

**PATIENT NAME : ABHIRAM R**

**REF. DOCTOR : DR.SINDHU**

**CODE/NAME & ADDRESS :** CA00010147 -  
 MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED  
 F701A, LADO SARAI, NEW DELHI,SOUTH DELHI,  
 DELHI,  
 SOUTH DELHI 110030  
 8800465156

**ACCESSION NO :** **4177XB003159**  
**PATIENT ID :** ABHIM0807954177  
**CLIENT PATIENT ID:**  
**ABHA NO :**

**AGE/SEX :** 37 Years Male  
**DRAWN :**  
**RECEIVED :** 24/02/2024 09:11:52  
**REPORTED :** 24/02/2024 17:01:34

Test Report Status	Final	Results	Biological Reference Interval	Units
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**MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT**

**OPHTHAL**

OPHTHAL COMPLETED

**TREADMILL TEST**

TREADMILL TEST COMPLETED

**PHYSICAL EXAMINATION**

PHYSICAL EXAMINATION COMPLETED

**JINCY P J**  
**RADIOGRAPHER**



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**PERFORMED AT :**

DDRC AGILUS PATHLABS LIMITED  
 Room A1, Ground Floor, Sitaram Tejal,  
 Opp.110KV Substation, Ashwini Junction  
 TRICHUR, 680022  
 KERALA, INDIA  
 Tel : 93334 93334  
 Email : customercare.ddrc@agilus.in



**Patient Ref. No. 66600007977496**

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Results

Units

**MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT****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	4.8	Normal	: 4.0 -	%
		5.6%.		
		Non-diabetic level	: < 5.7%.	
		Diabetic	: >6.5%	

**Glycemic control goal**

More stringent goal : &lt; 6.5 %.

General goal : &lt; 7%.

Less stringent goal : &lt; 8%.

**Glycemic targets in CKD :-**

If eGFR &gt; 60 : &lt; 7%.

If eGFR &lt; 60 : 7 - 8.5%.

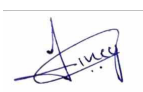
MEAN PLASMA GLUCOSE	91.1	< 116.0	mg/dL
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**ASWATHY E S**  
LAB TECHNOLOGIST



**DR. SINDHU GEORGE, MBBS, MD**  
(Reg No TCMC:28380)  
QUALITY MANAGER



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**BLOOD COUNTS,EDTA WHOLE BLOOD**

HEMOGLOBIN	14.3	13.0 - 17.0	g/dL
RED BLOOD CELL COUNT	5.09	4.5 - 5.5	mil/ $\mu$ L
WHITE BLOOD CELL COUNT	7.08	4.0 - 10.0	thou/ $\mu$ L
PLATELET COUNT	236	150 - 410	thou/ $\mu$ L

**RBC AND PLATELET INDICES**

HEMATOCRIT	43.6	40 - 50	%
MEAN CORPUSCULAR VOL	85.8	83 - 101	fL
MEAN CORPUSCULAR HGB.	28.2	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	32.9	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	12.2	11.6 - 14.0	%
MENTZER INDEX	16.9		
MEAN PLATELET VOLUME	7.1	6.8 - 10.9	fL

**WBC DIFFERENTIAL COUNT**

SEGMENTED NEUTROPHILS	62	40 - 80	%
LYMPHOCYTES	31	20 - 40	%
MONOCYTES	04	2 - 10	%
EOSINOPHILS	03	1 - 6	%
BASOPHILS	00	< 1 - 2	%
ABSOLUTE NEUTROPHIL COUNT	4.39	2.0 - 7.0	thou/ $\mu$ L
ABSOLUTE LYMPHOCYTE COUNT	2.19	1 - 3	thou/ $\mu$ L
ABSOLUTE MONOCYTE COUNT	0.28	0.20 - 1.00	thou/ $\mu$ L
ABSOLUTE EOSINOPHIL COUNT	0.21	0.02 - 0.50	thou/ $\mu$ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	2.1		

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**ERYTHROCYTE SEDIMENTATION RATE (ESR),EDTA BLOOD**

SEDIMENTATION RATE (ESR)	<b>17 High</b>	0 - 14	mm at 1 hr
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**SUGAR URINE - POST PRANDIAL**

SUGAR URINE - POST PRANDIAL	NOT DETECTED	NOT DETECTED
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**SUGAR URINE - FASTING**

SUGAR URINE - FASTING	NOT DETECTED	NOT DETECTED
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**IMMUNOHAEMATOLOGY****MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT****ABO GROUP & RH TYPE, EDTA WHOLE BLOOD**

ABO GROUP	TYPE O
RH TYPE	POSITIVE

&lt;b&gt;Interpretation(s)&lt;/b&gt;

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**


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**MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT****BUN/CREAT RATIO**

BUN/CREAT RATIO	14.7	5.00 - 15.00	
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**CREATININE, SERUM**

CREATININE	0.88	18 - 60 yrs : 0.9 - 1.3	mg/dL
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**GLUCOSE, POST-PRANDIAL, PLASMA**

GLUCOSE, POST-PRANDIAL, PLASMA	94	Diabetes Mellitus : > or = 200. Impaired Glucose tolerance/ Prediabetes : 140 - 199. Hypoglycemia : < 55.	mg/dL
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**GLUCOSE FASTING,FLUORIDE PLASMA**

FBS (FASTING BLOOD SUGAR)	92	Diabetes Mellitus : > or = 126. Impaired fasting Glucose/ Prediabetes : 101 - 125. Hypoglycemia : < 55.	mg/dL
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**LIVER FUNCTION TEST WITH GGT**

BILIRUBIN, TOTAL	1.72	General Range : < 1.1	mg/dL
BILIRUBIN, DIRECT	<b>0.41 High</b>	General Range : < 0.3	mg/dL
BILIRUBIN, INDIRECT	<b>1.31 High</b>	0.00 - 1.00	mg/dL
TOTAL PROTEIN	7.0	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	5.0	20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	2.0	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO	<b>2.5 High</b>	1.0 - 2.0	RATIO



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ASPARTATE AMINOTRANSFERASE (AST/SGOT)	33	Adults : < 40	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	49	Adults : < 45	U/L
ALKALINE PHOSPHATASE	103	Adult(<60yrs) : 40 - 130	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	<b>71 High</b>	Adult (male) : < 60	U/L

**TOTAL PROTEIN, SERUM**

TOTAL PROTEIN	7.0	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
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**URIC ACID, SERUM**

URIC ACID	6.8	Adults : 3.4-7	mg/dL
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**BLOOD UREA NITROGEN (BUN), SERUM**

BLOOD UREA NITROGEN	13	Adult(<60 yrs) : 6 to 20	mg/dL
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**BIOCHEMISTRY - LIPID****MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT****LIPID PROFILE, SERUM**

CHOLESTEROL	<b>278 High</b>	Desirable : < 200 Borderline : 200-239 High : >or= 240	mg/dL
TRIGLYCERIDES	<b>186 High</b>	Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL
HDL CHOLESTEROL	51	General range : 40-60	mg/dL



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LDL CHOLESTEROL, DIRECT		<b>221 High</b> Optimum : < 100 Above Optimum : 100-129 Borderline High : 130-159 High : 160-189 Very High : >or= 190	mg/dL
NON HDL CHOLESTEROL		<b>227 High</b> 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 CHOL/HDL RATIO		<b>37.2 High</b> < or = 30.0	mg/dL
LDL/HDL RATIO		<b>5.5 High</b> 3.30 - 4.40	
		<b>4.3 High</b> 0.5 - 3.0	

**SPECIALISED CHEMISTRY - HORMONE**

**MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT**

**THYROID PANEL, SERUM**

T3	99.34	20-50 yrs : 60-181	ng/dL
T4	7.40	3.2 - 12.6	µg/dl
TSH 3RD GENERATION	3.390	18-49 yrs : 0.4-4.2	µIU/mL

**CLINICAL PATH - URINALYSIS**

**MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT**

**PHYSICAL EXAMINATION, URINE**

COLOR	PALE YELLOW
APPEARANCE	CLEAR

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**SYALMA P THOMAS**  
**LAB TECHNOLOGIST**

**ASWATHY E S**  
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**CHEMICAL EXAMINATION, URINE**

PH	6.0	4.7 - 7.5
SPECIFIC GRAVITY	1.030	1.003 - 1.035
PROTEIN	NOT DETECTED	NOT DETECTED
GLUCOSE	NOT DETECTED	NOT DETECTED
KETONES	NOT DETECTED	NOT DETECTED
BLOOD	NOT DETECTED	NOT DETECTED
BILIRUBIN	NOT DETECTED	NOT DETECTED
UROBILINOGEN	NORMAL	NORMAL
NITRITE	NOT DETECTED	NOT DETECTED

**MICROSCOPIC EXAMINATION, URINE**

RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
WBC	2-3	0-5	/HPF
EPITHELIAL CELLS	1-2	0-5	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	DETECTED (OCCASIONAL)	NOT DETECTED	

**CLINICAL PATH - STOOL ANALYSIS**

**MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT**

**PHYSICAL EXAMINATION,STOOL**

COLOUR	BROWN
CONSISTENCY	SEMI FORMED
MUCUS	NOT DETECTED

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VISIBLE BLOOD	ABSENT	ABSENT	
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**MICROSCOPIC EXAMINATION,STOOL**

PUS CELLS	0-1		/hpf
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
CYSTS	NOT DETECTED	NOT DETECTED	
OVA	NOT DETECTED		

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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.

1. Name of the examinee	:	Mr./Mrs./Ms. <b>ABHIRAM</b>
2. Mark of Identification	:	(Mole/Scar/any other (specify location)): <b>Tip of nose</b>
3. Age/Date of Birth	:	<b>37, 10-5-1986</b> Gender: <b>F/M</b>
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

### PHYSICAL DETAILS:

a. Height <b>177</b> (cms)	b. Weight <b>75</b> (Kgs)	c. Girth of Abdomen <b>85</b> (cms)
d. Pulse Rate <b>56</b> (/Min)	e. Blood Pressure:	Systolic Diastolic
	1 <sup>st</sup> Reading	<b>120 70</b>
	2 <sup>nd</sup> Reading	<b>120 70</b>

### FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	<b>72</b>	<b>Good</b>	
Mother	<b>62</b>	<b>Good</b>	
Brother(s)	<b>40</b>	<b>Good T1DM</b>	
Sister(s)			

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

Tobacco in any form	Sedative	Alcohol
<b>No</b>	<b>No</b>	<b>No</b>

### 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>Y/N</b> | c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? <b>Y/N</b> |
| b. Have you undergone/been advised any surgical procedure? <b>Y/N</b>                                                                               | d. Have you lost or gained weight in past 12 months? <b>Y/N</b>                                                                       |

### Have you ever suffered from any of the following?

- |                                                                                      |                                                                                     |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| • Psychological Disorders or any kind of disorders of the Nervous System? <b>Y/N</b> | • Any disorder of Gastrointestinal System? <b>Y/N</b>                               |
| • Any disorders of Respiratory system? <b>Y/N</b>                                    | • Unexplained recurrent or persistent fever, and/or weight loss <b>Y/N</b>          |
| • Any Cardiac or Circulatory Disorders? <b>Y/N</b>                                   | • Have you been tested for HIV/HBsAg / HCV before? If yes attach reports <b>Y/N</b> |
| • Enlarged glands or any form of Cancer/Tumour? <b>Y/N</b>                           | • Are you presently taking medication of any kind? <b>Y/N</b>                       |
| • Any Musculoskeletal disorder? <b>Y/N</b>                                           |                                                                                     |

• Any disorders of Urinary System?

Y/N

• Any disorder of the Eyes, Ears, Nose, Throat or Mouth & Skin

Y/N

Hb sinusitis

**FOR FEMALE CANDIDATES ONLY**

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)

Y/N

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc

Y/N

c. Do you suspect any disease of Uterus, Cervix or Ovaries?

Y/N

f. Are you now pregnant? If yes, how many months?

Y/N

**CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER**

➤ Was the examinee co-operative?

Y/N

➤ Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job?

Y/N

➤ Are there any points on which you suggest further information be obtained?

Y/N

➤ Based on your clinical impression, please provide your suggestions and recommendations below;

USG - Grade I fatty infiltration of liver. Dyslipidemia  
Candidate follow up & Diet control + exercise suggested

➤ Do you think he/she is MEDICALLY FIT or UNFIT for employment.

FIT

**MEDICAL EXAMINER'S DECLARATION**

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

*Signature*

Seal of Medical Examiner :

Dr. SINDHU GEORGE  
MBBS, MD (Biochemistry)  
Reg. No: 28380  
Consultant Biochemist

Name & Seal of DDRC SRL Branch :



Date & Time :

**DDRC agilus Pathlabs Limited.**

Corp. Office : Express House, Second Floor, Opp. Pothys Silks, Banerjee Road, Kaloore -682017

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



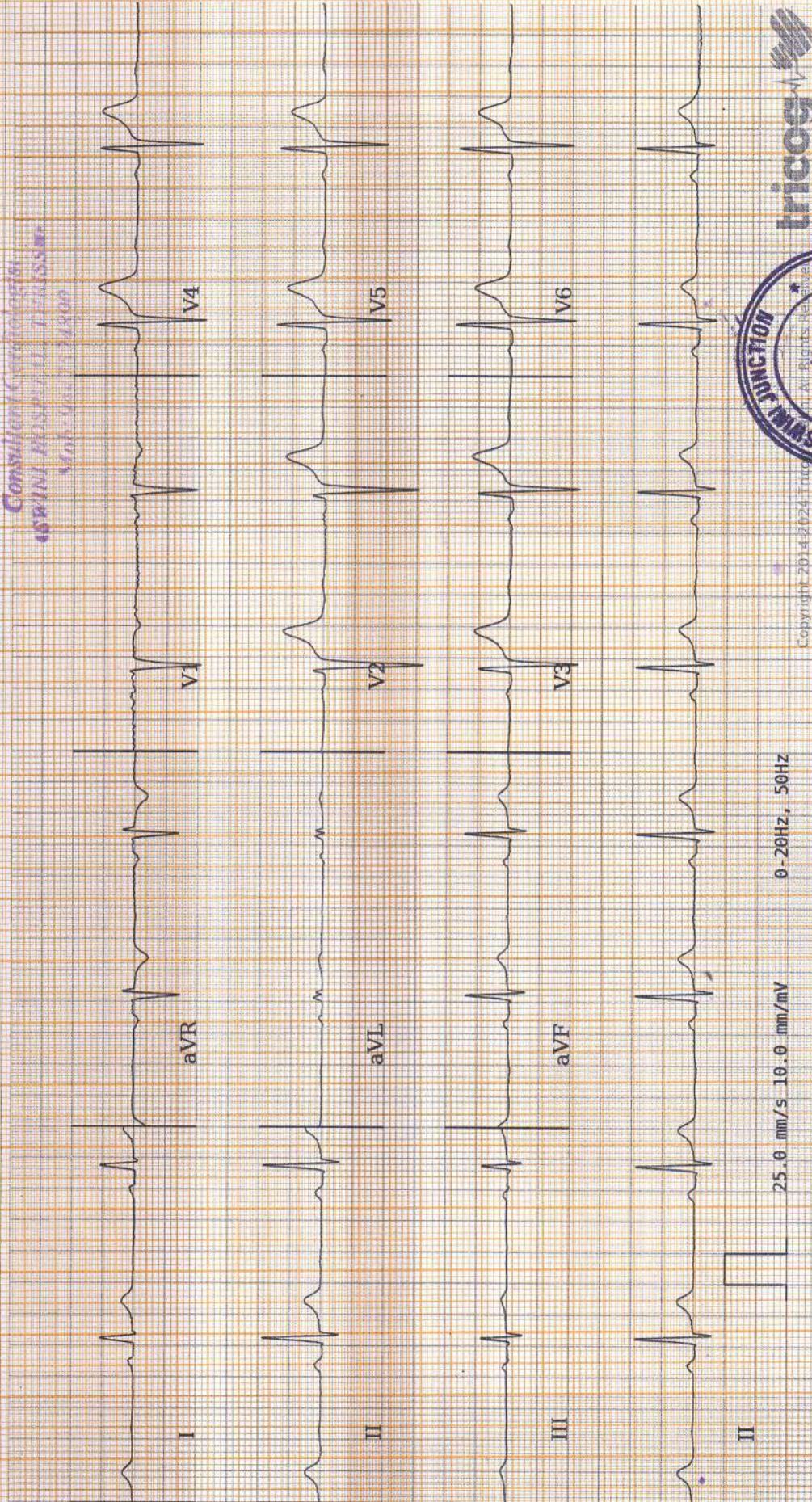
**DDRC Agilus thrissur**

Age / Gender: 38/Male  
Patient ID: xb3159  
Patient Name: Abhiram r

Date and Time: 24th Feb 24 9:58 AM

*cy sinus brady cardia*  
*e slowly wnl*  
**Dr. PRAMOD. V. K**  
**MD (Medicine), DM (Card)**

Reg. No: 27265  
Consultant Cardiologist  
ASPMI #1137711, Thrissur  
Mob: 9847334300



AR: 55bpm VR: 55bpm QRS: 100ms QT: 376ms QTcB: 359.99ms  
PR-T: 50° ST-T: 51° 49'

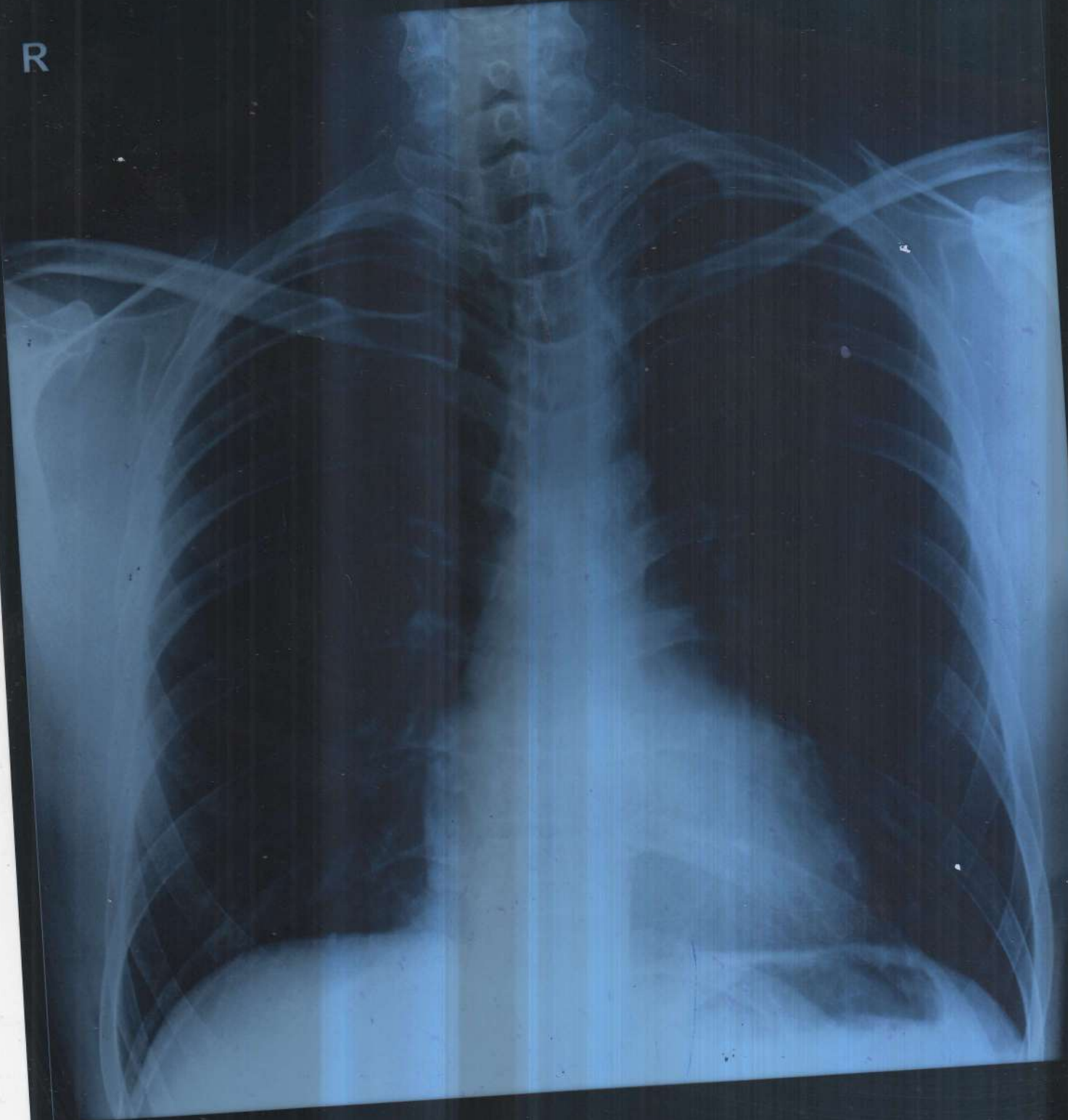
**Sinus Bradycardia. Please correlate clinically.**

REPORTED BY



Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

R



ABHIRAM R 37Y/M XB3159

CHEST-PA 24-Feb-24 10:03 AM

DDRC AGILUS, THRISSUR. PH9446425900

**Name: ABHIRAM R****Date: 24.02.2024****Age/Sex: 37 Y /MALE****CHEST X-RAY (PA View):**

Trachea is central.

Cardiac shadow appears normal in size and configuration.

Both lung fields are clear.

Bilateral costophrenic and cardiophrenic angles are clear.

No focal consolidation, effusion, pulmonary edema or pneumothorax.

Both hila appear normal.

Bony thorax and soft tissues are unremarkable.

**IMPRESSION:**

- No significant abnormality detected.



**DR. BHARATH CHANDRAN G.**  
**MBBS, MD-REG NO: 53107(TCMC)**  
**CONSULTANT RADIOLOGIST**

**Dr. BHARATH CHANDRAN G**  
**MBBS, MD**  
**CONSULTANT RADIOLOGIST**  
**Reg. No. : 53107 (TCMC)**



**VISION CERTIFICATE**

This is to certify that.....ABHIRAM R. 36/m.....has been  
examined and results are as follows

	<b>Right Eye</b>	<b>Left Eye</b>
Distant Vision	: 5/60 → [-1.00DS   2.25x90] 6/6	6/36 → [-1.00DS   -1.00x50] 6/6
Near vision	: 2/6	2/6
IOP(Intra ocular pressure)	: 14 mmHg	13 mmHg
Anterior segment	: Normal	Normal
Fundus	: Normal	Normal
Squint	: Nil	Nil
Colour Vision	: Normal	Normal

Doctor's Signature

Dr. SURYA SURENDRAN  
MBBS/DO  
Reg. No: 38632

Place : THRISSUR  
Date : 24/2/2024



<b>Patient Name: Mr. ABHIRAM R</b>	<b>Age: 37 Y</b>	<b>Sex: Male</b>
<b>Ref. Consultant :</b>	<b>AC No: 4177XB003156</b>	<b>Date: 24.02.2024</b>
<b>Clinical details: Health check up</b>		

### USG ABDOMEN AND PELVIS

**Liver measures 15.3 cm, normal in size and fatty in echotexture.** No focal lesions seen. PV and CBD are normal in course and calibre. No dilatation of intrahepatic biliary radicals seen. Subphrenic spaces are normal.

Gall bladder is distended and appears normal.

Spleen measures 10.3 cm, normal in size and echotexture. No focal or diffuse lesions seen.

Pancreas head normal, body and tail is obscured.

Right kidney measures 10.1 x 3.9 cm. Normal in size and cortical echogenicity. Cortico medullary differentiation is maintained. No calculus or mass seen. No dilatation of pelvicalyceal system.

Left kidney measures 10.6 x 5.2 cm. Normal in size and cortical echogenicity. Cortico medullary differentiation is maintained. No calculus or mass seen. No dilatation of pelvicalyceal system.

Urinary bladder is distended. Wall appears normal. No calculus or mass seen.

Prostate measures 13.2 cc, normal

No ascites. Upper para aortic area normal. No significant bowel wall thickening noted.

### IMPRESSION

➤ **Grade I fatty infiltration of liver.**

**DR. BHARATH CHANDRAN G.**  
**MBBS, MD-REG NO: 53107 (TCMC)**  
**CONSULTANT RADIOLOGIST**

*Thanks for your referral. Ultrasound reports need not be fully accurate. It has to be correlated clinically and with relevant investigations.*

**Dr. BHARATH CHANDRAN G**  
**MBBS, MD**  
**CONSULTANT RADIOLOGIST**  
**Reg. No. : 53107 (TCMC)**





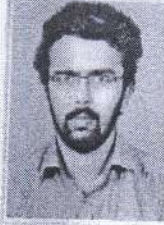


ഇന്ത്യൻ തിരഞ്ഞെടുപ്പ് കമ്മീഷൻ

ELECTION COMMISSION OF INDIA



DLL1863398



പേര്: അമിരം ആർ

Name: Abhiram R

പിതാവിന്റെ പേര്: രാമചന്ദ്രൻ

Father's Name: Ramachandran

ലിംഗം / Gender: പുരുഷൻ / Male

ജനന തീയതി / വയസ്സ്:

Date of Birth / Age: 37



e-Electors Photo Identity Card - ഇ-ഇലക്ടർ ഫോട്ടോ ഐഡൻറി കാർഡ്



ABHIRAM R

Abh

9995817971