |
| Bile Pigment                  | Absent      | Absent                     |
| Keton                         | Absent      | Absent                     |
| Blood                         | Absent      | Absent                     |
| <b>MICROSCOPY EXAMINATION</b> |             |                            |
| Red Blood Cells               | Nil /hpf    | Nil/hpf                    |
| Pus Cells                     | 1-2 /hpf    | 2-3/hpf                    |
| Epithelial Cells              | 1-2 /hpf    | 3-4/hpf                    |
| Casts                         | Absent      | Absent                     |
| Crystals                      | Absent      | Absent                     |
| Bacteria                      | Absent      | Absent                     |

END OF REPORT.

**DR. QUTBUDDIN CHAHWALA**  
**M.D. PATHOLOGIST**

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Request Date : 04-07-2024 08:30 AM

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X-RAY CHEST AP

Size and shape of heart are normal.

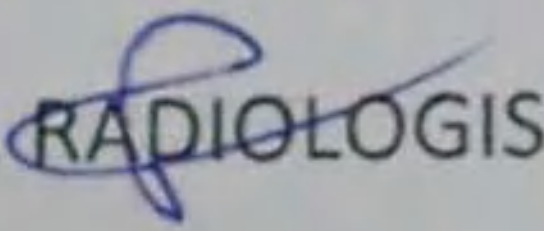
C.P. angles are clear.

Lung fields are clear.

Soft tissues and rib cage are normal.

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END OF REPORT

Dr.  RADIOLOGIST