



Patient Name : Mr.AVINASH KUMAR

Age/Gender : 25 Y 3 M 9 D/M
UHID/MR No : SCHI.0000024767

Visit ID : SCHIOPV38059

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 620244 Collected : 17/Oct/2024 08:53AM

Received : 17/Oct/2024 09:21AM Reported : 17/Oct/2024 12:12PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

.....

Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240238976



Page 1 of 8





: Mr.AVINASH KUMAR

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16.1	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	47.40	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.71	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	82.9	fL	83-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,740	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT	「(DLC)			
NEUTROPHILS	47.7	%	40-80	Electrical Impedance
LYMPHOCYTES	39.4	%	20-40	Electrical Impedance
EOSINOPHILS	5.2	%	1-6	Electrical Impedance
MONOCYTES	6.6	%	2-10	Electrical Impedance
BASOPHILS	1.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2260.98	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1867.56	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	246.48	Cells/cu.mm	20-500	Calculated
MONOCYTES	312.84	Cells/cu.mm	200-1000	Calculated
BASOPHILS	52.14	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.21		0.78- 3.53	Calculated
PLATELET COUNT	154000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN. PLATELETS ARE ADEQUATE.

Page 2 of 8



Dr. SHWETA GUPTA MBBS,MD (Pathology) Consultant Pathology

SIN No:BED240238976





: Mr.AVINASH KUMAR

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: 17/Oct/2024 09:21AM

Reported Status

: 17/Oct/2024 12:12PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Dr. SHWETA GUPTA MBBS, MD (Pathology) Consultant Pathology SIN No:BED240238976

Page 3 of 8





Patient Name : Mr.AVINASH KUMAR

Age/Gender : 25 Y 3 M 9 D/M UHID/MR No : SCHI.0000024767

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Received : 17/Oct/2024 09:21AM Reported : 17/Oct/2024 03:03PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR	R, WHOLE BLOOD EDTA		<u>'</u>	<u>'</u>
BLOOD GROUP TYPE	В			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

Page 4 of 8









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Emp/Auth/TPA ID : 620244 Collected

: 17/Oct/2024 08:53AM

Received

: 17/Oct/2024 09:27AM

Reported Status

: 17/Oct/2024 09:58AM

: Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING, NAF PLASMA	97	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- 1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- 2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Page 5 of 8









: Mr.AVINASH KUMAR

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Emp/Auth/TPA ID : 620244

Collected

: 18/Oct/2024 12:08PM

Received Reported : 18/Oct/2024 12:30PM : 18/Oct/2024 02:55PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	92	mg/dL	70-140	GOD - POD

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Page 6 of 8









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: 25 Y 3 M 9 D/M

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Collected

Received

: 17/Oct/2024 09:58AM

- ...

: Final Report

: 17/Oct/2024 08:53AM

: 17/Oct/2024 09:49AM

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM	49	U/L	<50	Visible with P-5-P

Comment:

ALT elevations are noted in liver parenchymal diseases, leading to injury / destruction of hepatocytes.

ALT levels are seen to be elevated even before the signs and symptoms of the liver injury appear.

The ALT levels remain high longer in blood as compared to AST levels. And though both the enzymes increase in liver injury, the rise in ALT is more compared to AST, thus also altering the ALT:AST ratio.

Test Name	Result	Unit	Bio. Ref. Interval	Method
BILIRUBIN, TOTAL , SERUM	0.70	mg/dL	0.20-1.30	DIAZO METHOD
Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN/CREATININE RATIO, SERUM				
BLOOD UREA NITROGEN	14.0	mg/dL	8.0 - 23.0	Calculated
CREATININE	0.90	mg/dL	0.66-1.25	Creatinine amidohydrolase
BUN / CREATININE RATIO	15.52			Calculated
Test Name	Result	Unit	Bio. Ref. Interval	Method
l est ivallie	Result	Unit	Bio. Rei. ilitervai	Wethou
CREATININE , SERUM	0.90	mg/dL	0.66-1.25	Creatinine amidohydrolase

Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04836368

Page 7 of 8







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: Dr.SELF : 620244

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Received

: 17/Oct/2024 01:08PM

Reported Status

: 17/Oct/2024 02:56PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modifed Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	1		
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	ABSENT		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

*** End Of Report ***

Page 8 of 8



Dr. SHWETA GUPTA MBBS, MD (Pathology) Consultant Pathology SIN No:UR2416710





Patient Name : Mr.AVINASH KUMAR

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Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

- 1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understandreporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
- 2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of parrticulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
- 3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
- 4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
- 5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
- 6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UR2416710





Name : Mr. AVINASH KUMAR

Age: 25 Y

Sex: M

Address : NEW DELHI

: ARCOFEMI MEDIWHEEL PMC CREDIT PAN INDIA OP Plan

AGREEMENT

UHID:SCHI.0000024767

OP Number: SCHIOPV38059

Bill No :SCHI-OCR-12690 Date : 17,10,2024 08:49

Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324	
	BILIRUBIN, TOTAL - SERUM	
-	GLHEOSE, FASTING	
	HEMOGRAM + PERIPHERAL SMEAR	
L	ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM	
L	COMPLETE URINE EXAMINATION	
C	PERIPHERAL SMEAR	100
	ECG \	
C	CREATININE, SERUM	
- 1	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAC)	
1	X-RAY CHEST PA	
- 1	FITNESS BY GENERAL PHYSICIAN	
ال	BLOOD GROUP ABO AND RH FACTOR	
1	OPTHAL BY GENERAL PHYSICIAN	
CL	BEN CREATININE RATIO	



आयकर विभाग INCOME TAX DEPARTMENT



भारत सरकार GOVT OF INDIA



स्थायी लेखा संख्या कार्ड Permanent Account Number Card LDSPK3054Q

नाम / Name AVINASH KUMAR

पिता का नाम / Father's Name RAM CHANDRA

जन्म की तारीख। Date of Birth 08/07/1999 Avinosh



06102021

PAN Application Digitally Signed, Card Not Valid unless: Physically Signed Sub_order_Order_Id Client Name Patient Name Email Agreement Package Na 621456 620244 ARCOFEMI HEAL Avinash Kumar network@mediwheel. ARCOFEMI ARCOFEMI

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

	Medically Fit
•	Fit with restrictions/recommendations
	Though following restrictions have been revealed, in my opinion, these are not impediments to the job.
	1
	2
	3
	However the employee should follow the advice/medication that has been communicated to him/her.
	Review after
•	Currently Unfit.
	Review afterrecommended

The Apollo Clinic Uppal

Medical Of

This certificate is not meant for medico-legal

PRE - EMPLOYMENT EXAMINATION

Name - Avinash MRN: 2476-	Age / Sex - 254	M Date- 17/10
MRN: 9.0	Company's Name :	, 110
Significant History	A A	1 colomy
	0.	
	V C	
	L L	
Gene	eral Physical Examination	1
Height: 176cm	Weight: 6 9 . 6	BP: 10 80
Pulse: 94 ma	Pallor : NO	Temp
Edema: NO	Cyanosis: NO	L.N.: (V)
	Oth	
Jaundice: M	Other:	
Respiratory: Blulean	Cardiovascular: SCC	
Abdomen:	Cardiovascular: SSE	
Abdomen .	CH3. NB	
Ear Examination:		
	Findings	
Blood Test :		
Urine:	Stool:	
CXR:	ECG: (W)	
Reports are attached herewith		
Recommendation		
Final Impression: FIT UNFIT	- A 1	STED * APOLLO
	(Sign	ature of Consultant)

<u>Pre - Employment Medical Check - up Status report</u>

Date:	10			0		
This is to	certify that	Mr. /Ms. /Mrs.	Avino	sh		_
age	-254	CM/F, pre-	-employment	medical	check-up	on
	19/1	-0 · -	is declare	d medical	ly(FIT)UNI	FIT
for duties.	(

Dr. Navneet Kaur

(Medical Officer)

Mr. Avinash Kuma Eye chekup Neo Ho using glass Specialists in Surgery neo 40 systemic disease 7 (6/6 NCT (1) musty colour va (moronal Bus no Acceptance 0/6 8/2 - NS Stit lampexan = Als Morral B/c Prepil reaction reormal 3/1 Findus (WML B/

> Donakm 17/10/24

Apollo Spectra Hospitals: Plot No. A-2, Chirag Enclave, Greater Kailash - 1, New Delhi - 110048 Ph.: 011-40465555, 9910995018 | www.apollospectra.com

Apollo Specialty Hospitals Pvt. Ltd.

CIN - U85100TG2009PTC099414



DIGITAL X-RAY REPORT

THE AMELIACIA	DATE: 17.10.2024
NAME: AVINASH	AGE: 25 YRS/ SEX: M
LIHID NO: 24767	7.00

X-RAY CHEST PA VIEW

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY

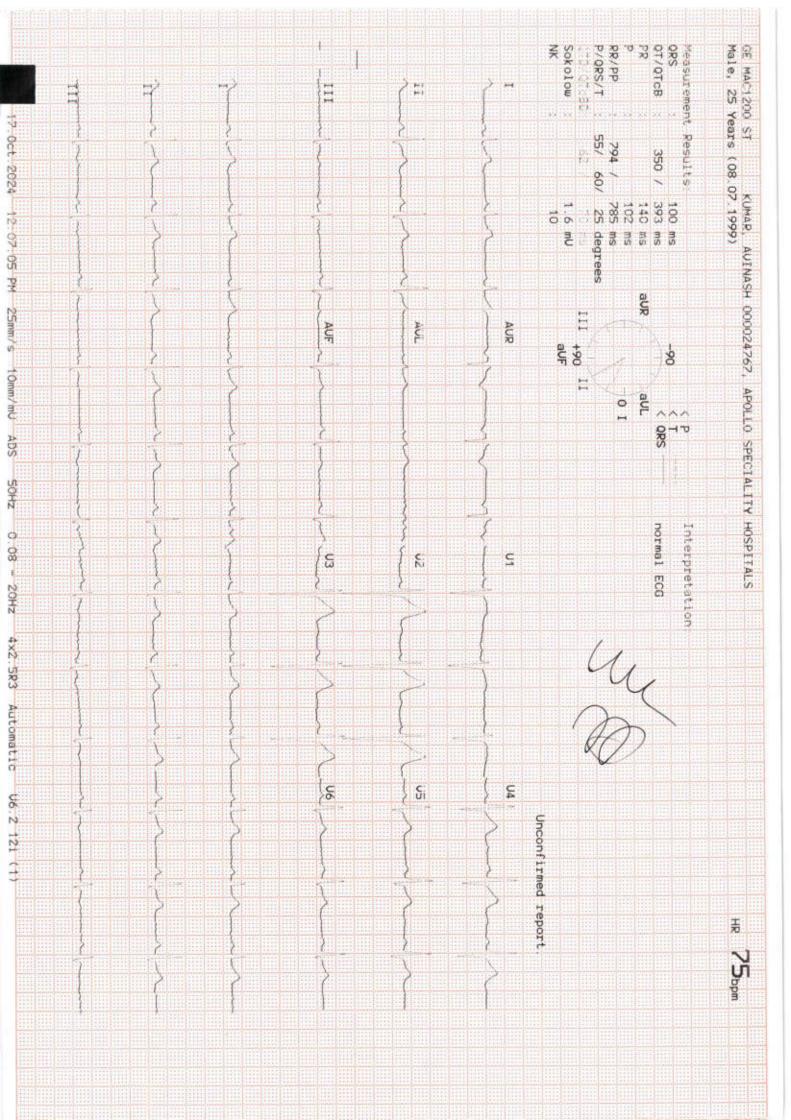
Please correlate clinically and with lab investigations

DR. DEEPIKA AGARWAL Consultant Radiologist

Consultant Radiologist
DMC No. 56777
Apollo Speciality Hospitals (P) Ltd.
A-2, Chirag Enclave, Greater Kailash-1

New Delhi-110048

Apollo Spectra Hospitals: Plot No. A-2, Chirag Enclave, Greater Kailash - 1, New Delhi - 110048 Ph.: 011-40465555, 9910995018 | www.apollospectra.com





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Sex: M

Address : NEW DELHI

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The Apollo Clinic Uppal

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MRN: 9.0	Company's Name :	, 110
Significant History	A A	1 colomy
	0.	
	V C	
	L L	
Gene	eral Physical Examination	1
Height: 176cm	Weight: 6 9 . 6	BP: 10 80
Pulse: 94 ma	Pallor : NO	Temp
Edema: NO	Cyanosis: NO	L.N.: (V)
	Oth	
Jaundice: M	Other:	
Respiratory: Blulean	Cardiovascular: SCC	
Abdomen:	Cardiovascular: SSE	
Abdomen .	CH3. NB	
Ear Examination:		
	Findings	
Blood Test :		
Urine:	Stool:	
CXR:	ECG: (W)	
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age	-254	CM/F, pre-	-employment	medical	check-up	on
	19/1	-0 · -	is declare	d medical	ly(FIT)UNI	FIT
for duties.	(

Dr. Navneet Kaur

(Medical Officer)

Mr. Avinash Kuma Eye chekup Neo Ho using glass Specialists in Surgery neo 40 systemic disease 7 (6/6 NCT (1) musty colour va (moronal Bus no Acceptance 0/6 8/2 - NS Stit lampexan = Als Morral B/c Prepil reaction reormal 3/1 Findus (WML B/

> Donakm 17/10/24

Apollo Spectra Hospitals: Plot No. A-2, Chirag Enclave, Greater Kailash - 1, New Delhi - 110048 Ph.: 011-40465555, 9910995018 | www.apollospectra.com

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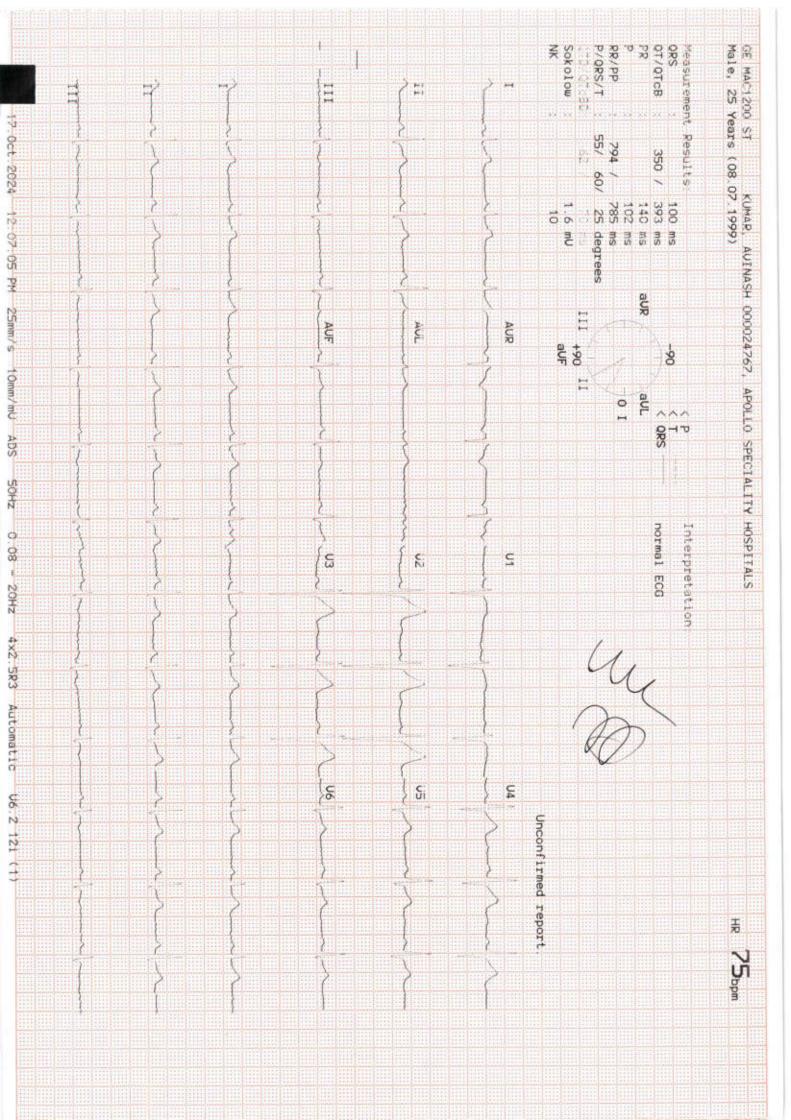
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MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,740	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT	「(DLC)			
NEUTROPHILS	47.7	%	40-80	Electrical Impedance
LYMPHOCYTES	39.4	%	20-40	Electrical Impedance
EOSINOPHILS	5.2	%	1-6	Electrical Impedance
MONOCYTES	6.6	%	2-10	Electrical Impedance
BASOPHILS	1.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2260.98	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1867.56	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	246.48	Cells/cu.mm	20-500	Calculated
MONOCYTES	312.84	Cells/cu.mm	200-1000	Calculated
BASOPHILS	52.14	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.21		0.78- 3.53	Calculated
PLATELET COUNT	154000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN. PLATELETS ARE ADEQUATE.

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Dr. SHWETA GUPTA MBBS,MD (Pathology) Consultant Pathology

SIN No:BED240238976





: Mr.AVINASH KUMAR

Age/Gender

: 25 Y 3 M 9 D/M

UHID/MR No Visit ID : SCHI.0000024767 : SCHIOPV38059

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 620244

Collected

: 17/Oct/2024 08:53AM

Received

: 17/Oct/2024 09:21AM : 17/Oct/2024 12:12PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240238976



Page 3 of 7





Patient Name : Mr.AVINASH KUMAR

Age/Gender : 25 Y 3 M 9 D/M UHID/MR No : SCHI.0000024767

Visit ID : SCHIOPV38059

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 620244 Collected : 17/Oct/2024 08:53AM

Received : 17/Oct/2024 09:21AM Reported : 17/Oct/2024 03:03PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR	R , WHOLE BLOOD EDTA		·	
BLOOD GROUP TYPE	В			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

Page 4 of 7



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240238976





: Mr.AVINASH KUMAR

Age/Gender

: 25 Y 3 M 9 D/M

UHID/MR No

: SCHI.0000024767

Visit ID Ref Doctor : SCHIOPV38059

Emp/Auth/TPA ID

: Dr.SELF

: 620244

Collected

: 17/Oct/2024 08:53AM

Received

: 17/Oct/2024 09:49AM

Reported Status : 17/Oct/2024 09:58AM

Sponsor Name

: Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING, NAF PLASMA	97	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- 1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- 2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALANINE AMINOTRANSFERASE (ALT/SGPT) , SERUM	49	U/L	<50	Visible with P-5-P

Comment:

ALT elevations are noted in liver parenchymal diseases, leading to injury / destruction of hepatocytes.

ALT levels are seen to be elevated even before the signs and symptoms of the liver injury appear.

The ALT levels remain high longer in blood as compared to AST levels. And though both the enzymes increase in liver injury, the rise in ALT is more compared to AST, thus also altering the ALT:AST ratio.

Test Name	Result	Unit	Bio. Ref. Interval	Method
BILIRUBIN, TOTAL , SERUM	0.70	mg/dL	0.20-1.30	DIAZO METHOD
Test Name	Result	Unit	Bio. Ref. Interval	Method

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04836368





: Mr.AVINASH KUMAR

Age/Gender

: 25 Y 3 M 9 D/M : SCHI.0000024767

UHID/MR No Visit ID

Ref Doctor

: SCHIOPV38059

Emp/Auth/TPA ID

: Dr.SELF : 620244

Collected

: 17/Oct/2024 08:53AM

Received

: 17/Oct/2024 09:49AM

Reported Status

: 17/Oct/2024 09:58AM

Sponsor Name

: Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

BUN/CREATININE RATIO, SERUM

BLOOD UREA NITROGEN	14.0	mg/dL	8.0 - 23.0	Calculated
CREATININE	0.90	mg/dL	0.66-1.25	Creatinine amidohydrolase
BUN / CREATININE RATIO	15.52			Calculated

Test Name	Result	Unit	Bio. Ref. Interval	Method
CREATININE, SERUM	0.90	mg/dL	0.66-1.25	Creatinine amidohydrolase

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: Mr.AVINASH KUMAR

Age/Gender

: 25 Y 3 M 9 D/M

UHID/MR No

: SCHI.0000024767

Visit ID Ref Doctor : SCHIOPV38059

Emp/Auth/TPA ID

: Dr.SELF : 620244 Collected

: 17/Oct/2024 08:53AM

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: 17/Oct/2024 01:08PM

Reported Status : 17/Oct/2024 02:56PM

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measuremen
рН	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modifed Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	1		
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	ABSENT		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

*** End Of Report ***

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UR2416710





Patient Name : Mr.AVINASH KUMAR

Age/Gender : 25 Y 3 M 9 D/M UHID/MR No : SCHI.0000024767

Visit ID : SCHIOPV38059

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 620244 Collected : 17/Oct/2024 08:53AM

Received : 17/Oct/2024 01:08PM Reported : 17/Oct/2024 02:56PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

- 1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understandreporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
- 2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of parrticulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
- 3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
- 4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
- 5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
- 6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

Dr. SHWETA GUPTA
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Consultant Pathology
SIN No:UR2416710

