

**PATIENT NAME : HARIHARAN N P**

**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 :** **4177XB001262**  
**PATIENT ID :** HARIM0905714177  
**CLIENT PATIENT ID:**  
**ABHA NO :**

**AGE/SEX :** 52 Years Male  
**DRAWN :**  
**RECEIVED :** 10/02/2024 11:50:37  
**REPORTED :** 10/02/2024 16:54:53

Test Report Status	<u>Final</u>	Results	Biological Reference Interval	Units
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**MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT**

**TREADMILL TEST**

TREADMILL TEST TEST NOT DONE

**DENTAL CHECK UP**

DENTAL CHECK UP COMPLETED

**OPHTHAL**

OPHTHAL COMPLETED

**PHYSICAL EXAMINATION**

PHYSICAL EXAMINATION COMPLETED

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



View Details



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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. 66600007814095**

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<b>CODE/NAME &amp; ADDRESS : CA00010147 -</b> MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED F701A, LADO SARAI, NEW DELHI,SOUTH DELHI, DELHI, SOUTH DELHI 110030 8800465156		<b>ACCESSION NO : 4177XB001262</b>	<b>AGE/SEX : 52 Years Male</b>
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**MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT**

**ECG WITH REPORT**

**REPORT**  
COMPLETED

**USG ABDOMEN AND PELVIS**

**REPORT**  
CANCEL

**CHEST X-RAY WITH REPORT**

**REPORT**  
CANCEL

**HAEMATOLOGY**

**MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT**

**GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD**

HBA1C	<b>7.8 High</b>	Normal	: 4.0 -	%
		5.6%.		
		Non-diabetic level	: < 5.7%.	
		Diabetic	: >6.5%	
		Glycemic control goal		
		More stringent goal : < 6.5 %.		
		General goal : < 7%.		
		Less stringent goal : < 8%.		
		Glycemic targets in CKD :-		
		If eGFR > 60 : < 7%.		
		If eGFR < 60 : 7 - 8.5%.		
MEAN PLASMA GLUCOSE	<b>177.2 High</b>	< 116.0		mg/dL

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

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

**SREEDEVI MP**  
**LAB TECHNOLOGIST**



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**BLOOD COUNTS,EDTA WHOLE BLOOD**

HEMOGLOBIN	17.0	13.0 - 17.0	g/dL
RED BLOOD CELL COUNT	<b>5.71 High</b>	4.5 - 5.5	mil/ $\mu$ L
WHITE BLOOD CELL COUNT	9.14	4.0 - 10.0	thou/ $\mu$ L
PLATELET COUNT	272	150 - 410	thou/ $\mu$ L

**RBC AND PLATELET INDICES**

HEMATOCRIT	<b>51.3 High</b>	40 - 50	%
MEAN CORPUSCULAR VOL	89.8	83 - 101	fL
MEAN CORPUSCULAR HGB.	29.7	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.1	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	13.5	11.6 - 14.0	%
MENTZER INDEX	15.7		
MEAN PLATELET VOLUME	8.8	6.8 - 10.9	fL

**WBC DIFFERENTIAL COUNT**

SEGMENTED NEUTROPHILS	54	40 - 80	%
LYMPHOCYTES	39	20 - 40	%
MONOCYTES	04	2 - 10	%
EOSINOPHILS	03	1 - 6	%
BASOPHILS	00	< 1 - 2	%
ABSOLUTE NEUTROPHIL COUNT	4.94	2.0 - 7.0	thou/ $\mu$ L
ABSOLUTE LYMPHOCYTE COUNT	<b>3.56 High</b>	1 - 3	thou/ $\mu$ L
ABSOLUTE MONOCYTE COUNT	0.37	0.20 - 1.00	thou/ $\mu$ L
ABSOLUTE EOSINOPHIL COUNT	0.27	0.02 - 0.50	thou/ $\mu$ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.5		

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**ANU CHANDRAN P**  
**DEPUTY QUALITY MANAGER**



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

SEDIMENTATION RATE (ESR)	07	0 - 14	mm at 1 hr
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**SUGAR URINE - POST PRANDIAL**

SUGAR URINE - POST PRANDIAL	<b>DETECTED (++)</b>	NOT DETECTED
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**SUGAR URINE - FASTING**

SUGAR URINE - FASTING	NOT DETECTED	NOT DETECTED
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**IMMUNOHAEMATOLOGY****MEDIWHEEL HEALTH CHECKUP ABOVE 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 CHECKUP ABOVE 40(M)TMT**

**BLOOD UREA NITROGEN (BUN), SERUM**

BLOOD UREA NITROGEN 14 Adult(<60 yrs) : 6 to 20 mg/dL

**BUN/CREAT RATIO**

BUN/CREAT RATIO 18

**CREATININE, SERUM**

CREATININE 0.78 18 - 60 yrs : 0.9 - 1.3 mg/dL

**GLUCOSE, POST-PRANDIAL, PLASMA**

GLUCOSE, POST-PRANDIAL, PLASMA **217 High** Diabetes Mellitus : > or = 200. mg/dL  
 Impaired Glucose tolerance/  
 Prediabetes : 140 - 199.  
 Hypoglycemia : < 55.

**GLUCOSE FASTING,FLUORIDE PLASMA**

FBS (FASTING BLOOD SUGAR) **133 High** Diabetes Mellitus : > or = 126. mg/dL  
 Impaired fasting Glucose/  
 Prediabetes : 101 - 125.  
 Hypoglycemia : < 55.

**LIVER FUNCTION TEST WITH GGT**

BILIRUBIN, TOTAL 0.92 General Range : < 1.1 mg/dL  
 BILIRUBIN, DIRECT 0.30 General Range : < 0.3 mg/dL  
 BILIRUBIN, INDIRECT 0.62 0.00 - 1.00 mg/dL

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TOTAL PROTEIN	7.1	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.9	20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	2.2	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO	<b>2.2 High</b>	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19	Adults : < 40	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	34	Adults : < 45	U/L
ALKALINE PHOSPHATASE	153	Adult(<60yrs) : 40 - 130	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	51	Adult (male) : < 60	U/L

**TOTAL PROTEIN, SERUM**

TOTAL PROTEIN	7.1	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
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**URIC ACID, SERUM**

URIC ACID	2.6	Adults : 3.4-7	mg/dL
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**BIOCHEMISTRY - LIPID**

**MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT**

**LIPID PROFILE, SERUM**

CHOLESTEROL	232	Desirable : < 200 Borderline : 200-239 High : >or= 240	mg/dL
TRIGLYCERIDES	111	Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL
HDL CHOLESTEROL	<b>34 Low</b>	General range : 40-60	mg/dL

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LDL CHOLESTEROL, DIRECT	<b>189 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>198 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	22.2	< or = 30.0	mg/dL
LDL/HDL RATIO	<b>6.8 High</b>	3.30 - 4.40	
	<b>5.6 High</b>	0.5 - 3.0	

**SPECIALISED CHEMISTRY - HORMONE**

**MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT**

**THYROID PANEL, SERUM**

T3	130.25	Adult : 60-181	ng/dL
T4	9.70	3.2 - 12.6	µg/dl
TSH 3RD GENERATION	0.420	50-80 yrs : 0.35-4.5	µIU/mL

**SPECIALISED CHEMISTRY - TUMOR MARKER**

**MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT**

**PROSTATE SPECIFIC ANTIGEN, SERUM**

PROSTATE SPECIFIC ANTIGEN	0.790	Age Specific :- <49yrs : <2.5 50-59yrs : <3.5 60-69yrs : <4.5	ng/mL
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>70yrs : <6.5

**CLINICAL PATH - URINALYSIS**

**MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT**

**PHYSICAL EXAMINATION, URINE**

COLOR	PALE YELLOW
APPEARANCE	CLEAR

**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	3-5	0-5	/HPF
EPITHELIAL CELLS	1-2	0-5	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	NOT DETECTED	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>HARSHARAN</b>
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):
3. Age/Date of Birth	:	<b>53, 9-5-1971</b> Gender: <b>F/M</b>
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

### PHYSICAL DETAILS:

a. Height..... (cms)	b. Weight ..... (Kgs)	c. Girth of Abdomen ..... (cms)	
d. Pulse Rate ..... (/Min)	e. Blood Pressure:	Systolic	Diastolic
	1 <sup>st</sup> Reading	<b>160</b>	<b>110</b>
	2 <sup>nd</sup> Reading		

### FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father			<b>82, Old age</b>
Mother			<b>62, Ca colon</b>
Brother(s)			<b>62, MI, 28 yrs - RFA</b>
Sister(s) <b>(2)</b>	<b>70, 50</b>	<b>Good</b>	

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

Tobacco in any form	Sedative	Alcohol
<b>Cigarettes - 5/day - 30 yrs</b>		<b>Whiskey - 2 Pcs/day - 20 yrs</b>

### PERSONAL HISTORY

- |  |   |
|--|---|
| <p>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></p> <p>b. Have you undergone/been advised any surgical procedure? <b>Appendectomy - 15 yrs</b> <b>Y/N</b></p> | <p>c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? <b>RFA - 24 yrs</b> <b>Y/N</b></p> <p>d. Have you lost or gained weight in past 12 months? <b>Y/N</b></p> |
|--|---|

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

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Psychological Disorders or any kind of disorders of the Nervous System? <b>Y/N</b></li> <li>• Any disorders of Respiratory system? <b>Y/N</b></li> <li>• Any Cardiac or Circulatory Disorders? <b>Y/N</b></li> <li>• Enlarged glands or any form of Cancer/Tumour? <b>Y/N</b></li> <li>• Any Musculoskeletal disorder? <b>Y/N</b></li> </ul> | <ul style="list-style-type: none"> <li>• Any disorder of Gastrointestinal System? <b>Y/N</b></li> <li>• Unexplained recurrent or persistent fever, and/or weight loss <b>Y/N</b></li> <li>• Have you been tested for HIV/HBsAg / HCV before? If yes attach reports <b>Y/N</b></li> <li>• Are you presently taking medication of any kind? <b>Y/N</b></li> </ul> |
|---|---|

• Any disorders of Urinary System?

Y/N ✓

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

Y/N ✓

**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;

Uncontrolled B.P, Exam Needs to follow up with physician

TU J, 4UL - ECU, USG - Hepatomegaly with grade II infiltration of Liver. Need follow up with Gastroenterologist.

➤ 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.

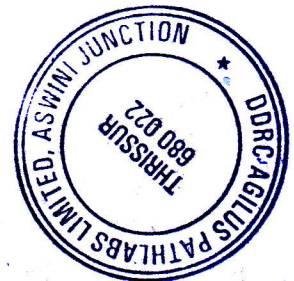
Name & Signature of the Medical Examiner :

*Sindh George*

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, Kaloor -682017

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

## VISION CERTIFICATE

This is to certify that..... HARIHARAN N.P 53/7..... has been examined and results are as follows

	Right Eye	Left Eye
Distant Vision	: 6/9 → [+0.50 x 180] 6/6	6/9 → [+0.50 DS] 6/6
Near vision	: 1/6 (Add +2.50)	1/6 (Add +2.50)
IOP(Intra ocular pressure)	: 16 mmHg	18 mmHg
Anterior segment	: Normal	Normal
Fundus	: Normal	Normal
Squint	: Nil	Nil
Colour Vision	: Normal	Normal

Doctor's Signature

Place : THRISSUR

Date : 10/2/2024



*Reshmi*  
DR. RESHMI E. GEORGE  
M.B.B.S., MS(OPH)  
CONSULTANT OPHTHALMOLOGIST  
Reg.No : 44076



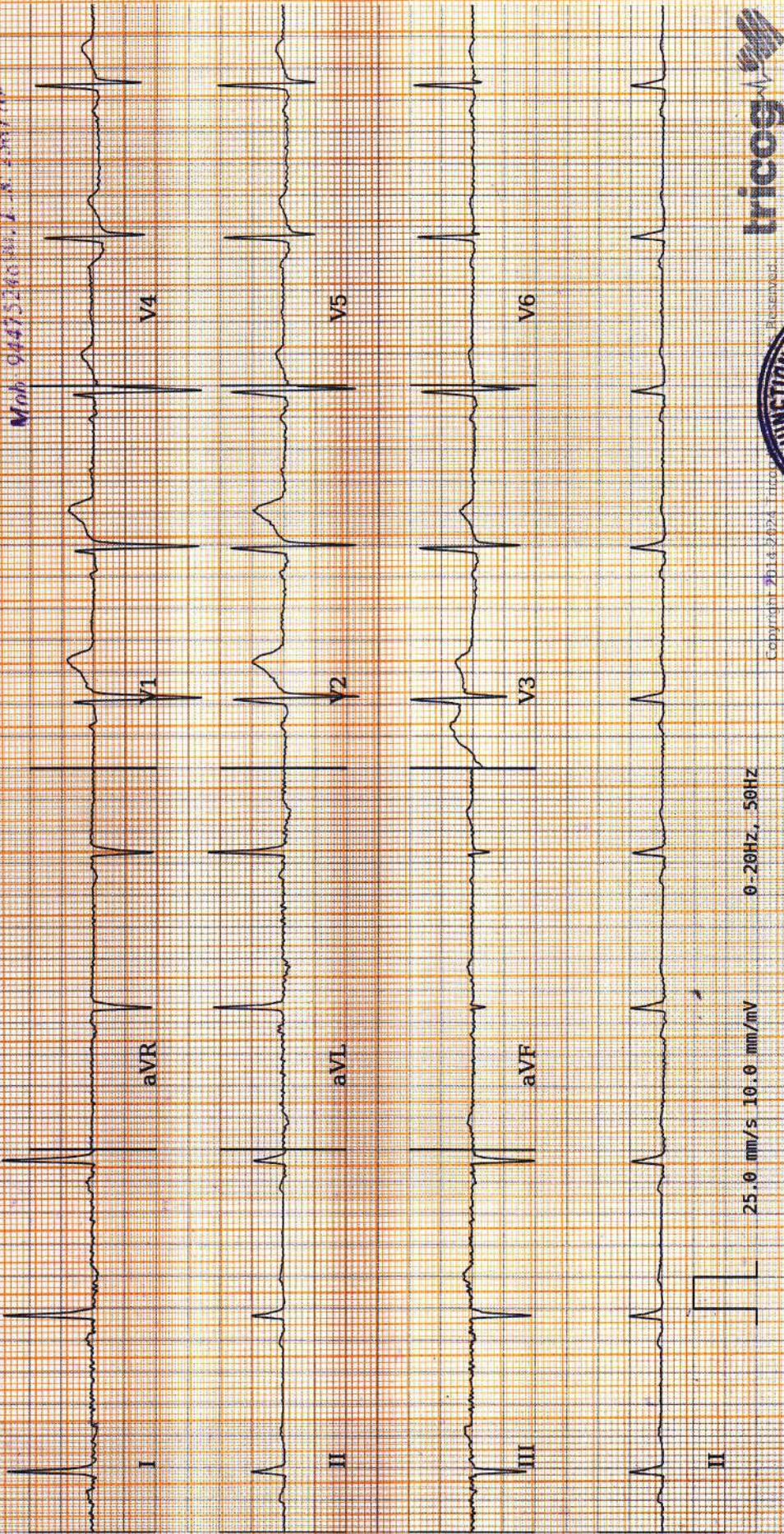
DDRC Agilus thrissur

Age / Gender: 53/Male  
Patient ID: 00  
Patient Name: Hariharan n p

Date and Time: 10th Feb 24 10:04 AM

eg T inversion I, aVL  
essentially wNL  
Dr. PRAMOD. V. K.  
M.D.(Medicine) D.M(Cardi)  
Consultant Cardiologist

ASWINI HOSPITAL, THRISSUR  
M/No 9447526000, I. N. 2387104



25.0 mm/s 10.0 mm/mV 0-20Hz, 50Hz

AR: 62bpm VR: 62bpm QRS: 82ms QT: 360ms QTcB: 365.95ms

P-R-T: 9° - 9° - 88°



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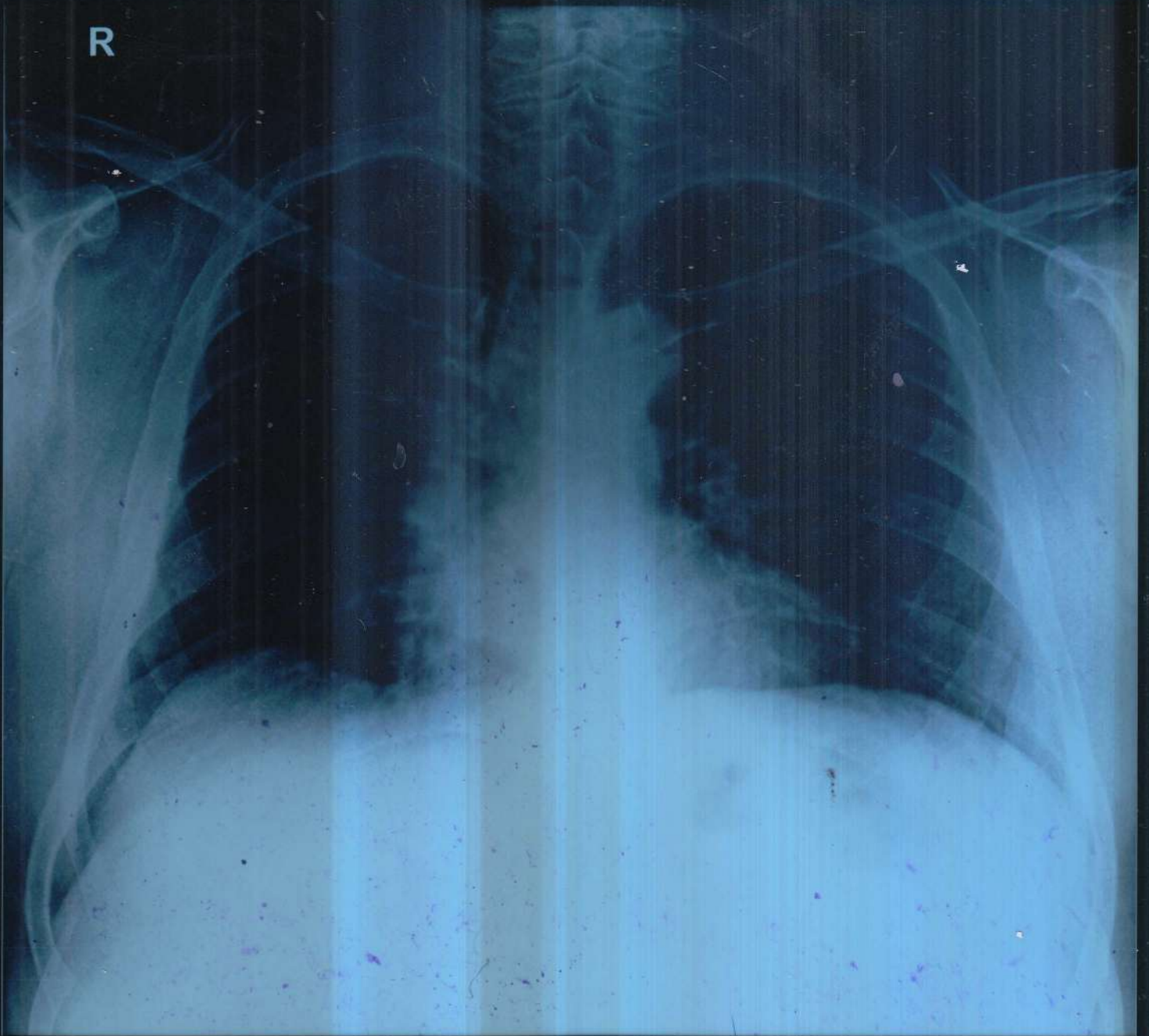
ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

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



HARIHARAN N P 52Y/M XB 1262

CHEST-PA 10-Feb-24 09:50 AM

DDRC AGILUS, THRISSUR. PH9446425900

**Name: HARIHARAN****Date: 10.02.2024****Age/Sex: 52 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)

Patient Name: Mr. HARIHARAN	Age: 52 Y	Sex: Male
Ref. Consultant :	AC No:	Date: 10.02.2024
Clinical details: Health check up		

### USG ABDOMEN AND PELVIS

Liver measures 16.8 cm, enlarged 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 9.1 cm, normal in size and echotexture. No focal or diffuse lesions seen.

Pancreas head normal, body and tail is obscured.

Right kidney measures 12.1 x 5.4 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 9.8 x 6.3 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 22 cc, normal

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

### IMPRESSION

➤ **Hepatomegaly with grade II fatty infiltration.**

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 Reg. No. : 53107 (TCMC)

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





TMT is deferred for Mr. Hanuman, 53yr  
due to uncontrolled B.P. (160/100mmHg)  
& ECG changes (T↓ I, aVL)

*[Handwritten Signature]*



भारत सरकार  
Government of India

आधार

Issue Date: 31/01/2013



Hariharan N P  
DOB: 09/05/1971  
MALE

4092 4383 0969

मेरा आधार, मेरी पहचान

*H. Hariharan N P*  
*Hariharan N P*

