

## 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. ROHIT SINGH ASWAL aged ,30yr. 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: Dehradun

Date: 30/05/2024

Dr. Nitesh Kumar MBBS BCMR 47093 Name & Signature of

Medical officer



# ASHDEEP HOSPI



## Dr. ANIL PRAKASH

MBBS, MD - MEDICINE CONSULTANT PHYSICIAN REG. NO.:- UKMC-11637 (DIRECTOR)

Date: 30/05/2024

## A MULTISPECIALITY HOSPITAL AND TRAUMA CENTER (A Unit of Rajvin Medico Pvt. Ltd.)

BP 110/70 mmly

OPD No: OPDN3431

OPD Checkup ID: OCID3441

**UHID No: 2915** 

**Patient Name** 

Phone

MR. ROHIT SINGH ASWAL

Age

30 Year

PR 64 61m

9027119886

Consultant Doctor Dr. ANIL PRAKASH[MEDICINE]

Address

HNO. 280, ESTATE BANJARAWALA,

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Departments

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MEDICINE

GEN. SURGERY

OBS. & GYNAE

ORTHOPAEDICS

ENT

OPHTHALMOLOGY

NEUROSURGERY

PHYSIOTHERAPY

DENTIST

Chest May - (N) Skroppun

**EMERGENCY PATHOLOGY** DIGITAL DIALYSIS ICU, NICU CT-SCAN ULTRASOUND 24X7 LAB. X-RAY

Saharanpur Road, Niranjan Pur, Majra, Near Indian Bank, Dehradun-248001, Uttarakhand Contact: 0135-3568401, 7505327188, 9997144108 E-mail: prakashdeephospitalddn@gmail.com Website: www.prakashdeephospital.com

Patient Name : Mr. Rohit Singh A	swal	Reg No.	13
Age/Sex : 31 Yrs. / Male	-	Date	30/05/2024
Referred By : Dr.Anil Prakash M	M.D. Medicine.	Reported On	30/05/2024
REPORT	RESULTS	UNITS	REFRANGE
	HAEMATOLOGY		
HAEMOGLOBIN	14.9	gm%	13.5 - 17.5
rlc	6800	/Cu mm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT			E.
Neutrophils	55	%.	50-70
Lymphocytes	40	%.	25-40
Eosinophils	02	%.	1-4
Monocytes	03	%.	3-8
Imature Cells	00	%.	
ESR (Wsetergren`s)	ULTISPEC <mark>13</mark> LITY HOSPIT	mm/1st hr	0.0 - 15.0
R.B.C. COUNT	5.00	million/cu mm	4.5 - 6.5
PLATELET COUNT	2.20	lacs/cumm	1.5 - 4.5
P.C.V./ HAEMATOCRIT	44.6	%.	26 - 50
MCV	89.2	fL	80 - 94
мсн	29.8	pg	27 - 32
мснс	33.4	g/dl	30 - 35
RDW - CD	41.2	fL	37 - 54
Fig. 19 (2.10-15)	BIOCHEMISTR	<u>Y</u>	
\$LIVER FUNCTION TEST			
S. BILIRUBIN(TOTAL)	0.52	mg/dL.	0.2 - 1.1
DIRECT	0.27	mg/dL.	0.1 - 0.6
INDIRECT	0.25	mg/dL.	0.1 - 0.4
S.G.O.T.	25.6	U/L	05 - 40
S.G.P.T.	22.8	U/L	05 - 40
TOTAL PROTEINS	6.94	Gm/dL.	6.0 - 8.5
ALBUMIN	4.18	Gm/dL.	3.5 - 5.0
GLOBULIN	2.76	Gm/dL.	2.8 - 4.5

1.51

Saharanpur Road, Niranjanpur, Majra, Near Indian Bank, Dehradun-248001, Uttarakhand

A: GRATIO

Contact: 0135-3568401, 7505327188, 9997144108 E-mail: prakashdeephospitalddn@gmail.com Website: www.prakashdeephospital.com

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Patient Name       : Mr. Rohit Singh Aswal       Reg No.       : 13         Age/Sex       : 31 Yrs. / Male       Date       : 30/05/2024         Referred By       : Dr.Anil Prakash M.D. Medicine.       Reported On       : 30/05/2024         REPORT       RESULTS       UNITS       REFRANGE         \$Kidney Funtion Test       BLOOD UREA       28.1       mg / dl       15-45         SERUM CREATININE       0.81       mg/dL.       0.7 - 1.4         SERUM SODIUM (Na)       140.9       m Eq/litre.       135 - 155         SERUM POTASSIUM (K)       4.28       m Eq/litre.       3.5 - 5.5         SERUM CALCIUM       9.53       mg/dl       8.5 - 10.5         SERUM URIC ACID       4.39       mg/dL.       3.4 - 7.00	The second second				
Referred By         Dr.Anil Prakash M.D. Medicine.         Reported On         : 30/05/2024           REPORT         RESULTS         UNITS         REFRANGE           \$Kidney Funtion Test         \$Kidney Funtion Test         \$mg / dl         15-45           SERUM CREATININE         0.81         mg/dL.         0.7 - 1.4           SERUM SODIUM (Na)         140.9         m Eq/litre.         135 - 155           SERUM POTASSIUM (K)         4.28         m Eq/litre.         3.5 - 5.5           SERUM CALCIUM         9.53         mg/dl         8.5 - 10.5	Patient Name	: Mr. Rohit Singh	Aswal	Reg No.	: 13
REPORT         RESULTS         UNITS         REFRANGE           \$Kidney Funtion Test         \$EQUAL SERUM CREATININE         \$28.1         \$mg / dl	Age/Sex	: 31 Yrs. / Male		Date	: 30/05/2024
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And the second s	SERUM POTASSI	UM (K)	4.28	m Eq/litre.	3.5 - 5.5
SERUM URIC ACID 4.39 mg/dL. 3.4 - 7.00	SERUM CALCIUM	ļ	9.53	mg/dl	8.5 - 10.5
	SERUM URIC ACT	ID	4.39	mg/dL.	3.4 - 7.00



SERUM PROTEINS





Saharanpur Road, Niranjanpur, Majra, Near Indian Bank, Dehradun-248001, Uttarakhand Contact: 0135-3568401, 7505327188, 9997144108 E-mail: prakashdeephospitalddn@gmail.com Website: www.prakashdeephospital.com

Patient Name : Mr. Rohit Singh Aswal	Reg No.	: 13
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Age/Sex : 31 Yrs. / Male Date : 30/05/2024

Referred By : Dr.Anil Prakash M.D. Medicine. Reported On : 30/05/2024

REPORT	RESULTS	UNITS	REFRANGE
STATE OF THE STATE	PROFILE		
\$LIPID PROFILE			
SERUM CHOLESTEROL	175.9	mg/dl	120-220
SERUM HDL CHOLESTEROL (DIRECT)	39.8	mg/dl	30 - 64
SERUM TRIGYCERIDE	147.6	mg/dl	70 - 170
SERUM VLDL CHOLESTROL	29.52	mg/dl	0-40
SERUM LDL CHOLESTROL (DIRECT)	106. <mark>5</mark> 8	mg/dl	100 - 150
SERUM TOTAL/HDL CHOLESTEROL	4.42	ratio	0- 5:1
SERUM LDL/HDL	2.68	ratio	0-3.55

Low levels of HDL-CHOLESTEROL are associated with increased risk of ATHEROSCLEROTIC DISEASE of Coronary arteries.

High TRIGLYCERIDES levels may be associated with Obesity, Fast less than 12

hours, Diabetes and Alcohal intake.

NOTE : Lipid Profile RANGES AS PER NCEP-ATP III are:

Serum cholesterol (Total):
Desirable : < 200 mg/dl
Borderline : 200 - 239 mg/dl
Elevated : >/= 240 mg/dl

Serum high density lipoprotein cholesterol (HDL):

mg/dl

Borderline: 40- 60 mg/dll Elevated: 40 mg/dl Total cholesterol: HDL cholesterol ratio: Low risk: 3.3-4.4 Average risk: 4.4-7.1 Moderate risk: 7.1-11.0 High risk: >11.0

Desirable : > 60

High risk : >11.0 Serum low density lipoprotein (LDL) cholesterol:

Desirable : 100 mg/dl
Borderline : 100- 159 mg/dll
Elevated : >= 160 mg/dl

Triglycerides :

Desirable : 150 mg/dl
Rorderline : 150- 199 mg/dl
High : 200 - 499 mg/dl
Very High : >/= 500 mg/dl

As per the Friedwald Equation, VLDL & LDL values are not applicable for triglyceride values above 400

mg/dl.

#### <u>HAEMATOLOGY</u>

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\$

\$

**BLOOD GROUP** 

"A" POSITIVE

#### **BIOCHEMISTRY**

BLOOD SUGAR (F)

71.2

ma/d

60-110

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Patient Name

: Mr. Rohit Singh Aswal

Reg No.

: 13

Age/Sex

31 Yrs. / Male

Date

: 30/05/2024

Referred By

: Dr.Anil Prakash M.D. Medicine.

Reported On

30/05/2024

REPORT

RESULTS

UNITS

REF.-RANGE

BLOOD SUGAR P.P.

92.6

mg/dl

80 - 140

#### **URINE EXAMINATION**

PHYSICAL EXAMINATION

Volume

25

Colour

Pale Yellow

Absent

Absent

Sediment Transparancy

Clear

Clear

Specific Gravity

1.030

1.005 - 1.035

BIOCHEMICAL EXAMINATION

Reaction

Acidic

Protein

Nil

Nil

Nil

Sugar

Nil 6.5

5.0 - 7.5

Absent

Ketone Bodies

Absent

Absent

Blood

Absent

Leukocyte

Absent

Absent

Albumin

Absent

Nil

MICROSCOPIC EXAMINATION

Red Blood Cells

Nil

Nil

Pus cells

2-3 1-2 0-2

**Epithilial Cells** 

Crystal

Absent

0-2 Nil

Cast

Nil

Nil

Absent

Nil

Bacteria

--{End of Report}----

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# HOPE DIAGNOSTICS

## WHERE THERE IS HOPE, THERE IS LIFE

(A UNIT OF NPL)

Tagore Villa, Chakrata Road, Dehradun-248 001

Mobile: +91 8126498390

E-mail: hopediagnostics01@gmail.com

Reg No.

Patient Name

: 52,619.00

: Mr. ROHIT SINGH ASWAL

Referred By

: PRAKASHDEEP HOSPITAL

Date

: 30/05/2024

Age/Sex

: 31 Yrs. / MALE

Normal-Range

HOPE DIAGNOSTICS
WHERE THERE IS HOPE, THERE IS LIFE

Sample

: BLOOD

Investigation Result

200000

. DEGGE

REPORTS FROM THE DEPARTMENT OF BIOCHEMISTRY

Glycosylated Hemoglobin (GHb/HbA1c)

5.70

%

4.1 - 6.0

NORMAL RANGE: 4.0 - 5.6%

PREDIABETIC / DIABETIC ON MEDICATION CONTROL: 5.7 - 6.4%

DIABETIC: >6.4%

An HbA1c test measures the average amount of glucose attached to hemoglobin over the past three months.

HbA1c may be used to check for diabetes or prediabetes in adults.

prediabetes means you are at risk of getting diabetic.

If you already have diabetes, an HbA1c test can help monitor your condition ad glucose levels.

#### REPORT OF THYROID PANEL

Thyroid Profile		
Triiodothyronine (T3)	0.71	ng/mL ( 0.58- 1.62)
Thyroxine (T4)	4.19	ug/dL ( 5.0 - 14.5 )
TSH	2.792	uIU/mL (0.35 -5.1)

Poliyarka.

Dr.SOHIL NAKRA MBBS,DNB PATHOLOGY

Pathologist

For home sample collection Mob.: +91 8126498390 Note: Not for medico-legal purpose. Any discrepancy should be reported to lab.

Dane 1 of 2

# HOPE DIAGNOSTICS

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: 52,619.00

: Mr. ROHIT SINGH ASWAL

Patient Name Referred By

: PRAKASHDEEP HOSPITAL

Date

: 30/05/2024

Age/Sex

: 31 Yrs. / MALE

HOPE DIAGNOSTICS

Sample

: BLOOD

Investigation

Result

**Units** 

Normal-Range

NORMAL RANGE:

Premature babies (TSH is measured 3-4 days after birth): Between 0.8 to 6.9 uIU/mL.

Normal newborn infants (TSH measured 4 days after birth ): Between 1.3 to 16 uIU/mL.

Babies (1-11 months): 0.9 to 7.7 uIU/mL.

Kids (1 year till the onset of puberty): 0.6 to 5.5 ulU/mL.

ADULT: 0.35 - 5.1 uIU/mL.

TSH (Thyroid stimulating hormone) is a hormone secreted by the anterior pituitary. It is a recommended initial test for the screening and diagnosis of hyperthyroidism and hypothyroidism. It is especially useful in early or subclinical hypothyroidism before the patient develops clinical findings, goiter, or abnormalities of other thyroid tests.

Thyroxine (Total T4 Assay) is a hormone secreted by the thyroid gland which is predominantly bound to carrier protiens (99%). It is used in the diagnosis of hyperthyroidism when it is increased. It is found decreased in hypothyroidism and hypoproteinemia. It's values are not affected by non-thyroidal iodine.

Triiodothyronine (Total T3 Assay) is a hormone produced by the thyroid gland (20%) and also from the peripheral deiodination mechanism which converts T4 to T3. As T3 is physiologically more active it plays an important part in maintaing euthyroidism. It is used in T3 thyrotoxicosis, monitoring the course of perthyroidism.

Method: Chemilumminescence Immuno Assays.

INSTRUMENT: FULLY AUTOMATED IMMUNOANALYZER MINDRAY CL-9001

----{END OF REPORT}----

Lab Technicien

**Dr.SOHIL NAKRA** MBBS,DNB PATHOLOGY

**Pathologist** 

For home sample collection Mob.: +91 8126498390 Note: Not for medico-legal purpose.
Any discrepancy should be reported to lab.

\_ \_ \_

Patient Name:	ROHIT	Patient ID:	2915
Age:	30/YEARS	Sex:	MALE
Referring Physician:	DR. ANIL PRAKASH	Study Date:	May 30,2024

#### DIGITAL RADIOGRAPH CHEST PA VIEW

Lung fields are clear.

Both domes of diaphragm and CP angles are normal.

Both hila are normal.

No evidence of mediastinal shift is seen.

Cardiac size is normal.

All bony cage are normal.

A MILLISPECIALITY HOSPITAL AND TRAHMA CENTRI

IMPRESSION:

NORMAL STUDY.

AD:- Kindly Review with clinical findings.

Dr. Dinesh Pratap Singh

mulpratopingh

M.D. Radiodiagnosis

REG. NO. 49020

PLEASE CALL ON: 0522-4233465,7499161306. FOR MORE DETAILS ABOUT PATIENT. (ONLY DOCTORS)

The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate; hence, findings should always be interpreted in to the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico legal purposes.





