

## MER-MEDICAL EXAMINATION REPORT

Date of Examination	29	16/24	
NAME ^	Asif m	. Shaikh.	
AGE	27485	Gender: Male	
HEIGHT(cm)	178cm	WEIGHT(kg):101K	BMI: 31.9
B.P.		90 mm Hq	<u> </u>
ECG	Repo		
X Ray	Repor		N.
		Left Eye	Right Eye
Vision Checkup:	Distance Vision:	616	616
/	Near Vision:	616	616
///	Color Vision:	Normal	
ENT / Audiometry Checkup	$\wedge \wedge \wedge \wedge \wedge$		
Present Ailments	ME	1	
Details of Past ailments (If Any)	NU	1	7
Comments / Advice : She /He is Physically Fit		ysically F	it for wor
	The Walter	195164119/1-	1+ +08 max
· Ho	Wiston		

Dr. Jai B. Raisinghani

Signature with Starrip of Medical Examiner

Kalyan: Ground Floor, Sai Vinayak Darshan Building, Opp Chetna School, Malang Gad Road, Kalyan East, Maharashtra - 421 306.

Contact: 96197 91666 / 98209 81915 Email : info@knahealthcare.com Pune: Block No. 9, First Floor, Above Laxini Sweet

Mart, 335, Rasta Peth, Pune - 411011 Contact: 020 2997 2669 / 99708 24521 Email: rppune@knahealthcare.com





## भारत सरकार Government of India

# भारतीय विशिष्ट ओळख प्राधिकरण Unique Identification Authority of India

नोदविण्याचा क्रमांक / Enrollment No.: 0000/00191/17677

Asif Mehraj Shaikh आसीफ मेहराज शेख S/O Mehraj Shaikh, 02 RAJU NIWAS A WING WAMAN NAGAR, GOGORASWADI, NEAR SWAYAMVAR HALL, DOMBIVALI EAST VTC: Kalyan, PO: Thakurli,

District: Thane,

State: Maharashtra, PIN Code: 421201.

Mobile: 9769196756



Keg. 110. 53381 (MCI) Inedentales B. B. Selenghan 18. D. Card. Jal B. O. M. Cardiologist A. Cardiolo Chineal Cardiologist

आपला आधार क्रमांक / Your Aadhaar No. :

7842 8851 7084

माझे आधार, माझी ओळख

Dr. Jai B. Raisinghani M.D. B. Card. Clinical Cardiologist Reg. No. 29981 (MCI)





आसीफ मेहराज शेख Asif Mehraj Shaikh ਕਰਸ ਗਰੈਬ / DOB: 22/09/1996

7842 8851 7084

माझे आधार, माझी ओळख



Patient Name : Asif Shaikh Patient ID : AHCN-34025062401000

Age/Sex : 27 Years /Male Register Date : 29 Jun, 2024

Ref. By : Apollo Health - Arcofemi - Mediwheel Reported Date : 29 Jun, 2024

#### **CBC** with ESR

Investigation	Observed Value	Biological Reference Interval	Unit
Hemoglobin (Hb)	15.2	13 - 17	g/dL
Hemoglobin %	89.41	0-100	
Total RBC Count	5:17	4.5 - 5.5	mill/cumm
Packed Cell Volume (PCV)	43.7	40.7 - 50.3	%
Mean Corpuscular Volume(MCV)	84.53	78.2 - 97.90	fL
Mean Corpuscular Hemoglobin (MCH)	29.40	27 - 33	pg/cell
Mean Corpuscular Hemoglobin Concentration (MCHC)	34.78	33 - 36	g/dL
Hematocrit Value (Hct)	/43.7	40 - 50	%
Red cell Distribution Width (RDW)	14/	11.5 - 14	% /
Total WBC Count	8001 / / / /	4000 - 11000	crimim
Neutrophils	60 / / \ \ \ / /	40-70	%
Lymphocytes	33 / /	20 - 40	
Eosinophils	03 //	1-4	%
Monocytes	04	1-6	%
Basophils	00	0-1	%
Platelet Count	208000	150000 - 450000	/cumm
Erythrocyte Sedimentation Rate (ESR)	8	0 - 22	mm/hr
			¥



**Dr. S N Tripathi** M.D. (Path) Reg No. 2000/04/1994

The above result relate only to the specimens received and tested in laboratory and should be always correlate with clinical findings and other laboratory markers.

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#### **HEALTHY BODY .. HEALTHY MIND**

Patient Name : Asif Shaikh Patient ID : AHCN-34025062401000

Age/Sex : 27 Years /Male : 29 Jun, 2024

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Investigation Observed Biological Reference Unit

### Indirect, Direct & Total Bilirubin

Indirect, Direct & Total Bilirubir			
Indirect Bilirubin	0.46	0.2 - 0.8	mg/dL
Direct Bilirubin	0.27	0 - 0.3	mg/dL
Total Bilirubin	0.73	0 - 2.0	mg/dL

Total Bilirubin	0.13		W. amas	
	Fasting Glucos	e And Post Pra	ndial Glucose	
Fasting Blood Glucose	91.19		70 - 110	mg/dL
Fasting Urine Glucose	Absent			
Fasting Urine ketone	Absent			
Post Prandial Blood Glucose	98.48	$\rightarrow \land \land$	70 - 140	mg/d/L
Post Prandial Urine Glucose	// SNR / [			
Post Prandial Urine-ketone	SNR	\\/\\\		7
		SGPT (ALT)		
SGPT (ALT)	. 50.7	High	00 - 40	U/L
Interpretation		V		*

SGPT exists predominantly in the liver and leaks into the bloodstream when produced in excess. The SGPT normal range is about 0 - 28 units per liter of blood serum. Thus, very high level of SGPT in the blood can be an indication of damage or problems related to the liver.

	Serum C	Creatinine	7
Serum Creatinine	0.79	0.60 - 1.40	mg/dL
BUN / Creatinine Ratio	BUN / Crea	atinine Ratio	

\*\*\*\*\*END OF REPORT\*\*\*\*



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Age/Sex

: 27 Years /Male

Register Date

: 29 Jun. 2024

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: Apollo Health - Arcofemi - Mediwheel

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: 29 Jun, 2024

Observed

**Biological Reference** 

Investigation

Value

Interval

Unit

#### **BLOOD GROUP, ABO & RH TYPING**

## **Blood Group, ABO & RH Typing**

**ABO Group** 

0

**RH Factor** 

Positive

The test to determine your blood group is called ABO typing. Your blood sample is mixed with antibodies against type A and B blood. Then, the sample is checked to see whether or not the blood cells stick together. If blood cells stick together, it means the blood reacted with one of the antibodies.

Rhesus (Rh) factor is an inherited protein found on the surface of red blood cells. If your blood has the protein, you're Rh positive. If your blood lacks the protein, you're Rh negative.

\*\*\*\*\*END OF REPORT

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#### **Urine Examination Routine**

#### **Urine Examination Routine**

Investigation	Observed Value	Biological Reference Interval	Unit
Quantity	20ml		ml ·
Appearance	`clear	/ · · · · · · · · · · · · · · · · · · ·	
Colour	Pale yellow		
РН	6.5	5.0 - 8.0	
Specific Gravity	/1.005	1.005 - 1.030	
Proteins	Absent		
Glucose /	Absent		
Ketones	Absent		
Bilirubin	Absent		
Urobilinogen	Absent / \/		
Leucocyte Esterase	Absent		
Nitrite	Absent		
Occult Blood	Absent	. \	
R.B.C.	Absent		
Pus Cells	2-1	0-5	WBC / hpf
Epithelial Cells	0-1	0-2	/hpf
Casts	Absent	0-0	/lpf
Crystals	Absent		18 T
Amorphous Material	Absent		
Bacteria	Absent		



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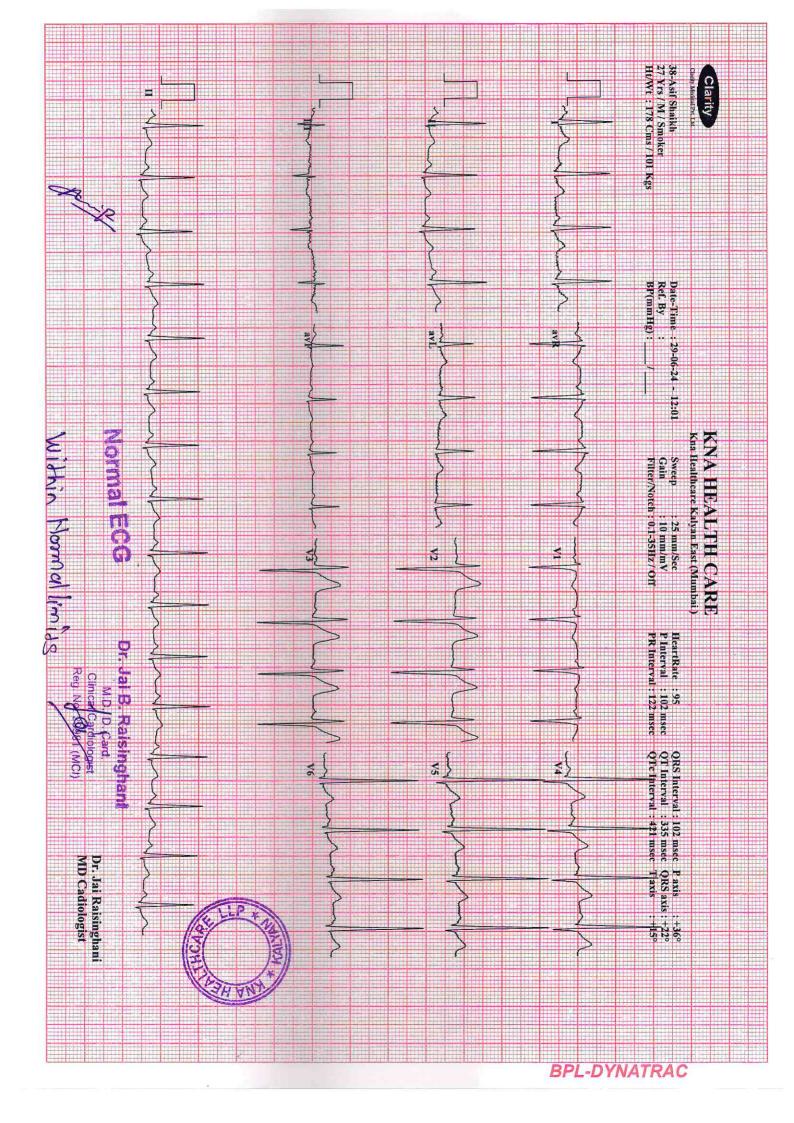
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# Dr. Abhishek Singh

MBBS, DMRE, FMF (Mumbai)

Consultant Radiologist & Sonologist

Previous post in

Previous post in 1) Krishna Scan (Chennai) 2) Premier Scan (Kerala) 3) Bhabha Atomic Research Centre (Chembur, Mumbai) 4) Lokmanya Tilak Hospital (Sion, Mumbai) 5) Maharishi Valmiki Hospital (Delhi)

Name of patient : ASIF SHAIKH	Age/Sex: 27Years/MALE
-	Date: 29/06/2024

# RADIOGRAPH OF CHEST PA VIEW

Both the lung fields are clear.

The broncho vascular markings are appears normal.

The hilar shadows are appears normal.

Both Cardiophrenic and Costophrenic angles are clear.

The Cardiac silhoutte is within normal limits.

Aortic shadow is normal.

Both domes of diaphragms are normal.

The visualised bony thorax is normal.

CONCLUSION: No Active Pulmonary Parenchymal Lesion is seen.

DR ABHISHEK SINGH,

MBBS DMRE FMF CONSULTANT RADIOLOGIST

