

MEDICAL EXAMINATION REPORT (MER)

If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

PHYSICAL DETA	ILS:				
a. Height!S. d. Pulse Rate		eight lood Pressu	?/(Kgs)	*	nen(cms) Diastolic
1000000000000000000000000000000000000			1" Reading	120 80.	
	· ·		2 nd Reading		w.c.
FAMILY HISTOR	Y: *	-			
Relation	Age if Living	Healt	th Status	If deceased, age at the time and cause	
Father	66	HEI	HTHY		
Mother	58	y			
Brother(s)	37	u			
Sister(s)	29	6 1		e transfitte e Europe Medicina (in 1986). Transfitte	er oleh kemilik diplometra
and the second s	Tobacco in any form Sedative			Alcohol We	
PERSONAL HIST	ORY				
from any menta If No, please att		nt or deform	nity. exami admit	g the last 5 years have y ned, received any advic ted to any hospital?	e or treatment or Y/N
procedure?	gone/been advised any	• •	d. Have	you lost or gained weig	ht in past 12 months? Y/N
Taria viana array arreft.	ered from any of the fo	773			
	Pisorders or any kind of item?	*	Y/N • Unexp	isorder of Gastrointesti plained recurrent or per	sistent fever,
 Psychological I the Nervous Sys 	ALCOMOLOGICA DE LA CASTA DEL CASTA DE LA CASTA DEL CASTA D			weight loss	Y/N
Psychological D the Nervous SysAny disorders o	f Respiratory system?	-			//HBCAO/HUV
 Psychological D the Nervous Sys Any disorders o Any Cardiac or	Circulatory Disorders?		hafar	you been tested for HIVe? If yes attach reports	YAN
Psychological D the Nervous SysAny disorders oAny Cardiac or	Circulatory Disorders? or any form of Cancer/To	umour?	before	e? If yes attach reports on presently taking med	X/V

DDRC agilus Pathlabs Limited.

Corp. Office: Express House, Second Floor, Opp. Pothys Silks, Banerjee Road, Kaloo6068201

Contact: 93334 93334, Web: - www.ddrcagilus.com Email: info.ddre@agilus.in. *

REGIONAL LAD





NAME :AJMAL AGE/ SEX : 33/M 08.03.2024

ELECTRO CARDIOGRAM REPORT

ELECTRO CARDIOGRAM

: NSR –/minute. No evidence of ischaemia or chamber hypertrophy.

Impression

: ECG with in normal limits.

Dr. Akhila Sekhar MBBS,MD Consultant Pathologist Consultant P5174 Reg.No. 55174

PATHLABS LIM

DR AKHILA SEKHAR

MBBS, MD

CONSULTANT PATHOLOGIST





PATIENT NAME: AJMAL M

CODE/NAME & ADDRESS : CA00010147 -

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED F701A, LADO SARAI, NEW DELHI, SOUTH DELHI,

DELHI,

SOUTH DELHI 110030

8800465156

REF. DOCTOR: SELF

ACCESSION NO: 4071XC001804

: AJMAM2104904071 PATIENT ID

CLIENT PATIENT ID: 143889

ABHA NO

AGE/SEX :33 Years

Male

DRAWN

RECEIVED : 08/03/2024 08:23:50

REPORTED :08/03/2024 17:14:03

Test Report Status

Final

Results

Biological Reference Interval

Units

MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

OPTHAL

OPTHAL

TEST COMPLETED

TREADMILL TEST

TREADMILL TEST

TEST COMPLETED

PHYSICAL EXAMINATION

PHYSICAL EXAMINATION

TEST COMPLETED

JIBI J LAB TECHNOLOGIST



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MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

ECG WITH REPORT

REPORT

TEST COMPLETED

USG ABDOMEN AND PELVIS

REPORT

HAEMATOLOGY

MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE

BLOOD

HBA1C

5.8

Normal

: 4.0 -

%

5.6%.

Non-diabetic level : < 5.7%.

Diabetic

: >6.5%

Glycemic control goal

More stringent goal : < 6.5 %. : < 7%.

General goal Less stringent goal : < 8%.

Glycemic targets in CKD :-

If eGFR > 60 : < 7%. If eGFR < 60 : 7 - 8.5%.

MEAN PLASMA GLUCOSE

119.8 High

< 116.0

mg/dL

BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN RED BLOOD CELL COUNT WHITE BLOOD CELL COUNT 15.8

7.80

5.71 High

13.0 - 17.0

4.5 - 5.5

g/dL mil/µL

thou/µL 4.0 - 10.0

DR. AMJAD A, M.D Pathology (Reg No - TCMC 38949) CONSULTANT PATHOLOGIST

RAJI R LAB TECHNOLOGIST

IIBI J LAB TECHNOLOGIST

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PLATELET COUNT	294	150 - 410	thou/μL
BC AND PLATELET INDICES	49.9	40 - 50	%
HEMATOCRIT MEAN CORPUSCULAR VOL	87.4 27.7	83 - 101 27.0 - 32.0	fL pg
MEAN CORPUSCULAR HGB. MEAN CORPUSCULAR HEMOGLOBIN	31.7	31.5 - 34.5	g/dL
CONCENTRATION RED CELL DISTRIBUTION WIDTH	13.5	11.6 - 14.0	%
MENTZER INDEX MEAN PLATELET VOLUME	15.3 9.0	6.8 - 10.9	fL
VBC DIFFERENTIAL COUNT	50	40 - 80	%
SEGMENTED NEUTROPHILS LYMPHOCYTES	41 High	20 - 40 2 - 10	%
MONOCYTES EOSINOPHILS	04 05	1 - 6	% %
BASOPHILS	00 3.9	< 1 - 2 2.0 - 7.0	thou/µl
ABSOLUTE NEUTROPHIL COUNT ABSOLUTE LYMPHOCYTE COUNT	3.20 High 0.31	1.0 - 3.0 0.2 - 1.0	thou/µ thou/µ
ABSOLUTE MONOCYTE COUNT ABSOLUTE EOSINOPHIL COUNT	0.39	0.02 - 0.50	thou/µ thou/µ
ABSOLUTE BASOPHIL COUNT NEUTROPHIL LYMPHOCYTE RATIO (NLR)	00 1.2		

BLOOD

DR. AMJAD A, M.D Pathology (Reg No - TCMC 38949) CONSULTANT PATHOLOGIST

SEDIMENTATION RATE (ESR)

LAB TECHNOLOGIST

05

DR.KARTHIKA RAMANATHAN, M.D. Pathology (Reg No - TCMC 53950) CONSULTANT PATHOLOGIST

0 - 14





mm at 1 hr

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ERYTHROCYTE SEDIMENTATION RATE (ESR),EDTA

Email: customercare.ddrc@agilus.in





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Results

Units

SUGAR URINE - POST PRANDIAL

SUGAR URINE - POST PRANDIAL

NOT DETECTED

NOT DETECTED

SUGAR URINE - FASTING

SUGAR URINE - FASTING

NOT DETECTED

NOT DETECTED

IMMUNOHAEMATOLOGY

MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP

TYPE A

RH TYPE

POSITIVE

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-Blood group is identified by antigens and antibodies present in the blood solutions to give A,B,O or AB. Surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB. Surface are protein molecules are protein molecules and antibodies present in the blood group is identified by antigens and antibodies present in the blood group is identified by antigens and antibodies present in the blood group is identified by antigens and antibodies present in the blood group is identified by antigens and antibodies present in the blood group is identified by antigens and antibodies present in the blood group is identified by antigens and antibodies present in the blood group is identified by antigens and antibodies present in the blood group is identified by antigens and antibodies are present in the blood group is identified by antigens and antibodies are present in the blood group is identified by antigens and antibodies are present in the blood group is ident

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.

BIO CHEMISTRY

MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

BUN/CREAT RATIO

BUN/CREAT RATIO

8.92

Xxxdil.

DR. AMJAD A, M.D Pathology (Reg No - TCMC 38949) CONSULTANT PATHOLOGIST Attoo

DR.KARTHIKA RAMANATHAN, M.D Pathology (Reg No - TCMC 53950) CONSULTANT PATHOLOGIST Jibi Dep

JIBI J LAB TECHNOLOGIST





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Male

REPORTED: 08/03/2024 17:14:03

Units Results Test Report Status **Final**

CREATININE, SERUM

CREATININE

1.12

18 - 60 yrs: 0.9 - 1.3

mg/dL

Comments

* Kindly correlate clinically.

* Kindly inform lab within 24 hours if clinically not correlating.

GLUCOSE, POST-PRANDIAL, PLASMA

GLUCOSE, POST-PRANDIAL, PLASMA

93

Diabetes Mellitus : > or = 200. mg/dL

Impaired Glucose tolerance/ Prediabetes: 140 - 199. Hypoglycemia: < 55.

Comments

- * Confirmed by repetition.
- * Kindly correlate clinically.
- * Kindly inform lab within 24 hours if clinically not correlating.

GLUCOSE FASTING, FLUORIDE PLASMA

FBS (FASTING BLOOD SUGAR)

100

mg/dL Diabetes Mellitus: > or = 126.

Impaired fasting Glucose/ Prediabetes: 101 - 125. Hypoglycemia : < 55.

LIVER FUNCTION TEST WITH GGT

0.42 BILIRUBIN, TOTAL 0.11 BILIRUBIN, DIRECT 0.31 BILIRUBIN, INDIRECT 7.6 TOTAL PROTEIN

RAJI R

LAB TECHNOLOGIST

General Range: < 1.1 General Range: < 0.3 0.00 - 0.60

Ambulatory: 6.4 - 8.3

Recumbant: 6 - 7.8

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mg/dL

mg/dL

mg/dL

q/dL

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(Reg No - TCMC 38949) CONSULTANT PATHOLOGIST

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0000403130	ì		
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ALBUMIN GLOBULIN ALBUMIN/GLOBULIN RATIO ASPARTATE AMINOTRANSFERASE (AST/SGOT) ALANINE AMINOTRANSFERASE (ALT/SGPT) ALKALINE PHOSPHATASE GAMMA GLUTAMYL TRANSFERASE (GGT)	5.4 2.2 2.5 High 24 48 55 37	20-60yrs: 3.5 - 5.2 General Range: 2 - 3.5 Premature Neonates: 0.29 - 1.04 1.0 - 2.0 Adults: < 40 Adults: < 45 Adult(<60yrs): 40 -130 Adult (Male): < 60	g/dL g/dL RATIO U/L U/L U/L U/L
TOTAL PROTEIN, SERUM TOTAL PROTEIN	7.6	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
URIC ACID, SERUM URIC ACID	8.4 High	Adults: 3.4-7	mg/dL
BLOOD UREA NITROGEN (BUN), SERUM BLOOD UREA NITROGEN	10	Adult(<60 yrs) : 6 to 20	mg/dL

BIOCHEMISTRY - LIPID

MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

LIPID PROFILE, SERUM

CHOLESTEROL

221

Desirable: < 200

Borderline: 200-239

High

: >or= 240

mg/dL

DR. AMJAD A, M.D Pathology (Reg No - TCMC 38949) CONSULTANT PATHOLOGIST

LAB TECHNOLOGIST





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AGE/SEX :33 Years

DRAWN

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Male

REPORTED :08/03/2024 17:14:03

8800403130			
Test Report Status <u>Final</u>	Results		Jnits
TRIGLYCERIDES	126	Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL
	51	General range: 40-60	mg/dL
HDL CHOLESTEROL LDL CHOLESTEROL, DIRECT	154	Optimum : < 100 Above Optimum : 100-129 Borderline High : 130-159 High : 160- 189	mg/dL
		Very High : >or=	
NON HDL CHOLESTEROL	170 High	190 Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
VERY LOW DENSITY LIPOPROTEIN	25.2	Desirable value : 10 - 35	mg/dL
CHOL/HDL RATIO	4.3	3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk	
LDL/HDL RATIO	3.0	> 11.0 High Risk 0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	

SPECIALISED CHEMISTRY - HORMONE

MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

THYROID PANEL, SERUM

ng/dL Adult: 80-200 137.90 T3 µg/dl Adults: 4.5-12.1 8.57 T4 μIU/mL 21-50 yrs : 0.4 - 4.2 2.150 TSH 3RD GENERATION

DR. AMJAD A, M.D Pathology (Reg No - TCMC 38949) CONSULTANT PATHOLOGIST RAJI R

LAB TECHNOLOGIST



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CLINICAL PATH - URINALYSIS

MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

PHYSICAL EXAMINATION, URINE

COLOR

APPEARANCE

NITRITE

PALE YELLOW

CLEAR

CHEMICAL EXAMINATION, URINE

4.8 - 7.46.5 1.015 - 1.030 1.015 SPECIFIC GRAVITY NOT DETECTED NOT DETECTED **PROTEIN** NOT DETECTED NOT DETECTED **GLUCOSE** NOT DETECTED NOT DETECTED **KETONES** NOT DETECTED NOT DETECTED **BLOOD** NOT DETECTED NOT DETECTED **BILIRUBIN** NORMAL NORMAL UROBILINOGEN NOT DETECTED NOT DETECTED

MICROSCOPIC EXAMINATION, URINE

NOT DETECTED NOT DETECTED **RED BLOOD CELLS** 0-5 2-3 **WBC** 0-5 1-2 EPITHELIAL CELLS NIL CASTS NIL **CRYSTALS** NOT DETECTED NOT DETECTED

NOT DETECTED

BACTERIA

YEAST

DR.KARTHIKA RAMANATHAN, M.D

Pathology (Reg No - TCMC 53950) CONSULTANT PATHOLOGIST

ATHIRA S LAB TECHNOLOGIST

DR. AMJAD A, M.D Pathology (Reg No - TCMC 38949) CONSULTANT PATHOLOGIST

NOT DETECTED





/HPF

/HPF

/HPF

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Units

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ATHIRA S LAB TECHNOLOGIST

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Any disorders of Urmary System:	* / 1 1	Mouth & Skin	V.
OR FEMALE CANDIDATES ONLY		andre de la companya de la companya La companya de la co	
a. Is there any history of diseases of breast/genital organs?	Y/N	d. Do you have any history of miscarriage/ abortion or MTP	Y/N
b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports)	r V/N	 e. For Parous Women, were there any comp during pregnancy such as gestational dial hypertension etc 	petes,
c. Do you suspect any disease of Uterus, Cervix or Ovaries?	Y/N	f. Are you now pregnant? If yes, how many	months?
CONFIDENTAIL COMMENTS FROM MEDIC	AL EX	AMINER	
> Was the examinee co-operative?			MIN
> Is there anything about the examine's health, life his/her job?	estyle th	at might affect him/her in the near future with	regard to
> Are there any points on which you suggest furth			Y/NV
> Based on your clinical impression, please provide	de your	suggestions and recommendations below;	e e la maria de la como de la com La como de la como de
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ti kan begil di digawatan di dikuma ke gapa di Sabi da ja		· · · · · · · · · · · · · · · · · · ·	ntas, simbleski (j. 17. 18. gradina – A.
Construit de la construit de l	**********		
> Do you think he/she is MEDICALLY FIT or U	NFIT for	r employment.	
		en e	
MEDICAL EXAMINER'S DECLARATION			, Sa Harris Historia
I hereby confirm that I have examined the above indabove are true and correct to the best of my knowled	lividual : dge.	after verification of his/her identity and the fir	ndings stated
		0	
		la tole	
Name & Signature of the Medical Examiner :	Dais	Akhila Sekbar Jewish	
		Dr. Akhila Sekhar MBBS.MD Consultant Pathologist Consultant No. 55174	
		or Akhila Seki Pathologist	
Seal of Medical Examiner :	r	or. Akhila Sekhar MBB5 Consultant Pathologist Consultant P55174 Reg.No. 55174	
	7		•
	· a	The second of th	1
Name & Seal of DDRC & Branch :	PPR	e Agelus pethlans 119	
		e Agelus pethlahs Ltd kadappak kada, ko	Warn
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Date & Time feeting fe	8 131	12021. 2m' MOUTS PATTE	185 (A)
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		(C Mcb: 949771)	7830

Corp. Office: Express House, Second Floor, Opp. Pothys Silks, Banerjee Road, Kaloor -682017 Contact: 93334 93334, Web: www.ddrcagilus.com Email: info.ddrc@agilus.in



Name : Mr. Ajmal. M

Age: 33 yrs

Sex: RADIOLOGY DIVISION

Ref. from. Mediwheel Arcofemi

Date: 08.03.2024

USG OF ABDOMEN

(Technical consideration: Poor sonological window)

LIVER: Is normal in size (15.5 cms). Diffusely increased hepatic echotexture mildly obscuring the periportal echogenicity, but appreciable diaphragmatic echogenicity. No focal lesions are seen. No dilatation of intra-hepatic biliary radicles present. Portal vein is normal. Common bile duct is normal.

GALL BLADDER: Is minimally distended. Normal in wall thickness. No calculus or mass.

PANCREAS: Visualized head and body appears normal. Rest obscured by bowel gas

SPLEEN: Is normal in size (9.3 cms) and echotexture.

RIGHT KIDNEY: Measures 10.3×3.9 cms. Normal in size and echotexture. Cortico medullary differentiation is well maintained. No calculus, hydronephrosis or mass.

<u>LEFT KIDNEY</u>: Measures 9.7 x 4.8 cms. Normal in size and echotexture. Cortico medullary differentiation is well maintained. No calculus, hydronephrosis or mass.

<u>URINARY BLADDER:</u> Is distended. Normal in wall thickness. No evidence of calculus or mass. No vesical diverticulum present.

PROSTATE: Is normal in size (Volume - 12.5 cc). Parenchymal echoes normal.

No ascites present. No retroperitoneal lymphadenopathy present.

Both iliac fossae appear normal and there is no obvious evidence of bowel mass or bowel wall thickening present.

<u>IMPRESSION:</u>

Grade II fatty infiltration of liver.

- Suggested follow up & clinical correlation.

- lmages overleaf.

DR. AISALUTH THULASEEDHARAN MBBS, DMRD

(Note: Diagnosis should not be made solely on one investigation. Advised further / repeat investigation and clinical correlation in suspected cases and in case of unexpected results, ultrasound is not 100% accurate and this report is not valid for medico legal purpose)

Corp. Office: Express House, Second Floor, Opp. Pothys Silks, Banerjee Road, Kaloor -682017 Contact: 93334 93334, Web: - www.ddrcagilus.com Email: - info.ddrc@agilus.in

MSK Report

Patient ID: 08_03_2024_12_07_44

Patient Name : ajmal Study Date : 08/03/2024

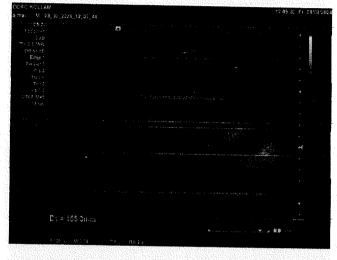
Referring MD: Performing MD: Sonographer: Indication:

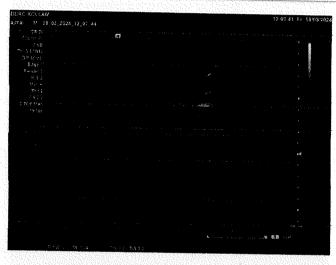
Exam Type: MSK

Height:

Weight:







Sex: M

Age:





Signature ____









Mr. Ajmal. M, 33 year old male was examined in the hospital on 8/3/2024
On examination his usion in both eyes were 6/6(0w) No. Anterior segment examination was found to be normal undelated funder examination was also found to be normal

Thankeng You Your's faithfully

> Dr. HARIPRIYA.H MBBS MS OPHTHALMOLOGY

LCMC theg. (to: 44880 Chaithanya Eye (to: pital & Research Institute Prathibha Jonetico Inseeppakkada, Kollam-bates8 8/3/24



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FROM

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Mediwheel.

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lans, not walling to do stool test-and X-ray

Thanks and Regards