

Arcofemi Healthcare Pvt 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 <u>MRS. VATSALA SANDESH GODHA</u> aged, <u>37yr</u>. 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: Indore

Date: 21/09/2024

Dr. Nitesh Kumar MBBS Mr +BAMR 17000

Name & Signature of

Medical officer



Reporting Status: Finalized

Patient Name: MRS. VATSALA SANDESH GODHA [MRN-240902024]

Age / Gender: 37 Yr / F

Address: NEAR IMLI BAZAR, Indore, MADHYA PRADESH

Req. Doctor: VONE HOSPITAL **Regn. ID:** WALKIN.24-25-11229

BIOCHEMISTRY

Request Date : 21-09-2024 10:26 AM **Reporting Date :** 21-09-2024 04:12 PM

Collection Date : 21-09-2024 10:30 AM | BIO8660

Acceptance Date: 21-09-2024 10:30 AM | **TAT:** 05:42

[HH:MM]

Investigations	Result	Biological Reference Range
LFT		
SGOT	17.0 U/L	0 - 40 U/L
SGPT	18.9 U/L	F 0 - 31 U/L
TOTAL BILIRUBIN	0.61 mg/dL	0 - 1.1 mg/dL
DIRECT BILIRUBIN	0.21 mg/dL *	0 - 0.2 mg/dL
INDIRECT BILIRUBIN	0.4 mg/dL	0.2 - 0.8 mg/dL
TOTAL PROTEIN	7.84 mg/dL	6.6 - 8.8 mg/dL
S.ALBUMIN	3.67 mg/dL	3.5 - 5.5 mg/dL
GLOBULIN	4.17 mg/dL *	2 - 3.5 mg/dL
A.G.RATIO	0.88 *	1.1 - 1.5
ALKALINE PHOSPHATASE	98 U/L	F 35 - 104 U/L CHILD 54 - 369 U/L
PT INR		
PT	13.9 sec	13 - 15 sec
CONTROL	12.8	
INR	1.11 *	0.8 - 1.1
HBSAG	Non Reactive	
ALT / AST RATIO	1.11	< 1.5
AST / ALT RATIO	0.89	< 1
GGT(GAMMA GLUTAMYL TRANSFERASE)	14.4 U/L	F 9 - 39 U/L

END OF REPORT.

DR.QUTBUDDIN CHAHWALA M.D.PATHOLOGIST

Result relate to the sample as received.

V-ONE HOSPITAL Department of Laboratory Medicine.



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HAEMATOLOGY

Request Date : 21-09-2024 10:26 AM **Reporting Date :** 21-09-2024 04:11 PM

Collection Date : 21-09-2024 10:30 AM | H-7846

Acceptance Date: 21-09-2024 10:30 AM | **TAT:** 05:41

[HH:MM]

AB	
Positive	

END OF REPORT.

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HAEMATOLOGY

Request Date : 21-09-2024 10:26 AM **Reporting Date :** 21-09-2024 04:12 PM

Collection Date : 21-09-2024 10:30 AM | H-7846 **Acceptance Date :** 21-09-2024 10:30 AM | **TAT:** 05:42

[HH:MM]

Investigations	Result	Biological Reference Range
ESR (WINTROBE METHOD)	09 mm/hr	F 0 - 19 mm/hr
HBA1C		
Glyco Hb (HbA1C)	5.0 %	4 - 6 %
Estimated Average Glucose	96.8 mg/dL	mg/dL
Intervenietation, 11 lb 010 has been analysis of burnelini	and an arrange and American Districts Annual	station and delines 0047 for all annuals an

Interpretation: 1HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes

using a cut off point of 6.5%

2.Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.

3.In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent control-6-7 %

END OF REPORT.

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V-ONE HOSPITAL Department of Laboratory Medicine.

2/1, Residency Area, AB Road, Geeta Bhavan Squre. Indore (MP) 452001

T: 0731 - 4238111

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BIOCHEMISTRY

Request Date : 21-09-2024 10:26 AM **Reporting Date :** 21-09-2024 04:20 PM

Collection Date : 21-09-2024 02:58 PM | BIO8676 **Reporting Status :** Finalized

Acceptance Date: 21-09-2024 02:58 PM | **TAT:** 01:22 [HH:MM]

Investigations	Result	Biological Reference Range
PPBS		
PPBS	161.7 mg/dL *	70 - 140 mg/dL

END OF REPORT.

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HAEMATOLOGY

 Request Date :
 21-09-2024 10:26 AM
 Reporting Date : 21-09-2024 04:11 PM

 Collection Date :
 21-09-2024 10:30 AM | H-7846
 Reporting Status : Finalized

Acceptance Date: 21-09-2024 10:30 AM | **TAT:** 05:41

[HH:MM]

Investigations	Result	Biological Reference Range
CBC		
Haemoglobin	13.2 gm%	F 12 - 15 gm% (Age 1 - 100)
RBC Count	4.21 mill./cu.mm *	F 4.6 - 6 mill./cu.mm (Age 1 - 100)
Packed Cell Volume (PCV)	38.7 %	F 38 - 45 % (Age 1 - 100)
MCV	91.9 Cu.m.	76 - 96 Cu.m. (Age 1 - 100)
MCH	31.4 pg	27 - 32 pg (Age 1 - 100)
MCHC	34.2 %	30.5 - 34.5 % (Age 1 - 100)
Platelet Count	378 10^3/uL	150 - 450 10^3/uL (Age 1 - 100)
Total Leukocyte Count (TLC)	7.31 10^3/uL	4.5 - 11 10^3/uL (Age 1 - 100)
Differential Leukocyte Count (DLC)		
Neutophils	81 % *	40 - 70 % (Age 1 - 100)
Lymphocytes	14 % *	20 - 40 % (Age 1 - 100)
Monocytes	03 %	2 - 10 % (Age 1 - 100)
Eosinophils	02 %	1 - 6 % (Age 1 - 100)
Basophils	00 %	< 1 %

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BIOCHEMISTRY

Request Date : 21-09-2024 10:26 AM **Reporting Date :** 21-09-2024 04:20 PM

Collection Date : 21-09-2024 10:30 AM | BIO8660

Acceptance Date: 21-09-2024 10:30 AM | **TAT:** 05:50

[HH:MM]

Investigations	Result	Biological Reference Range
FBS		
FBS	111.8 mg/dL *	70 - 110 mg/dL
URIC ACID	5.0 mg/dL	Males 3.4 - 7.2 mg/dL Females 2.5 - 6 mg/dL
BUN		
BUN	11.15 mg/dL	5 - 20 mg/dL
CREATININE	0.67 mg/dL *	0.7 - 1.4 mg/dL
BUN / CREATINE RATIO	16.6	10 - 20

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Req. Doctor: VONE HOSPITAL **Regn. ID:** WALKIN.24-25-11229

IMMUNOLOGY

Request Date : 21-09-2024 10:26 AM **Reporting Date :** 21-09-2024 04:52 PM

Collection Date: 21-09-2024 10:30 AM | PATH5528

Acceptance Date: 21-09-2024 10:30 AM | **TAT:** 06:22

[HH:MM]

Investigations	Result	Biological Reference Range
Thyroid Profile		
Т3	1.17 ng/dL	0.58 - 1.62 ng/dL (Age 1 - 100)
T4	12.43 ug/dl	5 - 14.5 ug/dl (Age 1 - 100)
TSH	2.19 uIU/ml	0.35 - 5.1 uIU/ml (Age 1 - 100)

Interpretation: Ultra sensitive-thyroid±stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, sTSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal

setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal

then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormons vary according trimesper in pregnancy. TSH ref range in Pregnacy Reference range (microIU/ml)

First triemester 0.24 - 2.00 Second triemester 0.43-2.2

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Regn. ID: WALKIN.24-25-11229



CLINICAL PATHOLOGY

Request Date : 21-09-2024 10:26 AM **Reporting Date :** 21-09-2024 04:10 PM

Collection Date : 21-09-2024 10:30 AM | CP-3068

Acceptance Date : 21-09-2024 10:30 AM | **TAT:** 05:40

[HH:MM]

Investigations	Result	Biological Reference Range
Urine Routine		
PHYSICAL EXAMINATION		
Quantity	30 ml	
Colour	Pale yellow	Pale Yellow
Deposit	Absent	Absent
Clearity	Clear	Clear
Reaction	Acidic	Acidic
Specific Gravity	1.015	1.001 - 1.035
CHEMICAL EXAMINATION		
Albumin	Absent	Absent
Sugar	Absent	Absent
Bile Salt	Absent	Absent
Bile Pigment	Absent	Absent
Keton	Absent	Absent
Blood	Absent	Absent
MICROSCOPY EXAMINATION		
Red Blood Cells	Nil /hpf	Nil/hpf
Pus Cells	2-3 /hpf	2-3/hpf
Epithelial Cells	1-2 /hpf	3-4/hpf
Casts	Absent	Absent
Crystals	Absent	Absent
Bacteria	Absent	Absent

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