

Ananda
ID: BIL14423250

01.07.2024 12:01:41

87 bpm

Male

SADASHIVNAGARA
BANGALORE

- / - mmHg

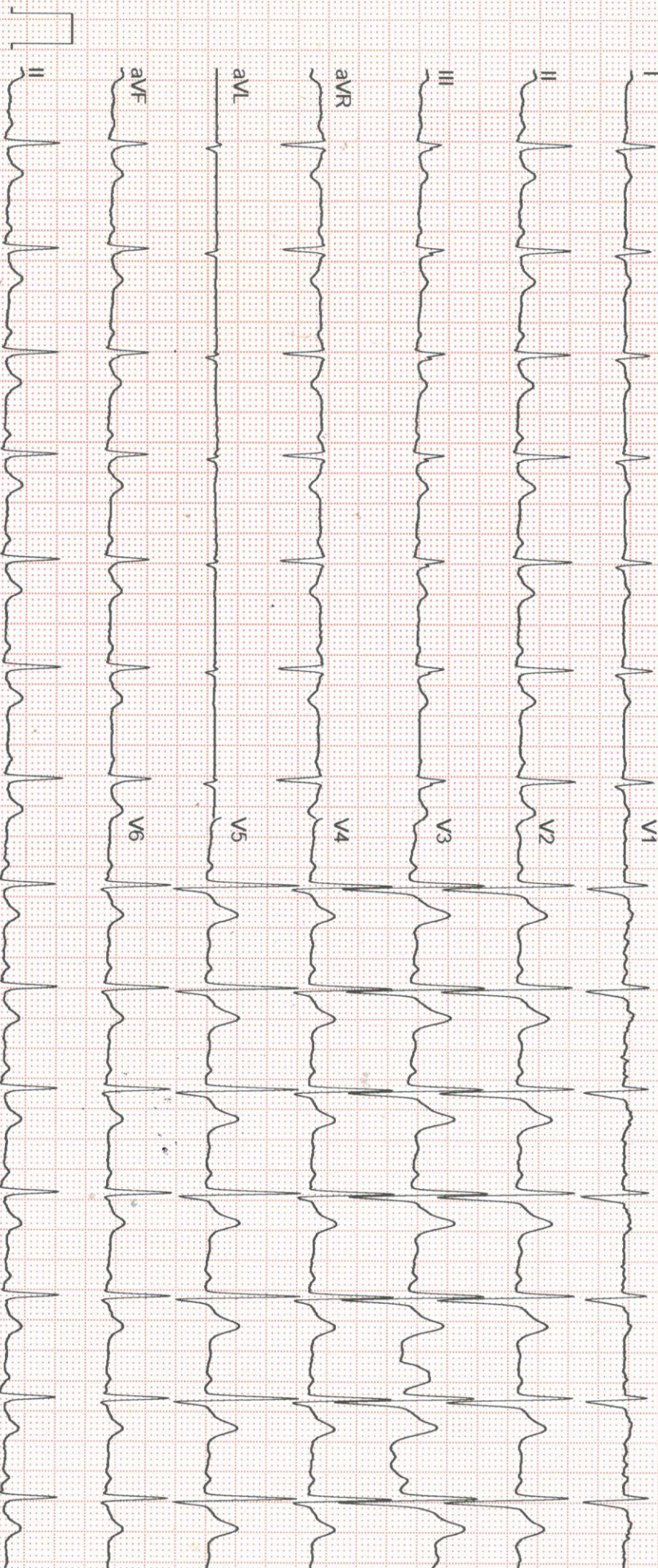
24 Years

QRS : 88 ms
QT / QTcBaz : 342 / 411 ms
PR : 128 ms
P : 94 ms

Normal sinus rhythm
Normal ECG

RR / PP : 692 / 689 ms
P / QRS / T : 65 / 66 / 70 degrees

Normal Sinus rhythm



GE MAC2000

1.1

12SL™ V241

25 mm/s

10 mm/mV

ADS

0.56-20 Hz

2x5x6_25_R1

Unconfirmed

1/1

WIND MED

FITNESS CERTIFICATE

NAME: MR. ANANDA	AGE: 24 y / male	
Ht: CMS 5-9	Wt: 75 KGS	SEX: male

PARAMETERS	MEASUREMENTS
PULSE / BP (supine)	80bts / mt / /mmHg 120 / 70mtg
INSPIRATION	102 cm
EXPIRATION	94 cm
CHEST CIRCUMFERENCE	96 cm
PREVIOUS ILLNESS	Type I. DM on H
VISION	Normal
FAMILY HISTORY	FATHER: normal MOTHER: normal

REPORTS: All reports are in normal limits, except Blood Sugar known case of Type I - DM on Regular treatment.

DATE: 4-7-2024

PLACE: Bengaluru


Dr. ~~Yogesh M.~~
M.B.B.S., M.D
KMC Reg No: 57790

CONSULTANT PHYSICIAN



Name	: MR.ANANDA	TID/SID	: UMR1698235/ 27839755
Age / Gender	: 24 Years / Male	Registered on	: 01-Jul-2024 / 11:15 AM
Ref.By	: SELF	Collected on	: 01-Jul-2024 / 11:20 AM
Req.No	: BIL4423250	Reported on	: 01-Jul-2024 / 17:05 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Biological Reference Intervals
Physical Examination		
Colour Method:Physical	Pale Yellow	Straw to Yellow
Appearance Method:Physical	Slightly turbid	Clear
Chemical Examination		
Reaction and pH Method:pH- Methyl red & Bromothymol blue	6.5	4.6-8.0
Specific gravity Method:Bromothymol Blue	1.030	1.003-1.035
Protein Method:Tetrabromophenol blue	Negative	Negative
Glucose Method:Glucose oxidase/Peroxidase	Negative	Negative
Blood Method:Peroxidase	Negative	Negative
Ketones Method:Sodium Nitroprusside	Negative	Negative
Bilirubin Method:Dichloroanilinediazonium	Negative	Negative
Leucocytes Method:3 hydroxy5 phenylpyrrole + diazonium	Negative	Negative
Nitrites Method:Diazonium + 1,2,3,4 tetrahydrobenzo (h) quinolin 3-ol	Negative	Negative
Urobilinogen Method:Dimethyl aminobenzaldehyde	0.2	0.2-1.0 mg/dl
Microscopic Examination		
Pus cells (leukocytes) Method:Microscopy	0-1	2 - 3 /hpf
Epithelial cells Method:Microscopy	0-1	2 - 5 /hpf
RBC (erythrocytes) Method:Microscopy	Absent	Absent
Casts Method:Microscopy	Absent	Occasional hyaline casts may be seen



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TEST REPORT

Crystals Method:Microscopy	Calcium oxalate crystals	Phosphate, oxalate, or urate crystals may be seen
Others Method:Microscopy	Nil	Nil

Method: Semi Quantitative test ,For CUE

Reference: Godkar Clinical Diagnosis and Management by Laboratory Methods, First South Asia edition. Product kit literature.

Interpretation:

The complete urinalysis provides a number of measurements which look for abnormalities in the urine. Abnormal results from this test can be indicative of a number of conditions including kidney disease, urinary tract infection or elevated levels of substances which the body is trying to remove through the urine . A urinalysis test can help identify potential health problems even when a person is asymptomatic. All the abnormal results are to be correlated clinically.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Debleena Thakur

**Dr Debleena Thakur
Consultant Pathologist**





Name : **MR.ANANDA** TID/SID : UMR1698235/ 27839756
Age / Gender : 24 Years / Male Registered on : 01-Jul-2024 / 11:15 AM
Ref.By : SELF Collected on : 01-Jul-2024 / 11:20 AM
Req.No : BIL4423250 Reported on : 01-Jul-2024 / 18:14 PM
Reference : Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF HEMATOPATHOLOGY

Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	B
Rh Typing (D)	POSITIVE

Method: Hemagglutination Tube Method by Forward & Reverse Grouping

Reference: Tulip kit literature

Interpretation: The ABO grouping and Rh typing test determines blood type grouping (A,B, AB, O) and the Rh factor (positive or negative). A person's blood type is based on the presence or absence of certain antigens on the surface of their red blood cells and certain antibodies in the plasma. ABO antigens are poorly expressed at birth, increase gradually in strength and become fully expressed around 1 year of age.

Note: Records of previous blood grouping/Rh typing not available. Please verify before transfusion.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Debleena Thakur

Dr Debleena Thakur
Consultant Pathologist





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Age / Gender : 24 Years / Male Registered on : 01-Jul-2024 / 11:15 AM
Ref.By : SELF Collected on : 01-Jul-2024 / 11:20 AM
Req.No : BIL4423250 Reported on : 01-Jul-2024 / 15:43 PM
Reference : Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF HEMATOPATHOLOGY

Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Biological Reference Intervals
Erythrocyte Sedimentation Rate Method:Microphotometrical capillary using stopped flow kinetic analysis	18	<=15 mm/hour

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Debleena Thakur

Dr Debleena Thakur
Consultant Pathologist





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Age / Gender	: 24 Years / Male	Registered on	: 01-Jul-2024 / 11:15 AM
Ref.By	: SELF	Collected on	: 01-Jul-2024 / 11:20 AM
Req.No	: BIL4423250	Reported on	: 01-Jul-2024 / 15:08 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF HEMATOPATHOLOGY

Complete Blood Count (CBC), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	16.4	13.0-18.0 g/dL
Packed Cell Volume Method:Derived from Impedance	48.0	40-54 %
Red Blood Cell Count. Method:Impedance Variation	6.14	4.3-6.0 Mill/Cumm
Mean Corpuscular Volume Method:Derived from Impedance	78.3	78-100 fL
Mean Corpuscular Hemoglobin Method:Derived from Impedance	26.8	27-32 pg
Mean Corpuscular Hemoglobin Concentration Method:Derived from Impedance	34.2	31.5-36 g/dL
Red Cell Distribution Width - CV Method:Derived from Impedance	11.8	11.5-16.0 %
Red Cell Distribution Width - SD Method:Derived from Impedance	37.5	39-46 fL
Total WBC Count. Method:Impedance Variation	8500	4000-11000 cells/cumm
Neutrophils Method:Impedance Variation, Flowcytometry	60.0	40-75 %
Lymphocytes Method:Microscopy	34.1	20-45 %
Eosinophils Method:Impedance Variation,Method_Desc= Flow Cytometry	1.8	01-06 %
Monocytes Method:Impedance Variation, Flowcytometry	3.7	01-10 %
Basophils. Method:Impedance Variation,Method_Desc= Flow Cytometry	0.4	00-02 %
Absolute Neutrophils Count. Method:Calculated	5100	1500-6600 cells/cumm
Absolute Lymphocyte Count Method:Calculated	2899	1500-3500 cells/cumm
Absolute Eosinophils count. Method:Calculated	153	40-440 cells/cumm



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Req.No	: BIL4423250	Reported on	: 01-Jul-2024 / 15:08 PM
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TEST REPORT

Absolute Monocytes Count.	315	<1000 cells/cumm
Method:Calculated		
Absolute Basophils count.	34	<200 cells/cumm
Method:Calculated		
Platelet Count.	3.03	1.4-4.4 lakhs/cumm
Method:Impedance Variation		
Mean Platelet Volume.	8.7	7.9-13.7 fL
Method:Derived from Impedance		
Plateletcrit.	0.26	0.18-0.28 %
Method:Derived from Impedance		

Method: Automated Hematology Analyzer, Microscopy

Reference: Dacie and Lewis Practical Hematology, 12th Edition

Interpretation: A Complete Blood Picture (CBP) is a screening test which can aid in the diagnosis of a variety of conditions and diseases such as anemia, leukemia, bleeding disorders and infections. This test is also useful in monitoring a person's reaction to treatment when a condition which affects blood cells has been diagnosed. All the abnormal results are to be correlated clinically.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Debleena Thakur

Dr Debleena Thakur
Consultant Pathologist





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Age / Gender : 24 Years / Male Registered on : 01-Jul-2024 / 11:15 AM
Ref.By : SELF Collected on : 01-Jul-2024 / 11:20 AM
Req.No : BIL4423250 Reported on : 01-Jul-2024 / 15:00 PM
Reference : Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Alanine Aminotransferase (ALT/SGPT), Serum

Investigation	Observed Value	Biological Reference Interval
Alanine Aminotransferase ,(ALT/SGPT) Method: IFCC without pyridoxal phosphate activation	31	<=41 U/L

Interpretation: This test measures levels of Alanine Aminotransferase (ALT) in the blood. ALT is an enzyme found in the cells of the liver. Increased levels of ALT are typically produced when the liver is damaged. ALT testing is often done to monitor treatment for liver disease or when a person is experiencing symptoms of liver disorders.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---



Dr.M.G.Satish
Consultant Pathologist





Name	: MR.ANANDA	TID/SID	: UMR1698235/ 27839757
Age / Gender	: 24 Years / Male	Registered on	: 01-Jul-2024 / 11:15 AM
Ref.By	: SELF	Collected on	: 01-Jul-2024 / 11:20 AM
Req.No	: BIL4423250	Reported on	: 01-Jul-2024 / 15:02 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Bilirubin Total , Serum

Investigation	Observed Value	Biological Reference Interval
Total Bilirubin. Method:Spectrophotometry, Diazo method	1.61	Neonates: <=15.0 mg/dL Adults: <=1.2 mg/dL

Interpretation: This test measures total Bilirubin levels in the blood. Bilirubin is a waste product from the breakdown of old red blood cells which is processed by the liver for removal from the body. Abnormally high bilirubin levels are often indicative of liver disease. High bilirubin levels can be caused by a number of conditions including hepatitis, cirrhosis, alcoholism, cholangitis, infectious mononucleosis, anorexia and anemia. Due to the variety of conditions which can affect bilirubin levels, results often need to be interpreted along with additional tests.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Debleena Thakur

Dr Debleena Thakur
Consultant Pathologist





Name	: MR.ANANDA	TID/SID	: UMR1698235/ 27839757
Age / Gender	: 24 Years / Male	Registered on	: 01-Jul-2024 / 11:15 AM
Ref.By	: SELF	Collected on	: 01-Jul-2024 / 11:20 AM
Req.No	: BIL4423250	Reported on	: 01-Jul-2024 / 15:02 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Biological Reference Interval
Blood Urea Nitrogen. Method:Kinetic, Urease - GLDH, Calculated	8	6-20 mg/dL

Interpretation: Urea is a waste product formed in the liver when protein is metabolized. Urea is released by the liver into the blood and is carried to the kidneys, where it is filtered out of the blood and released into the urine. Since this is a continuous process, there is usually a small but stable amount of urea nitrogen in the blood. However, when the kidneys cannot filter wastes out of the blood due to disease or damage, then the level of urea in the blood will rise. The blood urea nitrogen (BUN) evaluates kidney function in a wide range of circumstances, to diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. It also may be used to evaluate a person's general health status as well.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Debleena Thakur

Dr Debleena Thakur
Consultant Pathologist





Name	: MR.ANANDA	TID/SID	: UMR1698235/ 27839757
Age / Gender	: 24 Years / Male	Registered on	: 01-Jul-2024 / 11:15 AM
Ref.By	: SELF	Collected on	: 01-Jul-2024 / 11:20 AM
Req.No	: BIL4423250	Reported on	: 01-Jul-2024 / 15:02 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Creatinine, Serum

Investigation	Observed Value	Biological Reference Interval
Creatinine.	0.55	0.7-1.3 mg/dL
Method:Spectrophotometry, Jaffe - IDMS Traceable		

Interpretation:

Creatinine is a nitrogenous waste product produced by muscles from creatine. Creatinine is majorly filtered from the blood by the kidneys and released into the urine, so serum creatinine levels are usually a good indicator of kidney function. Serum creatinine is more specific and more sensitive indicator of renal function as compared to BUN because it is produced from muscle at a constant rate and its level in blood is not affected by protein catabolism or other exogenous products. It is also not reabsorbed and very little is secreted by tubules making it a reliable marker. Serum creatinine levels are increased in pre renal, renal and post renal azotemia, active acromegaly and gigantism. Decreased serum creatinine levels are seen in pregnancy and increasing age.

Biological reference interval changed; Reference: Tietz Textbook of Clinical Chemistry & Molecular Diagnostics, Fifth Edition.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Debleena Thakur

Dr Debleena Thakur
Consultant Pathologist





Name	: MR.ANANDA	TID/SID	: UMR1698235/ 27839758-F
Age / Gender	: 24 Years / Male	Registered on	: 01-Jul-2024 / 11:15 AM
Ref.By	: SELF	Collected on	: 01-Jul-2024 / 11:20 AM
Req.No	: BIL4423250	Reported on	: 02-Jul-2024 / 13:18 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Fasting Method:Hexokinase	165	Normal: 70 -100 mg/dL Impaired FG: 100-125 mg/dL Diabetes mellitus: \geq 126 mg/dL

Interpretation: It measures the Glucose levels in the blood with a prior fasting of 9-12 hours. The test helps screen a symptomatic/ asymptomatic person who is at risk for Diabetes. It is also used for regular monitoring of glucose levels in people with Diabetes.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2020.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Debleena Thakur

Dr Debleena Thakur
Consultant Pathologist



DEPARTMENT OF OPHTHALMOLOGY

BRIEF OPHTHALMIC REPORT

Employee Name: MR. Aranda

Date 4-7-2024

Employee No.:

Age: 24 y/male

Systemic illness: Type II - DM

Examinations	RE	LE
Anterior Segment	Normal / Abnormal	Normal / Abnormal
Vision: Distance	<u>6/6</u>	<u>6/6</u>
Near: N	<u>N6</u>	<u>N6</u>
Color (Ishihara):	Normal / Abnormal	Normal / Abnormal
Refractive Error:	Present / Change <u>-nil</u>	Present / Change <u>nil</u>
Glass If Any:	To Continue / Change <u>-nil</u>	To Continue / Change <u>nil</u>
Intra Ocular Tension(mm of Hg):	Normal / Abnormal	Normal / Abnormal
Posterior Segment:	Normal / Abnormal	Normal / Abnormal
Impression:	<u>Normal refraction B/L</u>	
Advice / Comments:	<u>-nil</u>	
Glass If Any:	<u>-nil</u>	

	RE			LE		
	SPH	CYL	AXIS	SPH	CYL	AXIS
Dist	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Near	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>



Signature of the Consultant



PLEASE SCAN QR CODE

Name : Mr . ANANDA
Age/Gender : 24 Years/Male
Ref By : Self
Reg.No : BIL4423250

TID : UMR1698235
Registered On : 01-Jul-2024 11:15 AM
Reported On : 01-Jul-2024 12:28 PM
Reference : Arcofemi Health Care Ltd
- Medi Whe

X-RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

IMPRESSION:

- **No significant abnormality detected.**

*** End Of Report ***

Dr Ananya K
Consultant Radiologist



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, Website: 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. Ananda** aged , **24yr** .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: Bangalore

Date: 01/07/2024

Dr. Nitesh Kumar
MBBS
BCMR 47093

Nitesh

Name & Signature of

Medical officer