



Name	: MR.SOMARAM DEEPAK	TID/SID	: UMR1609365/ 27707283
Age / Gender	: 27 Years / Male	Registered on	: 04-Jun-2024 / 09:07 AM
Ref.By	: SELF	Collected on	: 04-Jun-2024 / 09:19 AM
Req.No	: BIL4327252	Reported on	: 04-Jun-2024 / 12:32 PM
		Reference	: Arcofemi Health Care Ltd -

**TEST REPORT**

**DEPARTMENT OF CLINICAL PATHOLOGY**

**Complete Urine Examination (CUE), Urine**

Investigation	Result	Biological Reference Intervals
<b>Physical Examination</b>		
Colour Method:Physical	Yellow	Straw to Yellow
Appearance Method:Physical	Clear	Clear
<b>Chemical Examination</b>		
Reaction and pH Method:Indicator	Acidic (5.0)	4.6-8.0
Specific gravity Method:Refractometry	1.023	1.000-1.035
Protein Method:Protein Error of pH indicators	Negative	Negative
Glucose Method:Glucose oxidase/Peroxidase	Negative	Negative
Blood Method:Peroxidase	Negative	Negative
Ketones Method:Sodium Nitroprusside	Negative	Negative
Bilirubin Method:Diazonium salt	Negative	Negative
Leucocytes Method:Esterase reaction	Negative	Negative
Nitrites Method:Modified Griess reaction	Negative	Negative
Urobilinogen Method:Diazonium salt	Negative	Up to 1.0 mg/dl (Negative)
<b>Microscopic Examination</b>		
Pus cells (leukocytes) Method:Flow Digital Imaging/Microscopy	1-2	2 - 3 /hpf
Epithelial cells Method:Flow Digital Imaging/Microscopy	1-2	2 - 5 /hpf
RBC (erythrocytes) Method:Flow Digital Imaging/Microscopy	Absent	Absent
Casts Method:Flow Digital Imaging/Microscopy	Absent	Occasional hyaline casts may be seen



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**TEST REPORT**

Crystals	Absent	Phosphate, oxalate, or urate crystals may be seen
Method:Flow Digital Imaging/Microscopy		
Others	Nil	Nil
Method:Flow Digital Imaging/Microscopy		

**Method: Semi Quantitative test ,For CUE**

**Reference:** Godkar Clinical Diagnosis and Management by Laboratory Methods, First South Asia edition. Product kit literature.

**Interpretation:**

The complete urinalysis provides a number of measurements which look for abnormalities in the urine. Abnormal results from this test can be indicative of a number of conditions including kidney disease, urinary tract infection or elevated levels of substances which the body is trying to remove through the urine . A urinalysis test can help identify potential health problems even when a person is asymptomatic. All the abnormal results are to be correlated clinically.

\* Sample processed at National Referral Laboratory,  
Tenet Diagnostics,Hyderabad

--- End Of Report ---



**Dr Shruti Reddy**  
Consultant Pathologist  
Reg No.TSMC/FMR/22656





Name : MR.SOMARAM DEEPAK TID/SID : UMR1609365/ 27707284  
Age / Gender : 27 Years / Male Registered on : 04-Jun-2024 / 09:07 AM  
Ref.By : SELF Collected on : 04-Jun-2024 / 09:19 AM  
Req.No : BIL4327252 Reported on : 04-Jun-2024 / 15:00 PM  
Reference : Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF HEMATOPATHOLOGY

Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	O
Rh Typing (D)	Positive
Method:Hemagglutination Tube Method by Forward & Reverse Grouping	

**Method:** Hemagglutination Tube Method by Forward & Reverse Grouping

**Reference:** Tulip kit literature

**Interpretation:** The ABO grouping and Rh typing test determines blood type grouping (A,B, AB, O ) and the Rh factor (positive or negative). A person's blood type is based on the presence or absence of certain antigens on the surface of their red blood cells and certain antibodies in the plasma. ABO antigens are poorly expressed at birth, increase gradually in strength and become fully expressed around 1 year of age. In case of Rh(D) - Du(weak positive) or Weak D positive, the individual must be considered as Rh positive as donor and Rh negative as recipient.

**Note:** Records of previous blood grouping/Rh typing not available. Please verify before transfusion.

\* Sample processed at National Referral Laboratory,  
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--- End Of Report ---



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		Reference	: Arcofemi Health Care Ltd -

**TEST REPORT**

**DEPARTMENT OF HEMATOPATHOLOGY**

**Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood**

Investigation	Observed Value	Biological Reference Intervals
ESR 1st Hour Method:Westergren/Vesmatic	<b>19</b>	<=10 mm/hour

**Complete Blood Count (CBC), EDTA Whole Blood**

Investigation	Observed Value	Biological Reference Intervals
Hemoglobin Method:Cyanide Free Lyse Hemoglobin	15.8	13.0-17.0 g/dL
PCV/HCT Method:Calculated	48.7	40.0-50.0 vol%
Total RBC Count Method:Electrical Impedance	5.48	4.50-5.50 mill /cu.mm
MCV Method:Calculated	88.7	83.0-101.0 fL
MCH Method:Calculated	28.8	27.0-32.0 pg
MCHC Method:Calculated	32.5	31.5-34.5 g/dL
RDW (CV) Method:Calculated	<b>14.1</b>	11.6-14.0 %
MPV Method:Calculated	9.7	7.0-10.0 fL
Total WBC Count Method:Electrical Impedance	6640	4000-10000 cells/cumm
Platelet Count Method:Electrical Impedance	2.15	1.50-4.10 lakhs/cumm
<b>Differential count</b>		
Neutrophils Method:Microscopy	66.7	40.0-80.0 %
Lymphocytes Method:Microscopy	22.2	20.0-40.0 %
Eosinophils	1.3	1.0-6.0 %
Monocytes	9.5	2.0-10.0 %
Basophils Method:Microscopy	0.3	< 1.0-2.0 %



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**TEST REPORT**

Absolute Neutrophil Count	4429	2000-7000 cells/cumm
Method:Calculated		
Absolute Lymphocyte Count (ALC)	1474	1000-3000 cells/cumm
Absolute Eosinophil Count (AEC)	86	20-500 cells/cumm
Absolute Monocyte Count	631	200-1000 cells/cumm
Method:Calculated		
Absolute Basophil Count	20	20-100 cells/cumm
Method:Calculated		
Neutrophil - Lymphocyte Ratio(NLR)	3	0.78-3.53
Method:Calculated		

**Method:** Automated Hematology Cell Counter, Microscopy

**Reference:** Dacie and Lewis Practical Hematology, 12th Edition.  
Wallach's interpretation of diagnostic tests, Soth Asian Edition.

**Interpretation:** A Complete Blood Picture (CBP) is a screening test which can aid in the diagnosis of a variety of conditions and diseases such as anemia, leukemia, bleeding disorders and infections. This test is also useful in monitoring a person's reaction to treatment when a condition which affects blood cells has been diagnosed. All the abnormal results are to be correlated clinically.

**Note:** These results are generated by a fully automated hematology analyzer and the differential count is computed from a total of several thousands of cells. Therefore the differential count appears in decimalised numbers and may not add upto exactly 100. It may fall between 99 and 101.

\* Sample processed at National Referral Laboratory,  
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--- End Of Report ---

**Dr Shruti Reddy**  
Consultant Pathologist  
Reg No.TSMC/FMR/22656





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Req.No	: BIL4327252	Reported on	: 04-Jun-2024 / 12:34 PM
		Reference	: Arcofemi Health Care Ltd -

**TEST REPORT**

**DEPARTMENT OF CLINICAL CHEMISTRY I**

**Alanine Aminotransferase (ALT/SGPT), Serum**

Investigation	Observed Value	Biological Reference Interval
Alanine Aminotransferase ,(ALT/SGPT) Method:UV without P5P	16	<45 U/L

**Interpretation:** This test measures levels of Alanine Aminotransferase (ALT) in the blood. ALT is an enzyme found in the cells of the liver. Increased levels of ALT are typically produced when the liver is damaged. ALT testing is often done to monitor treatment for liver disease or when a person is experiencing symptoms of liver disorders.

**Reference:** Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics.

**Bilirubin Total , Serum**

Investigation	Observed Value	Biological Reference Interval
Total Bilirubin. Method:Diazo method	0.30	<1.2 mg/dL

**Interpretation:** This test measures total Bilirubin levels in the blood. Bilirubin is a waste product from the breakdown of old red blood cells which is processed by the liver for removal from the body. Abnormally high bilirubin levels are often indicative of liver disease. High bilirubin levels can be caused by a number of conditions including hepatitis, cirrhosis, alcoholism, cholangitis, infectious mononucleosis, anorexia and anemia. Due to the variety of conditions which can affect bilirubin levels, results often need to be interpreted along with additional tests.

**Blood Urea Nitrogen (BUN), Serum**

Investigation	Observed Value	Biological Reference Interval
Blood Urea Nitrogen. Method:Calculated	11	6-20 mg/dL
Urea. Method:Urease/UV	24.5	12.8-42.8 mg/dL

**Interpretation:** Urea is a waste product formed in the liver when protein is metabolized. Urea is released by the liver into the blood and is carried to the kidneys, where it is filtered out of the blood and released into the urine. Since this is a continuous process, there is usually a small but stable amount of urea nitrogen in the blood. However, when the kidneys cannot filter wastes out of the blood due to disease or damage, then the level of urea in the blood will rise. The blood urea nitrogen (BUN) evaluates kidney function in a wide range of circumstances, to diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. It also may be used to evaluate a person's general health status as well.

**Reference:** Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics

**Creatinine, Serum**

Investigation	Observed Value	Biological Reference Interval
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		Reference	: Arcofemi Health Care Ltd -

**TEST REPORT**

Creatinine. 1.09 0.70-1.20 mg/dL  
Method:Alkaline Picrate

**Interpretation:**

Creatinine is a nitrogenous waste product produced by muscles from creatine. Creatinine is majorly filtered from the blood by the kidneys and released into the urine, so serum creatinine levels are usually a good indicator of kidney function. Serum creatinine is more specific and more sensitive indicator of renal function as compared to BUN because it is produced from muscle at a constant rate and its level in blood is not affected by protein catabolism or other exogenous products. It is also not reabsorbed and very little is secreted by tubules making it a reliable marker. Serum creatinine levels are increased in pre renal, renal and post renal azotemia, active acromegaly and gigantism. Decreased serum creatinine levels are seen in pregnancy and increasing age.

\* Sample processed at National Referral Laboratory,  
Tenet Diagnostics,Hyderabad

--- End Of Report ---



**Dr.Abdur Rehman Asif**  
Consultant Biochemist  
Reg.No - APMC/FMR/78102





Name	: MR.SOMARAM DEEPAK	TID/SID	: UMR1609365/ 27707286-F
Age / Gender	: 27 Years / Male	Registered on	: 04-Jun-2024 / 09:07 AM
Ref.By	: SELF	Collected on	: 04-Jun-2024 / 09:19 AM
Req.No	: BIL4327252	Reported on	: 04-Jun-2024 / 13:04 PM
		Reference	: Arcofemi Health Care Ltd -

**TEST REPORT**

**DEPARTMENT OF CLINICAL CHEMISTRY I**

**Glucose Fasting (FBS), Sodium Fluoride Plasma**

Investigation	Observed Value	Biological Reference Interval
Glucose Fasting Method:Hexokinase	94	Normal: <100 mg/dL Impaired FG: 100-125 mg/dL Diabetes mellitus: $\geq$ 126 mg/dL

**Interpretation:** It measures the Glucose levels in the blood with a prior fasting of 9-12 hours. The test helps screen a symptomatic/ asymptomatic person who is at risk for Diabetes. It is also used for regular monitoring of glucose levels in people with Diabetes.

**Reference:** American Diabetes Association. Standards of Medical Care in Diabetes-2022

\* Sample processed at National Referral Laboratory,  
Tenet Diagnostics,Hyderabad

--- End Of Report ---

**Dr.Abdur Rehman Asif**  
Consultant Biochemist  
Reg.No - APMC/FMR/78102







Name	: MR.SOMARAM DEEPAK	TID/SID	: UMR1609365/ 27707286-P
Age / Gender	: 27 Years / Male	Registered on	: 04-Jun-2024 / 09:07 AM
Ref.By	: SELF	Collected on	: 04-Jun-2024 / 11:52 AM
Req.No	: BIL4327252	Reported on	: 04-Jun-2024 / 14:41 PM
		Reference	: Arcofemi Health Care Ltd -

**TEST REPORT**

**DEPARTMENT OF CLINICAL CHEMISTRY I**

**Glucose Post Prandial (PPBS), Sodium Fluoride Plasma**

Investigation	Observed Value	Biological Reference Interval
Glucose Post Prandial Method:Hexokinase	113	Normal : <140 mg/dL Impaired PG: 140-199 mg/dL Diabetes mellitus: >=200 mg/dL

**Interpretation:** This test measures the blood sugar levels 2 hours after a normal meal. Abnormally high blood sugars 2 hours after a meal reflect that the body is not producing sufficient insulin which is indicative of Diabetes.

**Reference:** American Diabetes Association. Standards of Medical Care in Diabetes-2022

\* Sample processed at National Referral Laboratory,  
Tenet Diagnostics,Hyderabad

--- End Of Report ---



**Dr Afreen Anwar**  
Consultant Biochemist





PLEASE SCAN QR CODE

Name : Mr . SOMARAM DEEPAK  
Age/Gender : 27 Years/Male  
Ref By : Self  
Reg.No : BIL4327252

TID : UMR1609365  
Registered On : 04-Jun-2024 09:07 AM  
Reported On : 04-Jun-2024 11:51 AM  
Reference : Arcofemi Health Care Ltd  
- Medi Whe

### EYE EXAMINATION

#### Chief Complaints:

BE:- 6/6 NAD

#### Refraction Details

	UVA	SPHERE	CYL	AXIS	ADD	CVA
<b>Right</b>	6/6	PLANO			N6	6/6
<b>Left</b>	6/6	PLANO			N6	6/6

Colour Blindness:NORMAL

**Note :-\*Please note that the above details of power refraction is a part of the basic Eye Examination.You are requested to visit any of the speciality Eye hospitals for detailed and final diagnosis.**

\*\*\* End Of Report \*\*\*

**Doctor**

27 Years

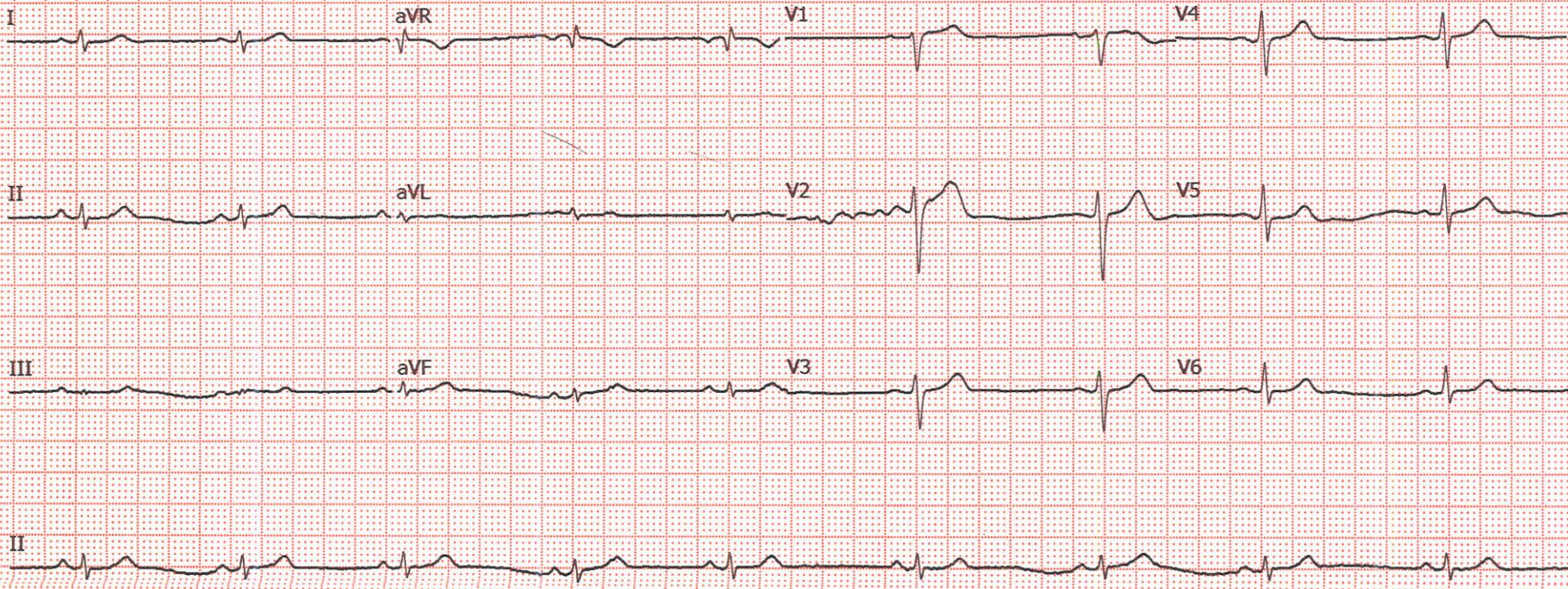
Male

QRS : 80 ms  
 QT / QTcBaz : 396 / 378 ms  
 PR : 142 ms  
 P : 106 ms  
 RR / PP : 1092 / 1090 ms  
 P / QRS / T : 57 / 82 / 60 degrees

Sinus bradycardia  
 Otherwise normal ECG

*S. Bradycardia*

**Dr. SRIKANTH BACCHU**  
 MRBS  
 GENERAL PHYSICIAN  
 Regd. No. 11983





**Tenet Medcorp Pvt Ltd  
Service Requisition Slip (SRS)**

Name	: Mr.SOMARAM DEEPAK	Mobile No	: 8801093440
Age/Gender	: 27 Years/Male	TID	: UMR1609365
Req No	: BIL4327252	Bill Date	: 04-Jun-2024 09:07 AM
Referred By	: Credit Clients	Client Code	: Arcofemi Health Care Ltd - Medi Wheels
Comments	:		

**Profile : 1)MediWheel - Pre-Employment H**

**Cardiology**

1)Electrocardiogram (ECG) 2)Medical Examination & Fitness Certificate 3)Physical Examination (BP, HT, WT, BMI)

**Clinical Chemistry I**

1)Alanine Aminotransferase (ALT/SGPT), Serum 2)Bilirubin Total , Serum 3)Blood Urea Nitrogen (BUN), Serum 4)Creatinine, Serum  
5)Glucose Fasting (FBS), Sodium Fluoride Plasma 6)Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

**Clinical Pathology**

1)Complete Urine Examination (CUE), Urine

H<sub>1</sub> - 178

Bp: - 130/70

**Consultation**

1)Ophthalmology Checkup

**Corporate Packages**

**Hematopathology**

1)Blood Grouping ABO And Rh Typing, EDTA Whole Blood 2)Complete Blood Count (CBC), EDTA Whole Blood 3)Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

H<sub>2</sub> - 68

**Physician Consultation**

1)Physician Consultation

W<sub>1</sub> - 88

**X-Ray**

1)X-Ray Chest PA View



UMR1609365  
Printed By/Date Time : traju/04-Jun-2024 09:07 AM



BIL4327252  
Created By/Date time : traju/04-Jun-2024 09:07 AM

The Annexed medical reports, Physical & Systemic examination of the

## MEDICAL FITNESS REPORT

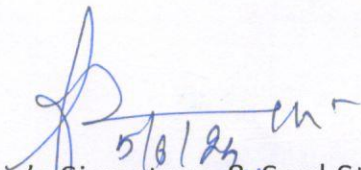
I hereby certified that I have physically examined

Mr./Mrs./Dr. Somaram Deepak

On date 5/6/24 is medically Fit / Unfit to carry on the work.

The Annexed medical reports, Physical & Systemic examination of the employee were taken in to consideration for his /her current status of Health.

Doctor's notes (Overview of the Medical Report's)

  
5/6/24  
Doctor's Signature & Seal Stamp  
Dr. SRIKANTH BACCHU  
MBBS  
GENERAL PHYSICIAN  
Regd. No.11983

4/6/24

Mr. Somnaram Deepak  
24/11/24

Ht: 175cm  
Wt: 85kg  
Pm: 130/70/80  
Pm: 65/min

Presenting complaint:

- Chesty cough
- No sputum
- No associated illness
- No fever / chills
- No night sweats
- No weight loss

  
Dr. SRIKANTH BACCHU  
MBBS  
GENERAL PHYSICIAN  
Regd. No.11983



PLEASE SCAN QR CODE

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Age/Gender : 27 Years/Male  
Ref By : Self  
Reg.No : BIL4327252

TID : UMR1609365  
Registered On : 04-Jun-2024 09:07 AM  
Reported On : 04-Jun-2024 03:35 PM  
Reference : Arcofemi Health Care Ltd  
- Medi Whe

DEPARTMENT OF X-RAY  
**X-Ray Chest PA View**

Lung fields appear normal.

Cardiac size is within normal limits.

Aorta and pulmonary vasculature is normal.

Bilateral domes of diaphragm and costophrenic angles are normal.


Visualised bones and soft tissues appear normal.

**IMPRESSION:**

**\* Normal study.**

Suggested clinical correlation and follow up.

\*\*\* End Of Report \*\*\*



**Dr. Apoorva K**  
Consultant Radiologist

R



SOMARAM DEEPAK BIL4327252 20814749 CHEST PA 6/4/2024

TENET DIAGNOSTICS, BANJARAHILLS, HYD