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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 **T N Sumathi** aged, **40yr**. 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: **Madurai**

Date: 22/06/2024

*M Nitesh Kumar*  
MBBS  
ECMR 47093

Name & Signature of

Medical officer



## LABORATORY REPORT



Name : Mrs. SUMATHI T.N	Sex/Age : Female / 40 Years	Case ID : 40634603511
Ref. By : SELF	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 22-Jun-2024 10:13	Sample Type :	Mobile No. : 9629199029
Sample Date and Time : 22-Jun-2024 10:13	Sample Coll. By : non	Ref Id1 :
Report Date and Time :	Acc. Remarks :	Ref Id2 :

## Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Bilirubin level Total</b>			
Bilirubin Total	1.30	mg/dL	0.2-1.2
<b>CBC</b>			
Haemoglobin	11.6	G%	12.0-15.0
Mean Corpuscular Hemoglobin	26.1	pg	27.00 - 32.00
Mean Corpuscular Hb Concentration	30.5	gm/dL	31.50 - 34.50

Abnormal Result(s) Summary End

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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**LABORATORY REPORT**



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Report Date and Time : 22-Jun-2024 12:21	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
<b>Complete Blood Counts</b>				
<b>RBC Count</b>	<b>4.4</b>	millions/cumm	3.80 - 4.80	
<b>Haemoglobin</b> <i>SLS</i>	<b>L 11.6</b>	G%	12.0-15.0	
<b>PCV</b>	<b>38.0</b>	%	37 - 47	
<b>Mean Corpuscular Volume</b>	<b>85.6</b>	fL	83.00 - 101.00	
<b>Mean Corpuscular Hemoglobin</b>	<b>L 26.1</b>	pg	27.00 - 32.00	
<b>Mean Corpuscular Hb Concentration</b>	<b>L 30.5</b>	gm/dL	31.50 - 34.50	
<b>Red Cell Distribution Width (RDW)</b>	<b>13.1</b>	%	11.00 - 16.00	
<b>Total Leucocyte Count(TLC)</b> <i>Fluorescent Flowcytometry</i>	<b>8010</b>	Cells/cmm	4500-11500	
<b>Differential Counts</b>				
<b>Neutrophils</b> <i>Fluorescent Flowcytometry</i>	<b>68</b>	%	50-70	
<b>Lymphocytes</b> <i>Fluorescent Flowcytometry</i>	<b>25</b>	%	18-42	
<b>Monocytes</b> <i>Fluorescent Flowcytometry</i>	<b>04</b>	%	2-11	
<b>Eosinophils</b> <i>Fluorescent Flowcytometry</i>	<b>03</b>	%	1-3	
<b>Absolute Counts</b>				
<b>Absolute Neutrophil Count</b> <i>Calculated</i>	<b>5446</b>	/µL	2000.00 - 7000.00	
<b>Absolute Lymphocyte Count</b> <i>Calculated</i>	<b>2002</b>	/µL	1000.00 - 3000.00	
<b>Absolute Monocyte Count</b> <i>Calculated</i>	<b>320</b>	/µL	200.00 - 1000.00	
<b>Absolute Eosinophil Count</b> <i>Calculated</i>	<b>240</b>	/µL	20.00 - 500.00	
<b>Platelet Count</b> <i>Electrical Impedance</i>	<b>404000</b>	Cells/cmm	150000-450000	
<b>Mean Platelet Volume (MPV)</b>	<b>11.7</b>	fL	6.5 - 12	

According to ICSH guideline (international Council for Standardisation in Hematology), the differential counts should be reported in absolute numbers.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

**DR.S.P.ARIVARASAN,MD.,**  
**(PATH),.**

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**LABORATORY REPORT**



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**BIOCHEMICAL INVESTIGATIONS**

<b>Plasma Glucose - F</b> <i>GOD-POD</i>	<b>97</b>	mg/dL	70-105
<b>S.G.P.T.</b> <i>IFCCwithP5P(Kinetic)</i>	<b>10.00</b>	U/L	0 - 34
<b>BUN (Blood Urea Nitrogen)</b> <i>Calculated</i>	<b>8.7</b>	mg/dL	7-17
<b>Urea</b> <i>Urease</i>	<b>18.56</b>	mg/dL	12.8-42.8
<b>Creatinine</b> <i>Kinetic Alkaline Picrate</i>	<b>0.64</b>	mg/dL	0.57-1.11
<b><u>Glycated Haemoglobin Estimation</u></b>			
<b>HbA1C</b> <i>HPLC</i>	<b>6.60</b>	%	Normal : 4 - 6 % Good control : 6 - 7 % Fair Control : 7 - 8 % Poor Control : > 8.
<b>Estimated Avg Glucose (3 Mths)</b> <i>Calculated</i>	<b>142.72</b>	mg/dL	Not available

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**Interpretation :**

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.  
 Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.  
 Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.  
 Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.  
 In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.  
 The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes,  
 risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

HB A1C %	MEAN BLOOD GLUCOSE	DEGREE OF CONTROL
4 - 6	61 - 124 mg/dl	NORMAL
6 - 7	124 - 156 mg/dl	GOOD CONTROL
7 - 8	156 - 188 mg/dl	FAIR CONTROL
MORE THAN 8	MORE THAN 188 mg/dl	POOR CONTROL

**Bilirubin,Serum**

<b>Bilirubin Total</b> <i>Diazonium Salt</i>	<b>H 1.30</b>	mg/dL	0.2-1.2
<b>Bilirubin Conjugated</b> <i>Spectrophotometry</i>	<b>0.80</b>	mg/dL	Adult : 0.0- 0.3 Neonates : 0.0-0.6
<b>Bilirubin Unconjugated</b> <i>Spectrophotometry</i>	<b>0.50</b>	mg/dL	Adult : 0.0 - 1.1 Neonates : 0.6 - 10.5

**Clinical Pathology**

Urine Routine Examination

<b>Appearance</b>	<b>Slightly Turbid</b>	Clear
<b>Colour</b>	<b>Straw Yellow</b>	Straw to Yellow
<b>Reaction (pH)</b> <i>Ion concentration</i>	<b>5.5</b>	4.6 - 8
<b>Specific gravity</b> <i>pKa change</i>	<b>1.025</b>	1.003 - 1.035

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## Clinical Pathology

## Chemical Examination

<b>Protein</b> Tetrabromophenol blue	<b>Negative</b>	Negative
<b>Glucose</b> GOD-POD	<b>Negative</b>	Negative
<b>Bile Pigments</b> Biochemical	<b>Negative</b>	Negative
<b>Urobilinogen</b> Diazotization reaction	<b>Normal</b>	Negative
<b>Ketones</b> Nitroprusside	<b>Negative</b>	Negative
<b>Nitrites</b> N-(1-naphthyl)-ethylenediamine	<b>Negative</b>	Negative
<b>Blood</b> Peroxidase	<b>Negative</b>	Negative

## Microscopic Examination

<b>Red Blood Cells</b>	<b>Nil</b>	/HPF	Nil
<b>Pus Cells</b>	<b>2-3</b>	/HPF	0-2.7 cells/hpf
<b>Epithelial Cells</b>	<b>3-5</b>	/HPF	Present(+)

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DR.S.P.ARIVARASAN,MD.,  
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Tests marked with # are referred to our accredited lab partners



## LABORATORY REPORT



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Sample Date and Time : 22-Jun-2024 10:13	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 22-Jun-2024 11:40	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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<b>Blood Group &amp; Rh Type</b> <i>Column agglutination</i>	<b>O Positive</b>			
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## BIOCHEMICAL INVESTIGATIONS

<b>Cholesterol</b> <i>Enzymatic</i>	<b>153</b>	mg/dL	Desirable - Upto 200; Borderline high - 200-239; High - Equal to or greater than 240
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Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 22-Jun-2024 10:13	Sample Type : Whole Blood EDTA	Mobile No. : 9629199029
Sample Date and Time : 22-Jun-2024 10:13	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 22-Jun-2024 11:56	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>ESR</b>	<b>18</b>		0-20	

**Pending Services**

- ECG
- Body Mass Index
- EYE Test (Near,Far and Color)
- Glucose - Post Prandial
- Glucose - Random
- Physician Examination
- TMT OR ECHO
- USG abdomen
- X-Ray Chest PA View

----- End Of Report -----

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(PATH),.**

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தென்மலை மருத்துவ அறிவியல் ஆய்வகம்



<i>Patient Name</i>	<b>MRS.T.N.SUMATHI</b>	<i>Patient ID</i>	<b>0225</b>
<i>Age/D.O.B</i>	<b>40 Y</b>	<i>Gender</i>	*
<i>Referring Doctor</i>	<b>SELF</b>	<i>Date</i>	<b>22 Jun 24</b>

## XRAY RADIOGRAPH CHEST - PA

### History

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HEALTH CHECKUP

### Observations

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Visualized thoracic vertebral is normal.  
Both lung fields are clear.  
Cardiothoracic ratio is normal.  
Sternum appears normal.  
Both costophrenic angles appear normal.  
Soft tissues of the chest wall are normal.

### Impression

---

The study is within normal limits.

Reported By,



**Dr. Nikunj Patel**

MBBS, MD  
Consultant Radiologist  
GMC-48048

## Disclaimer

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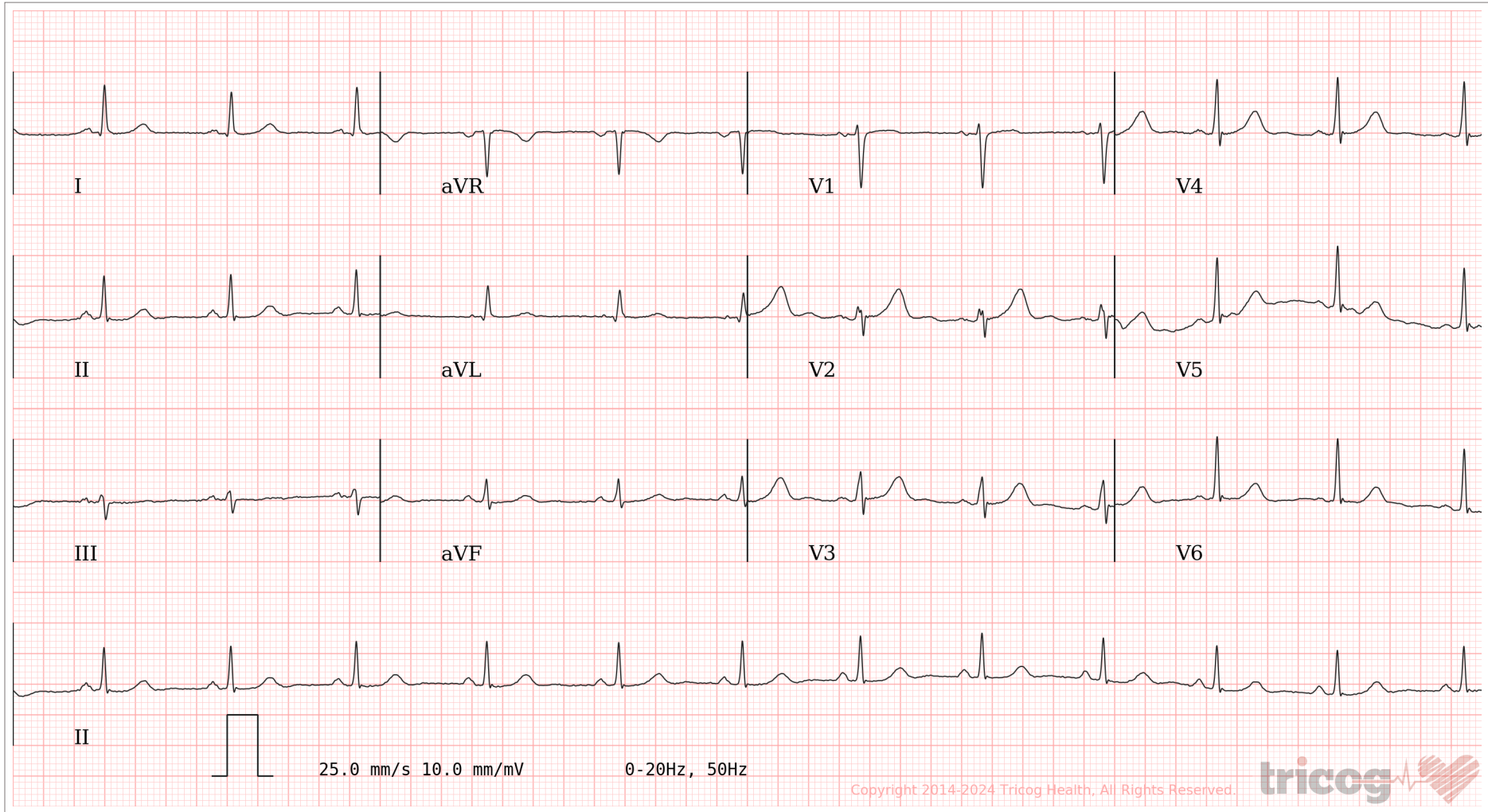
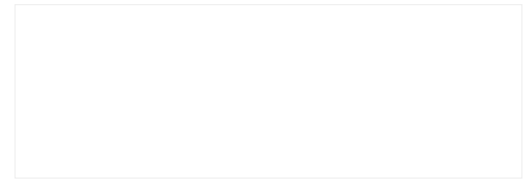
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Age / Gender: 40/Female  
Patient ID: SUMATHI

Date and Time: 22nd Jun 24 11:15 AM

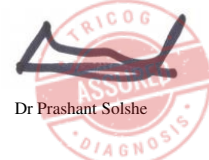


AR: 74bpm    VR: 74bpm    QRSD: 76ms    QT: 386ms    QTcB: 428ms    PRI: 120ms    P-R-T: 58° 21° 37°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

REPORTED BY



Dr Prashant Solshe

KMC 34384