

## FITNESS CERTIFICATE

NAME: MANOJ N-S	AGE: 33 yrs	
Hi: 165 CMs	Wt: 73 KGS	SEX: male

PARAMETERS	MEASUREMENTS
PULSE / BP (supine)	BP - 130/80 mmHg / 80 / mmHg pulse - 80/min
INSPIRATION	99 cms
EXPIRATION	93 cms
CHEST CIRCUMFERENCE	Chest Expansion - 6 cms
PREVIOUS ILLNESS	NIL
VISION	Normal colour vision Normal
FAMILY HISTORY	FATHER: Expired at the age of 58 yrs MOTHER: Diabetic since 5 yrs <sup>had sudden death</sup> in treatment under low

**REPORTS:**

Urine & Blood reports are within normal limits  
 All prescribed Biochemical test results are normal  
 ECG & chest xray are normal

DATE: - 08-05-2024

PLACE: Bangalore

Dr 8th May 2024

Fit for Employment

*Raghu*  
 CONSULTANT PHYSICIAN 8/5/2024

**Dr. Raghunandan. R.**  
 M.D. (GEN. Med)  
 Consultant Physician  
 KMC No: 20226

## MEDICAL FITNESS REPORT

I hereby certified that I have physically examined

Mr./Mrs./Dr. MIANOS N.S

On date 08-05-2024 is medically Fit / ~~Unfit~~ to carry on the work.

The Annexed medical reports, Physical & Systemic examination of the employee were taken in to consideration for his / ~~her~~ current status of Health.

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

Physical Examination including vitals are normal  
All prescribed Biochemical test results are within Normal limit  
E.C.G & chest X-ray are normal  
Fit for employment

Dr. Raghunandan. R.  
M.D. (GEN. Med)  
Consultant Physician  
KMC No: 20226

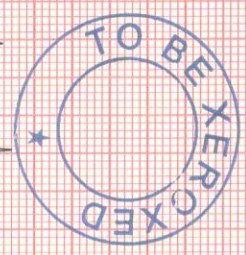
Doctor's Signature & Seal Stamp

Dr. Raghunandan. R.  
M.D. (GEN. Med)  
Consultant Physician  
KMC No:

ID: 4234410  
MR MANOJ N S  
Male 33Years  
T ID :

08-05-2024 10:24:31 AM  
HR : 100 bpm  
P : 100 ms  
PR : 126 ms  
QRS : 104 ms

QT/QTcBz : 322/416 ms  
P/QRS/T : 63/72/68 °  
RV5/SV1 : 1.20/10.649 mV



**NEEDS CLINICAL CORRELATION  
FOR FURTHER MANAGEMENT**

Diagnosis Information:

*Mr. Manoj*

*MR*

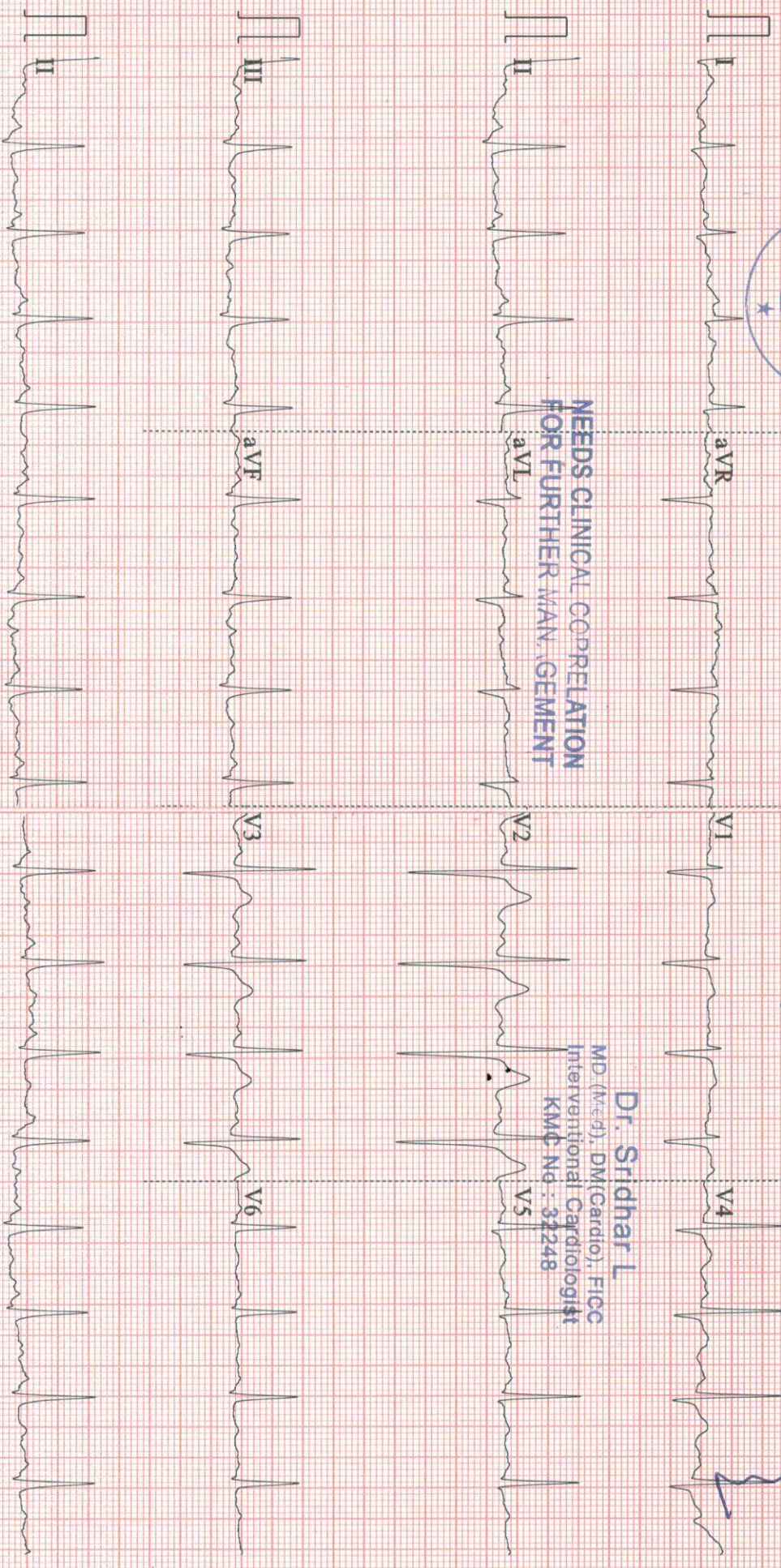
Technician : KOMS  
Report Confirmed by:

*AVM + 70°*

*Normal ECG*

**Dr. Sridhar L**

MD (Med), DM(Cardio), FICC  
Interventional Cardiologist  
KMC No : 32248



TENET DIAGNOSTICS

Customer Name	MR. Manoj A. N. S	Customer ID	4234410
Age & Gender	33 yrs / male	Visit Date	08/05/2024

Eye Screening

✓  
With spectacles / without spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	N5	N5
Distance Vision	6/6	6/6
Colour Vision	Normal	Normal

Observation / Comments: Normal ..

Ch  




MC-6128

PLEASE SCAN QR CODE

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Name	: Mr . MANOJ N S .	TID	: UMR1522981
Age/Gender	: 33 Years/Male	Registered On	: 08-May-2024 09:15 AM
Ref By	: Arcofemi Health Care Ltd - Medi Wheels	Reported On	: 08-May-2024 10:16 AM
Reg.No	: BIL4234410	Reference	: Arcofemi Health Care Ltd - Medi Whe

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Clinical details: *general checkup*

**X – RAY CHEST PA VIEW**

Prominent bronchovascular markings noted in right lower zone.

Rest of the 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.

**\*\*Suggested clinical correlation.**

-

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

**Dr Mahesh M S**  
Consultant Radiologist



Name	: MR.MANOJ N S .	TID/SID	: UMR1522981/ 27583844
Age / Gender	: 33 Years / Male	Registered on	: 08-May-2024 / 09:15 AM
Ref.By	: ARCOFEMI HEALTH CARE LTD - MEDI WHEELS	Collected on	: 08-May-2024 / 09:18 AM
Req.No	: BIL4234410	Reported on	: 08-May-2024 / 12:00 PM
		Reference	: Arcofemi Health Care Ltd -

**TEST REPORT**

**DEPARTMENT OF CLINICAL PATHOLOGY**

**Complete Urine Examination (CUE), Urine**

Investigation	Observed Value	Biological Reference Intervals
<b>Physical Examination</b>		
Colour Method:Physical	Pale Yellow	Straw to Yellow
Appearance Method:Physical	Clear	Clear
<b>Chemical Examination</b>		
Reaction and pH Method:pH- Methyl red & Bromothymol blue	5.5	4.6-8.0
Specific gravity Method:Bromothymol Blue	1.005	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
<b>Microscopic Examination</b>		
Pus cells (leukocytes) Method:Microscopy	0-1	2 - 3 /hpf
Epithelial cells Method:Microscopy	0-1	2 - 5 /hpf
RBC (erythrocytes) Method:Microscopy	0-1	Absent
Casts Method:Microscopy	Absent	Occasional hyaline casts may be seen



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TO VERIFY THE REPORT ONLINE

	Name	: MR.MANOJ N S .	TID/SID	: UMR1522981/ 27583844
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**TEST REPORT**

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 ---

*Debleena Thakur*

**Dr Debleena Thakur  
Consultant Pathologist**





Name : **MR.MANOJ N S .** TID/SID : UMR1522981/ 27583846  
Age / Gender : 33 Years / Male Registered on : 08-May-2024 / 09:15 AM  
Ref.By : ARCOFEMI HEALTH CARE LTD - MEDI WHEELS Collected on : 08-May-2024 / 09:18 AM  
Req.No : BIL4234410 Reported on : 08-May-2024 / 12:51 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)	O
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







Name	: MR.MANOJ N S .	TID/SID	: UMR1522981/ 27583846
Age / Gender	: 33 Years / Male	Registered on	: 08-May-2024 / 09:15 AM
Ref.By	: ARCOFEMI HEALTH CARE LTD - MEDI WHEELS	Collected on	: 08-May-2024 / 09:18 AM
Req.No	: BIL4234410	Reported on	: 08-May-2024 / 12:11 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	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	13.8	13.0-18.0 g/dL
Method:Spectrophotometry		
Packed Cell Volume	41.0	40-54 %
Method:Derived from Impedance		
Red Blood Cell Count.	<b>3.52</b>	4.3-6.0 Mill/Cumm
Method:Impedance Variation		
Mean Corpuscular Volume	<b>116.6</b>	78-100 fL
Method:Derived from Impedance		
Mean Corpuscular Hemoglobin	<b>39.2</b>	27-32 pg
Method:Derived from Impedance		
Mean Corpuscular Hemoglobin Concentration	33.6	31.5-36 g/dL
Method:Derived from Impedance		
Red Cell Distribution Width - CV	13.9	11.0-16.0 %
Method:Derived from Impedance		
Red Cell Distribution Width - SD	<b>76.3</b>	39-46 fL
Method:Derived from Impedance		
Total WBC Count.	6110	4000-11000 cells/cumm
Method:Impedance Variation		
Neutrophils	52.0	40-75 %
Method:Impedance Variation,Method_Desc= Flow Cytometry		
Lymphocytes	36.0	20-45 %
Method:Impedance Variation, Flowcytometry		
Eosinophils	<b>9.0</b>	01-06 %
Method:Impedance Variation, Flowcytometry		
Monocytes	2.3	01-10 %
Method:Impedance Variation, Flowcytometry		
Basophils.	0.7	00-02 %
Method:Impedance Variation, Flowcytometry		



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**TEST REPORT**

Absolute Neutrophils Count. Method:Calculated	3177	1500-6600 cells/cumm
Absolute Lymphocyte Count Method:Calculated	2200	1500-3500 cells/cumm
Absolute Eosinophils count. Method:Calculated	<b>550</b>	40-440 cells/cumm
Absolute Monocytes Count. Method:Calculated	141	<1000 cells/cumm
Absolute Basophils count. Method:Calculated	43	<200 cells/cumm
Platelet Count. Method:Impedance Variation	3.43	1.4-4.4 lakhs/cumm
Mean Platelet Volume. Method:Derived from Impedance	9.2	7.9-13.7 fL
Plateletcrit. Method:Derived from Impedance	<b>0.31</b>	0.18-0.28 %

Note Kindly correlate clinically

**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 : 33 Years / Male Registered on : 08-May-2024 / 09:15 AM  
Ref.By : ARCOFEMI HEALTH CARE LTD - MEDI WHEELS Collected on :  
Req.No : BIL4234410 Reported on : 08-May-2024 / 12:33 PM  
Reference : Arcofemi Health Care Ltd -

**TEST REPORT**

**DEPARTMENT OF CARDIOLOGY**

**Physical Examination (BP, HT, WT, BMI)**

Investigation	Observed Value
BP	130/80
Weight	73 Kg
Height	165.5 cm
BMI	26.65
Pulse	80

#46,27th Cross, 3rd Main Road, Jayanagar, 7th Block, Bengaluru  
08049364444, 98863 48863 GST:29AAICT7175N1ZE

--- End Of Report ---

**Doctor**





Name	: MR.MANOJ N S .	TID/SID	: UMR1522981/ 27583847
Age / Gender	: 33 Years / Male	Registered on	: 08-May-2024 / 09:15 AM
Ref.By	: ARCOFEMI HEALTH CARE LTD - MEDI WHEELS	Collected on	: 08-May-2024 / 09:18 AM
Req.No	: BIL4234410	Reported on	: 08-May-2024 / 11:34 AM
		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)	30	<=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.

**Cholesterol Total, Serum**

Investigation	Observed Value	Biological Reference Interval
Total Cholesterol	141	Desirable: < 200 mg/dL Borderline: 200-239 mg/dL High: >= 240 mg/dL
Method:Spectrophotometry , CHOD - POD		

**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.	0.56	0.7-1.3 mg/dL
Method:Spectrophotometry, Jaffe - IDMS Traceable		





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Req.No	: BIL4234410	Reported on	: 08-May-2024 / 11:34 AM
<b>TEST REPORT</b>		Reference	: Arcofemi Health Care Ltd -

**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.

**Glucose Random (RBS), Sodium Fluoride Plasma**

Investigation	Observed Value	Biological Reference Interval
Glucose Random	92	70-140 mg/dL
Method:Hexokinase		

**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-2020.

**Urea, Serum**

Investigation	Observed Value	Biological Reference Interval
Urea.	10.7	12.8-42.8 mg/dL
Method:Kinetic 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, Gastrointestinal hemorrhage, dehydration, heart failure, etc. post-renal uremia is seen in malignancy, nephrolithiasis and prostatism.

**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

## FITNESS CERTIFICATE

NAME: <b>MANOJ N-S</b>	AGE: <b>33 yrs</b>	
Hi: <b>165 CMs</b>	Wt: <b>73 KGS</b>	SEX: <b>male</b>

PARAMETERS	MEASUREMENTS
PULSE / BP (supine)	BP - <b>130/80</b> mmHg / <b>80</b> /mmHg pulse - <b>80</b> /m
INSPIRATION	<b>99 cm</b>
EXPIRATION	<b>93 cm</b>
CHEST CIRCUMFERENCE	Chest Expansion - <b>6 cm</b>
PREVIOUS ILLNESS	<b>NIL</b>
VISION	<b>Normal colour vision Normal</b>
FAMILY HISTORY	FATHER: <b>Expired at the age of 58 yrs</b> MOTHER: <b>Diabetic since 5 yrs</b> <sup>had sudden death</sup> .. <sub>untreated</sub> .. <sub>under low</sub>

**REPORTS:**

Urine & Blood reports are within normal limits  
 All prescribed Biochemical test results are normal  
 ECG & chest xray are normal

DATE: **- 08-05-2024**

PLACE: **Bangalore**      Dt: **8th May 2024**

**Fit for Employment**

*Raghu*  
 CONSULTANT PHYSICIAN      8/5/2024

**Dr. Raghunandan. R.**  
 M.D. (GEN. Med)  
 Consultant Physician  
 KMC No: 20226

## MEDICAL FITNESS REPORT

I hereby certified that I have physically examined

Mr./Mrs./Dr. MIANOS N.S

On date 08-05-2024 is medically Fit / ~~Unfit~~ to carry on the work.

The Annexed medical reports, Physical & Systemic examination of the employee were taken in to consideration for his / ~~her~~ current status of Health.

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

Physical Examination including vitals are normal  
All prescribed Biochemical test results are within Normal limit  
E.C.G & chest X-ray are normal  
Fit for employment

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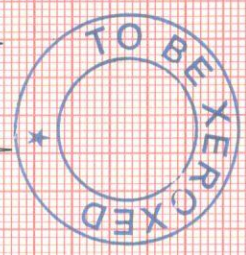
Doctor's Signature & Seal Stamp

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M.D. (GEN. Med)  
Consultant Physician  
KMC No:

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MR MANOJ N S  
Male 33Years  
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08-05-2024 10:24:31 AM  
HR : 100 bpm  
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PR : 126 ms  
QRS : 104 ms

QT/QTcBz : 322/416 ms  
P/QRS/T : 63/72/68 °  
RV5/SV1 : 1.20/10.649 mV



**NEEDS CLINICAL CORRELATION  
FOR FURTHER MANAGEMENT**

Diagnosis Information:

*Mr. Manoj*

*MR*

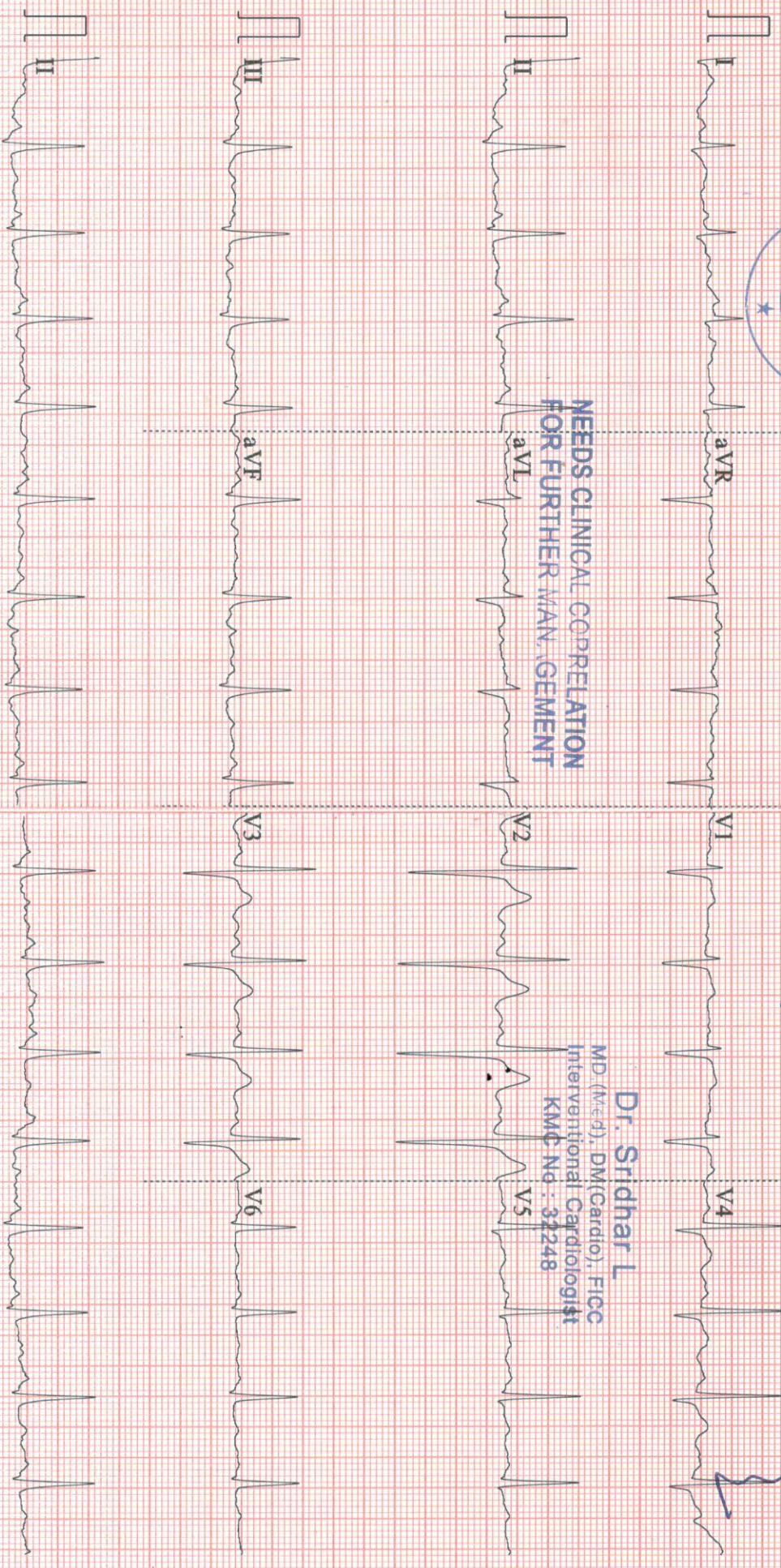
Technician : KOMS  
Report Confirmed by:

*AVM + 70°*

*Normal ECG*

**Dr. Sridhar L**

MD (Med), DM(Cardio), FICC  
Interventional Cardiologist  
KMC No : 32248





TENET DIAGNOSTICS

Customer Name	MR. Manoj A. N. S	Customer ID	4234410
Age & Gender	33 yrs / male	Visit Date	08/05/2024

Eye Screening

✓  
With spectacles / without spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	N5	N5
Distance Vision	6/6	6/6
Colour Vision	Normal	Normal

Observation / Comments: Normal ..

Ch 



MC-6128

PLEASE SCAN QR CODE

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Age/Gender	: 33 Years/Male	Registered On	: 08-May-2024 09:15 AM
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*Clinical details: general checkup*

**X – RAY CHEST PA VIEW**

Prominent bronchovascular markings noted in right lower zone.

Rest of the 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.

**\*\*Suggested clinical correlation.**

-

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

**Dr Mahesh M S**  
Consultant Radiologist



Name	: MR.MANOJ N S .	TID/SID	: UMR1522981/ 27583844
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**TEST REPORT**

**DEPARTMENT OF CLINICAL PATHOLOGY**

**Complete Urine Examination (CUE), Urine**

Investigation	Observed Value	Biological Reference Intervals
<b>Physical Examination</b>		
Colour Method:Physical	Pale Yellow	Straw to Yellow
Appearance Method:Physical	Clear	Clear
<b>Chemical Examination</b>		
Reaction and pH Method:pH- Methyl red & Bromothymol blue	5.5	4.6-8.0
Specific gravity Method:Bromothymol Blue	1.005	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
<b>Microscopic Examination</b>		
Pus cells (leukocytes) Method:Microscopy	0-1	2 - 3 /hpf
Epithelial cells Method:Microscopy	0-1	2 - 5 /hpf
RBC (erythrocytes) Method:Microscopy	0-1	Absent
Casts Method:Microscopy	Absent	Occasional hyaline casts may be seen



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**TEST REPORT**

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.

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*Debleena Thakur*

**Dr Debleena Thakur  
Consultant Pathologist**





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TEST REPORT

DEPARTMENT OF HEMATOPATHOLOGY

Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	O
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





Name	: MR.MANOJ N S .	TID/SID	: UMR1522981/ 27583846
Age / Gender	: 33 Years / Male	Registered on	: 08-May-2024 / 09:15 AM
Ref.By	: ARCOFEMI HEALTH CARE LTD - MEDI WHEELS	Collected on	: 08-May-2024 / 09:18 AM
Req.No	: BIL4234410	Reported on	: 08-May-2024 / 12:11 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	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	13.8	13.0-18.0 g/dL
Method:Spectrophotometry		
Packed Cell Volume	41.0	40-54 %
Method:Derived from Impedance		
Red Blood Cell Count.	<b>3.52</b>	4.3-6.0 Mill/Cumm
Method:Impedance Variation		
Mean Corpuscular Volume	<b>116.6</b>	78-100 fL
Method:Derived from Impedance		
Mean Corpuscular Hemoglobin	<b>39.2</b>	27-32 pg
Method:Derived from Impedance		
Mean Corpuscular Hemoglobin Concentration	33.6	31.5-36 g/dL
Method:Derived from Impedance		
Red Cell Distribution Width - CV	13.9	11.0-16.0 %
Method:Derived from Impedance		
Red Cell Distribution Width - SD	<b>76.3</b>	39-46 fL
Method:Derived from Impedance		
Total WBC Count.	6110	4000-11000 cells/cumm
Method:Impedance Variation		
Neutrophils	52.0	40-75 %
Method:Impedance Variation,Method_Desc= Flow Cytometry		
Lymphocytes	36.0	20-45 %
Method:Impedance Variation, Flowcytometry		
Eosinophils	<b>9.0</b>	01-06 %
Method:Impedance Variation, Flowcytometry		
Monocytes	2.3	01-10 %
Method:Impedance Variation, Flowcytometry		
Basophils.	0.7	00-02 %
Method:Impedance Variation, Flowcytometry		



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**TEST REPORT**

Absolute Neutrophils Count. Method:Calculated	3177	1500-6600 cells/cumm
Absolute Lymphocyte Count Method:Calculated	2200	1500-3500 cells/cumm
Absolute Eosinophils count. Method:Calculated	<b>550</b>	40-440 cells/cumm
Absolute Monocytes Count. Method:Calculated	141	<1000 cells/cumm
Absolute Basophils count. Method:Calculated	43	<200 cells/cumm
Platelet Count. Method:Impedance Variation	3.43	1.4-4.4 lakhs/cumm
Mean Platelet Volume. Method:Derived from Impedance	9.2	7.9-13.7 fL
Plateletcrit. Method:Derived from Impedance	<b>0.31</b>	0.18-0.28 %

Note Kindly correlate clinically

**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 ---

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PLEASE SCAN QR CODE  
TO VERIFY THE REPORT ONLINE



Name : **MR.MANOJ N S .** TID/SID : UMR1522981/  
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Ref.By : ARCOFEMI HEALTH CARE LTD - MEDI WHEELS Collected on :  
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**TEST REPORT**

**DEPARTMENT OF CARDIOLOGY**

**Physical Examination (BP, HT, WT, BMI)**

Investigation	Observed Value
BP	130/80
Weight	73 Kg
Height	165.5 cm
BMI	26.65
Pulse	80

#46,27th Cross, 3rd Main Road, Jayanagar, 7th Block, Bengaluru  
08049364444, 98863 48863 GST:29AAICT7175N1ZE

--- End Of Report ---

**Doctor**







Name	: MR.MANOJ N S .	TID/SID	: UMR1522981/ 27583847
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Ref.By	: ARCOFEMI HEALTH CARE LTD - MEDI WHEELS	Collected on	: 08-May-2024 / 09:18 AM
Req.No	: BIL4234410	Reported on	: 08-May-2024 / 11:34 AM
		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)	30	<=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.

**Cholesterol Total, Serum**

Investigation	Observed Value	Biological Reference Interval
Total Cholesterol	141	Desirable: < 200 mg/dL Borderline: 200-239 mg/dL High: >= 240 mg/dL
Method:Spectrophotometry , CHOD - POD		

**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.	0.56	0.7-1.3 mg/dL
Method:Spectrophotometry, Jaffe - IDMS Traceable		





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**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.

**Glucose Random (RBS), Sodium Fluoride Plasma**

Investigation	Observed Value	Biological Reference Interval
Glucose Random	92	70-140 mg/dL
Method:Hexokinase		

**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-2020.

**Urea, Serum**

Investigation	Observed Value	Biological Reference Interval
Urea.	10.7	12.8-42.8 mg/dL
Method:Kinetic 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, Gastrointestinal hemorrhage, dehydration, heart failure, etc. post-renal uremia is seen in malignancy, nephrolithiasis and prostatism.

**Reference:** Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics.

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

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