

Pt Name - Anurag Bansal

BP - 152/97 mmHg.

SpO<sub>2</sub> - 96%

PR - 86/min

wt - 93.6 kg

Ht - 174 cm.

patient has NO active complaint.

No significant medical or  
surgical history.

Eye checkup:-

|          |     |      |
|----------|-----|------|
| Vision:- | U.  | R.   |
| Distant  | 6/6 | 6/6. |

|        |     |     |
|--------|-----|-----|
| Near:- | 1/5 | 1/5 |
|--------|-----|-----|

No Colour Blindness.

Adv

- Salt Restriction Diet.
- Moderate intensity Exercises. for 30 minutes (5 out of 7 days).
- BP checking
- patient is fit for work.

Anurag Bansal

ID: 1389 CASE: 3765  
AGE: 30Y M D K9

ANURAG BANSAL  
MALE

19/11/2024 09:28:07  
HEALIC MULTISPECIALITY CLINIC  
INDRAPURAM

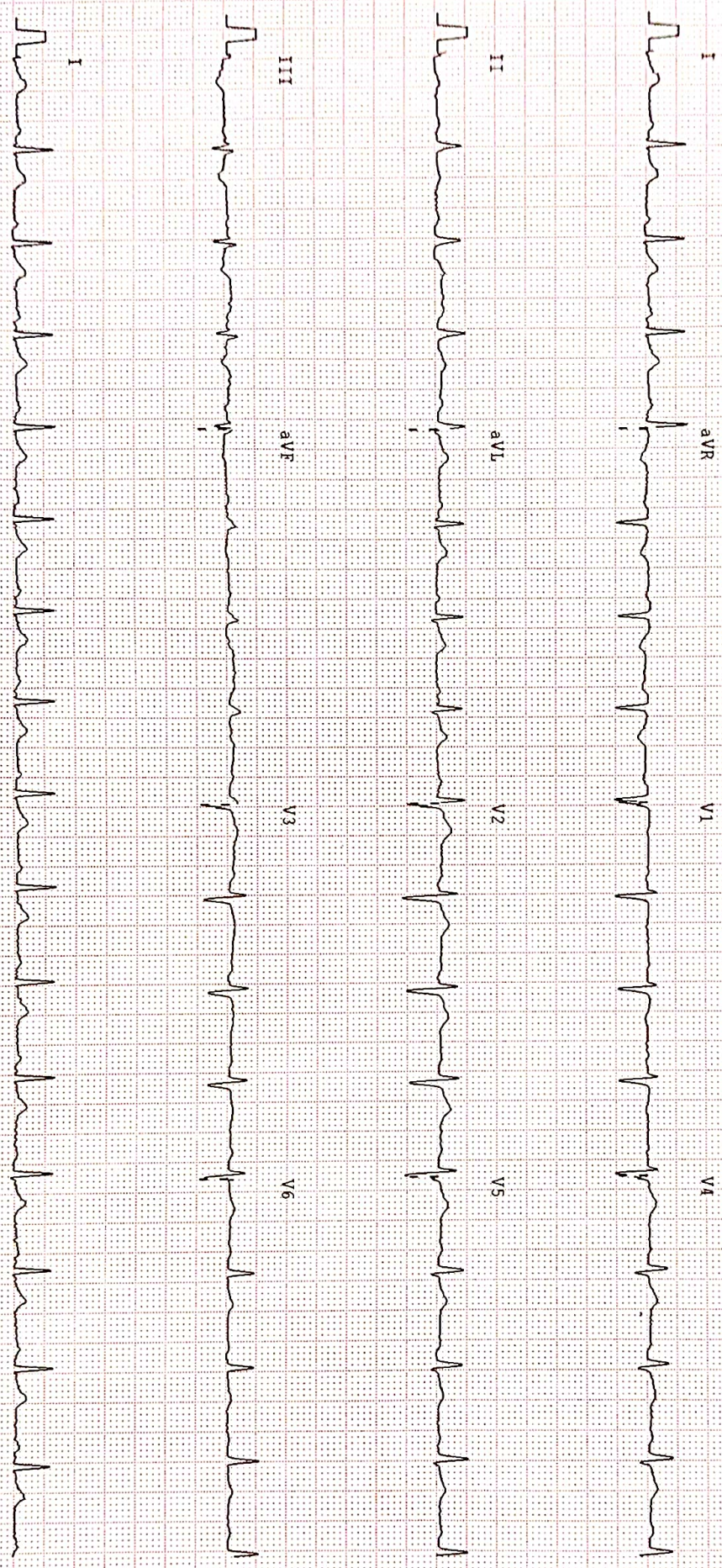
RATE : 95 bpm SINUS RHYTHM  
R-R : 631 ms INFERIOR T WAVE ABNORMALITY IS NONSPECIFIC  
P-R : 156 ms  
QRS : 78 ms  
QT : 316 ms  
QTc : 377 ms

--AXIS--  
P : 07°  
QRS : 24°  
T : -10°

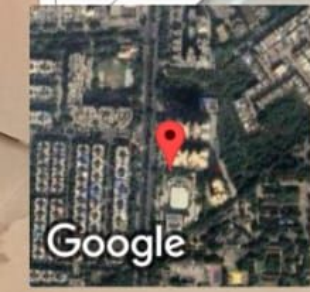
12 SL. REPORT FORMAT 3x4+1L SM


REF:

DE:



mm/sec 5 mm/mV Notch: ON BLC: ON 0.05-35Hz ALLENGERS P10121 VER: 1.111 CLINICALLY CORRELATE THE FINDINGS



 **GPS Map Camera**

Ghaziabad, Uttar Pradesh, India  
Tower-a, Saya Zenith, Indirapuram, Ghaziabad,  
Uttar Pradesh 201014, India  
Lat 28.637798° Long 77.378888°  
19/11/24 09:26 AM GMT +05:30

Scanned by CamScanner

QR Code with Photograph



भारत सरकार

Government of India



अनुराग बंसल

Anurag Bansal

जन्म तिथि/DOB: 01/06/1994

पुरुष/ MALE

57222 5253 4754

VID : 9147 4734 3523 0578



मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

संशोधित: वीरेंद्र कुमार बंसल, हाउस न.563/2, गली न.03  
शिवपुरी, मोदीनगर, निवासी रोड, मोदीनगर, गाजियाबाद,  
उत्तर प्रदेश - 201204

**Address:**

S/O: Virender Kumar Bansal, HOUSE  
NO.563/2, GALI NO.03 SHIVPURI,  
modinagar, NIWARI ROAD, Modinagar,  
Ghaziabad,  
Uttar Pradesh - 201204



QR Code with Photograph

5722 5253 4754

VID : 9147 4734 3523 0578



19-17

Pratap Singh Chahal, Govt. In



www.uidai.gov.in

|  |            |
|--|------------|
| <b>Patient Name</b> : Mr.ANURAG BANSAL | Collected  |
| Age/Gender                             | Received   |
| UHID/MR No                             | Reported   |
| <b>Visit ID</b>                        | Status     |
| Ref. By                                | Panel Name |
| Client Code                            | Barcode No |

## DEPARTMENT OF BIOCHEMISTRY

| Test Name   | Result        | Unit  | Bio. Ref. Range |
|---|---------------|-------|-----------------|
| <b>LIVER FUNCTION TEST</b>                        |               |       |                 |
| <b>Sample Type : SERUM</b>                        |               |       |                 |
| TOTAL BILIRUBIN<br>Modified TAB method            | 0.7           | mg/dL | 0.5-1.2         |
| CONJUGATED ( D. Bilirubin)<br>Modified TAB method | 0.20          | mg/dL | 0.00-0.30       |
| UNCONJUGATED ( I.D. Bilirubin)<br>Calculated      | 0.50          | mg/dL | 0.2-0.8         |
| AST (SGOT)<br>IFCC                                | 29.60         | U/L   | <35             |
| ALT (SGPT)<br>IFCC                                | <b>54.70</b>  | U/L   | <45             |
| ALKALINE PHOSPHATASE<br>IFCC                      | <b>166.60</b> | U/L   | 40-129          |
| TOTAL PROTEIN<br>Biuret                           | 6.70          | g/dL  | 6.0-8.0         |
| ALBUMIN<br>Bromocresol green                      | 4.40          | g/dL  | 3.5-5.2         |
| GLOBULIN<br>Calculated                            | 2.30          | g/dL  | 2.0-3.5         |
| A/G RATIO<br>Calculated                           | 1.91          | %     | 1.0-2.1         |
| GAMMA-GLUTAMYL TRANSFERASE<br>Szasz Methodology   | <b>136.6</b>  | U/L   | 10.0-45.0       |

### Comment:

- Useful for screening liver damage in suspected infections, digestive disorders, alcohol intake or certain drugs.
- Raised ALT, AST indicate hepatocellular disease. ALT (more liver-specific) activity higher than AST in acute or chronic viral hepatitis, autoimmune, hemochromatosis, medications/toxins etc, while higher AST activity in alcoholic hepatitis, cirrhosis and non-hepatic causes like hemolysis, myopathy, thyroid disease, exercise etc. SGOT/SGPT ratio >1 seen in alcoholic cirrhosis, metastasis; high ratio in cirrhosis correlates with the grade of fibrosis.
- Mild isolated raised ALT, AST (<2 times normal) levels may require only repeat testing; usually resolve in 1/3rd cases. Most common cause in asymptomatic cases is Fatty liver disease esp. in patients with metabolic syndrome (MASLD). Some drugs (like paracetamol, statins), herbal supplements, energy drinks, and antibiotics may cause liver injury.

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**M.B.B.S. M.D.**  
**Consultant Pathologist**

|  |                  |                       |                       |
|--|------------------|-----------------------|-----------------------|
| <b>Patient Name</b> : Mr.ANURAG BANSAL | Collected        | : 19/Nov/2024 11:47AM |                       |
| Age/Gender                             | : 30 Y/M         | Received              | : 19/Nov/2024 12:32PM |
| UHID/MR No                             | : HEA.0000000307 | Reported              | : 19/Nov/2024 01:56PM |
| <b>Visit ID</b>                        | : HEA310         | Status                | : Final Report        |
| Ref. By                                | : SELF           | Panel Name            | : HEALIC LAB          |
| Client Code                            | : HEA01          | Barcode No            | : hh000243            |

**DEPARTMENT OF BIOCHEMISTRY**

| Test Name | Result | Unit | Bio. Ref. Range |
|-----------|--------|------|-----------------|
|-----------|--------|------|-----------------|

- Elevated alkaline phosphatase and GGT indicate cholestatic disease like bile duct obstruction, primary biliary cirrhosis, primary sclerosing cholangitis or infiltrating diseases of the liver. Also high in other causes like bone disease, pregnancy, CRF, malignancies, congestive heart failure etc.
- High bilirubin indicates jaundice either due to RBC breakdown, liver damage by infections, toxins; or cholestasis due to gall stones, tumors etc.
- High protein levels seen in dehydration (inadequate intake or excessive water loss) in severe vomiting, diarrhea, etc or increased production seen in inflammation, some hematopoietic neoplasms. Low protein and albumin seen in impaired synthesis (liver disease) or decreased intake, tissue damage, malabsorption and increased renal excretion.

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| UHID/MR No                             | Reported   |
| <b>Visit ID</b>                        | Status     |
| Ref. By                                | Panel Name |
| Client Code                            | Barcode No |

## DEPARTMENT OF BIOCHEMISTRY

| Test Name                            | Result        | Unit  | Bio. Ref. Range |
|--------------------------------------|---------------|-------|-----------------|
| <b>LIPID PROFILE</b>                 |               |       |                 |
| <b>Sample Type : SERUM</b>           |               |       |                 |
| TOTAL CHOLESTEROL                    | 183.80        | mg/dL | <200            |
| CHOD-PAP                             |               |       |                 |
| TRIGLYCERIDES                        | <b>179.80</b> | mg/dL | 60-165          |
| GPO-PAP                              |               |       |                 |
| H D L CHOLESTEROL                    | 42.60         | mg/dL | 35-80           |
| Direct (Selective Inhibition Method) |               |       |                 |
| L D L CHOLESTEROL                    | 105.24        | mg/dL | <100            |
| Calculated                           |               |       |                 |
| VLDL                                 | <b>35.96</b>  | mg/dL | <30             |
| Calculated                           |               |       |                 |
| T. CHOLESTEROL/ HDL RATIO            | 2.47          | Ratio | 0.1-4.97        |
| Calculated                           |               |       |                 |
| LDL / HDL RATIO                      | 0.40          | %     | 0-3.5           |
| Calculated                           |               |       |                 |

### Comment

Lipid profile checks cholesterol levels, comprising of parameters total cholesterol, LDL cholesterol, HDL cholesterol and triglycerides. The results of the lipid profile as per the AHA guidelines mentioned below, are considered along with other known risk factors of heart disease to develop a plan of treatment and follow-up. A lipid profile typically includes:

- Total cholesterol - this test measures all of the cholesterol in all the lipoprotein particles.
- High-density lipoprotein cholesterol (HDL) -often called **Good Cholesterol** because it removes excess cholesterol via liver.
- Low-density lipoprotein cholesterol (LDL) -called **Bad Cholesterol** as it deposits fat and contribute to thickening of blood vessels called atherosclerosis.
- Triglycerides measures all the triglycerides in all the lipoprotein particles.

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|  |            |                       |
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| Ref. By : SELF                         | Panel Name | : HEALIC LAB          |
| Client Code : HEA01                    | Barcode No | : hh000243            |

**DEPARTMENT OF BIOCHEMISTRY**

| Test Name | Result | Unit | Bio. Ref. Range |
|-----------|--------|------|-----------------|
|-----------|--------|------|-----------------|

**Guidelines from The American Heart Association (AHA)**

| Total Cholesterol (mg/dL) |                 | HDL Cholesterol (mg/dL)  |   |
|---------------------------|-----------------|--------------------------|---|
| <200                      | Best            | <40 (men)<br><50 (women) | Poor                                      |
| 200-239                   | Borderline high | 50-59                    | Better                                    |
| >239                      | High            | >59                      | Best                                      |
| Triglyceride (mg/dL)      |                 | LDL Cholesterol (mg/dL)  |   |
| <150                      | Best            | <70                      | Best for people with heart disease        |
| 150-199                   | Borderline high | <100                     | Best for people at risk of heart disease. |
| 200-499                   | High            | 100-129                  | Near ideal                                |
| >499                      | Very high       | 130-159                  | Borderline high                           |
|                           |                 | 160-189                  | High                                      |
|                           |                 | >189                     | Very high                                 |

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| UHID/MR No : HEA.0000000307            | Reported   | : 19/Nov/2024 01:56PM |
| <b>Visit ID</b> : HEA310               | Status     | : Final Report        |
| Ref. By : SELF                         | Panel Name | : HEALIC LAB          |
| Client Code : HEA01                    | Barcode No | : hh000243f           |

**DEPARTMENT OF BIOCHEMISTRY**

| Test Name | Result | Unit | Bio. Ref. Range |
|-----------|--------|------|-----------------|
|-----------|--------|------|-----------------|

**PLASMA GLUCOSE - FASTING**

Sample Type : FLOURIDE PLASMA

|                                   |      |       |            |
|-----------------------------------|------|-------|------------|
| Plasma Glucose Fasting<br>GOD-PAP | 94.8 | mg/dL | 74.0-100.0 |
|-----------------------------------|------|-------|------------|

**COMMENTS:**

Blood glucose determinations are the most frequently performed clinical chemistry laboratory procedures, commonly used as an aid in the diagnosis and treatment of diabetes. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyperfunction as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

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Testing Done By HEALIC

|  |                  |                       |                       |
|--|------------------|-----------------------|-----------------------|
| <b>Patient Name</b> : Mr.ANURAG BANSAL | Collected        | : 19/Nov/2024 11:47AM |                       |
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| UHID/MR No                             | : HEA.0000000307 | Reported              | : 19/Nov/2024 01:56PM |
| <b>Visit ID</b>                        | : HEA310         | Status                | : Final Report        |
| Ref. By                                | : SELF           | Panel Name            | : HEALIC LAB          |
| Client Code                            | : HEA01          | Barcode No            | : hh000243p           |

**DEPARTMENT OF BIOCHEMISTRY**

| Test Name | Result | Unit | Bio. Ref. Range |
|-----------|--------|------|-----------------|
|-----------|--------|------|-----------------|

**PLASMA GLUCOSE - PP**

**Sample Type : FLOURIDE PLASMA (PP)**

|                              |       |       |            |
|------------------------------|-------|-------|------------|
| Plasma Glucose PP<br>GOD-PAP | 135.7 | mg/dL | 80.0-140.0 |
|------------------------------|-------|-------|------------|

**COMMENTS:**

Blood glucose determinations are the most frequently performed clinical chemistry laboratory procedures, commonly used as an aid in the diagnosis and treatment of diabetes. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyperfunction as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

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Testing Done By HEALIC

|  |            |
|--|------------|
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| Age/Gender                             | Received   |
| UHID/MR No                             | Reported   |
| <b>Visit ID</b>                        | Status     |
| Ref. By                                | Panel Name |
| Client Code                            | Barcode No |

## DEPARTMENT OF BIOCHEMISTRY

| Test Name   | Result      | Unit                      | Bio. Ref. Range     |
|---|-------------|---------------------------|---------------------|
| <b>KIDNEY FUNCTION TEST</b>   |             |                           |                     |
| <b>Sample Type : SERUM</b>  |             |                           |                     |
| BLOOD UREA<br>Urease /GLDH  | 19.60       | mg/dL                     | 10-50               |
| BLOOD UREA NITROGEN (BUN)<br>Automated/Calculated                   | 9.16        | mg/dL                     | 5-25                |
| SERUM CREATININE<br>Enzymatic                                       | 0.80        | mg/dL                     | 0.62-1.17           |
| SERUM URIC ACID<br>Uricase-PAP                                      | <b>8.30</b> | mg/dL                     | 3.5-7.2             |
| CALCIUM<br>Modified Arsenazo III Method                             | 9.00        | mg/dl                     | 8.1-10.4            |
| Estimated Glomerular Filtration Rate (eGFR)<br>Automated/Calculated | 120.64      | mL/min/1.73m <sup>2</sup> | REFER INTERPRETAION |
| BUN/CREATININE RATIO  | 11.45       | Ratio                     | 10-20               |
| UREA CREATININE RATIO   | 24.50       | Ratio                     |                     |
| <b>SERUM ELECTROLYTE</b>  |             |                           |                     |
| SERUM SODIUM<br>ISE   | 142.9       | mmol/L                    | 135.0-145.0         |
| SERUM POTASSIUM<br>ISE  | 4.04        | mmol/L                    | 3.5-5.8             |
| SERUM CHLORIDE<br>ISE   | 105.2       | mmol/L                    | 98.0-107.0          |

### Interpretation:

Blood urea nitrogen (BUN) and creatinine are waste products that are filtered out of the blood by the kidneys. Elevated levels of BUN and creatinine in the blood can indicate decreased kidney function. The glomerular filtration rate (GFR) is a measure of how well your kidneys are filtering waste products from your blood. A low GFR can indicate decreased kidney function. The urine albumin-to-creatinine ratio (ACR) is a measure of the amount of albumin (a type of protein) in your urine relative to the amount of creatinine. Elevated levels of ACR can indicate damage to the kidneys.

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| Age/Gender                             | : 30 Y/M         | Received              | : 19/Nov/2024 12:32PM |
| UHID/MR No                             | : HEA.0000000307 | Reported              | : 19/Nov/2024 02:35PM |
| <b>Visit ID</b>                        | : HEA310         | Status                | : Final Report        |
| Ref. By                                | : SELF           | Panel Name            | : HEALIC LAB          |
| Client Code                            | : HEA01          | Barcode No            | : hh000243            |

**DEPARTMENT OF HAEMATOLOGY**

| Test Name | Result | Unit | Bio. Ref. Range |
|-----------|--------|------|-----------------|
|-----------|--------|------|-----------------|

**BLOOD GROUP ABO & RH**

Sample Type : WHOLE BLOOD EDTA

|                           |                 |
|---------------------------|-----------------|
| ABO                       | "O"             |
| Gel Columns agglutination |                 |
| <b>Rh Typing</b>          | <b>POSITIVE</b> |
| Gel agglutination         |                 |

**COMMENTS:**

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

**Disclaimer:** There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings.

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| Ref. By                                | Panel Name |
| Client Code                            | Barcode No |

## DEPARTMENT OF HAEMATOLOGY

| Test Name | Result | Unit | Bio. Ref. Range |
|-----------|--------|------|-----------------|
|-----------|--------|------|-----------------|

### HBA1C

#### Sample Type : WHOLE BLOOD EDTA

|   |       |       |  |
|---|-------|-------|--|
| Glycosylated Hemoglobin<br>Nephelometric Method | 5.7   | %     | Normal Glucose tolerance (non-diabetic): 4-6 %<br>Pre-diabetic: 5.7-6.4%<br>Diabetic Mellitus: >6.5% |
| ESTIMATED AVG. GLUCOSE                          | 116.6 | mg/dl |  |

#### INTERPRATION:

HbA1c result is suggestive of non diabetic adults (>=18 years)/well controlled Diabetes in a known Diabetic.  
HbA1c ia used to monitor fluctuations in blood glucose concentration in the past 8-12 weeks period.

#### Interprtation as per American Diabetes Association (ADA) Guidelines

| Reference Group | Non diabetic adults >=18 years | At risk (prediabetes) | Diagnosing Diabetes | Therapeutic goals for glyemic control |
|-----------------|--------------------------------|-----------------------|---------------------|---------------------------------------|
| HbA1c in %      | 4.0 - 5.6                      | 5.7-6.4               | >=6.5               | <7.0                                  |

#### Therapeutic Glycemic targets:-

Pregnant Diabetic Patients - Less than 6.5%

Children with type 1 Diabetes - Less than 7.0 %

**Note:** Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

### COMPLETE BLOOD COUNT WITH ESR

#### Sample Type : WHOLE BLOOD EDTA

|   |      |                     |           |
|---|------|---------------------|-----------|
| Haemoglobin<br>Colorimetric                   | 14.3 | g/dL                | 13.0-17.0 |
| RBC Count<br>Optical Flowcytometry            | 4.6  | 10 <sup>6</sup> /μL | 4.5-5.5   |
| PCV/Haematocrit<br>RBC pulse height detection | 44.3 | %                   | 40-50     |
| MCV<br>Automated/Calculated                   | 96.3 | fL                  | 80-100    |
| MCH<br>Automated/Calculated                   | 31.3 | pg                  | 27-32     |

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| Ref. By                                | Panel Name |
| Client Code                            | Barcode No |

## DEPARTMENT OF HAEMATOLOGY

| Test Name  | Result | Unit                | Bio. Ref. Range |
|--|--------|---------------------|-----------------|
| MCHC<br>Automated/Calculated                           | 32.30  | g/dL                | 31.5-34.5       |
| RDW - CV<br>Automatic Calculated                       | 13.3   | %                   | 11.0-16.0       |
| RDW - SD<br>Automatic Calculated                       | 42.1   | fL                  | 35.0-56.0       |
| Total Leucocyte Count<br>Impedance                     | 6.20   | 10 <sup>3</sup> /uL | 4.0-10.0        |
| <b>Differential Count (Fluorescent Flow Cytometry)</b> |        |                     |                 |
| Neutrophil   | 68.5   | %                   | 50-80           |
| Lymphocyte   | 23.3   | %                   | 20-40           |
| Eosinophil   | 2.0    | %                   | 0.5-5.0         |
| Monocyte   | 6.1    | %                   | 3-12.0          |
| Basophil   | 0.1    | %                   | 0.0-2.0         |
| <b>ABSOLUTE LEUKOCYTE COUNTS</b>                       |        |                     |                 |
| Absolute Neutrophil Count<br>Automated Calculated      | 4.3    | 10 <sup>3</sup> /uL | 2.0-7.0         |
| Absolute Lymphocyte Count<br>Automated Calculated      | 1.4    | 10 <sup>3</sup> /uL | 1.5-4.0         |
| Absolute Eosinophil Count<br>Automated Calculated      | 0.1    | 10 <sup>3</sup> /uL | 0.02-0.50       |
| Absolute Monocyte Count<br>Automated Calculated        | 0.4    | 10 <sup>3</sup> /uL | 0.12-1.20       |
| Absolute Basophil Count<br>Automated Calculated        | 0      | 10 <sup>3</sup> /uL | 0.00-0.10       |
| Platelet Count<br>Optical Flowcytometry                | 237    | 10 <sup>3</sup> /uL | 150-450         |
| PCT  | 0.2    | %                   | 0.108-0.282     |
| PDW<br>Calculated                                      | 16.7   | fL                  | 15.0-17.0       |
| MPV<br>Calculated                                      | 9.8    | fL                  | 6.5-12.0        |
| ERYTHROCYTE SEDIMENTATION RATE<br>Westergren           | 10     | mm/1 hr             | 0-10            |

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| Ref. By                                | Panel Name |
| Client Code                            | Barcode No |

## DEPARTMENT OF HORMONE ASSAYS

| Test Name                           | Result | Unit   | Bio. Ref. Range |
|-------------------------------------|--------|--------|-----------------|
| <b>THYROID PROFILE (T3,T4,TSH)</b>  |        |        |                 |
| <b>Sample Type : SERUM</b>          |        |        |                 |
| T3<br>Dry Fluorescence Immunoassay  | 2.69   | nmol/L | 1.3-2.7         |
| T4<br>Dry Fluorescence Immunoassay  | 139.90 | nmol/L | 78-154          |
| TSH<br>Dry Fluorescence Immunoassay | 1.960  | μIU/mL | 0.4-4.0         |

### INTERPRETATION:

- Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
- TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

### REFERENCE RANGE:

| PREGNANCY     | TSH in μIU/mL      |
|---------------|--------------------|
| 1st Trimester | 0.25 - 4.33 μIU/mL |
| 2nd Trimester | 0.43 - 6.61 μIU/mL |
| 3rd Trimester | 0.38 - 6.22 μIU/mL |

| Age           | TSH in μIU/mL       |
|---------------|---------------------|
| 1 - 3 years   | 0.76 - 10.00 μIU/mL |
| 3 - 6 years   | 0.79 - 5.54 μIU/mL  |
| 6 - 12 years  | 0.49 - 5.83 μIU/mL  |
| 12 - 18 years | 0.59 - 6.93 μIU/mL  |
| >18 years     | 0.30 - 4.50 μIU/mL  |

(References range recommended by the American Thyroid Association)

### COMMENTS:

- During pregnancy, Free thyroid profile (FT3, FT4 & Ultra-TSH) is recommended.
- TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

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

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*U  
JHRAV*

**Dr. GAURAV GARG**  
**M.B.B.S. M.D.**  
**Consultant Pathologist**



|                                   |                      |                |                     |
|-----------------------------------|----------------------|----------------|---------------------|
| <b>NAME</b>                       | <b>ANURAG BANSAL</b> | <b>AGE/SEX</b> | <b>30 YRS/ MALE</b> |
| <b>REFD BY.</b>                   | <b>SELF</b>          | <b>DATE</b>    | <b>19/11/2024</b>   |
| <b><u>X-RAY CHEST PA VIEW</u></b> |                      |                |                     |

**Findings:**

Visualized lung fields appear clear.

Both hilar shadows appear normal.

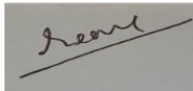
Cardiothoracic ratio is within normal limits.

Both hemidiaphragmatic outlines appear normal.

Both costophrenic angles are clear.

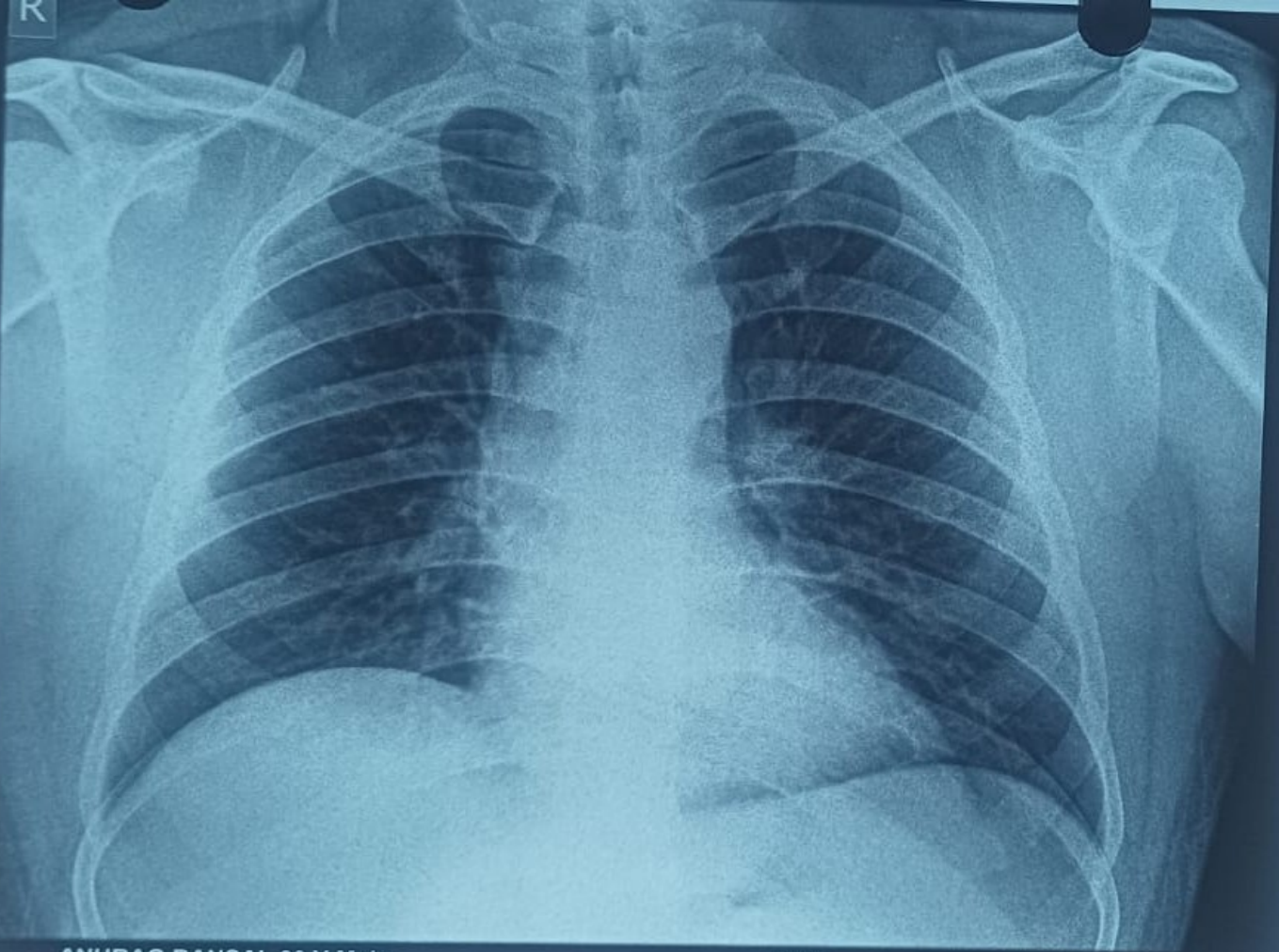
**IMPRESSION:** No significant abnormality seen.

**Adv:** Clinical correlation



**DR. REMA ARORA**  
**MBBS, DNB (Radio-diagnosis)**  
**CONSULTANT RADIOLOGIST**

R



ANURAG BANSAL 30 Y Male

SELF

Chest PA

55.4 %

19/11/2024 10:00:40 AM

HEALIC MULTISPECIALTY CLINIC- INDIRAPURAM



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CIN: U24240DL2011PTC216307

**MEDICAL FITNESS CERTIFICATE**

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that **Mr. Anurag Bansal** aged, **30yr**. Based on the examination, I certify that he is in good dental and physical health and it is free from any physical defects such as deafness, color blindness, and any chronic or contagious diseases.

Place: **Ghaziabad**

Date: **19/11/2024**

*Dr. Nitesh Kumar*  
*Nitesh Kumar*  
BCMR 47093  
Name & Signature of

Medical officer