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**Arcofemi Healthcare Pvt Ltd**

(Formerly known as Arcofemi Healthcare Ltd)

F-701A, Lado Sarai, Mehrauli, New Delhi - 110030

Email: [wellness@mediwheel.in](mailto:wellness@mediwheel.in), Website: [www.mediwheel.in](http://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 **Miss. Harsimran Kaur** aged, **24yrs.** 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: **Ranchi**

Date: **01/05/2024**

*Dr. Nitesh Kumar*

MBBS

BCMR 47093

*Nitesh*

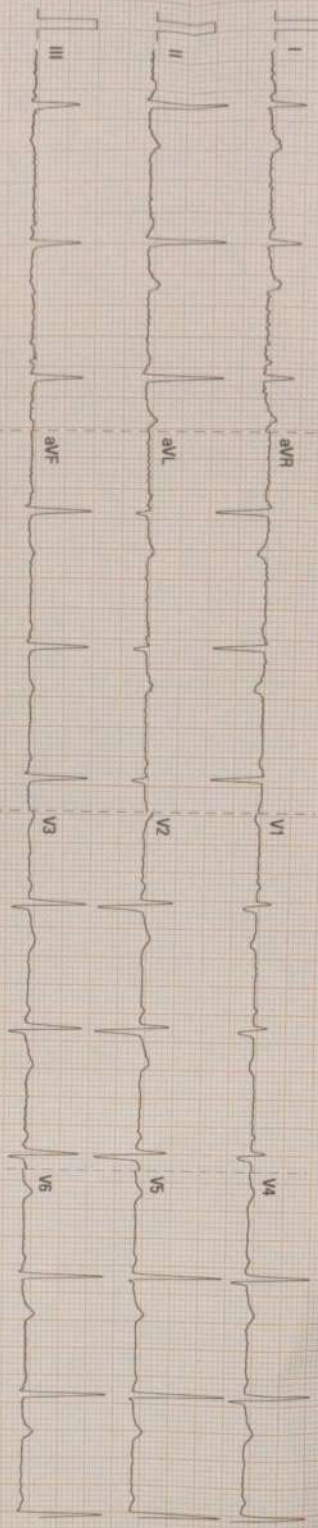
Name & Signature of

Medical officer

25 mm/s 0.02s 10 mm/mV 50 Hz BORN 20 Hr QTc Hodges 02 09 00 V28 4.1 SN FK 0002501 1

ID: 2024043012035809 Name: 2024-05-01 11:33:03

MISS. HASSEMAM KAVUR ARI 24/7/24



ID: 2024043012035809  
 Name: MISS. HASSEMAM KAVUR ARI 24/7/24  
 2024-05-01 11:33:03  
 Vent. Rate (bpm) 69  
 PR Interval (ms) 130  
 QRS Duration (ms) 82  
 QT Interval (ms) 386  
 QTc Interval (ms) 315  
 P/QRS/T Axes (deg)

Sinus rhythm  
 Interpretation made without knowing patient's gender/age  
 Normal ECG Unconfirmed Diagnosis

Dr. Krishp. Murari Prasad  
 MBBS, DPM Cardiology



CAARDIPRINT

INV. No. QLSR-INV-E-01585/(2024-2025)(1571)  
Patient Name **HARSIMRAN KAUR**  
Age/Gen 24 Years | Female  
Referred By **Dr. Self**  
Source BERLIN DIAG CGHS OSS\* - (3)

Patient ID 1585  
Invoice Generated 01/05/2024 12:21 PM  
Sample Received 01/05/2024 12:21 PM  
Report Generated 02/05/2024 08:38 AM



### Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
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#### GLUCOSE FASTING (FBS)

Plasma Glucose(F) 81.4 mg/dL 65 - 110  
Method (GOD-POD Method)

#### Comments:

Fasting Blood Sugar/Glucose test a blood sample will be taken after an overnight fast. A fasting blood sugar level of less than 100mg/dL is normal. A fasting blood sugar level from 100 to 125 mg/dL is considered prediabetes. If it's 126 mg/dL or higher on two separate tests, you have diabetes.

#### GLUCOSE, POST PRANDIAL 2 HOURS

Plasma Glucose(PP) 118 mg/dL 75 - 140  
Method (GOD-POD Method)

#### Note :

1. The diagnosis of Diabetes requires a fasting plasma glucose of  $>$  or  $=$  126 mg/dL and/or a random / 2 hr post glucose value of  $>$  or  $=$  200 mg/dL on at least 2 occasions
2. Very low glucose levels cause severe CNS dysfunction
3. Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical

#### LIPID PROFILE

Serum Triglyceride 67.6 mg/dL  $<$  150  
Method (Enzymatic,end point)  
Serum Cholesterol 125 mg/dL 125 - 200  
Method ( Oxidase, Esterase, Peroxidase)  
Serum HDL-Chol 32.25 mg/dL 30 - 65  
Method (PTA/MgC12, Reflectance photometry)  
Serum LDL-Chol **78.75** mg/dL 85 - 150  
Method ( Direct Homogeneous, Spectrophotometry)  
Serum VLDL-Chol 14 mg/dL 5 - 40  
Serum LDL/HDL Cholesterol Ratio 2.44 1.5 - 3.5  
Method (Calculated)  
Serum Cholesterol/ HDL Ratio 3.88 Low Risk(0 - 3) High Risk(5 - 10)  
Method (Calculated)

#### Interpretation :

NATIONAL LIPID	TOTAL CHOLESTEROL in	TRIGLYCERIDE	LDL	NON	HDL
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ASSOCIATION RECOMMENDATIONS (NLA-2014)	mg/dL	in mg/dL	CHOLESTEROL in mg/dL
Optimal	<200	<150	<100
Above Optimal	-	-	100- 129
Borderline High	200-239	150-199	130-159
High	>=240	200-499	160-189
Very High	-	>=500	190 - 219

**Note :**

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- Lipid Association of India (LAI) recommends screening of all adults above the age of 20 years for Atherosclerotic Cardiovascular Disease (ASCVD) risk factors especially lipid profile. This should be done earlier if there is family history of premature heart disease, dyslipidemia, obesity or other risk factors.
- Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia.
- Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a).
- LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target.
- Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved.
- Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

#### LIVER PROFILE (LFT)

Serum Bilirubin (Total) Method (By Diphylline, Diazonium Salt)	0.48	mg/dL	0.2 - 1.3
Serum Bilirubin (Direct) Method (Diphylline, Diazonium Salt)	0.17	mg/dL	0.1 - 0.4
Serum Bilirubin (Indirect) Method (Calculated)	0.31	mg/dL	0.2 - 1.1
Serum SGOT Method (IFCC)	23.4	U/L	17 - 59
Serum SGPT Method (IFCC)	<b>12.4</b>	U/L	21 - 72

Report ID:- 2171 | Page 2/4



*R. Verma*  
**Dr. R. Verma**  
MBBS, MD(Pathology)

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Alkaline phosphatase (ALP) Method (IFCC)	78.3	U/L	Adult (38 - 126)
Serum Total Protein Method (Biuret Method)	7.0	g/dL	Adult( 6.2 - 8.2 ) Children( 5.6 - 8.4 )
Serum Albumin Method (BCG, Dye Binding Method)	4.4	gm/dL	Newborn Children(2.4 - 4.8) Adult(3.5 - 5.0)
Serum Globulin Method (Calculated)	2.60	g/dL	Adult(2.3 - 3.6)
Serum A/G Ratio Method ( BCG)	1.69		1.0 - 2.3

#### Note

- In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
- In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
- In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
- In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

#### KIDNEY FUNCTION TEST (KFT)

Serum Urea Method (GLDH,Kinetic Assay)	24.3	mg/dL	Adult ( 17 - 43 ) New Born ( 8.4 - 25.8 ) Infant ( 10.8 - 38.4 )
Serum Creatinine Method (Modified Jaffe, Kinetic)	<b>0.59</b>	mg/dL	Male: ( 0.72-1.18 ) Neonate : ( 0.26 - 1.01 ) Infant { 2months - less than 3 yrs } : ( 0.15- 0.37 ) Children { 3 yrs - less than 15 yrs } : ( 0.24 -0.73 )
Serum Uric Acid Method (uricase-Colorimetric)	<b>3.0</b>	mg/dL	3.5 - 8.5
Serum Sodium Method (By Indirect ISE)	138.6	mmol/L	136 - 145



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Investigation	Result	Unit(s)	Reference Range
Serum Potassium Method (By Indirect ISE)	3.98	mmol/L	3.5 - 5.1
Serum Chloride Method (By Ion-selective Electrode)	103	mmol/L	98 - 107

~~~~~ End of report ~~~~~



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**Report Of Clini Patho Examination**

| Investigation                        | Result      | Unit(s) | Reference Range |
|--------------------------------------|-------------|---------|-----------------|
| <b>URINE FOR ROUTINE EXAMINATION</b> |             |         |                 |
| <b>Light Microscopy</b>              |             |         |                 |
| <b>Physical Examination</b>          |             |         |                 |
| Colour                               | Pale Yellow |         | Pale Yellow     |
| Urine Appearance                     | Transparent |         |                 |
| Urine Deposit                        | Absent      |         |                 |
| Urine Specific Gravity               | 1.020       |         | 1.010 - 1.030   |
| Urine Reaction                       | Acidic      |         |                 |
| <b>Chemical Examination</b>          |             |         |                 |
| Urine Glucose (Sugar)                | Absent      |         |                 |
| Urine Protein (Albumin)              | Absent      |         |                 |
| Urine pH                             | 6.0         |         | 6.0             |
| Urine Ketone Body                    | Absent      |         |                 |
| Urine Blood                          | Negative    |         |                 |
| Urine Phosphate (Amorphous deposits) | Absent      |         |                 |
| <b>Microscopic Examination</b>       |             |         |                 |
| Urine Red blood cells                | Absent      | /HPF    | 0-2             |
| Urine Pus Cells                      | 1-2         | /HPF    | 0-5             |
| Urine Epithelial cells               | 2-4         | /HPF    | 0-4             |
| Urine Bacteria                       | Absent      |         |                 |
| Urine Cast                           | Absent      | /HPF    |                 |
| Urine Crystals                       | Absent      | /HPF    |                 |
| Urine Yeast cells                    | Absent      |         |                 |
| Urine Spermatozoa                    | Absent      | /HPF    |                 |

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| Urine Epithelial cells               | 2-4         | /HPF    | 0-4             |
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| Urine Cast                           | Absent      | /HPF    |                 |
| Urine Crystals                       | Absent      | /HPF    |                 |
| Urine Yeast cells                    | Absent      |         |                 |
| Urine Spermatozoa                    | Absent      | /HPF    |                 |

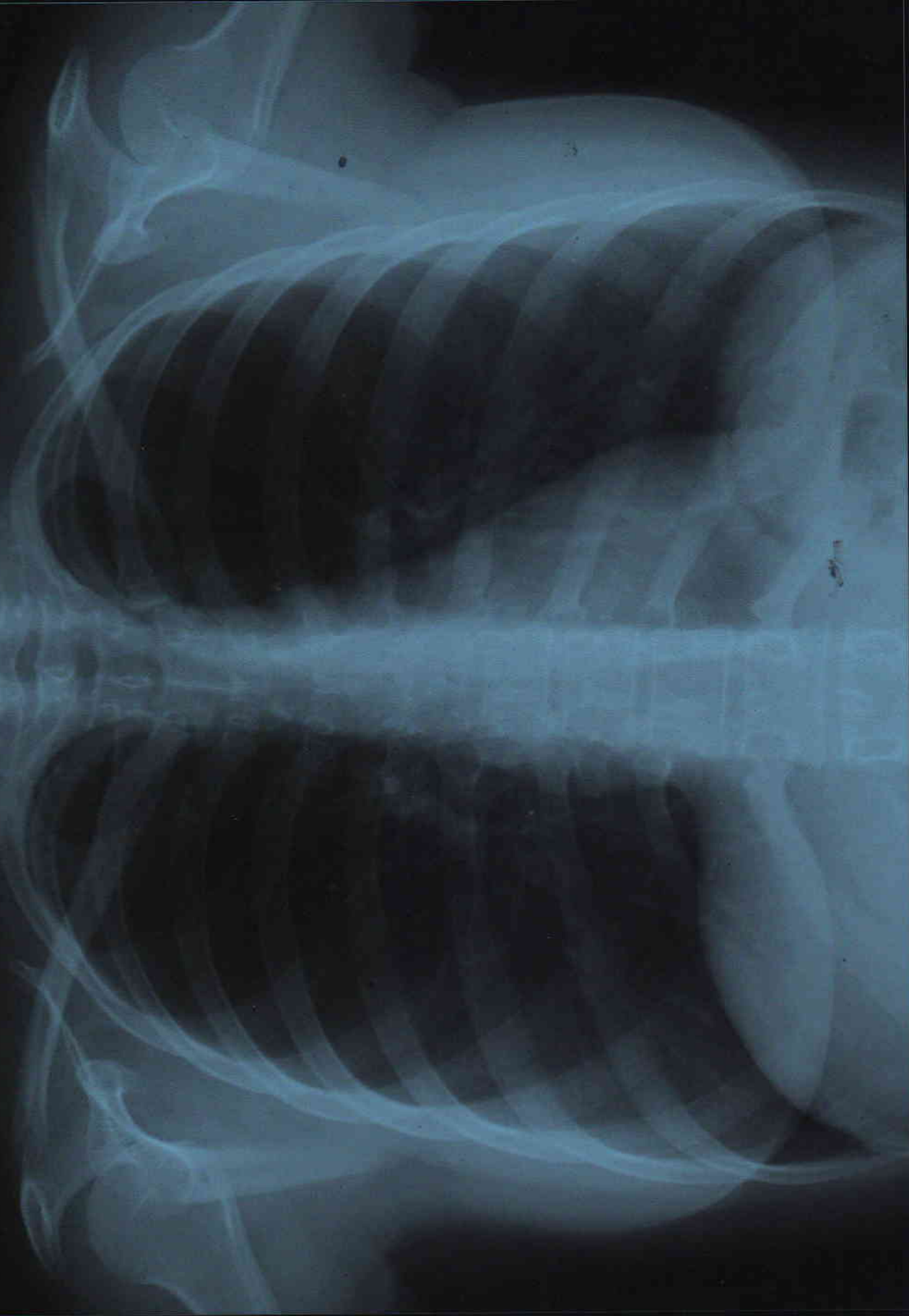
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PA VIEW



HARSIMRAN KAUR AGE 24/F MEDIWHEEL BER/202421871 CHEST PA VIEW 01/05/2024  
BERLIN DIAGNOSTICS & DAY CARE, BARIATU ROAD, RANCHI.

|              |                |               |               |
|--------------|----------------|---------------|---------------|
| Patient Name | HARSIMRAN KAUR | Patient ID    | BER/202421871 |
| Age/Gender   | 24Years / F    | Study Date    | 01-May-2024   |
| Referred By  | MEDIWHEEL      | Reported Date | 01-May-2024   |

**X – RAY CHEST PA VIEW**

**FINDINGS :-**

Both lung fields under vision appear normal.  
Cardiac size appears normal.  
Both costophrenic angles are clear.  
Hilar regions are normal.  
Both domes appear normal in position.  
Bony thorax under vision appears normal.

**IMPRESSION :-** NORMAL STUDY.



Dr Japan Shah  
MD Radiology REG-22667

Date Reported: 01-May-2024