FITNESS CERTIFICATE



NAME: Sanpalle, Prother new	AGE: 29V/Mab
HT: 62. CMS:	WT: 70.9 KGS: SEX: 110

PARAMETERS	MEASUREMENTS
PULSE/BP(supine)	/mt / /mmHg 30/90
INSPIRATION	100110
EXPIRATION	29
CHEST CIRCUMFERENCE	22
PREVIOUS ILLNESS	34
VISION	6/6 noul
FAMILY HISTORY	FATHER: MOTHER:

REPORTS:

FIT

DATE: 07/04/23 PLACE: Visakbarpathan

CONSULTANT PHYSICIAN

Dr. Lanka Prasad, M. B. B. S. Reg. No. 18363 CIVIL ASSISTANT SURGEON MEDICAL OFFICER Primary Health Centre KASINKOTA-53103 VISAKHA Dist,

Name	: Mr. SARIPALLI PRITHVI RA	J	
PID No.	: MED111596614	Register On	: 07/04/2023 7:59 AM
SID No.	: 80024303	Collection On	: 07/04/2023 8:59 AM
Age / Sex	: 29 Year(s) / Male	Report On	: 07/04/2023 12:48 PM
Туре	: OP	Printed On	: 07/04/2023 7:44 PM

Ref. Dr : MediWheel

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (Blood/Agglutination)	'A' 'Positive'		
Complete Blood Count With - ESR			
Haemoglobin (Blood/Spectrophotometry)	13.9	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Numeric Integration of MCV)	41.6	%	42 - 52
RBC Count (Blood/Electrical Impedance)	5.13	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/ <i>Calculated</i>)	81.1	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Calculated)	27.2	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/ <i>Calculated</i>)	33.5	g/dL	32 - 36
RDW-CV (Calculated)	16.4	%	11.5 - 16.0
RDW-SD (Calculated)	46.55	fL	39 - 46
Total Leukocyte Count (TC) (Blood/Electrical Impedance)	7460	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance and absorbance)	69.11	%	40 - 75
Lymphocytes (Blood/Impedance and absorbance)	23.30	%	20 - 45
Eosinophils (Blood/Impedance and absorbance)	1.15	%	01 - 06







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Monocytes (Blood/Impedance and absorbance)	6.07	%	01 - 10
Basophils (Blood/Impedance and absorbance)	0.37	%	00 - 02
INTERPRETATION: Tests done on Automated	Five Part cell count	er. All abnormal results are	reviewed and confirmed microscopically.
Absolute Neutrophil count (Blood/Impedance and absorbance)	5.16	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (Blood/Impedance)	1.74	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/Impedance)	0.09	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (Blood/Impedance)	0.45	10^3 / µl	< 1.0
Absolute Basophil count (Blood/Impedance)	0.03	10^3 / µl	< 0.2
Platelet Count (Blood/Impedance)	1.82	lakh/cu.mm	1.4 - 4.5
INTERPRETATION: Platelet count less than 1	5 lakhs will be confi	rmed microscopically.	
MPV (Blood/Derived from Impedance)	10.34	fL	7.9 - 13.7
PCT (Calculated)	0.19	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	08	mm/hr	< 15
BUN / Creatinine Ratio	10.0		
Glucose Fasting (FBS) (Plasma - F/Glucose oxidase/Peroxidase)	66	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126







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Ref. Dr	: MediWheel			
Investiga	ation	<u>Observed</u> Value	<u>Unit</u>	<u>Biological</u> Reference Interval
INTERPI blood gluo		quantity and time of food	l intake, Physical activity	, Psychological stress, and drugs can influence
Glucose, (Urine - F)	Fasting (Urine)	Negative		Negative
	Postprandial (PPBS) PP/GOD - POD)	78	mg/dL	70 - 140
Factors su Fasting bl	ood glucose level may be higher that	an Postprandial glucose,	because of physiological	nd drugs can influence blood glucose level. surge in Postprandial Insulin secretion, Insulin cation during treatment for Diabetes.
Urine Gl (Urine - Pl	lucose(PP-2 hours)	Negative		Negative
Blood U (Serum/Ca	rea Nitrogen (BUN) ulculated)	9.3	mg/dL	7.0 - 21
Creatinin (Serum/Jaj	ne ffe [–] Alkaline Picrate)	0.9	mg/dL	0.9 - 1.3
Uric Aci (Serum/Ur	d icase/Peroxidase)	6.4	mg/dL	3.5 - 7.2
<u>Liver Fu</u>	unction Test			
Bilirubir (Serum/Di	n(Total) azotized Sulphanilic acid)	0.6	mg/dL	0.1 - 1.2
Bilirubir	-	0.2	mg/dL	0.0 - 0.3
Bilirubir (Serum/Ca	n(Indirect) ilculated)	0.40	mg/dL	0.1 - 1.0
Aminotr	ST (Aspartate ansferase) CC without P-5-P)	24	U/L	5 - 40
	LT (Alanine Aminotransferase CC without P-5-P)	e) 47	U/L	5 - 41
	H. Shivey INTHA SHIVAJI Lab Manager ERIFIED BY			K.Nul orida Dr K. NEEHARIKA MD PATHOLOGY Reg No : 96545

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Ref. Dr	: MediWheel		

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
Alkaline Phosphatase (SAP) (Serum/IFCC AMP Buffer)	69	U/L	53 - 128
Total Protein (Serum/Biuret)	8.0	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.5	gm/dl	3.5 - 5.2
Globulin (Serum/Calculated)	3.50	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Calculated)	1.29		1.1 - 2.2
INTERPRETATION: Enclosure : Graph			
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	25	U/L	< 55
Lipid Profile			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	179	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol-phosphate oxidase/Peroxidase)	67	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >=500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the `usual_ circulating level of triglycerides during most part of the day.







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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
HDL Cholesterol (Serum/Immunoinhibition)	50	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	115.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/ <i>Calculated</i>)	13.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	129.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >=220

INTERPRETATION: 1. Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/ <i>Calculated</i>)	3.6	Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/ <i>Calculated</i>)	1.3	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
CH. Shivey CHINTHA SHIVAJI Lab Manager		K.Nuk ouid a Dr K. NEEHARIKA MD PATHOLOGY Reg No : 96545

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Investigation		<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>	
LDL/HDL Cholesterol Ratio (Serum/Calculated)		2.3		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0	
<u>Glycosyl</u>	ated Haemoglobin (HbA1c)				
HbA1C (Whole Blo	ood/HPLC-Ion exchange)	5.3	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5	
INTERPI	RETATION: If Diabetes - Good con	trol : 6.1 - 7.0 % , Fair	control : 7.1 - 8.0 %	6, Poor control >= 8.1 %	
Mean Bl (Whole Bl	ood Glucose	105.41	mg/dl		
HbA1c pro control as Condition hypertrigh Condition	compared to blood and urinary gluce s that prolong RBC life span like Iro yceridemia,hyperbilirubinemia,Drug	ose determinations. n deficiency anemia, Vi s, Alcohol, Lead Poisor e or chronic blood loss,	itamin B12 & Folat iing, Asplenia can g hemolytic anemia	d is a much better indicator of long term glycemic e deficiency, give falsely elevated HbA1C values. , Hemoglobinopathies, Splenomegaly,Vitamin E	
<u>THYRO</u>	ID PROFILE / TFT				
	odothyronine) - Total emiluminescent Immunometric Assay	0.94	ng/ml	0.7 - 2.04	
Comment Total T3 v	RETATION: t: ariation can be seen in other conditionally active.	on like pregnancy, drug	s, nephrosis etc. In	such cases, Free T3 is recommended as it is	
•	roxine) - Total emiluminescent Immunometric Assay	11.05	µg/dl	4.2 - 12.0	
	H. Shivey INTHA SHIVAJI Lab Manager ERIFIED BY			APPROVED BY	

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lef. Dr	: MediWheel			
<u>Investiga</u>	ation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
	RETATION:			
		ition like pregnancy, drug	s, nephrosis etc. In such cas	es, Free T4 is recommended as it is
	yroid Stimulating Hormone) nemiluminescence)	4.05	µIU/mL	0.35 - 5.50
Reference 1 st trimes 2 nd trimes 3 rd trimes (Indian Th Comment 1.TSH ref 2.TSH Lee be of the c	erence range during pregnancy de	ion, reaching peak levels y has influence on the mea	between 2-4am and at a min asured serum TSH concentra	
	nalysis - Routine			
Others (Urine/Mid	rescond)	Nil		
	RETATION: Note: Done with Au	tomated Urine Analyser &	k microscopy	
	Examination(Urine Routin	-		
Colour		Pale Yellow		Yellow to Amber
	vsical examination)	Tale Tenow		Tenow to Amber
Appeara (Urine/Phy	nce vsical examination)	Clear		Clear
<u>Chemica</u>	ul Examination(Urine Routin	<u>ne)</u>		
	nstick-Error of indicator/ cylic acid method)	Negative		Negative
СН	H. Shivey INTHA SHIVAJI Lab Manager			K-Nuch ortik a Dr K . NEEHARIKA MD PATHOLOGY Reg No : 96545
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Glucose (Urine/Dip Stick Method / Glucose Oxidase - Peroxidase / Benedict š semi quantitative method.)	Negative		Negative
<u>Microscopic Examination(Urine</u> <u>Routine)</u>			
Pus Cells (Urine/Microscopy exam of urine sediment)	3-5	/hpf	0 - 5
Epithelial Cells (Urine/Microscopy exam of urine sediment)	2-4	/hpf	NIL
RBCs (Urine/Microscopy exam of urine sediment)	Nil	/hpf	0 - 5

STOOL ANALYSIS - ROUTINE

PHYSICAL EXAMINATION

Brown	Brown
Well Formed	Well Formed
Absent	Absent
Absent	Absent
	Well Formed Absent

CHEMICAL EXAMINATION

Reducing Substances (Stool/Benedict's)	Negative
Reaction (Stool)	Acidic







Negative

Acidic

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
<u>MICROSCOPIC EXAMINATION</u> (STOOL COMPLETE)			
Ova (Stool)	Nil		
Cysts (Stool)	Nil		
Trophozoites (Stool)	Nil		
Pus Cells (Stool)	0-2	/hpf	
RBCs (Stool)	Nil	/hpf	
Others (Stool)	Nil		







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-- End of Report --

The results pertain to sample tested.

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Name	MR.SARIPALLI PRITHVI RAJ	ID	MED111596614
Age & Gender	29Y/MALE	Visit Date	07 Apr 2023
Ref Doctor Name	MediWheel		

FS : 34 %

ECHOCARDIOGRAM REPORT M - MODE STUDY

LA	: 2.8 cm	L.V.D. (D) : 4.0 cm
AO	: 2.0 cm	L.V.D. (S) : 2.6 cm

LVEF : 64 %

IVS (D) : 0.8 cm LVPW (D) : 0.8 cm TWO DIMENSIONAL ECHOCARDIOGRAPHIC STUDY VALVES

1.Mitral : Normal 2.Aortic : Normal 3.Pulmonary : Normal 4.Tricuspid : Normal

CHAMBERS

1.Left Atrium: Normal2.Right Atrium: Normal3.Left Ventricle: Normal4.Right Ventricle: Normal

SEPTAE

1.I.A.S. : Intact 2.I.V.S. : Intact

GREAT ARTERIES

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1.Aorta: Normal2.Pulm-Artery: NormalPERICARDIUM / OTHERS : No pericardial effusionCOLOUR FLOW MAPPINGMRMRRPR

DOPPLER STUDY	
M.V.DIASTOLIC FLOW	: E > A
AORTIC VALVE SYSTOLIC FLOW	: 1.4 mt/sec
PULMONARY VALVE SYSTOLIC FLOW	: 1.2 mt/sec

IMPRESSION:

•	NORMAL CHAMBERS /
NORMAL VALVES.	
•	NO RWMA OF LV.
•	NO MR / NO AR / NO TR/
NO PAH.	
•	NO PE / NO LV CLOTS.
•	GOOD LV/RV SYSTOLIC
FUNCTION.	

Name	MR.SARIPALLI PRITHVI RAJ	ID	MED111596614
Age & Gender	29Y/MALE	Visit Date	07 Apr 2023
Ref Doctor Name	MediWheel		

Dr. B. SRIKANTH MD DM CONSULTANT CARDIOLOGIST



Name	SARIPALLI PRITHVI RAJ	ID	MED111596614
Age & Gender	29Y/M	Visit Date	Apr 7 2023 7:59AM
Ref Doctor	MediWheel		

ULTRASOUND WHOLE ABDOMEN

Liver	:	Normal in size (14.1 cm) shows diffuse increase in echotexture. There is no evidence of IHBR / EHBR dilatation seen. No focal space occupying lesions seen. CBD is normal. PV normal.
Gall Bladder	:	Normal in volume and wall thickness. No e/o intraluminal calculi seen.
Pancreas	:	Head, body and tail are identified with normal echopattern and smooth outlines.
Spleen	:	Measured 10.9 cm, in size with normal echotexture.
Right kidney	:	Measured 10.1 x 4.6 cm in size.
Left kidney	:	Measured 10.2 x 5.1 cm in size. Both kidneys are normal in size, position, with well preserved cortico medullary differentiation and normal pelvicalyceal anatomy. No e/o calculi / space occupying lesion seen. No e/o suprarenal / retroperitoneal masses noted.
Urinary bladder	:	Normal in volume and wall thickness. No e/o intraluminal calculi / masses seen.
Prostate	:	Measured 3.1 x 3.3 x 3.1 cm in size (Vol : 17.2 cc) with normal echotexture.
		No e/o ascites / pleural effusion seen. No e/o detectable bowel pathology seen.

IMPRESSION:

• Grade I hepatosteatosis – To correlate with LFT

- For clinical correlation.



Name	SARIPALLI PRITHVI RAJ	ID	MED111596614
Age & Gender	29Y/M	Visit Date	Apr 7 2023 7:59AM
Ref Doctor	MediWheel		

2

Dr.Jahn avi Barla, MD(RD)

Consultant Radiologist



Name	SARIPALLI PRITHVI RAJ	ID	MED111596614
Age & Gender	29Y/M	Visit Date	Apr 7 2023 7:59AM
Ref Doctor	MediWheel		

RADIOGRAPH CHEST P.A. VIEW

The Cardiac size and configuration are normal.

The Aorta and Pulmonary Vasculature are normal.

Both the lungs are clear.

Both Costophrenic angles are normal.

Partial bifid right 3rd rib noted.

The soft tissues and rest of bones of thorax are normal.

IMPRESSION :

- Partial bifid right 3rd rib (Normal variant).
- Visualized lung fields are clear.

- For clinical correlation.

Dr.Jahn avi Barla, MD (RD)

Consultant Radiologist

C: 0891-2706431 Cell: 9246674691 SHARADA EYE HOSPIT H.No. APGV KHN B00 146, Sharada Eye Hospital Complex Krishnanagar, VISAKHAPATNAM-530 002 Dr. K. Venkateswarlu Date MD (AIIMS) FRF **EYE SURGEON** 7.4.23 Reg. No. 12677 S. Priliukay 30 R 616 N5 616 NS Vision Post PRIC normal normal Ant Seg namal normal Fundre nama Cola Visian. normal Eyes normal LU a Eve Hospital HAPATNAM-2 anford Regd. No. 12677