



PATIENT NAME: SARATH AJITH KUMAR REF. DOCTOR: DR. MEDIWHEEL

CODE/NAME & ADDRESS: CA00010147 MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI, SOUTH DELHI,

DELHI,

SOUTH DELHI 110030

8800465156

ACCESSION NO: 4036XC003887

PATIENT ID : SARAM2303894036

CLIENT PATIENT ID: ABHA NO : AGE/SEX : 35 Years Male

DRAWN :

RECEIVED : 23/03/2024 08:28:55 REPORTED : 25/03/2024 12:24:05

Test Report Status <u>Final</u> Results Biological Reference Interval Units

MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

OPTHAL

OPTHAL COMPLETED

PHYSICAL EXAMINATION

PHYSICAL EXAMINATION COMPLETED

PRASEEDA S NAIR BIOCHEMIST



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View Report

PERFORMED AT:

DDRC AGILUS PATHLABS LIMITED

GANDHI NAGAR, KTM KERALA, INDIA Tel : 93334 93334







PATIENT NAME: SARATH AJITH KUMAR REF. DOCTOR: DR. MEDIWHEEL

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ECG WITH REPORT

REPORT

COMPLETED

USG ABDOMEN AND PELVIS

REPORT

COMPLETED

CHEST X-RAY WITH REPORT

REPORT

COMPLETED

HAEMATOLOGY

MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE **BLOOD**

HBA1C 5.5

Normal

: 4.0 -

%

5.6%.

Non-diabetic level : < 5.7%.

Diabetic : >6.5%

Glycemic control goal

More stringent goal : < 6.5 %. General goal : < 7%. Less stringent goal : < 8%.

Glycemic targets in CKD :-If eGFR > 60: < 7%. If eGFR < 60 : 7 - 8.5%.

METHOD: HPLC

PRASEEDA S NAIR BIOCHEMIST

Prof.Dr.A.VIJAYALAKSHMI MBBS, MD (path)

Formerly Professor of Pathology

Reg.No-2306





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BLOOD COUNTS,EDTA WHOLE BLOOD			
HEMOGLOBIN METHOD: AUTOMATED CELL COUNTER NON-CYANIDE	16.7	13.0 - 17.0	g/dL
RED BLOOD CELL COUNT METHOD: AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE	5.41	4.5 - 5.5	mil/μL
WHITE BLOOD CELL COUNT METHOD: AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE	5.80	4.0 - 10.0	thou/µL
PLATELET COUNT METHOD: AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE	332	150 - 410	thou/μL
RBC AND PLATELET INDICES			
HEMATOCRIT METHOD: RBC PULSE HEIGHT DETECTION	48.3	40 - 50	%
MEAN CORPUSCULAR VOL METHOD: AUTOMATED CELL COUNTER / CALCULATED	89.0	83 - 101	fL
MEAN CORPUSCULAR HGB. METHOD: AUTOMATED CELL COUNTER / CALCULATED	30.8	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	34.5	31.5 - 34.5	g/dL
METHOD: AUTOMATED CELL COUNTER / CALCULATED RED CELL DISTRIBUTION WIDTH METHOD: CALCULATED PARAMETER	11.5 Low	11.6 - 14.0	%
MENTZER INDEX METHOD : CALCULATED PARAMETER	16.5		
WBC DIFFERENTIAL COUNT			
SEGMENTED NEUTROPHILS METHOD: AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE	49	40 - 80	%
LYMPHOCYTES METHOD: AUTOMATED CELL COUNTER	43 High	20 - 40	%
MONOCYTES	02	2 - 10	%
EOSINOPHILS	06	1 - 6	%

PRASEEDA S NAIR

BIOCHEMIST

Prof.Dr.A.VIJAYALAKSHMI MBBS ,MD (path)

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METHOD: AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE BASOPHILS	00	0 - 2	%
METHOD: AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE		0 - 2	70
ABSOLUTE NEUTROPHIL COUNT	2.84	2.0 - 7.0	thou/µL
METHOD : AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE		2.0 7.0	ou, µ=
ABSOLUTE LYMPHOCYTE COUNT	2.49	1.0 - 3.0	thou/µL
METHOD: AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE			
ABSOLUTE MONOCYTE COUNT	0.12 Low	0.2 - 1.0	thou/µL
METHOD: AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE	•		
ABSOLUTE EOSINOPHIL COUNT	0.35	0.02 - 0.50	thou/µL
METHOD: AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE			
ABSOLUTE BASOPHIL COUNT	00 Low	0.02 - 0.10	thou/μL
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.1		
METHOD: AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE			
ERYTHROCYTE SEDIMENTATION RATE (ESR),	EDTA		
BLOOD			
SEDIMENTATION RATE (ESR)	12	0 - 14	mm at 1 hr
METHOD: WESTERGREN METHOD			
SUGAR URINE - POST PRANDIAL			
SUGAR URINE - POST PRANDIAL	NOT DETECTED	NOT DETECTED	
SUGAR URINE - FASTING			
	NOT DETECTED	NOT DETECTED	
SUGAR URINE - FASTING	NOT DETECTED	NOT DETECTED	

IMMUNOHAEMATOLOGY

MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT **ABO GROUP & RH TYPE, EDTA WHOLE BLOOD**

PRASEEDA S NAIR BIOCHEMIST

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Reg.No-2306



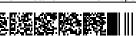


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Test Report Status Results Units <u>Final</u>

CLIENT PATIENT ID:

ABO GROUP

RH TYPE

METHOD: COLUMN AGGLUTINATION TECHOLOGY

METHOD: COLUMN AGGLUTINATION TECHOLOGY

TYPE B

PATIENT ID

ABHA NO

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 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.

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

11.6

5 - 15

CREATININE, SERUM

METHOD: HEXOKINASE

METHOD: KINETIC COLORIMETRIC

CREATININE

0.86

18 - 60 yrs : 0.9 - 1.3

mg/dL

mg/dL

GLUCOSE, POST-PRANDIAL, PLASMA

GLUCOSE, POST-PRANDIAL, PLASMA

126

Diabetes Mellitus : > or = 200.

Impaired Glucose tolerance/ Prediabetes: 140 - 199.

Hypoglycemia: < 55.

GLUCOSE FASTING, FLUORIDE PLASMA

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ABHA NO: REPORTED:

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rest keport Status	Final	Results	Units

FBS (FASTING BLOOD SUGAR) 94 Diabetes Mellitus: > or = 126. mg/dL

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

METHOD: HEXOKINASE

LIVER FUNCTION TEST WITH GGT

BILIRUBIN, TOTAL	1.39	General Range : < 1.1	mg/dL
METHOD: DIAZO METHOD			
BILIRUBIN, DIRECT	0.41 High	General Range : < 0.3	mg/dL
METHOD: DIAZO METHOD			
BILIRUBIN, INDIRECT	0.98	0.00 - 1.00	mg/dL
TOTAL PROTEIN	7.1	Ambulatory: 6.4 - 8.3	g/dL
		Recumbant: 6 - 7.8	
ALBUMIN	4.7	20-60yrs: 3.5 - 5.2	g/dL
GLOBULIN	2.4	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO	2.0	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE	28	Adults: < 40	U/L
(AST/SGOT)			
ALANINE AMINOTRANSFERASE (ALT/SGPT)	59	Adults: < 45	U/L
ALKALINE PHOSPHATASE	93	Adult(<60yrs): 40 - 130	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	26	Adult (male) : < 60	U/L

TOTAL PROTEIN, SERUM

TOTAL PROTEIN 7.1 Ambulatory: 6.4 - 8.3 g/dL

Recumbant : 6 - 7.8

METHOD : COLORIMETRIC

URIC ACID, SERUM

URIC ACID 5.5 Adults: 3.4-7 mg/dL

METHOD: URICASE

PRASEEDA S NAIR BIOCHEMIST



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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

ITDID	DDOETLI	CEDIIM
LIPID	PRUFILI	E, SERUM

CHOLESTEROL 206 Desirable: < 200 mg/dL
--

Borderline: 200-239 High : >or= 240

METHOD: CHOD-POD

TRIGLYCERIDES 133 mg/dL Normal : < 150

High : 150-199

Hypertriglyceridemia: 200-499

Very High: > 499

METHOD: GPO-PAP 45 General range: 40-60 HDL CHOLESTEROL mg/dL

METHOD: HOMOGENOUS DIRECT ENZYMATIC COLORIMETRIC

LDL CHOLESTEROL, DIRECT 148 mg/dL Optimum : < 100

Above Optimum: 100-129 Borderline High : 130-159 High : 160-

189

Very High : >or=

190

METHOD: HOMOGENOUS DIRECT ENZYMATIC COLORIMETRIC

NON HDL CHOLESTEROL 161 High Desirable: Less than 130 mg/dL

Above Desirable: 130 - 159 Borderline High: 160 - 189

High: 190 - 219

Very high: > or = 220

METHOD: CALCULATED PARAMETER

VERY LOW DENSITY LIPOPROTEIN 26.6 < or = 30.0mg/dL

METHOD: CALCULATED PARAMETER

PRASEEDA S NAIR BIOCHEMIST





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0.5 - 3.0

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4.6 High CHOL/HDL RATIO 3.30 - 4.40

METHOD: CALCULATED PARAMETER LDL/HDL RATIO

METHOD: CALCULATED PARAMETER

SPECIALISED CHEMISTRY - HORMONE

3.3 High

MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

THYROID PANEL, SERUM

123.86 20-50 yrs: 60-181 ng/dL METHOD: CLIA >20 yrs: 3.2-12.6 μg/dl

T4 9.20

TSH 3RD GENERATION 1.430 18-49 yrs: 0.4-4.2 μIU/mL

METHOD: CLIA

METHOD: CLIA

CLINICAL PATH - URINALYSIS

MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

PHYSICAL EXAMINATION, URINE

PALE YELLOW **COLOR**

METHOD: MACROSCOPY

APPEARANCE **CLEAR**

METHOD: MACROSCOPY

CHEMICAL EXAMINATION, URINE

5.0 4.8 - 7.4

METHOD: DIPSTICK

1.025 1.015 - 1.030 SPECIFIC GRAVITY

METHOD: PKA CHANGE IN RELATION TO IONIC CONCENTRATION

PROTEIN NOT DETECTED NOT DETECTED

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MBBS, MD (path) **Formerly Professor of Pathology**

MCH

Reg.No-2306

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METHOD: PROTEIN ERROR OF INDICATORS WITH REFLECTANCE

GLUCOSE NOT DETECTED NOT DETECTED

METHOD: GOD-POD METHOD

KETONES NOT DETECTED NOT DETECTED

METHOD: NITROPRUSSIDE REACTION

BILIRUBIN NOT DETECTED NOT DETECTED

METHOD : AZO COUPLING METHOD

UROBILINOGEN NORMAL NORMAL

METHOD: EHRLICH REACTION REFLECTANCE

MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
WBC	1-2	0-5	/HPF
METHOD: LIGHT MICROSCOPY			
EPITHELIAL CELLS	NOT DETECTED	NOT DETECTED	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	NOT DETECTED	NOT DETECTED	
YEAST	NOT DETECTED	NOT DETECTED	

METHOD: LIGHT MICROSCOPY

End Of Report
Please visit https://ddrcagilus.com for related Test Information for this accession

Un A March

Prof.Dr.A.VIJAYALAKSHMI MBBS ,MD (path) Formerly Professor of Pathology MCH Reg.No-2306

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Email: customercare.ddrc@agilus.in







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YOUR LAB PARTNER SINCE 1983

MEDICAL EXAMINATION REPORT (MER)

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

1. Name of the examinee (Mole/Scar/any other (specify location)): 2. Mark of Identification 3. Age/Date of Birth (Passport/Election Card/PAN Card/Driving Licence/Company ID) 4. Photo ID Checked

PHYSICAL DETAILS:

(amg)	b. Weight (Kgs)	c. Girth of A	bdomen (cms)
a. Height (cms) d. Pulse Rate (/Min)	e. Blood Pressure:	Systolic	Diastolic
d, 1 6150 2 1111	1st Reading	still house lith 42	ina mutifric MASSOCI
	2 nd Reading		en le luc volg All So

FAMILY HISTORY:

AMILY HISTOR	Υ:		If deceased, age at the time and cause
Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	62	Satisfactory	
Mother	59	11	
Brother(s)		11	
Sister(s)	33	1	

HABITS & ADDICTIONS: Does the examinee consume any of the following?

ABITS & ADDICTIONS: Does the examinee consume any of the following.		
Tobacco in any form	Sedative	Alcohol
Tobacco in any form	0.10	NO ' '
No	NO	

PERSONAL HISTORY

- a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details.
- b. Have you undergone/been advised any surgical procedure?
- c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital?
- d. Have you lost or gained weight in past 12 months?

Y/N

YA

Y/I

Have you ever suffered from any of the following?

- · Psychological Disorders or any kind of disorders of the Nervous System?
- Any disorders of Respiratory system?
- Any Cardiac or Circulatory Disorders?
- Enlarged glands or any form of Cancer/Tumour?
- Any Musculoskeletal disorder?

- Any disorder of Gastrointestinal System?
- · Unexplained recurrent or persistent fever, and/or weight loss
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports
- Are you presently taking medication of any kind? Y/

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• Any disorders of Urinary System?	Y/N	Any disorder of the Eyes, Ears, Nose, Thr Mouth & Skin	oat or
FOR FEMALE CANDIDATES ONLY			
a. Is there any history of diseases of breast/genital organs?	d. Y/N	. 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)		. For Parous Women, were there any compl during pregnancy such as gestational diab hypertension etc	
c. Do you suspect any disease of Uterus, Cervix or Ovaries?	f. Y/N	Are you now pregnant? If yes, how many	months?
CONFIDENTAIL COMMENTS FROM MEDIC	AI EVAM	INED	
> Was the examinee co-operative?	AL EXAM	INER	Y/N
Is there anything about the examine's health, life his/her job?	estyle that m	night affect him/her in the near future with	
Are there any points on which you suggest furth	er informati	on be obtained?	Y/N
➤ Based on your clinical impression, please provide			
Wheelyle and det medification	s adri	sed	TO LAKE
		-2.5	
➤ Do you think he/she is MEDICALLY FIT or UN	NFIT for emp	ployment.	
	PIT		
The state of the s			
MEDICAL EXAMINER'S DECLARATION I hereby confirm that I have examined the above indi above are true and correct to the best of my knowledge	vidual after ge.	verification of his/her identity and the findi	ings stated
Name & Signature of the Medical Examiner : 12	or. Auto	n Vayhees	
Seal of Medical Examiner :	M	n Varghees BBS eg. No:77017	
Name & Seal of DDRC SRL Branch :		9800	
Date & Time :			of kinns
			and the contract of

DDRC agilus Pathlabs Limited.

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



From,
Sruthy, S & Scath Athteur
EC No: 118452
Barle of Baeocle

With exferne to the mondators health check up I hereby confirm that I voluntuely witholows from the TMT offeed to the lebosotory (DORC, Kottogens)

Southy. S

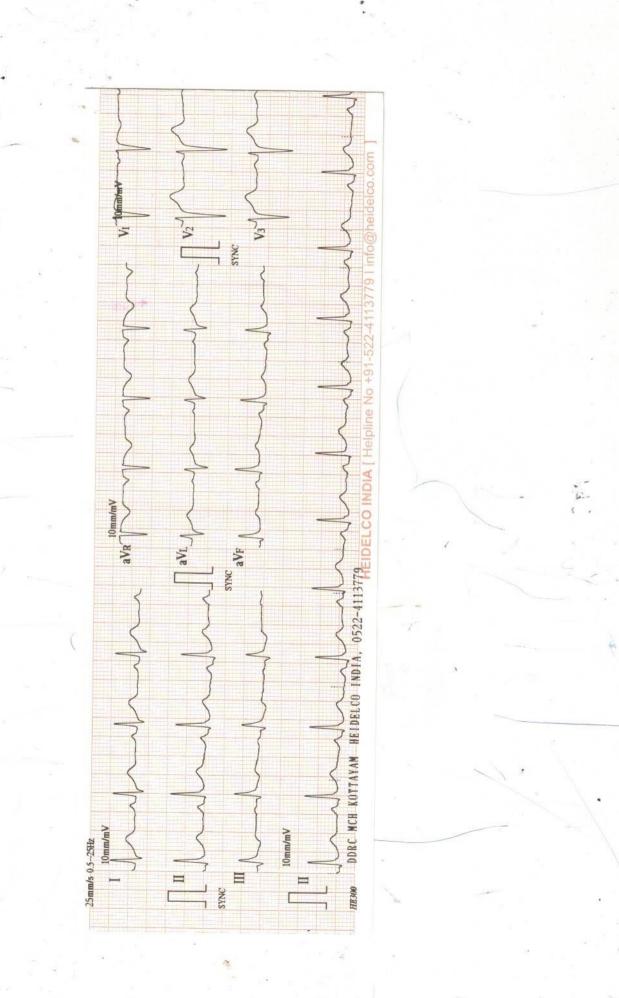


South Ail's kumas.

23 03 2024











ECG REPORT

ACCESSION NO: 4036XC003887

NAME

:SARATH AJITH KUMAR

AGE

: 35

SEX

: MALE

DATE

: 23/03/2024

COMPANY

: MEDIWHEEL ARCOFEMI

RATE

: 79 BPM

RHYTHM

: NORMAL SINUS RHYTHM

P WAVE

: NORMAL

P-R INTERVAL

: 163 MS

Q,R,S,T. WAVES

: NORMAL

AXIS

: NORMAL

ARRHYTHMIAS

: NIL

QT INTERVAL

: 356 MS

OTHERS

: NIL

OPINION

: NORMAL ECG



Dr. Austin Varghees
MBBS
TCMC Reg. No:77017





TCMC Reg. No:77017

X - RAY CHEST - PA

ACCESSION NO : 4036XC003887

NAME

: SARATH AJITH KUMAR

AGE

: 35

SEX

: MALE

DATE

: 23/03/2024

COMPANY

: MEDIWHEEL

EXPOSURE

GOOD

POSITIONING

: CENTRAL

SOFT TISSUES

: NORMAL

LUNG FIELDS

: NORMAL

HEART SHADOW

: NORMAL

CARDIOPHRENIC ANGLE

: NO OBLITERATION

COSTOPHRENIC ANGLE

: NO OBLITERATION

HILUM

: NORMAL

OTHERS

: NIL

OPINION

: NORMAL CHEST X- RAY

CIN: U85190MH2006PTC161480 (Refer to "CONDITIONS OF REPORTING" overleaf)



ACCESSION NO: 4036XC003887



OPHTHALMOLOGY REPORT

This is to certify that I	nave examined
MR/MSSada	th Ajith KamasAged 35/Mand
His / her visual stand	ard is as follows.
Acuity of Vision	
For Far	R 616
For Near	R N/G
Colour Vision	Noamet * Congrings to DRC 46 ILUS OR MARIN NO OR THE WORLD TO DRC 46 ILUS OR THE WORLD TO THE WO
DATE	
	OPTOMETRIST





YOUR LAB PARTNER SINCE 1983

Name: SARATH AJITH KUMAR

Age/Sex: 35 yrs/M

Accession No: 4036XC003887

Report Date: 23.03.2024 Ref.by: Mediwheel

USG ABDOMEN & PELVIS

OBSERVATIONS:

Suboptimal evaluation due to thick abdominal wall.

Liver:

Enlarged in size (18.1 cm). Shows increased parenchymal

echotexture. No focal parenchymal lesion noted. The biliary radicals

appear normal. Portal vein is normal.

Gall bladder:

Distended. No calculus seen. No e/o of any wall thickening / edema. No

e/o any pericholecystic collection.

CBD:

Not dilated.

Spleen:

Normal in size and echotexture. No focal lesion.

Pancreas:

Obscured by bowel gas.

Kidneys:

Right kidney - Normal in position & size. Cortical echogenicity is

normal. There is good cortico-medullary differentiation. No calculus or

mass lesion seen. No hydronephrosis.

Left kidney - Normal in position & size. Cortical echogenicity is normal. There is good cortico-medullary differentiation. No calculus or

mass lesion seen. No hydronephrosis.

Ureters:

Not dilated.

Urinary Bladder: Distended, No luminal or wall abnormality noted.

Prostate:

Normal in size. Shows homogenous parenchymal echotexture. No

evidence of any mass lesion.

Others:

No free fluid in the peritoneal cavity.

IMPRESSION:

> Hepatomegaly with grade II fatty infiltration.

Dr. JACOB PAUL, MBBS, DMRD (DNB)

Radiologist

Note: This is radiological opinion and not the final diagnosis. Ultrasound is limited by patient adiposity, bowel gas and correlate clinically and investigate further as needed.

Exam

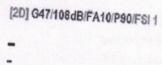
Name Birth Date Gender

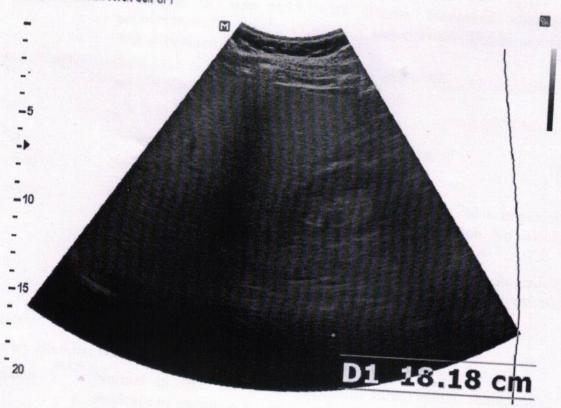
104 SHARATH

Exam Date Description Other Sonographer

Accession #

230320





[2D] G46/108dB/FA10/P90/FSI 1

