

lame : MR. VIVEK KAMBLE Sample Received : 17/10/2024 09:57:32

Age/Sex : 25 Yrs. / M Printed : 19/10/2024 17:26:38 Report Released : 17/10/2024 14:06:32

Ref. By : Mediwheel Sent By : Arcofemi Healthcare Pvt Ltd

#### COMPLETE BLOOD COUNT

COMPLETE BLOOD COUNT				
Test		Result	Unit	Biological Ref Range
Hemoglobin	:	14.8	g/dL	13-18 g/dL
(SLS) Photometric				
Total RBC	:	5.55	10^6/μL	3.0-6.0 10^6/μL
(Electrical Impedence)  Hematocrit (PCV) (Calculated)	:	51.7	%	36-54 %
Mean Corpuscular Volume (MCV) (calulated)	:	93.2	fL	78-101 fL
Mean Corpuscular Hemoglobin (MCH) (Calculated)	:	26.7	pg	27-32 pg
Mean Corpuscular Hemoglobin Concentration (MCHC)	:	28.6	g/dL	31.5-34.5 g/dL
(Calculated) Red Cell Distribution Width (RDW-CV) (Electrical Impedence)	:	13.50	%	12-15 %
Total Leucocytes Count (Light Scattering)	:	8600	/cumm	4000-11000 /cumm
Neutrophils	:	58	%	40-75 %
(Calculated)				
<b>Eosinophils Percentage</b>	:	02	%	1-6 %
(Calculated)				
Lymphocyte Percentage	:	35	%	20-45 %
(Calculated)				
Basophils Percentage (Calculated)	:	0	%	0-1 %
Monocytes Percentage (Calculated)	:	05	%	1-10 %
RBC Morphology	:	Normocytic	, Normochromic	
WBC Morphology	:	Normal Mor		
Platelet Count (Electrical Impedence)	:	281000	/ul	150000-450000 /ul
Platelets on Smear	:	Adequate		Adequate

Sample Type:EDTA whole blood(Westergren)

Sample Type : EDTA Whole Blood

Test done with THREE PART CELL COUNTER (Sysmex KX-21)

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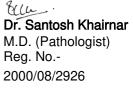
mm at 1hr

05



E.S.R







0-20 mm at 1hr

<sup>\*</sup>All Samples Processed At Excellas Clinics Mulund Centre .

<sup>\*</sup>ESR NOT IN NABL scope.



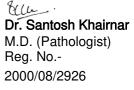
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: MR. VIVEK KAMBLE Sample Received : 17/10/2024 09:57:32

Printed : 19/10/2024 17:26:38 Report Released : 18/10/2024 08:13:38 Age/Sex : 25 Yrs. / M

Sent By : Arcofemi Healthcare Pvt Ltd Ref. By : Mediwheel

#### HbA1c (Whole Blood)

Test Result Unit Reference Range Non-diabetic: 4-6 HbA1C-Glycosylated Haemoglobin 5.50 %

> Excellent Control: 6-7 Fair to good control: 7-8 Unsatisfactory control: 8-10

Poor Control: >10

EDTA Whole Blood, Method: HPLC

Estimated Average Glucose (eAG) 111.15 mg/dl 65.1-136.3 mg/dL mg/dl

EDTA Whole Blood, Method: Calculated

#### Interpretation:

1.The term HbA1c refers to Glycated Haemoglobin. Measuring HbA1c gives an overall picture of what the average blood sugar levels have been over a period of weeks/month. Higher the HbA1c, the greater the risk of developing diabetes-related complications.

2.HbA1c has been endorsed by clinical groups and ADA (American Diabetes Assocation) guidelines 2012, for the diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is between 4-6%. Patients with HBA1c value between 6.0-6.5% are considered at risk for developing diabetes in the future. Trends in HbA1c area a better indicator of glucose control than standalone test.

- 3.To estimate the eAG from the HbA1c value, the following equation is used: eAG(mg/dl) =28.7\*A1c-46.7.
- 4.Diabetic must aspire to keep values under 7% to avoid the various complications resulting from diabetes.

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#### Blood Sugar Fasting (FBS) & Post Prandial Blood Sugar (PPBS)

Test Unit Biological Ref. Range Result Non-Diabetic: < 100 mg/dl GLUCOSE (SUGAR) FASTING, 88 mg/dL (Fluoride Plasma Used) Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl

Method: GOD-POD

GLUCOSE (SUGAR) PP, (Fluoride 124 mg/dl Non-Diabetic: < 140 mg/dl

Plasma Used) Impaired Glucose Tolerance: 140-

199 mg/dl Diabetic: >/= 200 mg/dl

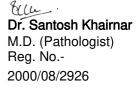
Test Done on - Automated Biochemistry Analyzer (EM 200)

#### \*All Samples Processed At Excellas Clinics Mulund Centre .

(Collected At: 17/10/2024 09:57:32, Received At: 17/10/2024 09:57:32, Reported At: 17/10/2024 15:29:48)









<sup>\*</sup>Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.



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**BLOOD GROUP** 

Test Result Unit Biological Ref. Range

Blood Group : 'O' Rh POSITIVE

Slide and Tube Aggllutination Test

(Collected At: 17/10/2024 09:57:32, Received At: 17/10/2024 09:57:32, Reported At: 17/10/2024 15:14:29)

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





Dr. Santosh Khairnar M.D. (Pathologist) Reg. No.-2000/08/2926



Registration ID : 25914 Sample Collection

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: 17/10/2024 09:57:32

: MR. VIVEK KAMBLE Sample Received

Age/Sex : 25 Yrs. / M Printed : 19/10/2024 17:26:38 Report Released : 17/10/2024 15:29:59

Ref. By : Mediwheel Sent By : Arcofemi Healthcare Pvt Ltd

LIPID PROFILE

Test Result Unit Biological Ref. Range

Total Cholesterol : 220 mg/dl Desirable: <200

Borderline high = 200-239

High: > 239

Serum, Method: CHOD-PAP

S. Triglyceride : 198 mg/dl Desirable: <161

Borderline High: 161 - 199

High: > 200 - 499/ Very High:>499

Serum, Method: GPO-Trinder

HDL Cholesterol : **30** mg/dl 35.3-79.5 mg/dl

serum,Direct method

LDL Cholesterol : 150.40 mg/dl Optimal: <100;

Near Optimal: 100-129; Borderline High: 130-159;

High: 160-189;

Very high: >190

Serum, (Calculated)

VLDL Cholesterol : **39.6** mg/dl 5-30 mg/dl

Serum, Method: Calculated

LDL/HDL Ratio : **5.0** Optimal: <2.5

Near Optimal: 2.5-3.5

High >3.5

Serum. Method: Calculated

TC/HDL Ratio : **7.3** Optimal: <3.5

Near Optimal: 3.5 - 5.0

High >5.0

Serum, Method: Calculated

Test Done on - Automated Biochemistry Analyzer (EM 200).

#### Interpretation

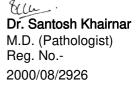
- 1.Triglycerides: When triglycerides are very high greater than 1000 mg/dL, there is a risk of developing pancreatitis in children and adults. Triglycerides change dramatically in response to meals, increasing as much as 5 to 10 times higher than fasting levels just a few hours after eating. Even fasting levels vary considerably day to day. Therefore, modest changes in fasting triglycerides measured on different days are not considered to be abnormal.
- 2. HDL-Cholesterol: HDL- C is considered to be beneficial, the so-called "good" cholesterol, because it removes excess cholesterol from tissues and carries it to the liver for disposal.
- 3. LDL-Cholesterol: Desired goals for LDL-C levels change based on individual risk factors.

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Ref. By : Mediwheel Sent By : Arcofemi Healthcare Pvt Ltd

		LIVER FL	INCTION TEST	
Test		Result	Unit	Biological Ref. Range
S. Bilirubin (Total)	:	0.58	mg/dl	0-2.0 mg/dl
Serum, Method: Diazo (walter & Gerarde)				
S. Bilirubin (Direct)	:	0.18	mg/dl	0-0.4 mg/dl
Serum, Method: Diazo (walter & Gerarde)				
S. Bilirubin (Indirect)	:	0.40	mg/dl	0.10-1.0 mg/dl
Serum, Method: Calculated				
Aspartate Transaminase (AST/SGOT)	:	41.1	IU/L	0-35 IU/L
Serum, Method: UV Kinetic with P5P				
Alanine Transaminase (ALT/SGPT)	:	39.0	IU/L	0-45 IU/L
Serum, Method: UV Kinetic with P5P				
S. Alkaline Phosphatase	:	117	IU/L	53-128 IU/L
Serum, Method: IFCC with AMP buffer				
Total Proteins	:	7.4	gm/dl	6.4-8.3 gm/dl
Serum, Method: Biuret				
S. Albumin	:	4.1	gm/dl	3.5-5.2 gm/dl
Serum, Method: BCG		0.0	(-II	0.0.0.5/
S. Globulin	:	3.3	gm/dl	2.3-3.5 gm/dl
Serum, Method: Calculated		1.04		0.00.00
A/G Ratio	:	1.24		0.90-2.00
Serum, Method: Calculated		4-	110	0.55114
Gamma GT	:	47	U/L	0-55 U/L
Serum, Method: G glutamyl carboxy nitroanilide	/FM 200	11		

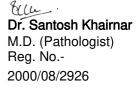
Test Done on - Automated Biochemistry Analyzer (EM 200).

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Ref. By : Mediwheel Sent By : Arcofemi Healthcare Pvt Ltd

**BLOOD UREA NITROGEN (BUN)** 

Test Result Unit Biological Ref. Range

Urea : **15.80** mg/dl 19-45 mg/dl

Serum, Method: Urease - GLDH

Blood Urea Nitrogen : 7.38 mg/dl 5-18 mg/dl

Test Done on - Automated Biochemistry Analyzer (EM 200)

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**SERUM CREATININE** 

Test Result Unit Biological Ref. Range

S. Creatinine : 0.71 mg/dl 0.7-1.3 mg/dl

Serum, Method: Enzymatic

Test Done on - Automated Biochemistry Analyzer (EM 200).

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**SERUM URIC ACID** 

Test Result Unit Biological Ref. Range

S. Uric Acid : 6.50 mg/dl 3.5-7.2 mg/dl

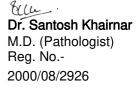
Serum, Method: Uricase - POD

Test Done on - Automated Biochemistry Analyzer (EM 200).

(Collected At: 17/10/2024 09:57:32, Received At: 17/10/2024 09:57:32, Reported At: 17/10/2024 15:31:15)











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Ref. By : Mediwheel Sent By : Arcofemi Healthcare Pvt Ltd

**BUN CREAT RATIO (BCR)** 

Test Result Unit Biological Ref. Range

BUN/Creatinine ratio : 10.39 5-20

Serum, Method: Calculated

NOTE:

A blood urea nitrogen (BUN)/creatinine ratio (BCR) >20 is used to distinguish pre-renal azotemia (PRA) and acute tubular necrosis (ATN)

(Collected At: 17/10/2024 09:57:32, Received At: 17/10/2024 09:57:32, Reported At: 17/10/2024 15:31:31)

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





Dr. Santosh Khairnar M.D. (Pathologist) Reg. No.-2000/08/2926



ame : MR. VIVEK KAMBLE Sample Received : 17/10/2024 09:57:32

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Ref. By : Mediwheel Sent By : Arcofemi Healthcare Pvt Ltd

#### THYROID FUNCTION TEST

Test Result Unit Biological Ref. Range

Total T3 : 1.3 ng/dl 0.70-2.04 ng/dl

Serum, Method: CLIA

Total T4 : 6.91 µg/dl 5.1-14.1 µg/dl 5.1-14.1 µg/dl

Serum, Method: CLIA

TSH (Thyroid Stimulating Hormone) : 3.53 μIU/ml 0.27-5.3 μIU/ml

Serum, Method: CLIA

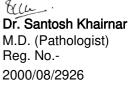
Interpretation Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, sub-clinical hyperthyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis, estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age, marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and Ft4 is to be done to determine hyper or hypothyroidism.

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1001166664 At. 17/10/2024 03.37.32.	NECEIVEU AL. 17/10/2024 03.37.32.	DEDUTIEU AL. 10/10/2024 00.14.23









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#### **EXAMINATION OF URINE**

Test Result Unit Biological Ref. Range

PHYSICAL EXAMINATION

Quantity : 10 ml

Colour : Pale yellow

Appearance : Clear

Reaction (pH) : 6.0 4.5 - 8.0 Specific Gravity : 1.025 1.010 - 1.030

**CHEMICAL EXAMINATION** 

Protein Absent Absent Glucose Absent Abesnt Absent **Ketones Bodies** Abesnt Occult Blood Absent Absent Bilirubin Absent Absent Absent Normal Urobilinogen

MICROSCOPIC EXAMINATION

Epithelial Cells : 1 - 2 / hpf
Pus cells : 1 - 2 / hpf
Red Blood Cells : Absent / hpf

Casts : Absent / lpf Absent / lpf Crystals : Absent Absent

OTHER FINDINGS

Yeast Cells : Absent Absent Bacteria : Absent Absent Absent

Mucus Threads : Absent Spermatozoa : Absent

Deposit : Absent Absent Absent Absent Absent

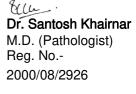
sample type:Urine

Method: Visual and Microscopic

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#### X RAY CHEST PA VIEW

## **CLINICAL PROFILE: NO COMPLAINTS.**

Both the lung fields appear normal.

Cardiac silhouette is within normal limits.

Bilateral hilar shadows appear normal.

Bilateral costophrenic angles appear normal.

Bony thorax appears normal.

Soft tissues appear normal.

## **IMPRESSION:**

No significant abnormality detected.







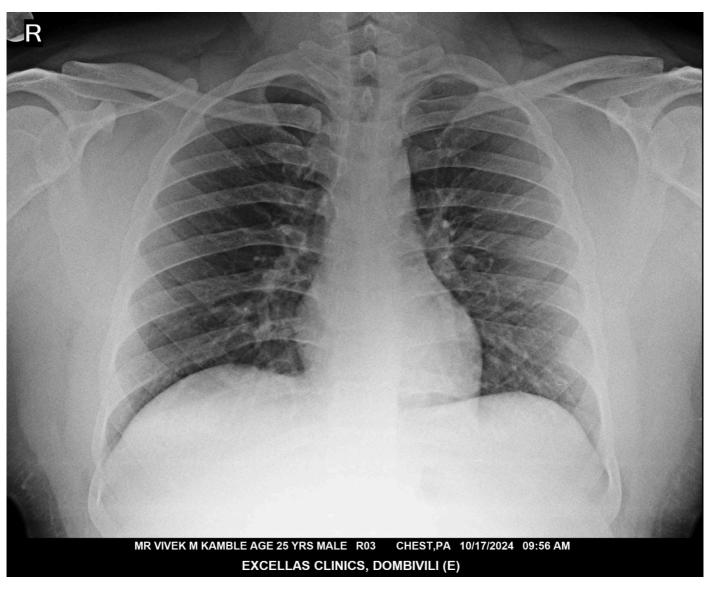


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Name : MR. VIVEK KAMBLE Sample Received : 17/10/2024 09:57:32

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#### **OPTHALMIC EVALUATION**

Examination	Right Eye	Left Eye		
Distance Vision	6/6	6/6		
Near Vision	N/6	N/6		
Color Vision	Normal			
Remarks	Noi	Normal		

(Collected At: 17/10/2024 09:57:32, Received At: 17/10/2024 09:57:32, Reported At: 17/10/2024 11:40:14)

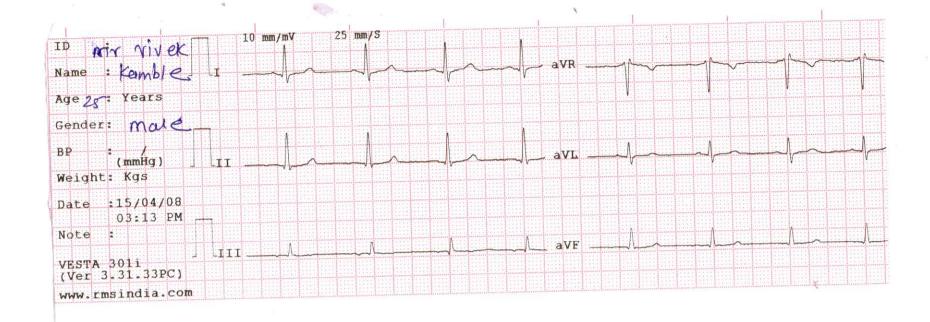


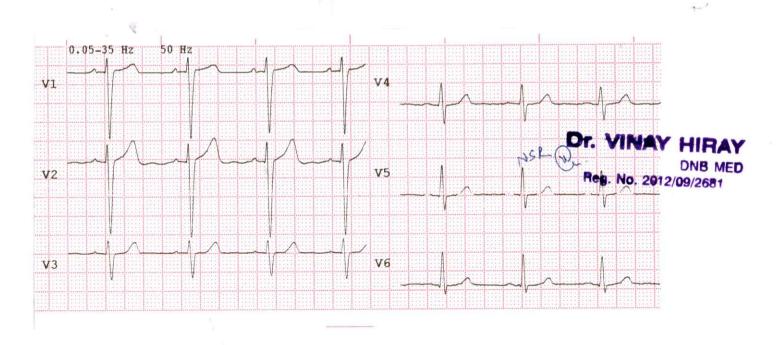




pH to man MED	ICAL EXAMINATION R	REPORT		
Name Mr./Mrs./ Miss	Vivek Kamble			
Sex	Male/ Female			
Age (yrs.)	UHID:			
Date	17 170 120 25	Bill No. :		
Marital Status	Married/ No. of Children / Unmarr	ried/ Widow: 19 19 19 19 19 19 19 19 19 19 19 19 19		
Present Complaints	No A MUTATE	La de la		
Past Medical: History Surgical:	No.			
Personal History	Diet: Veg ☐ / Mixed ☑ / Addiction: Smoking ☐ / Tobacco Chewing ☐ / Alcohol ☐/ Any Other №			
Family History Father =  Mother =  Siblings =	HT / DM / IHD / Stroke / Any O Mother = HT / DM / IHD / Strok Siblings = HT / DM / IHD / Strok	xe / Any Other		
History of Allergies	Drug Allergy No			
History of Medication	For HT / DM / IHD / Hypothyro	idism & notession & maidi		
	Any Other Ho	Recommendation		
On Examination (O/E)	G.E.: fair  R.S.: ARBE  C.V.S.: GEF  C.N.S.: Cone or cut  P/A: Soft nontander	Prysician (hipression		
	P/A: Solf nontruder Any Other Positive Findings:	Examined by		

Height 169 cms	Weight	go- Kgs	_
BMI 31.5			
Pulse (per min.) 86 m.	Bloc	od Pressure ( mm of Hg)	120 80 mm of Hg
	Gynaecology		
Examined by	Dr.	e mentelse	C Laty ap 3
Complaint & Duration			Dan s
Other symptoms (Mict, bowels etc)			An ariz Isinc M
Menstrual History	Menarche	Cycle	Present Connolarities
. = - 1	Pain	I.M.B	P.C.B.
			Paul I selun History Surgicel
	Ox. Silledi		Parsonal History
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Examination :		Ary Other NS	
Breast	THE LANG	#SVCHL MO :	year ' vanteile Winder
Abdomen		S = 1 Siglings = HTVDM	1 e1.0M
P.S.		Drag Allergy M-	Pargued L Violet
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Recommendation		- 14 Juni 1991	
Recommendation			
	*	र्गिके हैं।	
	ş.	88.9A 1.8.4	
Physician Impression		Dates	
	1	July 1429	
Examined by:		t = To Reduce Weight  nt = To Increase Weight	







# Arcofemi Healthcare Pvt Ltd

(Formerly known as Arcofemi Healthcare Ltd) F-701A, Lado Sarai, Mehrauli, New Delhi - 110030 Email: wellness@mediwheel.in, Website: www.mediwheel.in

Tel: +91-11-41195959, Fax: +91-11-29523020

CIN: U24240DL2011PTC216307

# **MEDICAL FITNESS CERTIFICATE**

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

This is to certify that <u>Vivek Kamble</u> aged, <u>25yr</u>. 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: Mumbai

Date: 17/10/2024

BCMR 47093 Name & Signature of

Medical officer