



भारत सरकार
Government of India



Issue Date: 09/06/2012



श्यामलाल लोहार
Shyamlal Lohar
जन्म तिथि/DOB: 02/03/1991
पुरुष/ MALE

4804 4066 2358

VID : 9168 0099 7389 3221

मेरा **आधार**, मेरी पहचान





भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:

S/O लाक्खिनारायण लोहार, मकान न. ५७ग्राम मुंडला पोस्ट
लावरी, वार्ड न. ३, लोहार मोहला, तहसिल सीतामऊ, मुण्डला,
मन्दासौर,
मध्य प्रदेश - 458389



Address:

S/O Laxminarayan Lohar, Makan N57gram
Mundla Post Lavri, Ward3 N, Lohar Mohala,
Tasil Sitamu, Mundla, Mandasaur,
Madhya Pradesh - 458389

4804 4066 2358

VID : 9168 0099 7389 3221



1947



help@uidai.gov.in



www.uidai.gov.in



Laboratory Report

Patient Name : MR SHYAMLAL LOHAR



CPL24/30817

Age/Gender : 33 Yrs/Male

Registration Date : 26/10/2024 12:17 PM

Ref. Dr. : Dr. APOLLO CLINIC

Collection Date : 26/10/2024 12:19 PM

Center : CMH OPD

Report Date : 26/10/2024 02:06 PM



HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
BLOOD GROUP AND RH FACTOR			
ABO Type	B		
Rh Factor	POSITIVE(+VE)		

BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
BILIRUBIN-SERUM			
Total Bilirubin-Serum	0.91	mg/dl	0.2 - 1.2
Direct Bilirubin-Serum	0.15	mg/dl	0.0 - 0.3
Indirect Bilirubin-Serum	0.8	mg/dl	0.2 - 0.8
<i>Method: DIAZO</i>			
BLOOD UREA	21.6	mg/dl	15 - 45
BUN	10		7 - 21

Method: Calculated

Clinical Significance:

Urea Nitrogen (BUN) - Urea is the principle waste product of protein catabolism. BUN is most commonly measured in the diagnosis and treatment of certain renal and metabolic diseases. Increased BUN concentration may result from increased production of urea due to

- (1) diet or excessive destruction of cellular proteins as occurs in massive infection and fevers,
- (2) reduced renal perfusion resulting from dehydration or heart failure,
- (3) nearly all types of kidney disease, and
- (4) mechanical obstruction to urine excretion such as is caused by stones, tumors, infection, or stricture. Decreased urea levels are less frequent and occur primarily in advanced liver disease and in overhydration.




Dr. Sushil Kumar Sharma
M.D (Pathology)
Consultant Pathologist
Reg. No.-MP-30165

Laboratory Report

Patient Name : MR SHYAMLAL LOHAR



CPL24/30817

Age/Gender : 33 Yrs/Male

Registration Date : 26/10/2024 12:17 PM

Ref. Dr. : Dr. APOLLO CLINIC

Collection Date : 26/10/2024 12:19 PM

Center : CMH OPD

Report Date : 26/10/2024 02:06 PM



Serum-Creatinine

0.74

mg/dL

0.4 - 1.50

Method: Enzymatic

Interpretation

The primary use of a creatinine test is to better understand how well the kidneys are working. A measurement of creatinine can be employed for screening, diagnosis, and/or monitoring of kidney problems.

SGPT (ALT)- Serum

35.6

unit/L

5 - 45

Method: IFCC

Clinical Significance

Alanine Aminotransferase (ALT) (REFL) - Alanine Aminotransferase (ALT) measurements are particularly useful in the diagnosis and management of certain liver diseases, e.g., viral hepatitis and cirrhosis. ALT activity in tissue is generally much lower than aspartate aminotransferase (AST) activity and is found in highest concentrations in the liver. Significant elevations of ALT occur only in diseases of the liver. ALT is often measured in conjunction with AST to determine whether the source of the AST is the liver or the heart. ALT is normally not elevated in cases of myocardial infarction, i.e., a normal ALT, in conjunction with an elevated AST, tends to suggest cardiac disease. However, slight elevations of ALT may occur if an infarct destroys a very large volume of heart muscle.

CLINICAL BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<u>Fasting Blood Sugar</u>	91.0	mg/dl	Normal: 70-110 Impaired Fasting Glucose(IFG): 100-125 Diabetes mellitus: ≥ 126

Note:- An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons. The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.




Dr. Sushil Kumar Sharma
M.D (Pathology)
Consultant Pathologist
Reg. No.-MP-30165

Laboratory Report

Patient Name : MR SHYAMLAL LOHAR



CPL24/30817

Age/Gender : 33 Yrs/Male

Registration Date : 26/10/2024 12:17 PM

Ref. Dr. : Dr. APOLLO CLINIC

Collection Date : 26/10/2024 12:19 PM

Center : CMH OPD

Report Date : 26/10/2024 02:06 PM



URINE EXAMINATION REPORT

Test Description	Result	Unit	Biological Reference Ranges
URINE ROUTINE			
General Examination			
Colour	Pale Yellow		Pale Yellow
Transparency (Apperance)	Clear		Clear
Deposit	Absent		Absent
Reaction (pH)	Acidic		5.0-8.5
Specific Gravity	1.025		-1.005-1.030
Chemical Examination			
Urine Protein	Absent		Absent
Urine Ketones (Acetone)	Absent		Absent
Urine Glucose	Absent		Absent
Bile pigments	Absent		Absent
Bile salts	NIL		NIL
Urobilinogen	Normal		Normal
Nitrite	Negative		Negative
Microscopic Examination			
RBC's	NIL	/hpf	NIL
Leukocyte (Pus cells)	2-4	/hpf	0-5/hpf
Epithelial Cells	1-2	/hpf	0-4/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous deposits	Absent		Absent
Bacteria	Not seen		Not seen
Yeast Cells	Not seen		Not seen

Note : 1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (Glucose oxidase-Peroxidase), Ketone (Legals Test), Bilirubin (Azo- Diazo reaction), Urobilinogen (Diazonium ion Reaction) Nitrite (Griess Method). All abnormal results of chemical examination are confirmed by manual methods. 2. Pre-test conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight. 3. During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes,




Dr. Sushil Kumar Sharma
M.D (Pathology)
Consultant Pathologist
Reg. No.-MP-30165

Laboratory Report

Patient Name : MR SHYAMLAL LOHAR



CPL24/30817

Age/Gender : 33 Yrs/Male

Registration Date : 26/10/2024 12:17 PM

Ref. Dr. : Dr. APOLLO CLINIC

Collection Date : 26/10/2024 12:19 PM

Center : CMH OPD

Report Date : 26/10/2024 02:06 PM



Test Description	Result	Unit	Biological Reference Ranges
COMPLETE BLOOD COUNT			
Haemoglobin	10.2	gm/dL	12.0 - 16.0
RBC Count	3.97	mil/cu.mm	4.00 - 5.50
Hematocrit HCT	30.1	%	40.0 - 54.0
Mean Corp Volume MCV	75.8	fL	80.0 - 100.0
Mean Corp Hb MCH	25.7	pg	27.0 - 34.0
Mean Corp Hb Conc MCHC	33.9	gm/dL	32.0 - 36.0
Platelet Count	2.32	lac/cmm	1.50 - 4.50
Total WBC Count /TLC	4.8	10 ³ /cu.mm	4.0 - 11.0
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils	52	%	40 - 70
Lymphocytes	39	%	20 - 40
Monocytes	07	%	02 - 10
Eosinophils	02	%	01 - 06
Basophils	00	%	00 - 01
Absolute Differential Count			
Absolute Neutrophils Count	2.5	thou/mm ³	2.00 - 7.00
Absolute Lymphocyte Count	1.9	thou/mm ³	1.00 - 3.00
Absolute Monocytes Count	0.3	thou/mm ³	0.20 - 1.00
Absolute Eosinophils Count	0.1	thou/mm ³	0.02 - 0.50

EDTA Whole Blood - Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.




Dr. Sushil Kumar Sharma
M.D (Pathology)
Consultant Pathologist
Reg. No.-MP-30165

Laboratory Report

Patient Name : MR SHYAMLAL LOHAR



CPL24/30817

Age/Gender : 33 Yrs/Male

Registration Date : 26/10/2024 12:17 PM

Ref. Dr. : Dr. APOLLO CLINIC

Collection Date : 26/10/2024 12:19 PM

Center : CMH OPD

Report Date : 26/10/2024 02:06 PM



Test Description	Result	Unit	Biological Reference Ranges
ESR - ERYTHROCYTE SEDIMENTATION RATE	28	mm/hr	0 - 09

Method: Wintrob's

INTERPRETATION :

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

**** End of the report****

This report is not valid for medico legal aspects. This is just a professional opinion not the final. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.




Dr. Sushil Kumar Sharma
M.D (Pathology)
Consultant Pathologist
Reg. No.-MP-30165

Laboratory Report

Patient Name : MR SHYAMLAL LOHAR
Age/Gender : 33 Yrs/Male
Ref. Dr. : Dr. APOLLO CLINIC
Center : CMH OPD



CPL24/30817

Registration Date : 26/10/2024 12:17 PM
Collection Date : 26/10/2024 12:19 PM
Report Date : 26/10/2024 05:37 PM



BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
Post-Prandial Blood Sugar	106.0	mg/dl	70 - 140

Method: GOD-POD

Interpretation:-

Normal: 70-140

Impaired Glucose Tolerance: 140-200

Diabetes mellitus: ≥ 200

(on more than one occasion)

**** End of the report****

This report is not valid for medico legal aspects. This is just a professional opinion not the final. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.

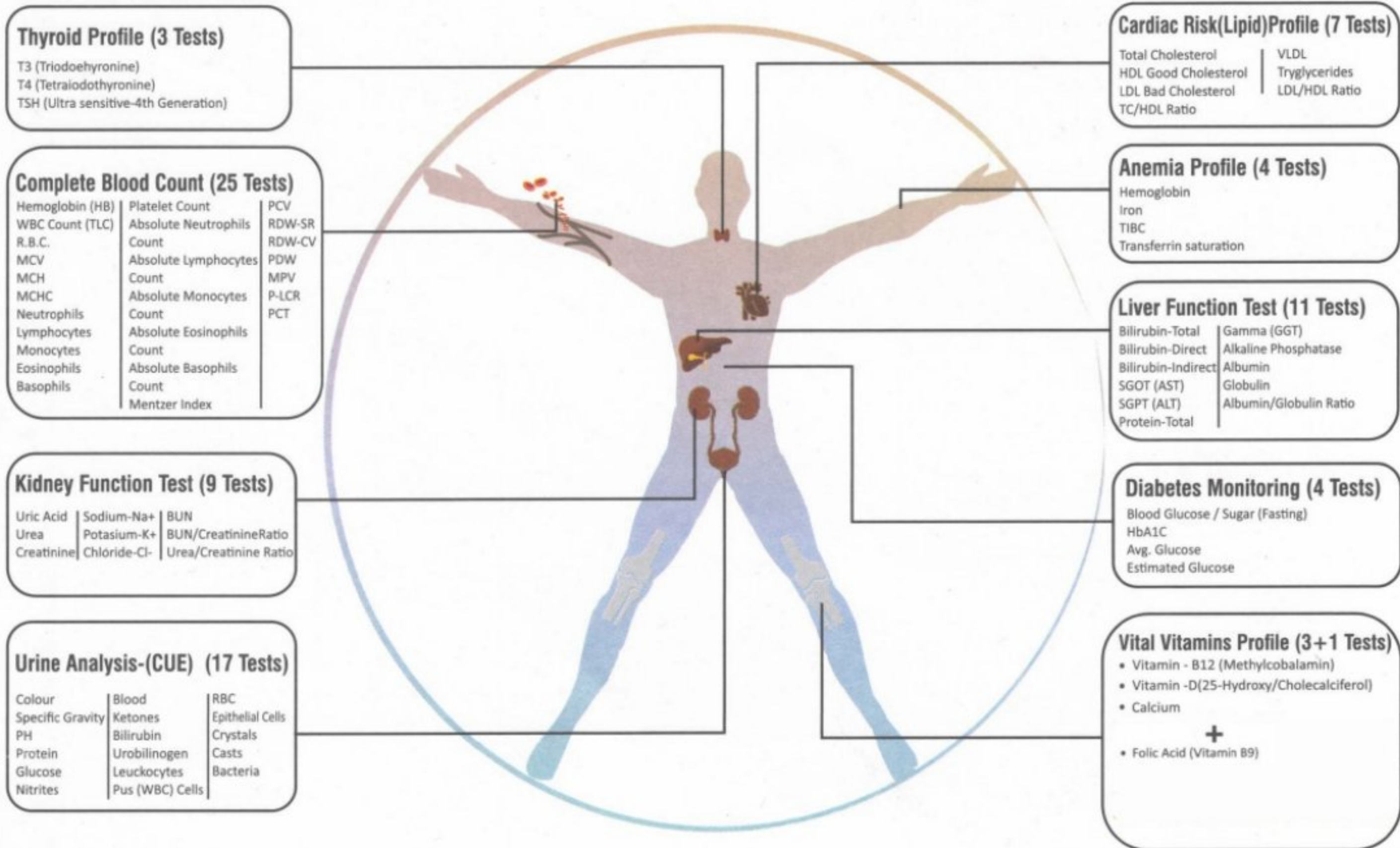


9001:2015



Dr. Sushil Kumar Sharma
M.D (Pathology)
Consultant Pathologist
Reg. No.-MP-30165

BODY CARE



CONDITIONS OF REPORTING

- Individual laboratory investigations should not be considered as conclusive and should be used along with other relevant clinical examinations to achieve the final diagnosis. Therefore these reported results are for the information of referring clinician only
- The values of a laboratory investigation are dependent on the quality of the sample as well as the assay procedures used. Further all samples collected outside Citi Pathlabs labs / patient centers are required to be prepared, stored, labelled and brought as per the guidelines of Citi Pathlabs. Citi Pathlabs cannot be held liable for incorrect results of any samples which are not as per the guidelines issued
- Electronic images in the report are created by electronic processing . Citi Pathlabs makes no expressed or implied warranties or representations with respect to it and takes no responsibility for the authenticity , quality and size of the image , affected possibly due to a computer virus or other contamination
- Citi Pathlabs confirms that all tests have been carried out with reasonable care, clinical safety & technical integrity
A. However due to certain factors such as reagent inconsistency , machine breakdown etc. beyond its control which could affect the testing , it does not make any representation or give any warranty about the accuracy of the reported results
B. The test results are to be used for help in diagnosing / treating medical diseases & not for forensic applications. Hence these results cannot be used for medico - legal purposes
- Partial representation of report is not allowed.
- All dispute / claims concerning to this report are subject to Bhopal jurisdiction only.

For Any Enquiry

Citi Pathlabs

Flat No. 004, Shivaay South City Complex,
Phase-2, G-3 Gulmohar Colony, Bhopal (M.P.)

citipathlabs@gmailcom

9454786340, 9407658222

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of SHYAMLAL KOHAR on 26-10-24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	✗
<ul style="list-style-type: none"> • Currently Unfit. _____ recommended Review after _____ 	✗
<ul style="list-style-type: none"> • Unfit 	✗

Dr. SAURABH I GUPTA
 MBBS(GENERAL) _____
 Reg. No. 11671

Dr. _____
 Medical Officer
 The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

MER- MEDICAL EXAMINATION REPORT

Date of Examination	26-10-24		
NAME	SHYAMLAL LOHAR		
AGE	33	Gender	M
HEIGHT(cm)	172	WEIGHT (kg)	64.3
B.P.	120/70		
ECG	WNL		
X Ray	Normal		
Vision Checkup	Color Vision : Normal		
	Far Vision Ratio : NO		
	Near Vision Ratio : NO		
Present Ailments	No. Any present ailments.		
Details of Past ailments (If Any)	No. Any past ailments.		
Comments / Advice : She /He is Physically Fit	He is physically fit.		

Dr. SABYASACHI GUPTA
 MBBS (Gold Medalist), MD (Med.), RCPSC (L.K.)
 Reg. No. 11871

Signature with Stamp of Medical Examiner



CITI MULTI SPECIALITY HOSPITAL

MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)
Phone No. : 0755 - 4250134
Mobile No. : 7771008660, 8319214664, 9303135719



SHYAM-202-LOHAR
33/m

26-10-24

o/e
2 HO, COMPLAINT
in eye

o/e
VOT { R.E. 2 HO
L.E. 2 HO



2 HO, ANY FRESH COMPLAINT in
R.E. & L.E.

2 HO, WATER-DISCHARGE in
BOTH-EYE.

2 distance vision & near vision
clear in both eye



CITI MULTI SPECIALITY HOSPITAL

MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)
Phone No. : 0755 - 4250134
Mobile No. : 7771008660, 8319214664, 9303135719



Patient Name :	MR. SHYAMLAL	Age /sex :	33Y/M
Referred .By:	INS	Date	26.10.2024

X-RAY CHEST PA VIEW

- Bilateral Lungs Fields Appear Clear .
- Bilateral Hilar Shadows Appear Clear .
- Bilateral CP Angels Appear Clear .
- Both The Domes of Diaphragm Appear normal in Shape and position
- Visualized bony cage and soft tissue appear normal .

IMPRESSION

NO Significant Abnormality Seen.

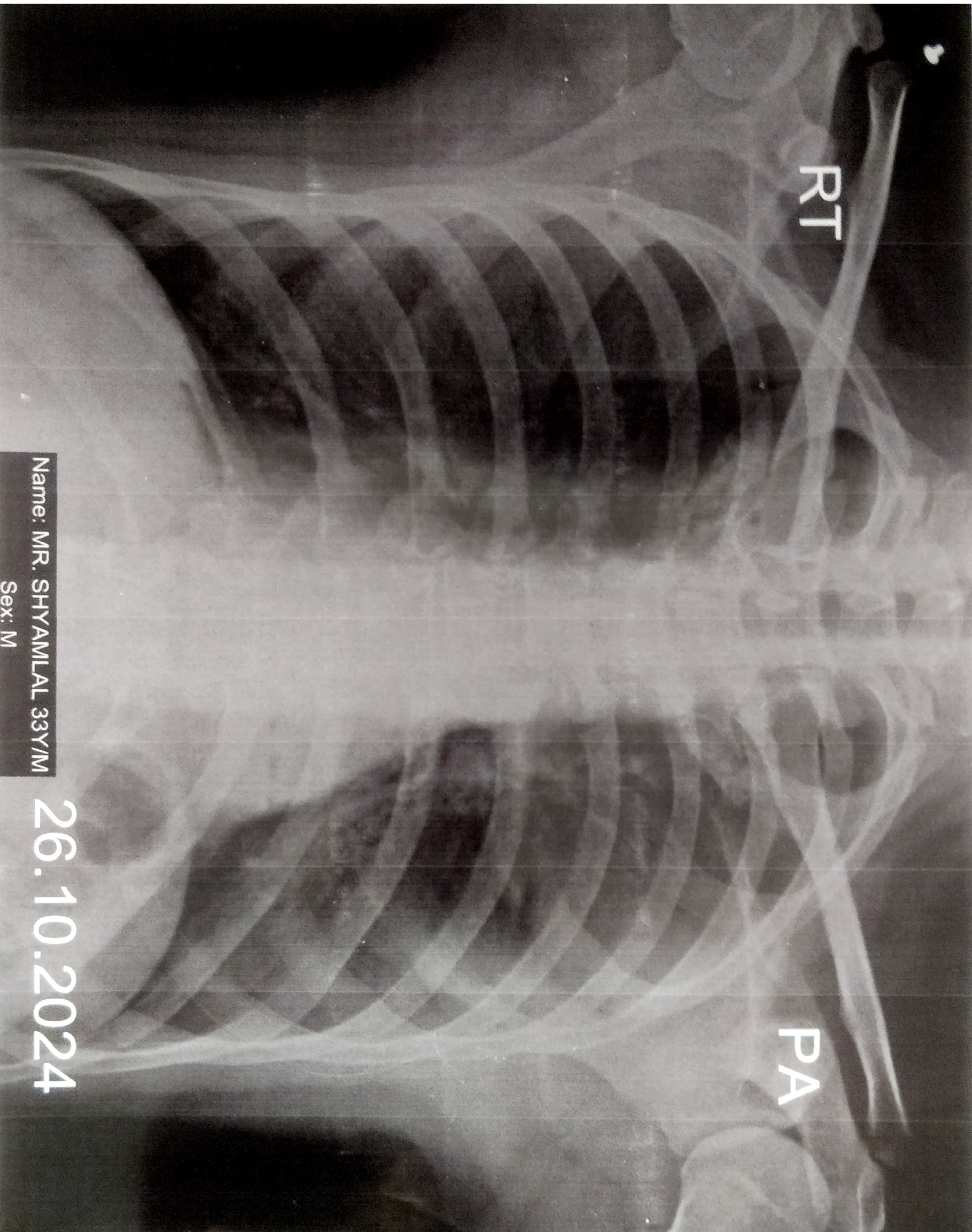
Prinal

Dr. DADHANIA PRINALBEN
MD RADIODIAGNOSIS
CONSULTANT RADIOLOGIST

Empanelled with : State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank
Food Corporation of India, Ayushman Bharat



Scanned with OKEN Scanner



RT

PA

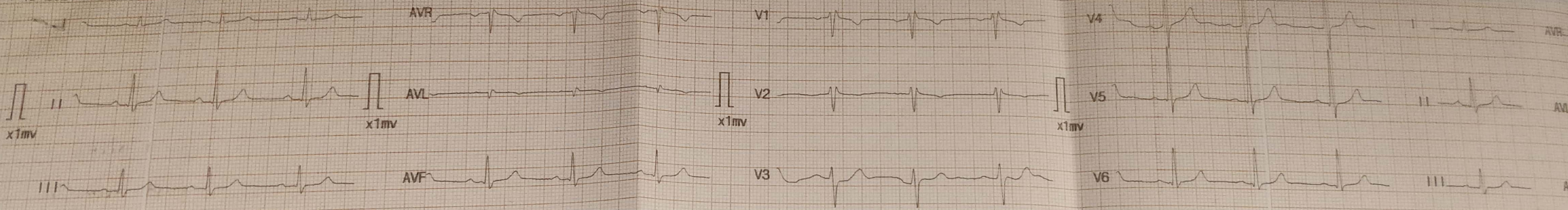
Name: MR. SHYAMLAL 33Y/M

Sex: M

26.10.2024

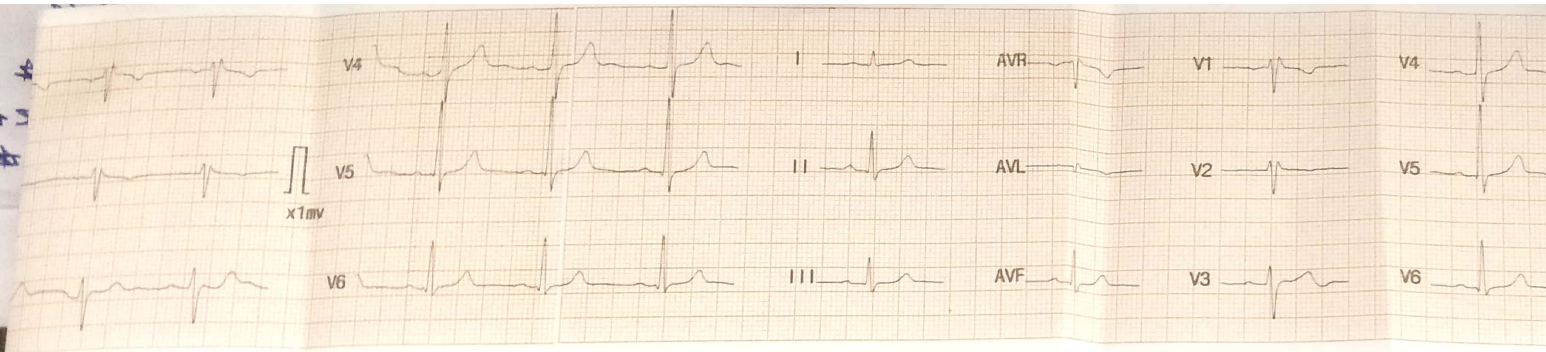


ID: 20241026145339 Name: mr. shyam / ai 25mm/s 0.5-35Hz AC: 50Hz 10mm/mv



Organization: cmh

Doctor: DR s s gupta



ID : 20241026145339
 Name : mr. shyamlal
 Sex : Male
 Age : 33
 HR : 64 bpm
 R-R : 1026 ms
 P-R : 172 ms
 QRS : 112 ms
 QT/QTc : 409/425 ms
 P/QRS/T : 51/ 60/ 65
 RV5/SV1 : 1.461 / -0.513 mV
 RV5+SV1 : 0.948 mV
 QTcF : 0.398

001: Sinus Rhythm
 173: Atypical ECG
 Dr. SABYASACHI GUPTA
 MBBS (GD) MD (CC) DM (CC)
 Reg. No. 14871
 Reference Report Confirmed by:
 10-26-2024 14:53:59
 Released
 20/11/2024



 **GPS Map Camera**



Bhopal, Madhya Pradesh, India

6CMV+FF3, Bharati Niketan, Habib Ganj, Bhopal, Madhya Pradesh
462023, India

Lat 23.233799°

Long 77.443484°

26/10/24 09:08 AM GMT +05:30