Name	: **MR.SIVALANGESH R**	TID/SID	: UMR1477524/ 27516197
Age / Gender	: 46 Years / Male	Registered on	: 23-Apr-2024 / 10:41 AM
Ref.By	: SELF	Collected on	: 23-Apr-2024 / 11:07 AM
Req.No	: BIL4185311	Reported on	: 23-Apr-2024 / 16:33 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Result	Biological Reference Intervals
Physical Examination		
Colour Method:Physical	Yellow	Straw to Yellow
Appearance Method:Physical	Clear	Clear
Chemical Examination		
Reaction and pH Method:Indicator	Acidic (5.0)	4.6-8.0
Specific gravity Method:Refractometry	1.028	1.000-1.035
Protein Method:Protein Error of pH indicators	Negative	Negative
Glucose Method:Glucose oxidase/Peroxidase	**Positive (++)**	Negative
Blood Method:Peroxidase	Negative	Negative
Ketones Method:Sodium Nitroprusside	Negative	Negative
Bilirubin Method:Diazonium salt	Negative	Negative
Leucocytes Method:Esterase reaction	Negative	Negative
Nitrites Method:Modified Griess reaction	Negative	Negative
Urobilinogen Method:Diazonium salt	Negative	Up to 1.0 mg/dl (Negative)
Microscopic Examination		
Pus cells (leukocytes) Method:Flow Digital Imaging/Microscopy	1-2	2 - 3 /hpf
Epithelial cells Method:Flow Digital Imaging/Microscopy	1-2	2 - 5 /hpf
RBC (erythrocytes) Method:Flow Digital Imaging/Microscopy	Absent	Absent
Casts Method:Flow Digital Imaging/Microscopy	Absent	Occasional hyaline casts may be seen

Name	: **MR.SIVALANGESH R**	TID/SID	: UMR1477524/ 27516197
Age / Gender	: 46 Years / Male	Registered on	: 23-Apr-2024 / 10:41 AM
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	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

Crystals Method:Flow Digital Imaging/Microscopy	Absent	Phosphate, oxalate, or urate crystals may be seen
Others Method:Flow Digital Imaging/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 infecation 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 National Reference Laboratory, Tenet Diagnostics, Hyderabad

--- End Of Report ---

Dr Shruti Reddy
Consultant Pathologist
Reg No.TSMC/FMR/22656

Name	: **MR.SIVALANGESH R**	TID/SID	: UMR1477524/ 27516621
Age / Gender	: 46 Years / Male	Registered on	: 23-Apr-2024 / 10:41 AM
Ref.By	: SELF	Collected on	: 23-Apr-2024 / 12:29 PM
Req.No	: BIL4185311	Reported on	: 23-Apr-2024 / 19:54 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL PATHOLOGY

Stool Routine Examination

Investigation	Result	Biological Reference Interval
Macroscopic Examination		
Colour	Yellow	
Consistency	Well formed	Well formed
Method:Physical		
Reaction & pH	Acidic (5.5)	5.0-8.0
Method:Methyl Red & Bromothymol Blue		
Mucus	Absent	Absent
Method:Physical		
Blood	Absent	Absent
Method:Peroxidase		
Microscopic Examination		
Pus Cells	1-2	/hpf
Method:Pap stain		
Epithelial Cells	Occasional	/hpf
RBC (Erythrocytes)	Absent	Absent /hpf
Ova	Not found	Not found
Cysts	Not found	Not found
Trophozoites	Not found	Not found
Starch	Absent	
Vegetable Cells	Absent	
Fat	Absent	Absent
Others	Nil	Nil
Method:Microscopy		

Method: Microscopy

Interpretation: Stool routine examination is an effective way to check for conditions which afffect the digestive system ,liver and pancreas.infections from bacteria,viruses or parasites,poor nutrient absorpton, and some forms of cancer can be deteted by stool examination. All abnormal results are to be correlated clinically.

* Sample processed at National Reference Laboratory, Tenet Diagnostics, Hyderabad

--- End Of Report ---

Dr Shruti Reddy
Consultant Pathologist
Reg No.TSMC/FMR/22656

MC-2977

Name	: **MR.SIVALANGESH R**
Age / Gender	: 46 Years / Male
Ref.By	: SELF
Req.No	: BIL4185311

TEST REPORT

TID/SID	: UMR1477524/ 27516198
Registered on	: 23-Apr-2024 / 10:41 AM
Collected on	: 23-Apr-2024 / 11:07 AM
Reported on	: 23-Apr-2024 / 15:23 PM
Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF HEMATOLOGY

Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	A
Rh Typing (D)	Positive
Method:Hemagglutination Tube Method by Forward & Reverse Grouping	

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 expresses at birth, increase gradually in strength and become fully expressed around 1 year of age.
In case of Rh(D) - Du(weak positive) or Weak D positive, the individual must be considered as Rh positive as donor and Rh negative as recipient.

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

* Sample processed at National Reference Laboratory, Tenet Diagnostics, Hyderabad

--- End Of Report ---

Dr Shruti Reddy
Consultant Pathologist
Reg No.TSMC/FMR/22656

DEPARTMENT OF HEMATOLOGY

Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Biological Reference Intervals
ESR 1st Hour Method:Westergren/Vesmatic	**25**	<=10 mm/hour

Complete Blood Count (CBC), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Intervals
Hemoglobin Method:Cyanide Free Lyse Hemoglobin	13.8	13.0-17.0 g/dL
PCV/HCT Method:Calculated	41.3	40.0-50.0 vol%
Total RBC Count Method:Electrical Impedance	5.18	4.50-5.50 mill /cu.mm
MCV Method:Calculated	**79.8**	83.0-101.0 fL
MCH Method:Calculated	**26.6**	27.0-32.0 pg
MCHC Method:Calculated	33.3	31.5-34.5 g/dL
RDW (CV) Method:Calculated	**15.6**	11.6-14.0 %
MPV Method:Calculated	8.0	7.0-10.0 fL
Total WBC Count Method:Electrical Impedance	7660	4000-10000 cells/cumm
Platelet Count Method:Electrical Impedance	2.42	1.50-4.10 lakhs/cumm
Differential count		
Neutrophils Method:Microscopy	70.4	40.0-80.0 %
Lymphocytes Method:Microscopy	20.6	20.0-40.0 %
Eosinophils	1.4	1.0-6.0 %
Monocytes	7.3	2.0-10.0 %
Basophils Method:Microscopy	0.3	< 1.0-2.0 %

Name	**: MR.SIVALANGESH R**	TID/SID	: UMR1477524/ 27516198
Age / Gender	: 46 Years / Male	Registered on	: 23-Apr-2024 / 10:41 AM
Ref.By	: SELF	Collected on	: 23-Apr-2024 / 11:07 AM
Req.No	: BIL4185311	Reported on	: 23-Apr-2024 / 13:36 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

Absolute Neutrophil Count Method:Calculated	5393	2000-7000 cells/cumm
Absolute Lymphocyte Count (ALC)	1578	1000-3000 cells/cumm
Absolute Eosinophil Count (AEC)	107	20-500 cells/cumm
Absolute Monocyte Count Method:Calculated	559	200-1000 cells/cumm
Absolute Basophil Count Method:Calculated	23	20-100 cells/cumm
Neutrophil - Lymphocyte Ratio(NLR) Method:Calculated	3.42	0.78-3.53

Method: Automated Hematology Cell Counter, Microscopy

Reference: Dacie and Lewis Practical Hematology,12th Edition.
Wallach's interpretation of diagnostic tests, Soth Asian 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.

Note: These results are generated by a fully automated hematology analyzer and the differential count is computed from a total of several thousands of cells. Therefore the differential count appears in decimalised numbers and may not add upto exactly 100. It may fall between 99 and 101.

* Sample processed at National Reference Laboratory, Tenet Diagnostics, Hyderabad

--- End Of Report ---

Dr Shruti Reddy
Consultant Pathologist
Reg No.TSMC/FMR/22656

Name	: **MR.SIVALANGESH R**	TID/SID	: UMR1477524/ 27516199
Age / Gender	: 46 Years / Male	Registered on	: 23-Apr-2024 / 10:41 AM
Ref.By	: SELF	Collected on	: 23-Apr-2024 / 11:07 AM
Req.No	: BIL4185311	Reported on	: 23-Apr-2024 / 15:17 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Alanine Aminotransferase (ALT/SGPT), Serum

Investigation	Observed Value	Biological Reference Interval
Alanine Aminotransferase ,(ALT/SGPT) Method:UV wtihout P5P	26	<45 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.

Cholesterol Total, Serum

Investigation	Observed Value	Biological Reference Interval
Total Cholesterol Method:Cholesterol Oxidase	128	Desirable: <200 mg/dL Borderline: 200-239 mg/dL High: >/=240 mg/dL

Interpretation: Cholesterol contributes to a variety of functions in the body such as the production of hormones which are essential for growth and reproduction, the development of cells in tissues and organs throughout the body and the absorption of nutrients from the food. Excess cholesterol are thought to indicate increased risk of involvement of cardiovascular complications. Increased cholesterol levels are seen in cardiovascular diseases, pancreatic diseases, Hypothyroidism etc. Decreased cholesterol levels are seen in severe liver damage, malnutrition, Hyperthyroidism etc.

Reference: Third Report of the National Cholesterol Education program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III), JAMA 2001.

Creatinine, Serum

Investigation	Observed Value	Biological Reference Interval
Creatinine. Method:Alkaline Picrate	0.94	0.70-1.20 mg/dL

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.

Glucose Random (RBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval

tenet
DIAGNOSTICS
It's Good to Know

MC-2977

PLEASE SCAN QR CODE
TO VERIFY THE REPORT ONLINE

Name	**: MR.SIVALANGESH R**	TID/SID	: UMR1477524/ 27516199
Age / Gender	: 46 Years / Male	Registered on	: 23-Apr-2024 / 10:41 AM
Ref.By	: SELF	Collected on	: 23-Apr-2024 / 11:07 AM
Req.No	: BIL4185311	Reported on	: 23-Apr-2024 / 15:17 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

Glucose Random	**147**	70-140 mg/dl
Method:Hexokinase		
Note	Kindly correlate clinically	

Interpretation: Detect high blood glucose (hyperglycemia) and low blood glucose (hypoglycemia).To Screen for diabetes. To diagnose diabetes, prediabetes and gestational diabetes and to monitor glucose levels in people diagnosed with diabetes.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2022

Urea, Serum

Investigation	Observed Value	Biological Reference Interval
Urea.	18.0	12.8-42.8 mg/dL
Method:Urease/UV		

Interpretation: Urea is the major nitrogen-containing metabolic product of protein and amino acid catabolism. It is increased in pre-renal uraemic conditions such as high protein diet, increased protein catabolism, GI hemorrhage, dehydration, heart failure, etc. post-renal uremia is seen in malignancy, nephrolithiasis and prostatism.

* Sample processed at National Reference Laboratory, Tenet Diagnostics, Hyderabad

--- End Of Report ---

Dr.Abdur Rehman Asif
Consultant Biochemist
Reg.No - APMC/FMR/78102

Name	: **Mr . SIVALANGESH R**	TID	: UMR1477524
Age/Gender	: 46 Years/Male	Registered On	: 23-Apr-2024 10:41 AM
Ref By	: Self	Reported On	: 23-Apr-2024 12:26 PM
Reg.No	: BIL4185311	Reference	: Arcofemi Health Care Ltd - Medi Whe

EYE EXAMINATION

Chief Complaints:

C/O:-BLURRED VN :- DV

Refraction Details

	UVA	SPHERE	CYL	AXIS	ADD	CVA
Right	6/9	-0.50			N6	6/6
Left	6/9	-0.50			N6	6/6

Colour Blindness:NORMAL

Note :-*Please note that the above details of power refraction is a part of the basic Eye Examination.You are requested to visit any of the speciality Eye hospitals for detailed and final diagnosis.
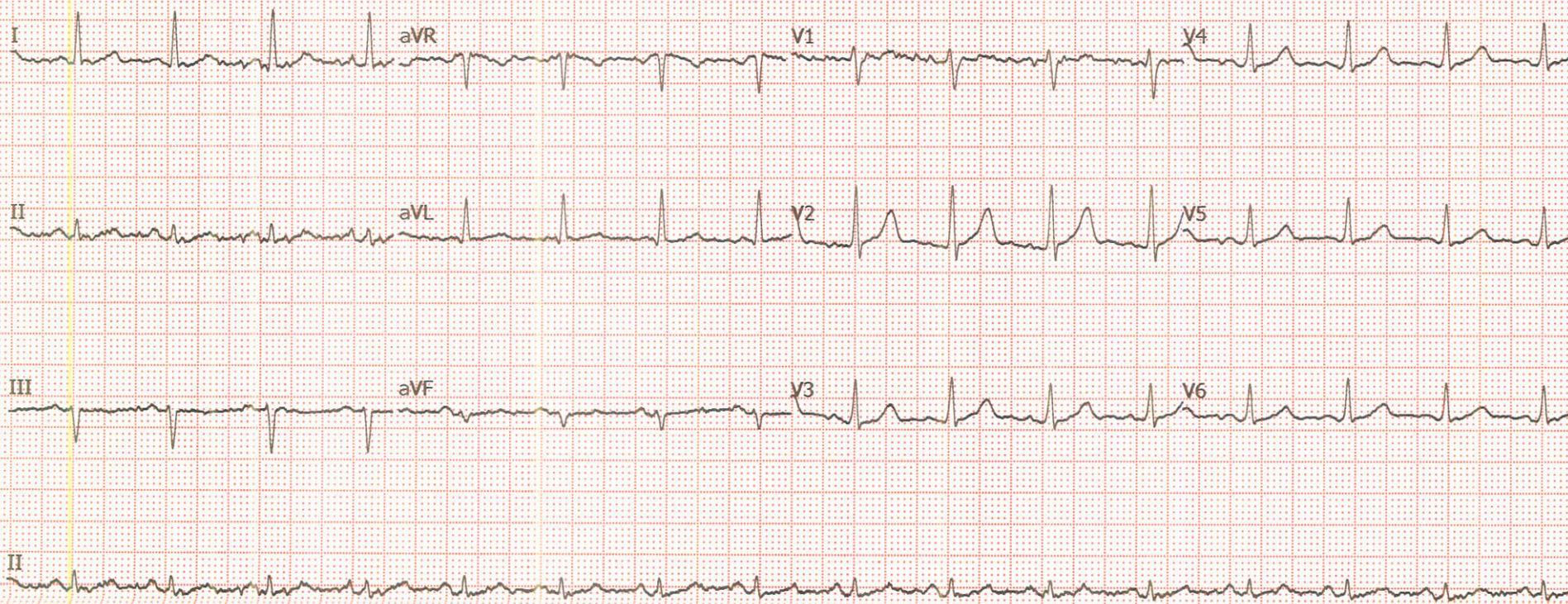
*** End Of Report ***

Doctor

MR. SIVALANGESH R
ID: 4185311

23.04.2024 11:31:26

96 bpm

BANJARAHILLS ROAD NO:02
HYDERABAD

-- / --- mmHg

Male

46 Years

QRS	72 ms	Normal sinus rhythm
QT / QTcBaz	350 / 442 ms	Normal ECG
PR	136 ms	
P	110 ms	
RR / PP	624 / 625 ms	
P / QRS / T	51 / -9 / 29 degrees	

NSR

Dr. SRIKANTH BACCHU
MBBS
GENERAL PHYSICIAN
Regd. No.11983

I   aVR   V1   V4

II   aVL   V2   V5

III   aVF   V3   V6

II

Unconfirmed

GE   MAC2000   1.1   12SL™ v241   25 mm/s   10 mm/mV   ADS   0.56-20 Hz   50 Hz   4x2.5x3_25_R1   1/1

tenet

Tenet Medcorp Pvt Ltd
Service Requisition Slip (SRS)

Name	: Mr.SIVALANGESH R	Mobile No	: 8939766078
Age/Gender	: 46 Years/Male	TID	: UMR1477524
Req No	: BIL4185311	Bill Date	: 23-Apr-2024 10:41 AM
Refered By	: Credit Clients	Client Code	: Arcofemi Health Care Ltd - Medi Wheels
Comments	:		

Profile : 1)MediWheel - Pre-Employment D

Cardiology

1)Electrocardiogram (ECG)   2)Medical Examination & Fitness Certificate   3)Physical Examination (BP, HT, WT, BMI)

Clinical Chemistry I

1)Alanine Aminotransferase (ALT/SGPT), Serum   2)Cholesterol Total, Serum   3)Creatinine, Serum   4)Glucose Random (RBS), Sodium Fluoride Plasma   5)Urea, Serum

Clinical Pathology

1)Complete Urine Examination (CUE), Urine   2)Stool Routine Examination

Consultation

1)Ophthalmology Checkup

Corporate Packages

Hematology

1)Blood Grouping ABO And Rh Typing, EDTA Whole Blood   2)Complete Blood Count (CBC), EDTA Whole Blood   3)Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Physician Consultation

1)Physician Consultation

X-Ray

1)X-Ray Chest PA View

(handwritten: H: 184 W: 110 BP: 131/91 pus: 101)

UMR1477524
Printed By/Date Time : msunitha/23-Apr-2024 10:42 AM

BIL4185311
Created By/Date time : msunitha/23-Apr-2024 10:41 AM

tenet
DIAGNOSTICS
It's Good to Know

MEDICAL FITNESS REPORT

I hereby certified that I have physically examined

Mr./M̶r̶s̶./D̶r̶. _Sivalingesh .R_

On date _24/4/24._ is medically <u>Fit</u> / U̶n̶f̶i̶t̶ to carry on the work.

The Annexed medical reports, Physical & Systemic examination of the

employee were taken in to consideration forhis /h̶e̶r̶ current status of

Health.

Doctor's notes (Overview of the Medical Report's)

Doctor's Signature & Seal Stamp

Dr. SRIKANTH BACCHU
MBBS
GENERAL PHYSICIAN
Regd. No.11983

Name	**: Mr . SIVALANGESH R**	TID	: UMR1477524
Age/Gender	: 46 Years/Male	Registered On	: 23-Apr-2024 10:41 AM
Ref By	: Self	Reported On	: 23-Apr-2024 03:36 PM
Reg.No	: BIL4185311	Reference	: Arcofemi Health Care Ltd - Medi Whe

DEPARTMENT OF X-RAY
X-Ray Chest PA View

Diaphragmatic slips on right side.

Lung fields appear normal.

Cardiac size is within normal limits.

Aorta and pulmonary vasculature is normal.

Left dome of diaphragm and bilateral costophrenic angles are normal.

Visualised soft tissues appear normal.

Degenerative changes in spine.

- Suggested clinical correlation and follow up.

*** End Of Report ***

Dr. Apoorva K
Consultant Radiologist