

MEDICAL EXAMINATION REPORT

Name: - Mr. AMIT KUMAR Age/Sex: 35Y/M DOB: 15.03.1988

ADDRESS: VILL & POST DEEH, AWAS VIKAS – UNNAO – 209801

He is not suffering from following disease.

- | | |
|-------------|--------------------|
| 1. DM-No | 5. Eye Disorder-No |
| 2. HTN -No | 6. Paralysis -No |
| 3. COPD -No | 7. Epilepsy -No |
| 4. TB -No | 8. Dental -Normal |

9. EAR: Normal B/E

BP - 130/80 mmhg

PR: 82 bpm

WEIGHT: 75 Kg

RR: 18 pm

Height: 167 cm

BMI: 26.9 kg/m²

Spo2: 98%

Advice for low fat diet.

Place: - Kanpur

Date: - 09.03.2024

Signature
Dr. Ashish Mehrotra
(M.D. Internal Medicine)
UPMC72562
Name of Doctor:

09.03.2024 11:29:04

GE Healthcare REF 1019726LS1

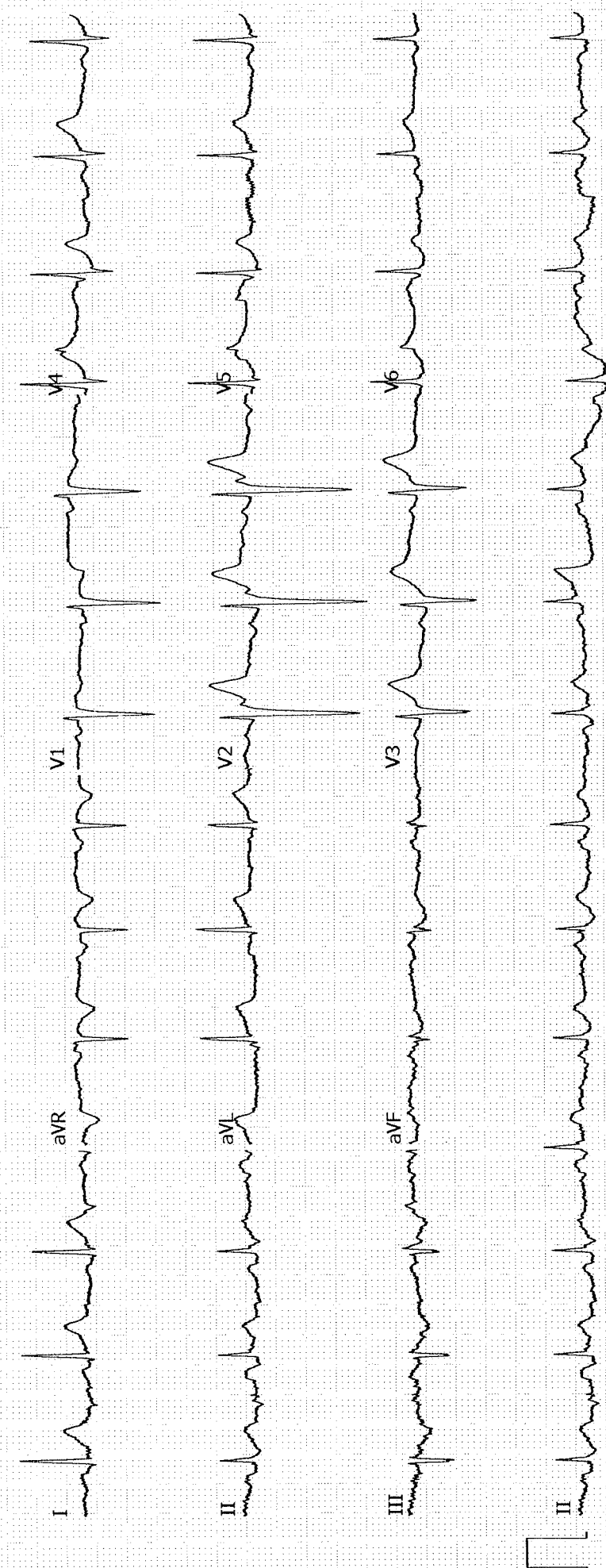
Location: Room: Order Number: Indic Medication 1: Medication 2: Medication 3:

QRS : 78 ms
QT / QTcBaz : 324 / 378 ms
PR : 136 ms
P : 100 ms
RR / PP : 726 / 731 ms
P / QRS / T : 46 / 7 / 0 degrees

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

MM Amul Kumar
HLL 167cm
hll 75kg

DL Dpm
-- / -- mmHg



Patient Name : Mr. AMIT KUMAR
UHID : SKAN.0000133759
Reported on : 09-03-2024 11:22
Adm/Consult Doctor :

Age : 35 Y M
OP Visit No : SKANOPV163476
Printed on : 09-03-2024 11:22
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .
No obvious active pleuro-parenchymal lesion seen .
Both costophrenic and cardiophrenic angles are clear .
Both diaphragms are normal in position and contour .
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:09-03-2024 11:22

---End of the Report---


Dr. DUSHYANT KUMAR VARSHNEY
Chunni Ganj, Kanpur
MD, DNB
Radiology



(Please correlate clinically)

Kindly Note

- ☆ Please Intimate us for any typing mistakes and send the report for correction within 7 days.
- ☆ The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive. Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis.
The report and films are not valid for medico – legal purpose.

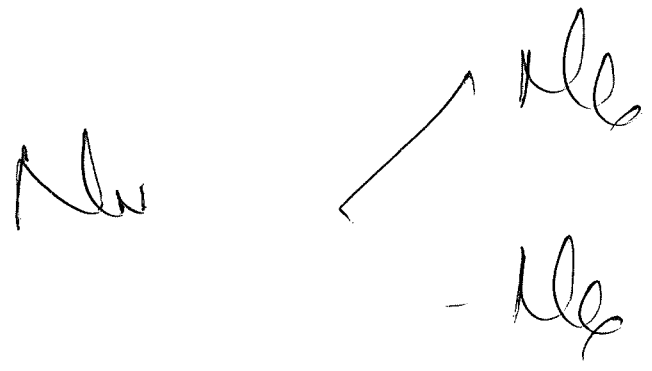
Dr. R. Amit Kumar JS / 10/2/20



R

- Rkt 100 sph GFC
- G/36

(Distant)



R

- Rkt
- Rkt



Colour Vision

- WMC

Ra
 crs actus internus
 Dr. Ashish Menotra
 (M.D. Internal Medicine)
 UFM 072562

DEPARTMENT OF LABORATORY SERVICES

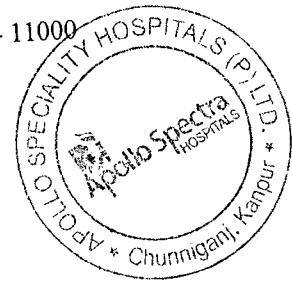
Patient Name : Mr. AMIT KUMAR
UHID/MR No. : SKAN.0000133759
Sample Collected on : 09-03-2024 12:04
LRN# : LAB13385812
Ref Doctor : SELF
Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY
 STANDARD PLUS MALE - PAN INDIA - FY2324
Emp/Auth/TPA ID : UBOIE4112
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

Age / Gender : 35 Y/Male
OP Visit No : SKANOPV163476
Reported on : 09-03-2024 16:41
Specimen : Blood(EDTA)

Adm/Consult Doctor :

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
HEMOGRAM + PERIPHERAL SMEAR			
Hemoglobin Method: Cyanide Photometric	14.5	13 - 17	g/dL
RBC Count Method: Electrical Impedance	5.20	4.5 - 5.5	millions/cu mm
Haematocrit Method: Calculated	45.1	40 - 50	%
MCV Method: Calculated	86.7	83 - 101	fl
MCH Method: Calculated	27.9	27 - 32	pg
MCHC Method: Calculated	32.2	31.5 - 34.5	g/dl
RDW	14.0	11.6 - 14	%
Platelet Count Method: Electrical Impedance	2.08	1.5 - 4.1	lakhs/cumm
TLC Count Method: Electrical Impedance	6300	4000 - 11000	cells/cumm



Results are to be correlated clinically

Dr. Satinder Singh

Dr. SATINDER SINGH

Excel Hospitals (P) Ltd.

NOTE : All pathological test have technical limitations which may at times cause interpretative errors. Collaborative clinical and pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

14/138, Chunnigani, Kanpur - 208001
 Ph. 0512-2555991, 2555992
 Email : excelhospitals@gmail.com
 ♦ Emergency No. 9935577550

DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. AMIT KUMAR

Age / Gender : 35Y/Male

UHID/MR No. : SKAN.0000133759

OP Visit No : SKANOPV163476

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LRN# : LAB13385812

Specimen : Blood(EDTA)

Ref Doctor : SELF

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STANDARD PLUS MALE - PAN INDIA - FY2324

Emp/Auth/TPA ID : UBOIE4112

Adm/Consult Doctor :

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

Differential Leucocyte Count(Fluorescence Flow Cytometry / VCS Technology)

Neutrophils	58	40 - 80	%
Lymphocytes	38	20 - 40	%
Monocytes	02	2 - 10	%
Eosinophils	02	1-6	%
Basophils	00	0-2	%
Erythrocyte Sedimentation Rate (ESR) Method: Westergrens Method.	10	0 - 14	mm/hr

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
BLOOD GROUP ABO AND RH FACTOR			
ABO Method: Microplate Hemagglutination	O		
Rh (D) Type: Method: Microplate Hemagglutination	POSITIVE		

End of the report



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DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. AMIT KUMAR

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Sample Collected on : 09-03-2024 12:04

LRN# : LAB13385812

Ref Doctor : SELF

Emp/Auth/TPA ID : UBOIE4112

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

Age / Gender : 35Y/Male

OP Visit No : SKANOPV163476

Reported on : 09-03-2024 16:45

Specimen : Blood(EDTA)

Adm/Consult Doctor :

DEPARTMENT OF LABORATORY MEDICINE

PERIPHERAL SMEAR

Methodology : Microscopic
RBC : Normocytic Normochromic
WBC : within normal limits .DLC is as mentioned.
Platelets : Adequate in Number
Parasites : No Haemoparasites seen
IMPRESSION : Normocytic normochromic blood picture
Note/Comment : Please Correlate clinically

End of the report



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DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. AMIT KUMAR	Age / Gender : 35Y/Male
UHID/MR No. : SKAN.0000133759	OP Visit No : SKANOPV163476
Sample Collected on : 09-03-2024 12:04	Reported on : 09-03-2024 16:56
LRN# : LAB13385812	Specimen : Plasma(Flouride)
Ref Doctor : SELF	
Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	
Emp/Auth/TPA ID : UBOIE4112	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
GLUCOSE, FASTING			
FASTING SUGAR Method: GOD-PAP	82	70 - 110	mg/dl
GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)			
GLUCOSE - SERUM / PLASMA (POST PRANDIAL) Method: Glucose Oxidase-Peroxidase	105	70 - 140	mg/dl
RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)			
CREATININE - SERUM / PLASMA Method: Jaffe's Kinetic	0.9	0.7 - 1.3	mg/dl
URIC ACID - SERUM Method: Modified Uricase	5.8	3.5 - 7.2	mg/dl
UREA - SERUM/PLASMA Method: Urease with indicator dye	18*	Male: 19 - 43	mg/dl
CALCIUM Method: O-Cresolphthalein complexone	8.9	8.5 - 10.1	mg/dl
BUN Method: Urease with indicator dye	8.39*	9-20	mg/dl
PHOSPOHORUS	2.9	2.5 - 4.5	mg/dl



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LRN# : LAB13385812	Specimen : Plasma(Flouride)
Ref Doctor : SELF	
Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	
Emp/Auth/TPA ID : UBOIE4112	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

Method: Phosphomolybdate -UV

ELECTROLYTES (Na) 139 135 - 145 meq/L

Method: ISE-Direct

ELECTROLYTES (K) 4.7 3.5 - 5.1 meq/L

Method: ISE-Direct

GAMMA GLUTAMYL TRANSFERASE (GGT)

GAMMA GT 138* < 55 U/L

Method: Kinetic Photometric

LIVER FUNCTION TEST (LFT)

BILIRUBIN TOTAL 0.87 0.2 - 1.3 mg/dL

Method: Azobilirubin/dyphylline

BILIRUBIN (DIRECT) 0.40 Adults: 0.0 - 0.3 mg/dL

Method: Dual Wavelength Spectrophotometric Neonates: 0.0 - 0.6

BILIRUBIN UNCONJUGATED(INDIRECT) 0.47 0.0 - 1.1 mg/dL

Method: Dual Wavelength Spectrophotometric

ALBUMIN 4.6 3.0 - 5.0 g/dL

Method: Bromocresol Green dye binding

PROTEIN TOTAL 7.7 6.0 - 8.2 g/dL

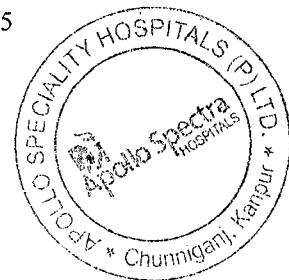
Method: Biuret Reaction

AST (SGOT) 47* 14 - 36 U/L

Method: Kinetic (Leuco dye) with P 5 P

GLOBULIN 3.1 2.8 - 4.5 g/dL

Method: Calculation



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S. Saini

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Emp/Auth/TPA ID : UBOIE4112	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

ALT(SGPT)	125*	9 - 52	U/L
LIPID PROFILE			
CHOLESTEROL	186	<200 - Desirable 200-239 - Borderline High ≥240 - High	mg/dL
Method: CHOD-End Point POD (Enzymatic)			
HDL	56	<40 - Low ≥60 - High	mg/dL
Method: Direct Measure PEG			
LDL	103.6	< 100 - Optimal 100-129 - Near Optimal & Above Optimal	
Method: Calculation Friedewald's Formula			
TRIGLYCERIDES	132	Normal : <150 Border High : 150 - 199 High : 200 - 499 Very High : ≥ 500	mg/dl
Method: Enzymatic GPO/POD/End Point			
VLDL	26.4	10-40	mg/dL
Method: Calculated			

End of the report



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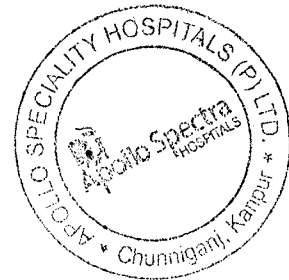
DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. AMIT KUMAR UHID/MR No. : SKAN.0000133759 Sample Collected on : 09-03-2024 12:04 LRN# : LAB13385812 Ref Doctor : SELF Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324 Emp/Auth/TPA ID : UBOIE4112 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	Age / Gender : 35Y/Male OP Visit No : SKANOPV163476 Reported on : 09-03-2024 16:48 Specimen : Blood(bio/EDTA) Adm/Consult Doctor :
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DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
HbA1c, GLYCATED HEMOGLOBIN			
HbA1c, GLYCATED HEMOGLOBIN Method:HPLC	5.0	<=5.6:Non-Diabetic 5.7-6.4: Prediabetes (Increased Risk for Diabetes) >=6.5: Diabetes Mellitus Note: In absence of unequivocal Hyperglycemia and the presence of discordant fasting, post prandial or Random Glucose values, result should be confirmed by repeat test(ADA Guidelines 2015)	%
eAG (estimated Average Glucose) Method: Calculated	96.8		mg/dL

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UHID/MR No. : SKAN.0000133759	OP Visit No : SKANOPV163476
Sample Collected on : 09-03-2024 12:04	Reported on : 09-03-2024 19:04
LRN# : LAB13385812	Specimen : Urine
Ref Doctor : SELF	
Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	
Emp/Auth/TPA ID : UBOIE4112	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
COMPLETE URINE EXAMINATION			
Color:	Yellow	Pale Yellow	
Specific Gravity Method: Indicator Method	1.025	1.005 - 1.035	
Transparency:	Clear	Clear	
Protein : Method: Indicator Method	Nil	Nil	
Glucose: Method: Glucose Oxidase	Absent	Nil	
pH Method: Indicator Method	6.0 (Acidic)	4.6 - 8	
DEPOSITS:	Absent		
WBC/Pus Cells	Nil	0-5	/hpf
Tc/Sqc(Transitional/Squamous epithelial cells)	2-4	2-3	/hpf



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Emp/Auth/TPA ID : UBOIE4112	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

RBC	Nil	0 - 2	/hpf
Crystals:	Nil		
Casts:	Nil		/hpf

End of the report

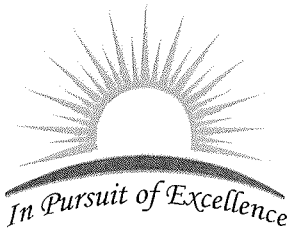


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SONI DIAGNOSTICS

118/572, KAUSHALPURI, GUMTI NO. 5, KANPUR - 208012

Ph. : 0512-2219667, 8858154254

e-mail : sonidiagnostics01@gmail.com

Patient Name : MR. AMIT KUMAR

Age / Gender : 35 years / Male

Patient ID : 46533

Source : Excel Hospital

Referral : SELF

Collection Time : 09/03/2024, 03:09 p.m.

Reporting Time : 09/03/2024, 08:27 p.m.

Sample ID :



240690048

Test Description	Value(s)	Reference Range	Unit(s)
------------------	----------	-----------------	---------

T3,T4,TSH

SAMPLE TYPE : SERUM

T3 Method : CLIA	1.22	0.79 - 1.58	ng/mL
T4 Method : CLIA	9.78	5.2-12.7	µg/dL
TSH Method : CLIA	3.75	0.3-4.5	µIU/mL

Interpretation

TSH	T4	T3	INTERPRETATION
HIGH	NORMAL	NORMAL	MILD (SUBCLINICAL)HYPOTHYROIDISM
HIGH	LOW OR NORMAL	LOW OR NORMAL	HYPOTHYROIDISM
LOW	NORMAL	NORMAL	MILD (SUBCLINICAL)HYPERTHYROIDISM
LOW	HIGH OR NORMAL	HIGH OR NORMAL	HYPERTHYROIDISM
LOW	LOW OR NORMAL	LOW OR NORMAL	NON-THYROIDAL ILLNESS: RARE PITUITARY (SECONDARY)HYPOTHYROIDISM

****END OF REPORT****

All the reports have to be correlated clinically. If the result of the tests are unexpected ,the patient is advised to contact the lab immediately for a recheck.

Dr. S.S.Soni
M.D. (PATHOLOGY)



All diagnostic tests have limitations & clinical interpretation should not be solely based on single investigation. Clinical correlation and further relevant investigations advised if warranted. Any discrepancies in test results should be notified within 24 hours. This report is not valid for medicolegal purpose.

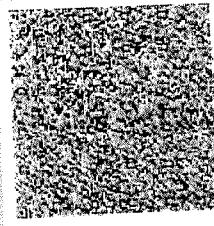
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
CKGPK6286A



नाम / Name
AMIT KUMAR

पिता का नाम / Father's Name
BRIJ MOHAN

जन्म की तारीख /
Date of Birth
15/03/1988

Amit

08092021

PAN Appointments Digitally Signed, Card Not
Valid unless Physically Signed



भारत सरकार
Government of India



Issue Date: 12/11/2014



अमित कुमार
Amit Kumar
जन्म तिथि / DOB : 15/03/1988
पुरुष / Male



15549415 1541

5354 8931 5341

मेरा आधार, मेरी पहचान

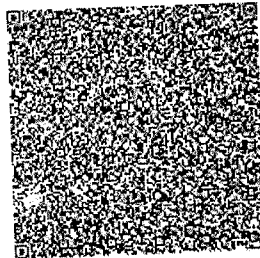


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Print Date: 18/08/2022

पता: S/O: ब्रिज मोहन, डीह, डीह, उन्नाव, डीह,
उन्नाव, उत्तर प्रदेश, 209801
Address: S/O: Brij Mohan, deeh, deeh,
unnao, Deeh, Unnao, Uttar Pradesh, 209801

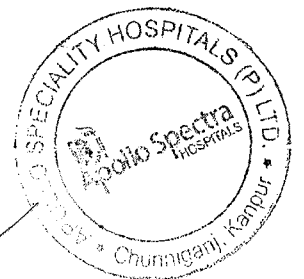


5354 8931 5341

1947

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*Submitted
for Health
check UP
in Apollo
Spectra
Amit*