



Name : **MR.SANDEEP KULKARNI 12E1060**
Age / Gender : 38 Years / Male
Ref.By : SELF
Req.No : BIL4337633

TID/SID : UMR1618995/ 27721290
Registered on : 07-Jun-2024 / 09:21 AM
Collected on : 07-Jun-2024 / 09:39 AM
Reported on : 07-Jun-2024 / 13:22 PM
Reference : Arcofemi Health Care Ltd -

TEST REPORT

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	1.019	1.000-1.035
Protein Method:Protein Error of pH indicators	Negative	Negative
Glucose Method:Glucose oxidase/Peroxidase	Negative	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



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

--- End Of Report ---



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





Name	: MR.SANDEEP KULKARNI 12E1060	TID/SID	: UMR1618995/ 27722200
Age / Gender	: 38 Years / Male	Registered on	: 07-Jun-2024 / 09:21 AM
Ref.By	: SELF	Collected on	: 07-Jun-2024 / 11:59 AM
Req.No	: BIL4337633	Reported on	: 07-Jun-2024 / 14:34 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL PATHOLOGY

Stool Routine Examination

Investigation	Result	Biological Reference Interval
Macroscopic Examination		
Colour	Brown	
Consistency	Well formed	Well formed
Method:Physical		
Reaction & pH	Acidic (6.0)	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
Bacteria	Nil	Absent

Method: Microscopy

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

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

--- End Of Report ---

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



Name : **MR.SANDEEP KULKARNI 12E1060** TID/SID : UMR1618995/ 27721174
Age / Gender : 38 Years / Male Registered on : 07-Jun-2024 / 09:21 AM
Ref.By : SELF Collected on : 07-Jun-2024 / 09:25 AM
Req.No : BIL4337633 Reported on : 07-Jun-2024 / 14:47 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	

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. 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 Referral Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---



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





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Age / Gender	: 38 Years / Male	Registered on	: 07-Jun-2024 / 09:21 AM
Ref.By	: SELF	Collected on	: 07-Jun-2024 / 09:25 AM
Req.No	: BIL4337633	Reported on	: 07-Jun-2024 / 13:48 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
ESR 1st Hour Method:Westergren/Vesmatic	7	<=10 mm/hour

Complete Blood Count (CBC), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Intervals
Hemoglobin Method:Cyanide Free Lyse Hemoglobin	15.0	13.0-17.0 g/dL
PCV/HCT Method:Calculated	44.6	40.0-50.0 vol%
Total RBC Count Method:Electrical Impedance	5.00	4.50-5.50 mill /cu.mm
MCV Method:Calculated	89.3	83.0-101.0 fL
MCH Method:Calculated	30.0	27.0-32.0 pg
MCHC Method:Calculated	33.6	31.5-34.5 g/dL
RDW (CV) Method:Calculated	13.7	11.6-14.0 %
MPV Method:Calculated	8.8	7.0-10.0 fL
Total WBC Count Method:Electrical Impedance	7240	4000-10000 cells/cumm
Platelet Count Method:Electrical Impedance	2.41	1.50-4.10 lakhs/cumm
Differential count		
Neutrophils Method:Microscopy	46.7	40.0-80.0 %
Lymphocytes Method:Microscopy	40.0	20.0-40.0 %
Eosinophils	5.4	1.0-6.0 %
Monocytes	6.9	2.0-10.0 %
Basophils Method:Microscopy	1.0	< 1.0-2.0 %



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Absolute Neutrophil Count	3381	2000-7000 cells/cumm
Method:Calculated		
Absolute Lymphocyte Count (ALC)	2896	1000-3000 cells/cumm
Absolute Eosinophil Count (AEC)	391	20-500 cells/cumm
Absolute Monocyte Count	500	200-1000 cells/cumm
Method:Calculated		
Absolute Basophil Count	72	20-100 cells/cumm
Method:Calculated		
Neutrophil - Lymphocyte Ratio(NLR)	1.17	0.78-3.53
Method:Calculated		

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 Referral Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr Shruti Reddy
Consultant Pathologist
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PLEASE SCAN QR CODE
TO VERIFY THE REPORT ONLINE



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Age / Gender : 38 Years / Male Registered on : 07-Jun-2024 / 09:21 AM
Ref.By : SELF Collected on :
Req.No : BIL4337633 Reported on : 07-Jun-2024 / 13:12 PM
Reference : Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CARDIOLOGY

Physical Examination (BP, HT, WT, BMI)

Investigation	Observed Value
BP	110/80
Weight	80 Kg
Height	175 cm
BMI	26.12

Door No 8 to 13, Green Hills Colony Kothapet, Telangana 500035

--- End Of Report ---

Doctor





Name	: MR.SANDEEP KULKARNI 12E1060	TID/SID	: UMR1618995/ 27721175
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Ref.By	: SELF	Collected on	: 07-Jun-2024 / 09:25 AM
Req.No	: BIL4337633	Reported on	: 07-Jun-2024 / 13:56 PM
		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) Method:UV without P5P	14	<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	171	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	0.84	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
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Glucose Random	124	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-2022

Urea, Serum

Investigation	Observed Value	Biological Reference Interval
Urea.	18.5	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 Referral Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---



Dr Afreen Anwar
Consultant Biochemist





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Reported On : 07-Jun-2024 09:59 AM
Reference : Arcofemi Health Care Ltd
- Medi Whe

DEPARTMENT OF X-RAY
X-Ray Chest PA View

Lung fields appear normal.

Cardiac size is within normal limits.

Aorta and pulmonary vasculature is normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

IMPRESSION :

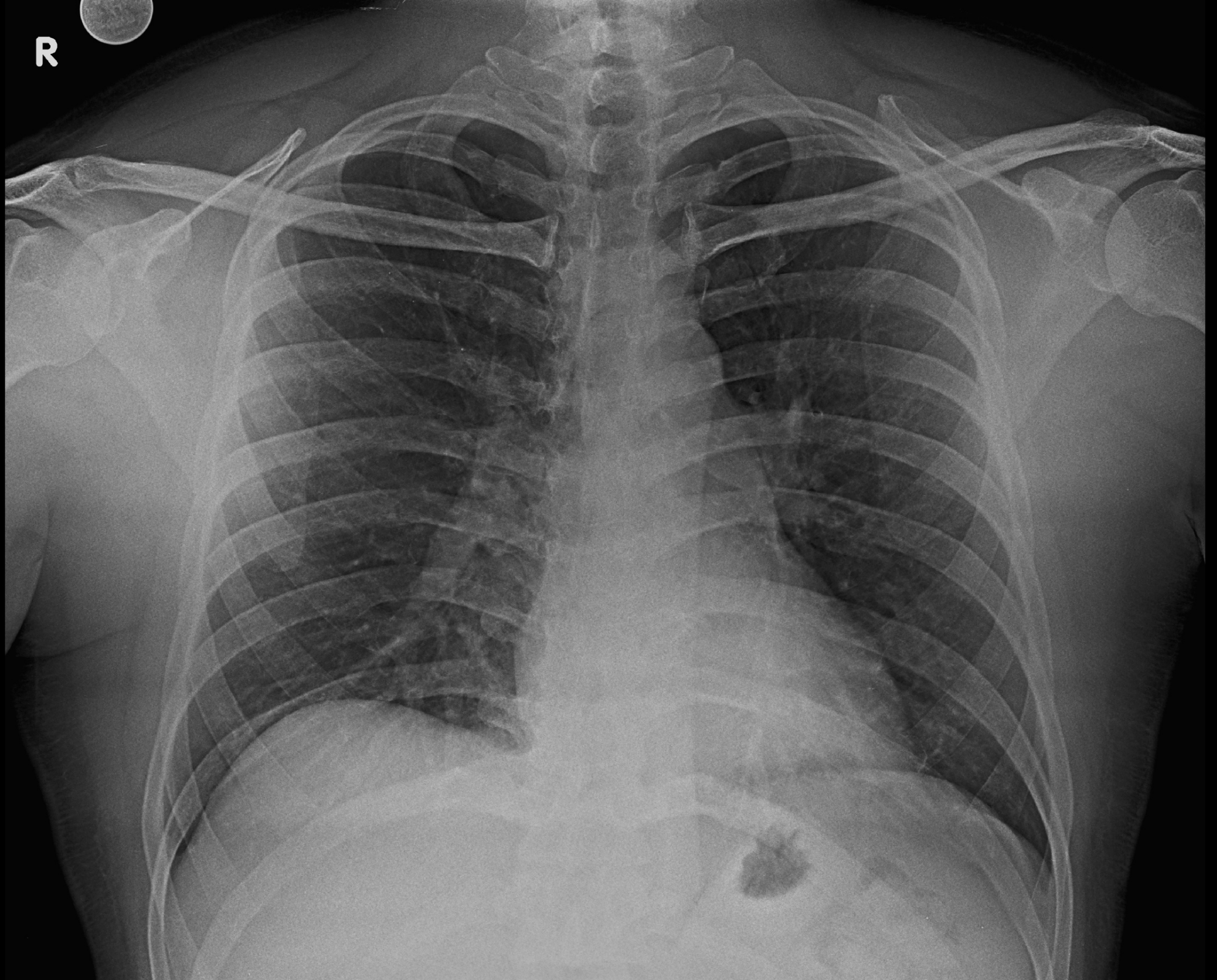
*** Normal study.**

Suggested clinical correlation and follow up.

*** End Of Report ***

Dr Rohit Chauhan
MBBS, MD
Consultant Radiologist

R



SANDEEP KULKARNI 12E1060 BIL4337633 20863752 CHEST PA 07-06-2024

TENET DIAGNOSTICS KOTHAPET.



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...Your wellness partner

Arcofemi Healthcare Pvt Ltd

(Formerly known as Arcofemi Healthcare Ltd)

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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. Sandeep Kulkarni** aged, **38yr**. 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: Hyderabad

Date: 07/06/2024

Dr. Nitesh Kumar
[Signature]
BCMR 47093
Name & Signature of

Medical officer