



Mediwheel
...Your wellness partner

Arcofemi Healthcare Pvt Ltd

(Formerly known as Arcofemi Healthcare Ltd)

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CIN: U24240DL2011PTC216307

MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that **Mr. Abhishek Sharma** aged, **32yr**. 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: Bangalore

Date: 25/05/2024

Mr. Nitesh Kumar
BCMR.41093

Name & Signature of

Medical officer

Tenet Diagnostic

1970-06-30 09:13
Name : MR ABHISHEK SHRWA
Sex : Male Age : 32
Section: 56
RoomID:
BedID:
ID:
Operator: chaithra

Data for reference only:

HR : 65
PR Interval : 147
P Duration : 120
QRS Duration : 77
T Duration : 186
QT/QTc : 360/375
P/QRS/T Axis : 56.9/78.2/42.3
R (V5)/S(V1) : 0.81/0.59
R (V5) + S(V1) : 1.40

<< Conclusions >>

Normal Sinus Rhythm,
Cardiac electric axis normal.

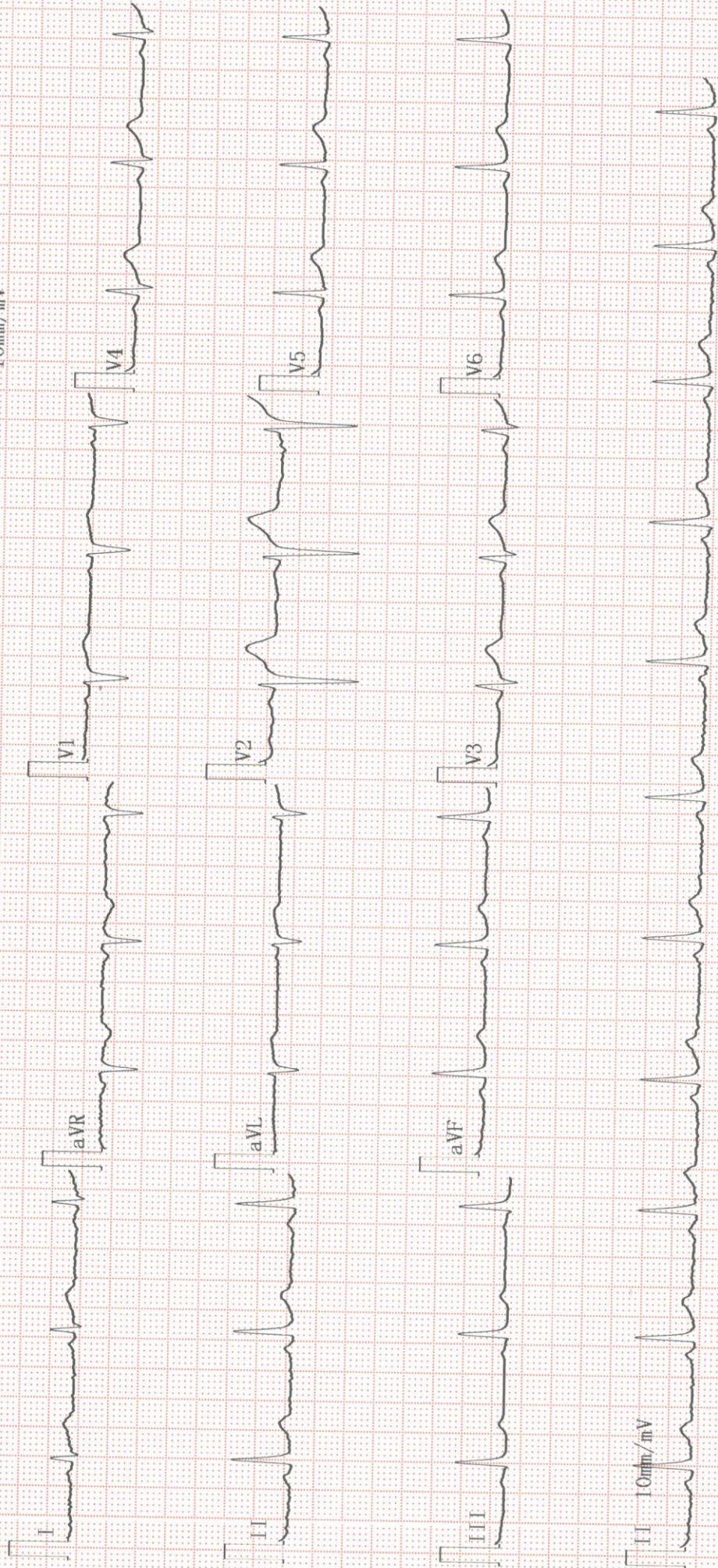
Report need physician confirm

Physician:
10mm/mV

10mm/mV

10mm/mV

AUTO 10mm/mV





Name : **MR.ABHISHEK SHARMA**
Age / Gender : 32 Years / Male
Ref.By : SELF
Req.No : BIL4292023

TID/SID : UMR1576542/ 27660155
Registered on : 25-May-2024 / 08:26 AM
Collected on : 25-May-2024 / 08:30 AM
Reported on : 25-May-2024 / 14:41 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	Clear	Clear
Chemical Examination		
Reaction and pH Method:pH- Methyl red & Bromothymol blue	5.5	4.6-8.0
Specific gravity Method:Bromothymol Blue	1.010	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	1-2	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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Crystals	Absent	Phosphate, oxalate, or urate crystals may be seen
Method:Microscopy		
Others	Nil	Nil
Method:Microscopy		

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 ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist





Name : **MR.ABHISHEK SHARMA** TID/SID : UMR1576542/ 27660156
Age / Gender : 32 Years / Male Registered on : 25-May-2024 / 08:26 AM
Ref.By : SELF Collected on : 25-May-2024 / 08:30 AM
Req.No : BIL4292023 Reported on : 25-May-2024 / 16:15 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)	AB
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	: 32 Years / Male	Registered on	: 25-May-2024 / 08:26 AM
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TEST REPORT

DEPARTMENT OF HEMATOPATHOLOGY

Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Biological Reference Intervals
Erythrocyte Sedimentation Rate	02	<=15 mm/hour
Method:Microphotometrical capillary using stopped flow kinetic analysis		

Complete Blood Count (CBC), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Interval
Hemoglobin	14.3	13.0-18.0 g/dL
Method:Spectrophotometry		
Packed Cell Volume	42.8	40-54 %
Method:Derived from Impedance		
Red Blood Cell Count.	4.32	4.3-6.0 Mill/Cumm
Method:Impedance Variation		
Mean Corpuscular Volume	99.0	78-100 fL
Method:Derived from Impedance		
Mean Corpuscular Hemoglobin	33.1	27-32 pg
Method:Derived from Impedance		
Mean Corpuscular Hemoglobin Concentration	33.5	31.5-36 g/dL
Method:Derived from Impedance		
Red Cell Distribution Width - CV	10.0	11.5-16.0 %
Method:Derived from Impedance		
Red Cell Distribution Width - SD	42.0	39-46 fL
Method:Derived from Impedance		
Total WBC Count.	5760	4000-11000 cells/cumm
Method:Impedance Variation		
Neutrophils	59.5	40-75 %
Method:Impedance Variation, Flowcytometry		
Lymphocytes	24.9	20-45 %
Method:Microscopy		
Eosinophils	10.0	01-06 %
Method:Impedance Variation,Method_Desc= Flow Cytometry		
Monocytes	4.7	01-10 %
Method:Impedance Variation, Flowcytometry		



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TEST REPORT

Basophils.	0.9	00-02 %
Method:Impedance Variation,Method_Desc= Flow Cytometry		
Absolute Neutrophils Count.	3427	1500-6600 cells/cumm
Method:Calculated		
Absolute Lymphocyte Count	1434	1500-3500 cells/cumm
Method:Calculated		
Absolute Eosinophils count.	576	40-440 cells/cumm
Method:Calculated		
Absolute Monocytes Count.	271	<1000 cells/cumm
Method:Calculated		
Absolute Basophils count.	52	<200 cells/cumm
Method:Calculated		
Platelet Count.	2.03	1.4-4.4 lakhs/cumm
Method:Impedance Variation		
Mean Platelet Volume.	10.1	7.9-13.7 fL
Method:Derived from Impedance		
Plateletcrit.	0.20	0.18-0.28 %
Method:Derived from Impedance		
WBC	Eosinophilia	

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





Name	: MR.ABHISHEK SHARMA	TID/SID	: UMR1576542/ 27660157
Age / Gender	: 32 Years / Male	Registered on	: 25-May-2024 / 08:26 AM
Ref.By	: SELF	Collected on	: 25-May-2024 / 08:30 AM
Req.No	: BIL4292023	Reported on	: 25-May-2024 / 13:43 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)	10	<=41 U/L

Method: IFCC without pyridoxal phosphate activation

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.

Bilirubin Total , Serum

Investigation	Observed Value	Biological Reference Interval
Total Bilirubin.	0.91	<=1.2 mg/dL

Method:Spectrophotometry, Diazo method

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.

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Biological Reference Interval
Blood Urea Nitrogen.	12	6-20 mg/dL

Method:Kinetic, Urease - GLDH, Calculated

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

Creatinine, Serum

Investigation	Observed Value	Biological Reference Interval
Creatinine.	0.96	0.7-1.3 mg/dL

Method:Spectrophotometry, Jaffe - IDMS Traceable



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TEST REPORT

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 ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist





Name	: MR.ABHISHEK SHARMA	TID/SID	: UMR1576542/ 27660158-F
Age / Gender	: 32 Years / Male	Registered on	: 25-May-2024 / 08:26 AM
Ref.By	: SELF	Collected on	: 25-May-2024 / 08:30 AM
Req.No	: BIL4292023	Reported on	: 25-May-2024 / 13:32 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	90	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





Name : **MR.ABHISHEK SHARMA**
Age / Gender : 32 Years / Male
Ref.By : SELF
Req.No : BIL4292023

TID/SID : UMR1576542/ 27660158-P
Registered on : 25-May-2024 / 08:26 AM
Collected on : 25-May-2024 / 11:05 AM
Reported on : 25-May-2024 / 16:45 PM
Reference : Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Post Prandial Method:Hexokinase	80	Normal : 90 - 140 mg/dL Impaired PG: 140-199 mg/dL Diabetes mellitus: \geq 200 mg/dL
Note	The discordant post prandial blood glucose values levels are observed in some of the conditions related to defective absorption, insufficient dietary intake, endocrine disorders, hypoglycemic drug overdose and reactive hypoglycemia etc.	

Interpretation: This test measures the blood sugar levels 2 hours after a normal meal. Abnormally high blood sugars 2 hours after a meal reflect that the body is not producing sufficient insulin which is indicative of Diabetes.

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

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

--- End Of Report ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist





Name : Mr. ABHISHEK SHARMA
Age/Gender : 32 Years/Male
Ref By : Self
Reg.No : BIL4292023

TID : UMR1576542
Registered On : 25-May-2024 08:26 AM
Reported On : 25-May-2024 02:22 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:

- *Essentially normal study.*

*** End Of Report ***

Dr Mudunuri Saithejas
Consultant Radiologist