



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 **Mrs. Tarana Nargolwala, 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

Place: Mumbai

Date: 05/07/2024


Dr. Nitesh Kumar
MBBS
Name & Signature of
BCMR 47000
Medical officer

LABORATORY INVESTIGATION REPORT

| | | | |
|---------------------|-------------------------|-------------------|----------------------------------|
| Patient Name | : Ms. TARANA NARGOLWALA | Age/Sex | : 24 Year(s) / Female |
| UHID | : SHHM.99104 | Order Date | : 05/07/2024 09:08 |
| Episode | : OP | Mobile No | : 9821882582 |
| Ref. Doctor | : self | DOB | : 12/10/1999 |
| | | Facility | : SEVENHILLS HOSPITAL, MUMBAI |

Blood Bank

| Test Name | Result | | |
|-----------------------|----------------------------------|-----------------------------|------------------------------|
| Sample No : 00342695A | Collection Date : 05/07/24 09:14 | Ack Date : 05/07/2024 13:58 | Report Date : 05/07/24 14:07 |

BLOOD GROUPING/ CROSS-MATCHING BY SEMI AUTOMATION

| | |
|---|----------|
| BLOOD GROUP (ABO) | ' A ' |
| Rh Type <i>Method - Column Agglutination</i> | POSITIVE |

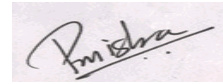
REMARK: THE REPORTED RESULTS PERTAIN TO THE SAMPLE RECEIVED AT THE BLOOD CENTRE.

Interpretation:

Blood typing is used to determine an individual's blood group, to establish whether a person is blood group A, B, AB, or O and whether he or she is Rh positive or Rh negative. Blood typing has the following significance,

- Ensure compatibility between the blood type of a person who requires a transfusion of blood or blood components and the ABO and Rh type of the unit of blood that will be transfused.
- Determine compatibility between a pregnant woman and her developing baby (fetus). Rh typing is especially important during pregnancy because a mother and her fetus could be incompatible.
- Determine the blood group of potential blood donors at a collection facility.
- Determine the blood group of potential donors and recipients of organs, tissues, or bone marrow, as part of a workup for a transplant procedure.

End of Report



Dr. Pooja Vinod Mishra
MD Pathology

Jr Consultant Pathologist, MMC Reg No.
2017052191
RegNo: 2017/05/2191



LABORATORY INVESTIGATION REPORT

| | |
|---|--|
| Patient Name : Ms. TARANA NARGOLWALA UHID : SHHM.99104 Episode : OP Ref. Doctor : self | Age/Sex : 24 Year(s) / Female Order Date : 05/07/2024 09:08 Mobile No : 9821882582 DOB : 12/10/1999 Facility : SEVENHILLS HOSPITAL, MUMBAI |
|---|--|

HAEMATOTOLOGY

| Test Name | Result | Unit | Biological Reference Interval |
|-----------|--------|------|-------------------------------|
|-----------|--------|------|-------------------------------|

| | | | |
|-----------------------|----------------------------------|-----------------------------|------------------------------|
| Sample No : O0342695A | Collection Date : 05/07/24 09:14 | Ack Date : 05/07/2024 09:29 | Report Date : 05/07/24 11:05 |
|-----------------------|----------------------------------|-----------------------------|------------------------------|

COMPLETE BLOOD COUNT (CBC) - EDTA WHOLE BLOOD

| Test Name | Result | Unit | Biological Reference Interval |
|---------------------------|-------------------|----------------------|-------------------------------|
| Total WBC Count | 6.01 | x10 ³ /ul | 4.00 - 10.00 |
| Neutrophils | 58.4 | % | 40.00 - 80.00 |
| Lymphocytes | 35.0 | | 20.00 - 40.00 |
| Eosinophils | 0.5 ▼ (L) | | 1.00 - 6.00 |
| Monocytes | 6.0 | | 2.00 - 10.00 |
| Basophils | 0.1 ▼ (L) | | 1.00 - 2.00 |
| Absolute Neutrophil Count | 3.51 | x10 ³ /ul | 2.00 - 7.00 |
| Absolute Lymphocyte Count | 2.10 | | 0.80 - 4.00 |
| Absolute Eosinophil Count | 0.03 | | 0.02 - 0.50 |
| Absolute Monocyte Count | 0.36 | | 0.12 - 1.20 |
| Absolute Basophil Count | 0.01 | | 0.00 - 0.10 |
| RBCs | 4.95 | x10 ⁶ /ul | 4.50 - 5.50 |
| Hemoglobin | 13.7 | gm/dl | 12.00 - 15.00 |
| Hematocrit | 40.9 | % | 40.00 - 50.00 |
| MCV | 82.6 ▼ (L) | fl | 83.00 - 101.00 |
| MCH | 27.8 | pg | 27.00 - 32.00 |
| MCHC | 33.6 | gm/dl | 31.50 - 34.50 |



LABORATORY INVESTIGATION REPORT

| | | | |
|---------------------|-------------------------|-------------------|----------------------------------|
| Patient Name | : Ms. TARANA NARGOLWALA | Age/Sex | : 24 Year(s) / Female |
| UHID | : SHHM.99104 | Order Date | : 05/07/2024 09:08 |
| Episode | : OP | Mobile No | : 9821882582 |
| Ref. Doctor | : self | DOB | : 12/10/1999 |
| | | Facility | : SEVENHILLS HOSPITAL, MUMBAI |

| | | | |
|---|-------|----------------------|-----------------|
| RED CELL DISTRIBUTION WIDTH-CV (RDW-CV) | 13.0 | % | 11.00 - 16.00 |
| RED CELL DISTRIBUTION WIDTH-SD (RDW-SD) | 40.2 | fl | 35.00 - 56.00 |
| Platelet | 234 | x10 ³ /ul | 150.00 - 410.00 |
| Mean Platelet Volume (MPV) | 10.4 | fl | 6.78 - 13.46 |
| PLATELET DISTRIBUTION WIDTH (PDW) | 16.3 | % | 9.00 - 17.00 |
| PLATELETCRIT (PCT) | 0.243 | | 0.11 - 0.28 |

Method:-

HB Colorimetric Method.

RBC/PLT Electrical Impedance Method.

WBC data Flow Cytometry by Laser Method.

MCV, MCH, MCHC, RDW and rest parameters - Calculated.

All Abnormal Haemograms are reviewed confirmed microscopically.

NOTE: Wallach's Interpretation of Diagnostic Tests. 11th Ed, Editors: Rao LV. 2021

NOTE :-

The International Council for Standardization in Haematology (ICSH) recommends reporting of absolute counts of various WBC subsets for clinical decision making. This test has been performed on a fully automated 5 part differential cell counter which counts over 10,000 WBCs to derive differential counts. A complete blood count is a blood panel that gives information about the cells in a patient's blood, such as the cell count for each cell type and the concentrations of Hemoglobin and platelets. The cells that circulate in the bloodstream are generally divided into three types: white blood cells (leukocytes), red blood cells (erythrocytes), and platelets (thrombocytes). Abnormally high or low counts may be physiological or may indicate disease conditions, and hence need to be interpreted clinically.

End of Report



Dr. Ritesh Kharche
MD, PGD-HM

Consultant Pathologist and Director of
Laboratory Services
RegNo: 2006/03/1680



MC-5288

LABORATORY INVESTIGATION REPORT

Patient Name : Ms. TARANA NARGOLWALA

UHID : SHHM.99104

Episode : OP

Ref. Doctor : self

Age/Sex : 24 Year(s) / Female

Order Date : 05/07/2024 09:08

Mobile No : 9821882582

DOB : 12/10/1999

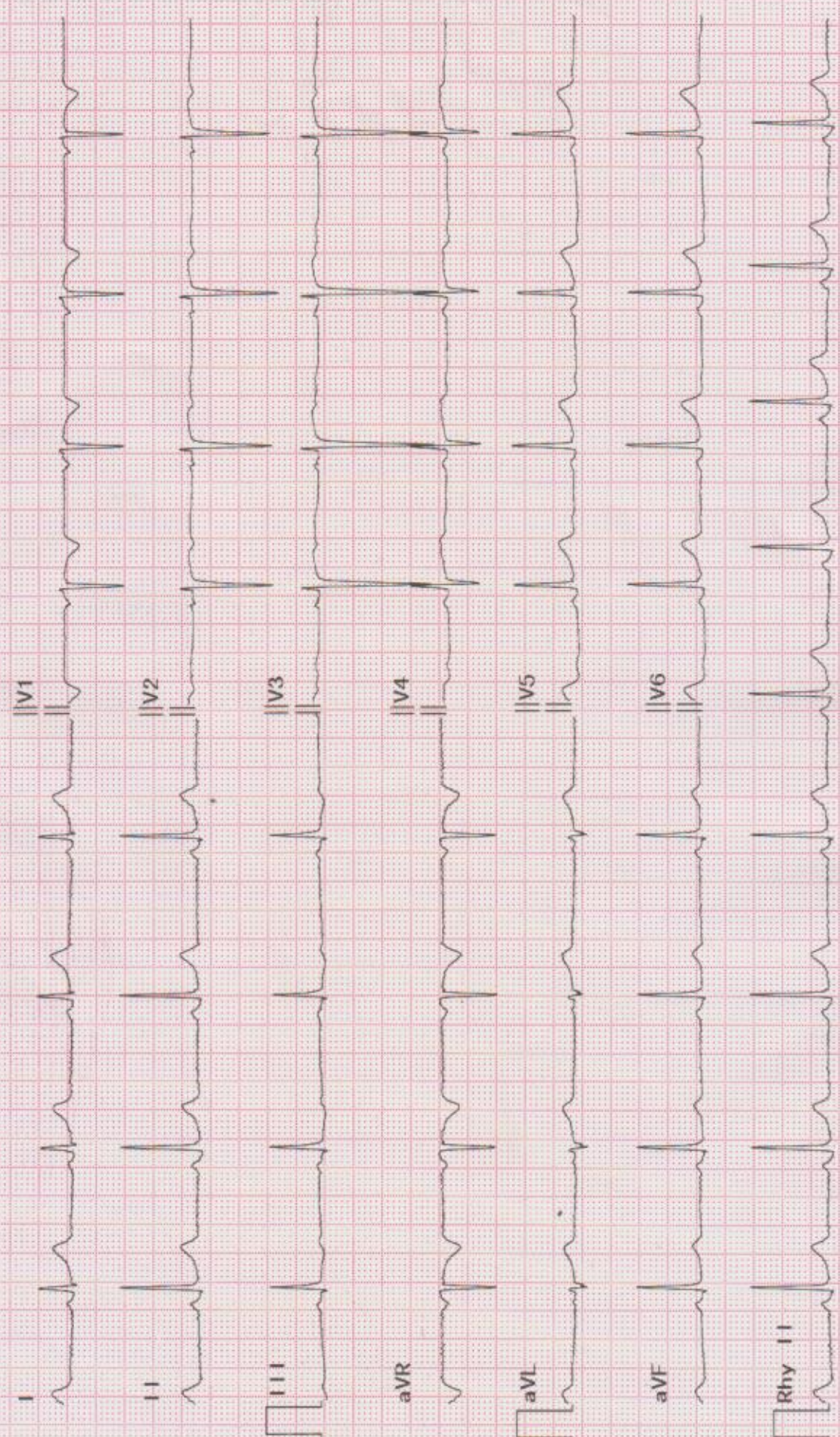
Facility : SEVENHILLS HOSPITAL,
MUMBAI



MC-5288

Name: ms. tarana nargolwala Age: Height: cm
Sex: Female BP: Weight: kg
Divisions: Bed No. Hospital No.:

HR: 59 bpm RV5/SV1 amp 1.152/1.135mV Diagnosis Info
P Dur/PR int 101/134ms RV5+SV1 amp 2.287mV 811 Sinus Bradycardia
QRS Dur 86 ms RV6/SV2 amp 1.411/1.526mV
QT/QTc int 406/402 ms
P/QRS/T axis 54/64/23 °



LABORATORY INVESTIGATION REPORT

| | | | |
|---------------------|-------------------------|-------------------|----------------------------------|
| Patient Name | : Ms. TARANA NARGOLWALA | Age/Sex | : 24 Year(s) / Female |
| UHID | : SHHM.99104 | Order Date | : 05/07/2024 09:08 |
| Episode | : OP | Mobile No | : 9821882582 |
| Ref. Doctor | : self | DOB | : 12/10/1999 |
| | | Facility | : SEVENHILLS HOSPITAL, MUMBAI |

HAEMATOLOGY

| Test Name | Result | Unit | Biological Reference Interval |
|-----------------------|----------------------------------|-----------------------------|-------------------------------|
| Sample No : O0342695A | Collection Date : 05/07/24 09:14 | Ack Date : 05/07/2024 09:29 | Report Date : 05/07/24 12:51 |

ERYTHROCYTE SEDIMENTATION RATE (ESR)

| | | | |
|-----|-----------------|-------|--------|
| ESR | 23 ▲ (H) | mm/hr | 0 - 20 |
|-----|-----------------|-------|--------|

Method: Westergren Method

INTERPRETATION :-

ESR is a non-specific phenomenon, its measurement is clinically useful in disorders associated with an increased production of acute-phase proteins. It provides an index of progress of the disease in rheumatoid arthritis or tuberculosis, and it is of considerable value in diagnosis of temporal arteritis and polymyalgia rheumatica. It is often used if multiple myeloma is suspected, but when the myeloma is non-secretory or light chain, a normal ESR does not exclude this diagnosis.

An elevated ESR may occur as an early feature in myocardial infarction. Although a normal ESR cannot be taken to exclude the presence of organic disease, the vast majority of acute or chronic infections and most neoplastic and degenerative diseases are associated with changes in the plasma proteins that increased ESR values.

The ESR is influenced by age, stage of the menstrual cycle and medications taken (corticosteroids, contraceptive pills). It is especially low (0-1 mm) in polycythaemia, hypofibrinogenaemia and congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis, or sickle cells. In cases of performance enhancing drug intake by athletes the ESR values are generally lower than the usual value for the individual and as a result of the increase in haemoglobin (i.e. the effect of secondary polycythaemia).

End of Report



Dr. Ritesh Kharche
MD, PGD-HM

Consultant Pathologist and Director of
Laboratory Services
RegNo: 2006/03/1680

LABORATORY INVESTIGATION REPORT

Patient Name : Ms. TARANA NARGOLWALA

UHID : SHHM.99104

Episode : OP

Ref. Doctor : self

Age/Sex : 24 Year(s) / Female

Order Date : 05/07/2024 09:08

Mobile No : 9821882582

DOB : 12/10/1999

Facility : SEVENHILLS HOSPITAL,
MUMBAI



LABORATORY INVESTIGATION REPORT

| | |
|---|--|
| Patient Name : Ms. TARANA NARGOLWALA | Age/Sex : 24 Year(s) / Female |
| UHID : SHHM.99104 | Order Date : 05/07/2024 09:08 |
| Episode : OP | Mobile No : 9821882582 |
| Ref. Doctor : self | DOB : 12/10/1999 |
| | Facility : SEVENHILLS HOSPITAL, MUMBAI |

Biochemistry

| Test Name | Result | Unit | Biological Reference Interval |
|-----------|--------|------|-------------------------------|
|-----------|--------|------|-------------------------------|

Sample No : O0342695B Collection Date : 05/07/24 09:14 Ack Date : 05/07/2024 09:29 Report Date : 05/07/24 11:05

| <u>Blood Glucose Random(RBS/FBS/PPBS)</u> | | | |
|---|-------|-------|----------|
| Glucose,Random | 91.37 | mg/dl | 70 - 140 |
| <i>American Diabetes Association Reference Range :</i> | | | |
| <p><i>FBS :- 70-100</i> <i>PPBS :- 70-140</i> <i>RBS :- 70-140</i></p> <p><i>Post-Prandial Blood Glucose:</i> <i>Non- Diabetic: Up to 140mg/dL</i> <i>Pre-Diabetic: 140-199 mg/dL</i> <i>Diabetic :>200 mg/dL</i></p> <p><i>References:</i> 1)Pack Insert of Bio system 2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018</p> <p><i>Interpretation :-</i> Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack,and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism,Pancreatitis. A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be seen with:Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas),Starvation.</p> | | | |

Sample No : O0342695C Collection Date : 05/07/24 09:14 Ack Date : 05/07/2024 09:29 Report Date : 05/07/24 11:05

| <u>ALT(SGPT) - SERUM</u> | | | |
|---|-------|------|--------|
| SGPT (Alanine Transaminase) - SERUM <i>Method - IFCC</i> | 13.62 | IU/L | 0 - 34 |



MC-5288

LABORATORY INVESTIGATION REPORT

| | | | |
|---------------------|-------------------------|-------------------|----------------------------------|
| Patient Name | : Ms. TARANA NARGOLWALA | Age/Sex | : 24 Year(s) / Female |
| UHID | : SHHM.99104 | Order Date | : 05/07/2024 09:08 |
| Episode | : OP | Mobile No | : 9821882582 |
| Ref. Doctor | : self | DOB | : 12/10/1999 |
| | | Facility | : SEVENHILLS HOSPITAL, MUMBAI |

References :

- 1) Pack Insert of Bio system
- 2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

| | | | |
|--|-------------------|-------|---------|
| Total Bilirubin - SERUM Method - Diazo | 0.69 | mg/dl | 0 - 2 |
| Direct Bilirubin - - SERUM Method - Diazotization | 0.34 | | 0 - 0.4 |
| Indirect Bilirubin - Calculated Method - Calculated | 0.35 ▲ (H) | | |
| <u>BUN-SERUM</u> | | | |
| BUN - SERUM Method - Urease-GLDH | 8.56 | mg/dl | 4 - 18 |

References:

- 1) Pack Insert of Bio system
- 2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

| | | | |
|---|------|-------|-----------|
| <u>CREATININE-SERUM</u> | | | |
| Creatinine - SERUM Method - Jaffes Kinetic | 0.65 | mg/dl | 0.5 - 1.1 |

References:

- 1) Pack Insert of Bio system
- 2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Notes :-

Creatinine is a chemical waste molecule that is generated from muscle metabolism. Creatinine is produced from creatine, a molecule of major importance for energy production in muscles. Approximately 1-2% of the body's creatine is converted to creatinine every day. Creatinine is transported through the bloodstream to the kidneys. The kidneys filter out most of the creatinine and dispose of it in the urine. The kidneys maintain the blood creatinine in a normal range. Creatinine has been found to be a fairly reliable indicator of kidney function.

End of Report



Dr. Ritesh Kharche
MD, PGD-HM

Consultant Pathologist and Director of
Laboratory Services

RegNo: 2006/03/1680



MC-5288

LABORATORY INVESTIGATION REPORT

Patient Name : Ms. TARANA NARGOLWALA

UHID : SHHM.99104

Episode : OP

Ref. Doctor : self

Age/Sex : 24 Year(s) / Female

Order Date : 05/07/2024 09:08

Mobile No : 9821882582

DOB : 12/10/1999

Facility : SEVENHILLS HOSPITAL,
MUMBAI



MC-5288

LABORATORY INVESTIGATION REPORT

| | |
|---|--|
| Patient Name : Ms. TARANA NARGOLWALA | Age/Sex : 24 Year(s) / Female |
| UHID : SHHM.99104 | Order Date : 05/07/2024 09:08 |
| Episode : OP | Mobile No : 9821882582 |
| Ref. Doctor : self | DOB : 12/10/1999 |
| | Facility : SEVENHILLS HOSPITAL, MUMBAI |

Urinalysis

| Test Name | Result | Unit | Biological Reference Interval |
|-----------|--------|------|-------------------------------|
|-----------|--------|------|-------------------------------|

| | | | |
|-----------------------|----------------------------------|-----------------------------|------------------------------|
| Sample No : O0342695D | Collection Date : 05/07/24 09:14 | Ack Date : 05/07/2024 09:29 | Report Date : 05/07/24 13:38 |
|-----------------------|----------------------------------|-----------------------------|------------------------------|

| <u>Physical Examination</u> | Result | Unit | Biological Reference Interval |
|------------------------------------|-------------|------|-------------------------------|
| QUANTITY | 30 | ml | |
| Colour | Pale Yellow | | |
| Appearance | Clear | | |
| DEPOSIT | Absent | | Absent |
| pH | Acidic | | |
| Specific Gravity | 1.020 | | |
| Chemical Examination | | | |
| Protein | Trace | | Absent |
| Glucose | Absent | | |
| ketones | Absent | | |
| Blood | NEGATIVE | | Negative |
| Bilirubin | Negative | | |
| Urobilinogen | normal | | Normal |
| NITRATE | Absent | | Absent |
| LEUKOCYTES | Absent | | |
| Microscopic Examination | | | |
| Pus cells | 8-10 | /HPF | |
| Epithelial Cells | 10-15 | | |

LABORATORY INVESTIGATION REPORT

Patient Name : Ms. TARANA NARGOLWALA

UHID : SHHM.99104

Episode : OP

Ref. Doctor : self

Age/Sex : 24 Year(s) / Female

Order Date : 05/07/2024 09:08

Mobile No : 9821882582

DOB : 12/10/1999

Facility : SEVENHILLS HOSPITAL,
MUMBAI

| | | | |
|---------------------|------------------|------|--------|
| RBC | absent | /HPF | Absent |
| Cast | absent | /LPF | |
| Crystal | absent | /HPF | |
| Amorphous Materials | Absent | | |
| Yeast | Absent | | |
| Bacteria | POSITIVE (+++) | | |

End of Report



Dr. Ritesh Kharche
MD, PGD-HM

Consultant Pathologist and Director of
Laboratory Services

RegNo: 2006/03/1680



DIAGNOSTICS REPORT

| | | | |
|--------------|------------------------------|-------------|------------------------|
| Patient Name | : Ms. TARANA NARGOLWALA | Order Date | : 05/07/2024 09:08 |
| Age/Sex | : 24 Year(s)/Female | Report Date | : 08/07/2024 10:31 |
| UHID | : SHHM.99104 | | |
| Ref. Doctor | : self | Facility | : SEVENHILLS HOSPITAL, |
| Address | : 789 KERAWALA BUILDING ROOM | | MUMBAI |
| | NO 7 1ST FLOOR PARSI | Mobile | : 9821882582 |
| | COLONY, Dadar, Mumbai, | | |
| | Maharashtra, 400014 | | |

X-RAY CHEST PA VIEW

Both lungs are clear.

The frontal cardiac dimensions are normal.

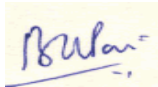
The pleural spaces are clear.

Both hilar shadows are normal in position and density.

No diaphragmatic abnormality is seen.

The soft tissues and bony thorax are normal.

IMPRESSION: No pleuroparenchymal lesion is seen.



Dr. Bhujang Pai
MBBS, MD

Consultant

RegNo: 49380