Mediwheel
...Your wellness partner

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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.Ganesh Gunjan** aged,**37yr**.Based on the examination, I certify that he is in good dental and physical health and it is free from any physical defects such as deafness, color blindness, and any chronic or contagious diseases.

Place: **Siliguri**

Date: 04/11/2024

Name & Signature of

Medical officer

Suraksha DIAGNOSTICS

Lab No.	: SIL/04-11-2024/SR9857646	**Lab Add.**	: Sevoke Road,Siliguri 734001
Patient Name	: GANGESH GUNJAN	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 37 Y 0 M 10 D	**Collection Date**	: 04/Nov/2024 04:15PM
Gender	: M	Report Date	: 04/Nov/2024 07:16PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
BILIRUBIN (DIRECT) , *GEL SERUM* (Method:DIAZOTIZATION)	**0.11**	< 0.2	mg/dL
SGOT/AST (Method:UV WITH P5P)	**54**	15 - 37	U/L
SODIUM,BLOOD (Method:ISE INDIRECT)	**134**	136 - 145	mEq/L
POTASSIUM,BLOOD (Method:ISE INDIRECT)	3.7	3.5 - 5.1	mEq/L
CHLORIDE,BLOOD (Method:ISE INDIRECT)	104	98 - 107	mEq/L
UREA,BLOOD (Method:UREASE-COLORIMETRIC)	16	12.8 - 42.8	mg/dl
CALCIUM,BLOOD (Method:OCPC)	9.61	8.6-10.0 mg/dl	mg/L
***GLYCATED HAEMOGLOBIN (HBA1C) ,** *EDTA WHOLE BLOOD*			
GLYCATED HEMOGLOBIN (HBA1C)	5.3	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC) (Method:HPLC)	34		mmol/mol

Clinical Information and Laboratory clinical interpretation on Biological Reference Interval:
Low risk / Normal / non-diabetic : <5.7% (NGSP) / < 39 mmol/mol (IFCC)
Pre-diabetes/High risk of Diabetes : 5.7%- 6.4% (NGSP) / 39 - < 48 mmol/mol (IFCC)
Diabetics-HbA1c level : >/= 6.5% (NGSP) / > 48 mmol/mol (IFCC)

Analyzer used : Bio-Rad D 10
Method : HPLC Cation Exchange

Recommendations for glycemic targets
Ø Patients should use self-monitoring of blood glucose (SMBG) and HbA1c levels to assess glycemic control.
Ø The timing and frequency of SMBG should be tailored based on patients' individual treatment, needs, and goals.
Ø Patients should undergo HbA1c testing at least twice a year if they are meeting treatment goals and have stable glycemic control.
Ø If a patient changes treatment plans or does not meet his or her glycemic goals, HbA1c testing should be done quarterly.
Ø For most adults who are not pregnant, HbA1c levels should be <7% to help reduce microvascular complications and macrovascular disease . Action suggested >8% as it indicates poor control.
Ø Some patients may benefit from HbA1c goals that are stringent.
Result alterations in the estimation has been established in many circumstances, such as after acute/ chronic blood loss, for example, after surgery, blood transfusions, hemolytic anemia, or high erythrocyte turnover; vitamin B12/ folate deficiency, presence of chronic renal or liver disease; after administration of high-dose vitamin E / C; or erythropoietin treatment.
Reference: Glycated hemoglobin monitoring BMJ 2006; 333;586-8

References:
1. Chamberlain JJ, Rhinehart AS, Shaefer CF, et al. Diagnosis and management of diabetes: synopsis of the 2016 American Diabetes Association Standards of Medical Care in

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DEPARTMENT OF BIOCHEMISTRY

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Diabetes. Ann Intern Med. Published online 1 March 2016. doi:10.7326/M15-3016.
2. Mosca A, Goodall I, Hoshino T, Jeppsson JO, John WG, Little RR, Miedema K, Myers GL, Reinauer H, Sacks DB, Weykamp CW. International Federation of Clinical Chemistry and Laboratory Medicine, IFCC Scientific Division. Global standardization of glycated hemoglobin measurement: the position of the IFCC Working Group. Clin Chem Lab Med. 2007;45(8):1077-1080.

PDF Attached

***TOTAL PROTEIN [BLOOD] ALB:GLO RATIO ,** .			
TOTAL PROTEIN (Method:BIURET METHOD)	7.76	6.6 - 8.7	g/dL
ALBUMIN (Method:BCP)	4.6	3.4-5.0 g/dl	g/dl
GLOBULIN (Method:Calculated)	3.19	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.43	1.0 - 2.5	

***THYROID PANEL (T3, T4, TSH) ,** *GEL SERUM*			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.11	0.60 - 1.81	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	8.3	4.5 - 10.9	microgram/dl
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	2.95	0.35 - 5.5	µIU/mL

BIOLOGICAL REFERENCE INTERVAL : *[ONLY FOR PREGNANT MOTHERS]*
Trimester specific TSH LEVELS during pregnancy:
FIRST TRIMESTER : 0.10 2.50 µ IU/mL
SECOND TRIMESTER :0.20 3.00 µ IU/mL
THIRD TRIMESTER :0.30 3.00 µ IU/mL

References :

1.*Indian Thyroid Society guidelines for management of thyroid dysfunction during pregnancy. Clinical Practice Guidelines, New Delhi: Elsevier; 2012.*

2.Stagnaro-Green A, Abalovich M, Alexander E, Azizi F, Mestman J, Negro R, et al. Guidelines of the American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pregnancy and Postpartum. Thyroid 2011;21:1081-25.

3.Dave A, Maru L, Tripathi M. Importance of Universal screening for thyroid disorders in first trimester of pregnancy. Indian J Endocr Metab [serial online] 2014 [cited 2014 Sep 25];18:735-8. Available from: http://www.ijem.in/text.asp?2014/18/5/735/139221.

***BILIRUBIN (TOTAL) ,** *GEL SERUM*			
BILIRUBIN (TOTAL) (Method:DIAZONIUM ION)	0.37	0.2 - 1.2	mg/dL

SGPT/ALT (Method:UV WITH P5P)	**86**	16- 63	U/L

URIC ACID,BLOOD (Method:URICASE ,COLORICMETRIC)	5.16	3.5 - 7.2	mg/dL

LIPID PROFILE , *GEL SERUM*			
CHOLESTEROL-TOTAL (Method:CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE)	155	Desirable: < 200 mg/dL Borderline high: 200-239 High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:ENZYMATIC, END POINT)	96	NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH >	mg/dL

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
		500	
HDL CHOLESTEROL (Method:DIRECT MEASURE-PEG)	53	NO RISK : >60 mg/dL, MODERATE RISK : 40-60 mg/dL, HIGH RISK : <40 mg/dL	mg/dL
LDL CHOLESTEROL DIRECT (Method:DIRECT MEASURE)	91	OPTIMAL : <100 mg/dL, Near optimal/ above optimal : 100-129 mg/dL, Borderline high : 130-159 mg/dL, High : 160-189 mg/dL, Very high : >=190 mg/dL	mg/dL
VLDL (Method:Calculated)	11	< 40	mg/dL
CHOL HDL Ratio (Method:Calculated)	**2.9**	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	
GLUCOSE,FASTING (Method:HEXOKINASE)	94	70 - 100	mg/dL
ALKALINE PHOSPHATASE (Method:P-NPP,AMP BUFFER)	105	46 - 116	U/L
CREATININE, BLOOD (Method: ALKALINE PICRATE)	1.07	0.7 - 1.3	mg/L
PHOSPHORUS-INORGANIC,BLOOD (Method:UV PHOSPHOMOLYBDATE)	3.6	2.5 - 4.5	mg/dL

***** End Of Report *****

Dr. Ankush Chakraborty
MBBS, MD (Path), IFCAP
Consultant Pathologist
Reg. No. 65992 (WBMC)

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Gender	: M	Report Date	: 04/Nov/2024 07:59PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
CBC WITH PLATELET (THROMBOCYTE) COUNT , *EDTA WHOLE BLOOD*			
HEMOGLOBIN (Method:SLS haemoglobin method)	14.4	13 - 17	g/dL
WBC (Method:DC detection method)	5.8	4 - 10	*10^3/µL
RBC (Method:DC detection method)	4.62	4.5 - 5.5	*10^6/µL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	206	150 - 450*10^3	*10^3/µL
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	52	40 - 80	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	**44**	20 - 40	%
MONOCYTES (Method:Flowcytometry/Microscopy)	02	2 - 10	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	02	1 - 6	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9	%
CBC SUBGROUP			
HEMATOCRIT / PCV (Method:Calculated)	43	40 - 50 %	%
MCV (Method:Calculated)	93	83 - 101 fl	fl
MCH (Method:Calculated)	31.1	27 - 32 pg	pg
MCHC (Method:Calculated)	33.4	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	13.4	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	15.4	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	9.8	7.5 - 11.5 fl	
RBC	NORMOCYTIC NORMOCHROMIC.		
WBC.	NORMAL IN NUMBER & MORPHOLOGY		
PLATELET	ADEQUATE.		

BLOOD GROUP ABO+RH [GEL METHOD] , *EDTA WHOLE BLOOD*		
ABO (Method:Gel Card)	O	
RH (Method:Gel Card)	POSITIVE	

Gel technology Dia Med ID Micro typing system is the latest technology in transfusion Medicine.
It gives more reproducible and standardized test results.
It more repaid, reliable, very sensitive and objective , and hence more consistent and comparable results are obtained.
Single used cards are individualised for every patient and results can be photographed / scanned and stored for future use.
Special instruments that are used only for this technology also reduce risk of any contamination.

Ref:- WHO technical manual on transfusion medicine-Second Edition 2003

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit

(RESULTS ALSO VERIFIED BY : FORWARD AND REVERSE GROUPING (TUBE AND SLIDE METHOD)

TECHNOLOGY USED: GEL METHOD

ADVANTAGES :

- Gel card allows simultaneous forward and reverse grouping.
- Card is scanned and record is preserved for future reference.
- Allows identification of Bombay blood group.
- Daily quality controls are run allowing accurate monitoring.

Historical records check not performed.

ESR (ERYTHROCYTE SEDIMENTATION RATE) , *EDTA WHOLE BLOOD*			
1stHour (Method:Westergren)	10	0.00 - 20.00 mm/hr	mm/hr

***** End Of Report *****

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Gender	: M	Report Date	: 04/Nov/2024 08:45PM

DEPARTMENT OF X-RAY

DEPARTMENT OF RADIOLOGY
X-RAY REPORT OF CHEST (PA)

FINDINGS:

- Cardiac size appears within normal limits. Margin is well visualised and cardiac silhoutte is smoothly outlined. Shape is within normal limit.
- Lung parenchyma shows no focal lesion. No general alteration of radiographic density. Apices are clear. Bronchovascular lung markings are within normal.
- Lateral costo-phrenic angles are clear.
- Domes of diaphragm are smoothly outlined. Position is within normal limits.

IMPRESSION :

Normal study.

***** End Of Report *****

DR. Ziaul Mustafa
MD, Radiodiagnosis

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Gender	: M	Report Date	: 04/Nov/2024 07:04PM

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
URINE ROUTINE ALL, ALL , *URINE*			
PHYSICAL EXAMINATION			
COLOUR	STRAW		
APPEARANCE	CLEAR		
CHEMICAL EXAMINATION			
pH (Method:Dipstick (triple indicator method))	6.0	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.015	1.005 - 1.030	
PROTEIN (Method:Dipstick (protein error of pH indicators)/Manual)	ABSENT	NOT DETECTED	
GLUCOSE (Method:Dipstick(glucose-oxidase-peroxidase method)/Manual)	ABSENT	NOT DETECTED	
KETONES (ACETOACETIC ACID, ACETONE) (Method:Dipstick (Legals test)/Manual)	ABSENT	NOT DETECTED	
BLOOD (Method:Dipstick (pseudoperoxidase reaction))	ABSENT	NOT DETECTED	
BILIRUBIN (Method:Dipstick (azo-diazo reaction)/Manual)	ABSENT	NEGATIVE	
UROBILINOGEN (Method:Dipstick (diazonium ion reaction)/Manual)	ABSENT	NEGATIVE	
NITRITE (Method:Dipstick (Griess test))	ABSENT	NEGATIVE	
LEUCOCYTE ESTERASE (Method:Dipstick (ester hydrolysis reaction))	ABSENT	NEGATIVE	
MICROSCOPIC EXAMINATION			
LEUKOCYTES (PUS CELLS) (Method:Microscopy)	0-1	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	0-1	0-5	/hpf
RED BLOOD CELLS (Method:Microscopy)	ABSENT	0-2	/hpf
CAST (Method:Microscopy)	ABSENT	NOT DETECTED	
CRYSTALS (Method:Microscopy)	ABSENT	NOT DETECTED	
BACTERIA (Method:Microscopy)	FEW	NOT DETECTED	
YEAST (Method:Microscopy)	ABSENT	NOT DETECTED	
OTHERS	ABSENT		

Note:

1. All urine samples are checked for adequacy and suitability before examination.
2. Analysis by urine analyzer of dipstick is based on reflectance photometry principle. Abnormal results of chemical examinations are confirmed by manual methods.
3. The first voided morning clean-catch midstream urine sample is the specimen of choice for chemical and microscopic analysis.
4. Negative nitrite test does not exclude urinary tract infections.
5. Trace proteinuria can be seen in many physiological conditions like exercise, pregnancy, prolonged recumbency etc.
6. False positive results for glucose, protein, nitrite, urobilinogen, bilirubin can occur due to use of certain drugs, therapeutic dyes, ascorbic acid, cleaning agents used in urine collection container.
7. Discrepancy between results of leukocyte esterase and blood obtained by chemical methods with corresponding pus cell and red blood cell count by microscopy can

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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit

occur due to cell lysis.

8. Contamination from perineum and vaginal discharge should be avoided during collection, which may falsely elevate epithelial cell count and show presence of bacteria and/or yeast in the urine.

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Suraksha DIAGNOSTICS

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DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

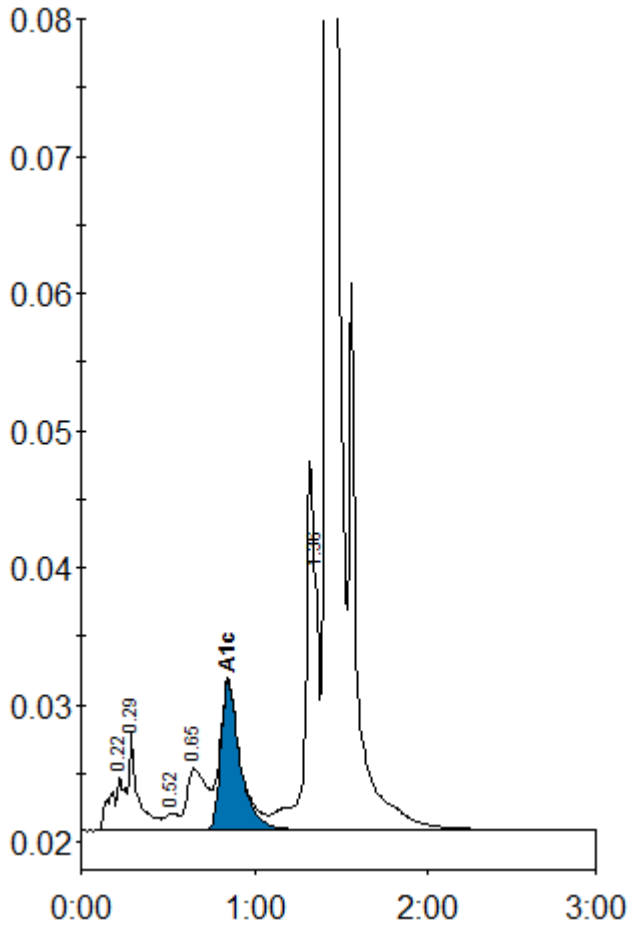
HEART RATE	:	64 /min.
RHYTHM	:	Regular sinus.
P-WAVE	:	Normal
P - R INTERVAL	:	130 ms,
QRS DURATION	:	80 ms
QRS CONFIGURATION	:	NORMAL
QRS VOLTAGE	:	R/S in V1 3/11 mm.
		R/S in V6 16/1 mm.
QRS AXIS	:	+60°
Q- Waves	:	No significant Q-wave.
QCT INTERVAL	:	376 ms
ST SEGMENT	:	Normal.
T WAVE	:	NORMAL
ROTATION	:	Normal.
OTHER FINDINGS	:	Nil.
IMPRESSION	**:**	**ECG WITHIN NORMAL LIMIT**.

Dr. ARABINDA SAHA (MD,DM)
CONSULTANT CARDIOLOGIST

SURAKSHA DIAGNOSTIC PVT LTD
15/10 UDHAM SINGH SARANI -SILIGURI-734401

Patient report

Sample ID:	E02132964430
Injection date	04/11/2024 06:17 PM
Injection #: 22	D-10 Method: HbA1c
Rack #: ---	Rack position: 1
Bio-Rad v: 5.00-2	S/N: #DM23F10804



Peak table - ID: E02132964430

Peak	R.time	Height	Area	Area %
A1a	0.22	3996	23019	1.0
A1b	0.29	7152	26023	1.1
F	0.52	1214	6560	0.3
LA1c/CHb-1	0.65	4537	35364	1.5
A1c	0.85	10885	84733	5.3
P3	1.36	26851	119114	5.2
A0	1.42	877525	2004148	87.2
Total Area:	2298961			

Concentration:	%	mmol/mol
A1c	5.3	34