Mediwheel
....Your wellness partner

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 **Mr. Sharath Kumar** aged,**33yr** .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: **Bangalore**

Date: 01/05/2024

Dr. Nitesh Kumar
MBBS
MMC/KMR/47093

Name & Signature of

Medical officer

tenet DIAGNOSTICS
It's Good to Know

PLEASE SCAN QR CODE
TO VERIFY THE REPORT ONLINE

Name	: **MR.SHARATH KUMAR I K**	TID/SID	: UMR1511480/ 27566409
Age / Gender	: 33 Years / Male	Registered on	: 04-May-2024 / 09:10 AM
Ref.By	: SELF	Collected on	: 04-May-2024 / 09:12 AM
Req.No	: BIL4221886	Reported on	: 04-May-2024 / 14:13 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Biological Reference Intervals
Physical Examination		
Colour Method:Physical	Pale Yellow	Straw to Yellow
Appearance Method:Physical	Clear	Clear
Chemical Examination		
Reaction and pH Method:pH- Methyl red & Bromothymol blue	5.5	4.6-8.0
Specific gravity Method:Bromothymol Blue	1.020	1.003-1.035
Protein Method:Tetrabromophenol blue	Negative	Negative
Glucose Method:Glucose oxidase/Peroxidase	Negative	Negative
Blood Method:Peroxidase	Negative	Negative
Ketones Method:Sodium Nitroprusside	Negative	Negative
Bilirubin Method:Dichloroanilinediazonium	Negative	Negative
Leucocytes Method:3 hydroxy5 phenylpyrrole + diazonium	Negative	Negative
Nitrites Method:Diazonium + 1,2,3,4 tetrahydrobenzo (h) quinolin 3-ol	Negative	Negative
Urobilinogen Method:Dimethyl aminobenzaldehyde	0.2	0.2-1.0 mg/dl
Microscopic Examination		
Pus cells (leukocytes) Method:Microscopy	0-1	2 - 3 /hpf
Epithelial cells Method:Microscopy	0-1	2 - 5 /hpf
RBC (erythrocytes) Method:Microscopy	Absent	Absent
Casts Method:Microscopy	Absent	Occasional hyaline casts may be seen

PLEASE SCAN QR CODE
TO VERIFY THE REPORT ONLINE

Name	: **MR.SHARATH KUMAR I K**	TID/SID	: UMR1511480/ 27566409
Age / Gender	: 33 Years / Male	Registered on	: 04-May-2024 / 09:10 AM
Ref.By	: SELF	Collected on	: 04-May-2024 / 09:12 AM
Req.No	: BIL4221886	Reported on	: 04-May-2024 / 14:13 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

Crystals Method:Microscopy	Absent	Phosphate, oxalate, or urate crystals may be seen
Others Method:Microscopy	Nil	Nil

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 infecation 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 Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr.Kavya S N
Consultant Pathologist

PLEASE SCAN QR CODE
TO VERIFY THE REPORT ONLINE

Name	: **MR.SHARATH KUMAR I K**	TID/SID	: UMR1511480/ 27566411
Age / Gender	: 33 Years / Male	Registered on	: 04-May-2024 / 09:10 AM
Ref.By	: SELF	Collected on	: 04-May-2024 / 09:12 AM
Req.No	: BIL4221886	Reported on	: 04-May-2024 / 15:18 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)	A
Rh Typing (D)	POSITIVE

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 expresses at birth, increase gradually in strength and become fully expressed around 1 year of age.

Note: Records of previous blood grouping/Rh typing not available. Please verify before transfusion.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Debleena Thakur

Dr Debleena Thakur
Consultant Pathologist

tenet DIAGNOSTICS
It's Good to Know

PLEASE SCAN QR CODE
TO VERIFY THE REPORT ONLINE

Name	: **MR.SHARATH KUMAR I K**	TID/SID	: UMR1511480/ 27566411
Age / Gender	: 33 Years / Male	Registered on	: 04-May-2024 / 09:10 AM
Ref.By	: SELF	Collected on	: 04-May-2024 / 09:12 AM
Req.No	: BIL4221886	Reported on	: 04-May-2024 / 15:27 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
Erythrocyte Sedimentation Rate Method:Microphotometrical capillary using stopped flow kinetic analysis	**21**	<=15 mm/hour

Complete Blood Count (CBC), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	14.0	13.0-18.0 g/dL
Packed Cell Volume Method:Derived from Impedance	42.2	40-54 %
Red Blood Cell Count. Method:Impedance Variation	5.37	4.3-6.0 Mill/Cumm
Mean Corpuscular Volume Method:Derived from Impedance	78.7	78-100 fL
Mean Corpuscular Hemoglobin Method:Derived from Impedance	**26.1**	27-32 pg
Mean Corpuscular Hemoglobin Concentration Method:Derived from Impedance	33.2	31.5-36 g/dL
Red Cell Distribution Width - CV Method:Derived from Impedance	**10.6**	11.0-16.0 %
Red Cell Distribution Width - SD Method:Derived from Impedance	**34.4**	39-46 fL
Total WBC Count. Method:Impedance Variation	6980	4000-11000 cells/cumm
Neutrophils Method:Impedance Variation,Method_Desc= Flow Cytometry	57.4	40-75 %
Lymphocytes Method:Impedance Variation, Flowcytometry	31.9	20-45 %
Eosinophils Method:Impedance Variation, Flowcytometry	3.5	01-06 %
Monocytes Method:Impedance Variation, Flowcytometry	6.5	01-10 %
Basophils. Method:Impedance Variation, Flowcytometry	0.7	00-02 %

tenet DIAGNOSTICS
It's Good to Know

PLEASE SCAN QR CODE
TO VERIFY THE REPORT ONLINE

Name	: **MR.SHARATH KUMAR I K**	TID/SID	: UMR1511480/ 27566411
Age / Gender	: 33 Years / Male	Registered on	: 04-May-2024 / 09:10 AM
Ref.By	: SELF	Collected on	: 04-May-2024 / 09:12 AM
Req.No	: BIL4221886	Reported on	: 04-May-2024 / 15:27 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

Absolute Neutrophils Count. Method:Calculated	4007	1500-6600 cells/cumm
Absolute Lymphocyte Count Method:Calculated	2227	1500-3500 cells/cumm
Absolute Eosinophils count. Method:Calculated	244	40-440 cells/cumm
Absolute Monocytes Count. Method:Calculated	454	<1000 cells/cumm
Absolute Basophils count. Method:Calculated	49	<200 cells/cumm
Platelet Count. Method:Impedance Variation	3.75	1.4-4.4 lakhs/cumm
Mean Platelet Volume. Method:Derived from Impedance	8.4	7.9-13.7 fL
Plateletcrit. Method:Derived from Impedance	**0.32**	0.18-0.28 %

Method: Automated Hematology Analyzer, Microscopy

Reference: Dacie and Lewis Practical Hematology,12th 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.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist

Name	: **MR.SHARATH KUMAR I K**	TID/SID	: UMR1511480/ 27566412
Age / Gender	: 33 Years / Male	Registered on	: 04-May-2024 / 09:10 AM
Ref.By	: SELF	Collected on	: 04-May-2024 / 09:12 AM
Req.No	: BIL4221886	Reported on	: 04-May-2024 / 21:01 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: IFCC without pyridoxal phosphate activation	**59**	<=41 U/L
Note	Kindly correlate clinically	

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:Spectrophotometry , CHOD - POD	266	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:Spectrophotometry, Jaffe - IDMS Traceable	0.85	0.7-1.3 mg/dL

Name	: **MR.SHARATH KUMAR I K**	TID/SID	: UMR1511480/ 27566412
Age / Gender	: 33 Years / Male	Registered on	: 04-May-2024 / 09:10 AM
Ref.By	: SELF	Collected on	: 04-May-2024 / 09:12 AM
Req.No	: BIL4221886	Reported on	: 04-May-2024 / 21:01 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

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.

Biological reference interval changed; Reference: Tietz Textbook of Clinical Chemistry & Molecular Diagnostics, Fifth Edition.

Glucose Random (RBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Random Method:Hexokinase	120	70-140 mg/dL

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-2020.

Urea, Serum

Investigation	Observed Value	Biological Reference Interval
Urea. Method:Kinetic UV	14.2	12.8-42.8 mg/dL

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, Gastrointestinal hemorrhage, dehydration, heart failure, etc. post-renal uremia is seen in malignancy, nephrolithiasis and prostatism.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr Manjunatha H.K
Consultant Pathologist

tenet® DIAGNOSTICS
It's Good to Know

PLEASE SCAN QR CODE

Name	**: Mr . SHARATH KUMAR I K**	TID	: UMR1511480
Age/Gender	: 33 Years/Male	Registered On	: 04-May-2024 09:10 AM
Ref By	: Self	Reported On	: 04-May-2024 01:23 PM
Reg.No	: BIL4221886	Reference	: Arcofemi Health Care Ltd - Medi Whe

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

***Impression*:**

Essentially normal study.

*** End Of Report ***

Dr Anusha Suresh
Consultant Radiologist

Tenet Diagnostic

1970-06-09 07:58
Name :sharathkumar i k
Sex :Male Age :33
Section: 56
RoomID:
BedID:
ID:
Operator: CHAITHRA

Data for reference only:

HR	bpm	:	65
PR Interval	ms	:	144
P Duration	ms	:	106
QRS Duration	ms	:	82
T Duration	ms	:	205
QT/QTc	ms	:	408/424
P/QRS/T Axis	deg	:	7.7/-2.9/-2.1
R(V5)/S(V1)	mV	:	1.17/0.82
R(V5)+S(V1)	mV	:	1.98

<< Conclusions >>

Normal Sinus Rhythm
Middling Left axis deviation

Report need physician confirm

Physician: