



**Mediwheel**  
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**Arcofemi Healthcare Pvt Ltd**

(Formerly known as Arcofemi Healthcare Ltd)

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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 **Mr. Nirav Govind Bhanushalu** aged, **31yrs.** 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, colour blindness, and any chronic or contagious diseases.

Place: **Mumbai**

Date: **02/05/2024**

*Dr. Nitesh Kumar*  
MBBS

*Nitesh Kumar*  
MBBS 47093

Name & Signature of

Medical officer



# UNIVERSAL DIAGNOSTIC CENTRE

S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606.  
Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



8457 020524

**Name :** MR. NIRAV GOVIND BHANUSHALI  
**Ref. By :** SIDDHIVINAYAK HOSPITAL (APOLLO)  
**Sent By :** UNIVERSAL DIAGNOSTIC CENTRE

**LABID :** 8457  
**Age :** 31 Yrs. **Sex :** M

**Sample Collection :** 02/05/2024 10:41  
**Sample Received :** 02/05/2024 10:41  
**Report Released :** 02/05/2024 18:14

## FASTING AND POSTPRANDIAL PLASMA GLUCOSE

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Range</u>
Fasting Plasma Glucose Method: Hexokinase	: 99.87	mg/dl	70-110 mg/dl
Fasting Urine Glucose	: Absent		Absent
Fasting Urine Ketone	: Absent		Absent
Post Prandial Plasma Glucose ( 2 Hrs.after lunch)	: 108.70	mg/dl	70 to 140 mg/dl
PP Urine Glucose	: Not given		
PP Urine Ketone	: Not Given		
Method : Glucose Oxidase Peroxidase (GOD/POD)			

### AS PER AMERICAN DIABETES ASSOCIATION 2010 UPDATE

#### FASTING GLUCOSE LEVEL-


- Normal glucose tolerance : 70-110 mg/dl
- Impaired Fasting glucose (IFG) : 110-125 mg/dl
- Diabetes mellitus :  $\geq 126$  mg/dl POSTPRANDIAL/POST GLUCOSE (75 grams)
- Normal glucose tolerance : 70-139 mg/dl - Impaired glucose tolerance : 140-199 mg/dl
- Diabetes mellitus :  $\geq 200$  mg/dl CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS - Fasting plasma glucose  $\geq 126$  mg/dl - Classical symptoms +Random plasma glucose  $\geq 200$  mg/dl
- Plasma glucose  $\geq 200$  mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin  $> 6.5\%$  \*\*\*Any positive criteria should be tested on subsequent day with same or other criteria.

### BIOCHEMISRTY TEST DONE ON MERILYZER CLINIQUANT BIOCHEMISRTY ANALYZER

(Collected At: 02/05/2024 10:41:05, Received At: 02/05/2024 10:41:05, Reported At: 02/05/2024 18:14:09)



Checked By -

  
**Preeti Jaiswar**  
Senior Technician  
ADMLT



**Dr. Shobha Shetty**  
M.D. (PATH.)  
Reg No : MMC89971

\*\*Sample has been collected outside the laboratory. The results pertain to the sample received.



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Report Released : 02/05/2024 18:14

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

## UREA CREAT RATIO (UCR)

Test	Result	Unit	Biological Ref. Range
Blood Urea Method: Urease UV/GLDH	: 48.50	mg/dl	10-50 mg/dl
Blood Urea Nitrogen	: 22.66	mg/dl	6-21 mg/dl
S. Creatinine Method: Modified Jaffe's	: 1.56	mg/dl	0.7-1.3 mg/dl
UREA / CREATININE RATIO	: 31.09		8.56 to 50.10

### INTERPRETATION:

The principle behind this ratio is the fact that both urea (BUN) and creatinine are freely filtered by the glomerulus; however, urea reabsorbed by the tubules can be regulated (increased or decreased) whereas creatinine reabsorption remains the same (minimal reabsorption).

> **50.10 (Pre renal causes)** : BUN reabsorption is increased. Urea is disproportionately elevated relative to creatinine in serum. This may be indicative of hypoperfusion of the kidneys due to heart failure or dehydration. Gastrointestinal bleeding or increased dietary protein can also increase the ratio.

**8.56 - 50.10 (Post Renal causes or Normal)** : Normal range. Can also be postrenal disease. BUN reabsorption is within normal limits.

< **8.56 (Intra Renal)** : Renal damage causes reduced reabsorption of BUN, therefore lowering the Urea:Cr ratio. Decreased ratio indicates liver disease (due to decreased urea formation) or malnutrition.

(Collected At: 02/05/2024 10:41:05, Received At: 02/05/2024 10:41:05, Reported At: 02/05/2024 18:14:39)



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## COMPLETE BLOOD COUNT

Test	Result	Unit	Reference Range
Haemoglobin	16.6	gm/dl	14.0-18.0 gm/dl

### RBC PARAMETERS

Total R.B.C. Count	5.92	mill/cumm	4.5-6.5 mill/cumm
PCV	52.6	%	40-54 %
MCV	88.9	fl	76-90 fl
MCH	28.0	Pg	27-32 Pg
MCHC	31.6	gm/dl	30-35 gm/dl
RDW	12.7	%	11-14.5 %

### WBC PARAMETERS

Total W.B.C. Count	6100	per cumm	4000-11000 per cumm
Neutrophils	61	%	40-75 %
Lymphocytes	33	%	20-40 %
Monocytes	04	%	0 - 10 %
Eosoniphils	02	%	0 - 6 %
Basophils	0	%	0-1 %
Band Forms	0	%	0 - 0 %

### PLATELET PARAMETERS

Platelet Count	257000	per cu.mm.	150000 - 450000 per cu.mm.
MPV	7.9	fL	3-12 fL

### PERIPHERIAL SMEAR FINDINGS:

WBC Morphology	Normal
RBC Morphology	Normocytic, Normochromic
Platelets on Smear	Adequate on smear.

EDTA Sample Procesed On a Fully Automated 3-Part Analyzer H-360

(Collected At: 02/05/2024 10:41:05, Received At: 02/05/2024 10:41:05, Reported At: 02/05/2024 18:46:24)



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## SERUM BILIRUBIN

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Range</u>
S. Bilirubin (Total)	: 0.85	mg/dl	0-1.2 mg/dl
S. Bilirubin (Direct)	: 0.33	mg/dl	0-0.40 mg/dl
S. Bilirubin (Indirect)	: 0.52	mg/dl	0-0.55 mg/dl

(Collected At: 02/05/2024 10:41:05, Received At: 02/05/2024 10:41:05, Reported At: 02/05/2024 18:14:49)

----- End Of Report -----



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**Sample Collection :** 02/05/2024 10:41  
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**Report Released :** 02/05/2024 18:15

## EXAMINATION OF URINE

Test	Result	Biological Ref. Range
<b>PHYSICAL EXAMINATION</b>		
QUANTITY (URINE)	30 ML	
Colour	Pale Yellow	
Appearance	Clear	
Reaction (pH)	6.0	4.5 - 8.0
Specific Gravity	1.020	1.010 - 1.030
<b>CHEMICAL EXAMINATION</b>		
Protein	Absent	Absent
Glucose	Absent	Absent
Ketone	Absent	Absent
Occult Blood	Absent	Absent
Bilirubin	Absent	Absent
Urobilinogen	Absent	Normal
<b>MICROSCOPIC EXAMINATION</b>		
Epithelial Cells	0 - 1 / hpf	
Pus cells	1 - 2 / hpf	
Red Blood Cells	Absent / hpf	
Casts	Absent / lpf	Absent / lpf
Crystals	Absent	Absent
<b>OTHER FINDINGS</b>		
Amorphous Deposits	Absent	Absent
Yeast Cells	Absent	Absent
Bacteria	Absent	Absent
Mucus Threads	Absent	
Spermatozoa	Absent	

(Collected At: 02/05/2024 10:41:05, Received At: 02/05/2024 10:41:05, Reported At: 02/05/2024 18:15:05)

----- End Of Report -----



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**Report Released** : 02/05/2024 18:20

## BLOOD GROUP

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Range</u>
ABO Group	: A		
RH Factor	: POSITIVE		

## Slide agglutination test

Slide Agglutination Test

(Collected At: 02/05/2024 10:41:05, Received At: 02/05/2024 10:41:05, Reported At: 02/05/2024 18:20:22)

## SERUM CREATININE


<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Range</u>
S. Creatinine	: 1.56	mg/dl	0.7-1.3 mg/dl
Method: Modified Jaffe's			


(Collected At: 02/05/2024 10:41:05, Received At: 02/05/2024 10:41:05, Reported At: 02/05/2024 18:15:17)

----- End Of Report -----



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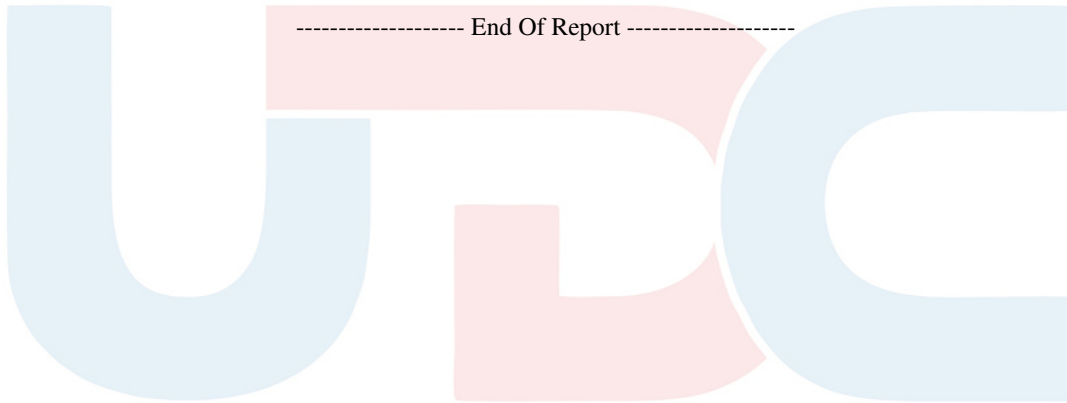
## ERYTHROCYTE SEDIMENTATION RATE (WESTERGREN'S)

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Range</u>
E.S.R (Westergren)	: 12	mm at 1hr	0-20 mm at 1hr

**Method** : Westergren`s

**Done with**: ErySed Random Access ESR analyzer

(Collected At: 02/05/2024 10:41:05, Received At: 02/05/2024 10:41:05, Reported At: 02/05/2024 18:15:24)



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## SGPT

Test	Result	Unit	Biological Ref. Range
S. G. P. T	: 38.19	IU/L	0-42 IU/L

(Collected At: 02/05/2024 10:41:05, Received At: 02/05/2024 10:41:05, Reported At: 02/05/2024 18:15:34)

----- End Of Report -----



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Reg. No. <u>AP</u>
Date : <u>02/05/2024.</u>

Blood  
  Urine  
  Stool  
  Vaccine  
  ECG  
  2D Echo  
  TMT  
  X-Ray  
  PFT  
  Audio  
  USG  
  OPT  
  Dr.

Employee's Name : Nisar Bhanushali

With Glass / Without Glasses

Blood Group : A+

Age/Sex : 31 / Male

Contact No. : 8080252323

	Rt.	Lt.
NEAR	<u>M/G</u>	<u>M/G</u>
DISTANT	<u>G/G</u>	<u>G/G</u>
COLOUR VISION	<u>PLB</u>	

**PHYSIOLOGIC PARAMETERS :**

Ht. (Cms.)      Wt. (Kgs.)      BMI

183.              67.35kg.

**GENERAL EXAMINATION**      SpO<sub>2</sub> - 99%

Pulse (Min) : 104 min      BP (mm Hg) : 110/70 mmHg

R.R. (Min) : 18/min      Temp. : 98°F

Pallor : NAD      Icterus : NAD

Clubbing : NAD

**COMPLAINTS : (Specify if any)**

No fresh complaints

**ENT EXAMINATION (Specify if Abnormal)**

Ear                      Nose                      Tongue (N)

Teeth                      Tonsils                      Gums

PAST HISTORY : NAD

**SYSTEMIC EXAMINATION**

LOCOMOTOR SYSTEM NAD

RESPIRATORY SYSTEM ABFT clear

CARDIOVASCULAR SYSTEM S, S<sub>2</sub> ⊕

CENTRAL NERVOUS SYSTEM Awake, oriented

ABDOMEN soft

GENITAL SYSTEM NAD

MUSCULOSKELETAL SYSTEM NAD

FAMILY HISTORY : father - DM.

SURGICAL HISTORY : NAD

**PERSONAL HISTORY (Addiction if any)**

Chronic / Frequent / Occasional : No

Smoker / Tobacco Chewer / Alcoholic : No

PFT	MEANS	PRED	% PRED
SVC			
FVC			
FEV1 / FVC			
Remark			

Audiometry	Frequency in Hz					
	500	1000	2000	4000	6000	8000
Right Ear						
Left Ear						
Remark						

[Signature]

**DOCTOR SIGNATURE**

**DR. VISHAL DALVI**

MBBS, MD (Medicine)

Consultant Physician

Reg. No. 2011/09/3121

fit is fit and can resume his normal duties

ID: 1457

02-05-2024

10:20:19 AM

Female  
Years 31/M

Nirav Bhorushaji HR

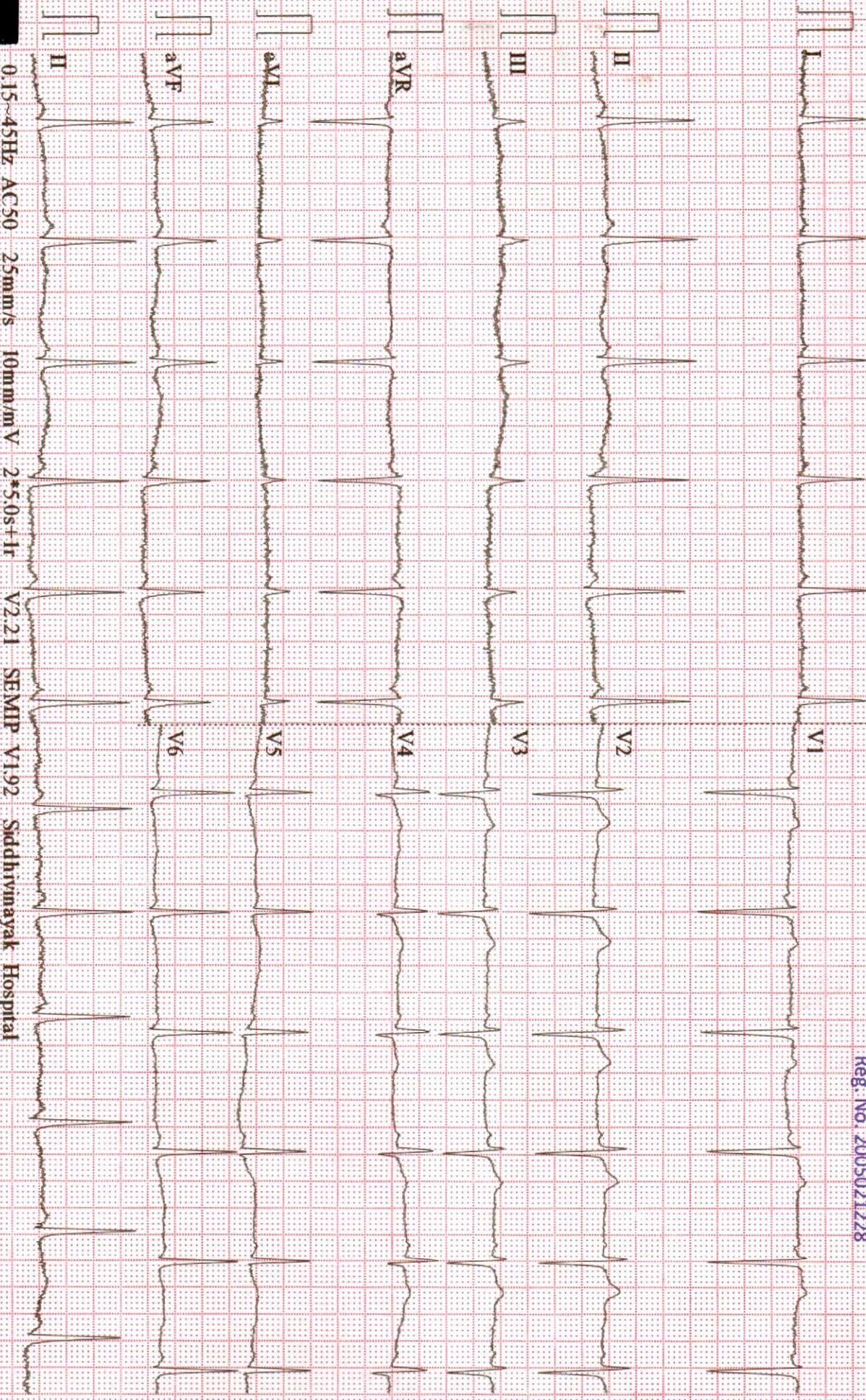
HR	: 72	bpm
P	: 100	ms
PR	: 126	ms
QRS	: 94	ms
QT/QTcBz	: 369/406	ms
P/QRS/T	: 49/47/132	ms
RV5/SV1	: 1.078/1.569	mV

Diagnosis Information:

Sinus Arrhythmia  
T Wave Abnormality (II, aVL, aVF, V5, V6)

Report Confirmed by:

Dr. Anant Ramkishanrao Mhatre  
 MBBS, DNB, DM (Cardiology)  
 Reg. No. 2005021228



0.15-45Hz AC50

25mm/s

10mm/mV

2\*5.0s+1r

V2.21

SEMIP

V1.92

Siddhivinayak Hospital

## OPHTHAL CHECK UP SCREENING

NAME OF EMPLOYEE

Nirav Bhanushali

AGE

31

DATE -

02.05.2024

Specs : Without Glasses

	RT Eye	Lt Eye
NEAR	N/6	N/6
DISTANT	6/6	6/6
Color Blind Test	PCB	

SIDDHIVINAYAK HOSPITALS





Name - Mr. NIRAV BHANUSHALU	Age - 31 Y/M
Ref by Dr:- Siddhivinayak Hospital	Date- 02/05/2024

### X- Ray chest (PA VIEW)

No obvious active parenchymal lesion seen in both lungs.

Cardiac and aortic shadows appear normal

No evidence of pleural of effusion is seen.

Both domes of diaphragm appear normal.

No obvious bony lesion is seen.

#### IMPRESSION:

- No significant abnormality seen.

Adv.: Clinical and lab correlation.

**DR. AMOL BENDRE**  
MBBS; DMRE  
CONSULTANT RADIOLOGIST

Note: The above report represents interpretation of various radiographic / sonographic shadows, and hence has its own limitations. This report has to be co-related clinic-pathologically by the referring / physician and it does NOT represent the sole diagnosis.

**Dr. AMOL BENDRE**  
MBBS DMRE

Reg. No. 123456789

