

MEDICAL EXAMINATION REPORT

Name MR. ALAM SABBIR MD Gender M/F Date of Birth 07-02-1991
 Position Selected For CASH Identification marks DOT MARK FACE

A. HISTORY:

1. Do you have, or are you being treated for, any of the following conditions? (please tick all that apply)?

- | | | |
|---|--|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Cancer | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Depression/ bipolar disorder | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Asthama, Bronchitis, Emphysema | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine Headaches |
| <input type="checkbox"/> Back or spinal problems | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Sinusitis or Allergic Rhinitis (Hay Fever) |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Any other serious problem for which you are receiving medical attention | |

2. List the medications taken Regularly.

NONE

3. List allergies to any known medications or chemicals

NONE

4. Alcohol : Yes No Occasional

5. Smoking : Yes No Quit (more than 3 years)

6. Respiratory Function :

- a. Do you become unusually short of breath while walking fast or taking stair - case? Yes No
- b. Do you usually cough a lot first thing in morning? Yes No
- c. Have you vomited or coughed out blood? Yes No

7. Cardiovascular Function & Physical Activity :

a. Exercise Type: (Select 1)

- No Activity
- Very Light Activity (Seated At Desk, Standing)
- Light Activity (Walking on level surface, house cleaning)
- Moderate Activity (Brisk walking, dancing, weeding)
- Vigorous Activity (Soccer, Running)

b. Exercise Frequency: Regular (less than 3 days/ week) / Irregular (more than 3 days/ Week)

c. Do you feel pain in chest when engaging in physical activity? Yes No

8. Hearing :

- a. Do you have history of hearing troubles? Yes No
- b. Do you experiences ringing in your ears? Yes No
- c. Do you experience discharge from your ears? Yes No
- d. Have you ever been diagnosed with industrial deafness? Yes No

9. Musculo - Skeletal History

- | | | | |
|-----------------------------------|--|------------------------------|--|
| a. Neck : | Have you ever injured or experienced pain? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| b. Back : | If Yes ; approximate date (MM/YYYY) | | |
| c. Shoulder, Elbow, Wrists, Hands | Consulted a medical professional ? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| d. Hips, Knees, Ankles, Legs | Resulted in time of work? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Surgery Required ? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Ongoing Problems ? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

10. Function History

- a. Do you have pain or discomfort when lifting or handling heavy objects? Yes No
 - b. Do you have knee pain when squatting or kneeling? Yes No
 - c. Do you have back pain when forwarding or twisting? Yes No
 - d. Do you have pain or difficulty when lifting objects above your shoulder height? Yes No
 - e. Do you have pain when doing any of the following for prolonged periods (Please circle appropriate response)
- | | | |
|---|---|--|
| •Walking : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Kneeling : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Squatting : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| •Climbing : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Sitting : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| •Standing : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Bending : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
- f. Do you have pain when working with hand tools? Yes No
 - g. Do you experience any difficulty operating machinery? Yes No
 - h. Do you have difficulty operating computer instrument? Yes No

B. CLINICAL EXAMINATION :

a. Height <u>5.8ft</u>	b. Weight <u>64.5kg</u>	Blood Pressure <u>130/80 mmhg</u>
Chest measurements:	a. Normal <input checked="" type="checkbox"/>	b. Expanded <u>37.6cm</u>
Waist Circumference <u>WNL</u>	Ear, Nose & Throat <u>WNL</u>	
Skin <u>NORMAL</u>	Respiratory System <u>NORMAL</u>	
Vision <u> </u>	Nervous System <u> </u>	
Circulatory System <u> </u>	Genito-urinary System <u> </u>	
Gastro-intestinal System <u> </u>	Colour Vision <u> </u>	

Discuss Particulars of Section B :-

C. REMARKS OF PATHOLOGICAL TESTS :

Chest X-ray <u>WNL</u>	ECG <u>WNL</u>
Complete Blood Count <u>WNL</u>	Urine routine <u>WNL</u>
Serum cholesterol <u>WNL</u>	Blood sugar <u>WNL</u>
Blood Group <u>B +ve</u>	S.Creatinine <u>0.89</u>

D. CONCLUSION :

Any further investigations required	Any precautions suggested
<u>NONE</u>	<u>NONE</u>

E. FITNESS CERTIFICATION

Certified that the above named recruit does not appear to be suffering from any disease communicable or otherwise, constitutional weakness or bodily infirmity except _____
 _____ I do not consider this as disqualification for employment in the Company. S

Candidate is free from Contagious/Communicable disease

Date : 27th OCT. 2024


AMAR JYOTI HOSPITAL
Dr. Aditya Anand
 Signature of Medical Adviser
KMC 163362
M.B.B.S



AMAR JYOTI HOSPITAL

A Multi Speciality Hospital Modern ICU, HDU, OT, Dialysis Facility

E-mail : amarjyotihospitalbgs@gmail.com

Add. : Near Anushka Pvt. ITI, NH-31, Sushil Nagar, Begusarai (Bihar), Call : 8877770366, 8873831650

28/10/2024

Name :- Mr. Alam Babbar MD.

Age/Sex :- 33 y / M.

Add :- Begusarai

Pt. Came for General Health check-up for medical fitness test.

vitals

BP - 120/70 mmHg

P - 78 bpm.

SpO₂ - 99% @ RA.

CRBS - 126 gm/dl.

O/E/H. No fresh complaints.

- No any H/o. ch. illness like
 - DM
 - HTN
 - COPD
 - RA

PICKLED

(-)

No any H/o. Familial disease.

Investigations (Routine).

- CBC
- ESR
- BG
- FBS, PPBS
- urine, stool R/E
- Lipid profile.
- Liver profile
- Kidney profile.

- X-ray PA-view

- ECG

- Echo

- Stress test

- TFT

- General check-up

O/E -

Chest - B/L NBS

Cv - S, S₂ Mo.

Pl - soft, NT

H - Intact.

Neurologically Intact.

Reports attached.

Pt present - patient fit & no any medical abnormalities.

Piyush Kumar

AMAR JYOTI HOSPITAL

Dr. Piyush Kumar

MBBS, MD Medicine

Reg.No. :- 55571



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. ALAM SABBIR MD
EC NO.	102010
DESIGNATION	SENIOR CUSTOMER SERVICE ASSOCIATE (CASH)
PLACE OF WORK	HARPUR_KHAGARIA
BIRTHDATE	07-02-1991
PROPOSED DATE OF HEALTH CHECKUP	26-10-2024
BOOKING REFERENCE NO.	24D102010100118134E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **22-10-2024** till **31-03-2025**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM & Marketing Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))



List of tests & consultations to be covered as part of Annual Health Check-up

S.No.	For Male	For Female
1	CBC	CBC
2	ESR	ESR
3	Blood Group & RH Factor	Blood Group & RH Factor
4	Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
5	Blood and Urine Sugar PP	Blood and Urine Sugar PP
6	Stool Routine	Stool Routine
	Lipid Profile	Lipid Profile
7	Total Cholesterol	Total Cholesterol
8	HDL	HDL
9	LDL	LDL
10	VLDL	VLDL
11	Triglycerides	Triglycerides
12	HDL/ LDL ratio	HDL/ LDL ratio
	Liver Profile	Liver Profile
13	AST	AST
14	ALT	ALT
15	GGT	GGT
16	Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
17	ALP	ALP
18	Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
	Kidney Profile	Kidney Profile
19	Serum Creatinine	Serum Creatinine
20	Blood Urea Nitrogen	Blood Urea Nitrogen
21	Uric Acid	Uric Acid
22	HBA1C	HBA1C
23	Routine Urine Analysis	Routine Urine Analysis
24	USG Whole Abdomen	USG Whole Abdomen
	General Tests	General Tests
25	X Ray Chest	X Ray Chest
26	ECG	ECG
27	2D/3D ECHO / TMT	2D/3D ECHO / TMT
28	Stress Test	Gynaec Consultation
29	PSA Male (above 40 years)	Pap Smear (above 30 years) & Mammography (above 40 years)
30	Thyroid Profile (T3, T4, TSH)	Thyroid Profile (T3, T4, TSH)
31	Dental Check-up Consultation	Dental Check-up Consultation
32	Physician Consultation	Physician Consultation
33	Eye Check-up Consultation	Eye Check-up Consultation
34	Skin/ENT Consultation	Skin/ENT Consultation



प्रति,

समन्वयक,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. ALAM SABBIR MD
क.कू.संख्या	102010
पदनाम	SENIOR CUSTOMER SERVICE ASSOCIATE(CASH)
कार्य का स्थान	HARPUR_KHAGARIA
जन्म की तारीख	07-02-1991
स्वास्थ्य जांच की प्रस्तावित तारीख	26-10-2024
बुकिंग संदर्भ सं.	24D102010100118134E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 22-10-2024 से 31-03-2025 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

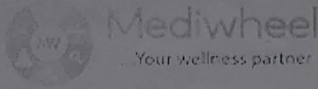
हस्ता/-

(मुख्य महाप्रबंधक)

मा.सं.प्र. एवं विपणन

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.) से संपर्क करें।)



011-41195959

Dear **MR. ALAM SABBIR MD,**

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Health Checkup Male Below 40
Name of Diagnostic/Hospital : Amar Jyoti Hospital
Address of Diagnostic/Hospital- : Sushil Nagar, Anushka pvt. iti , Begusarai -851134
City : Begusarai
State : Bihar
Pincode : 851134
Appointment Date : 26-10-2024
Confirmation Status : Booking Confirmed
Preferred Time : 08:30 AM - 09:00 AM
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. ALAM SABBIR MD	33 year	Male

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team
Please Download Mediwheel App



You have received this mail because your e-mail ID is registered with Arcofemi Healthcare Limited This is a system-generated e-mail please don't reply to this message.

Please visit to our Terms & Conditions for more informaion. [Click here](#) to unsubscribe.

@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Medjwheel)

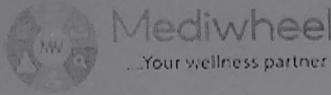
Health Check up Booking Confirmed Request(bobE43403),Package Code-
PKG10000227, Beneficiary Code-18807

Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

Wed 09-08-2023 15:36

To:sabbirji99@gmail.com <sabbirji99@gmail.com>

Cc:Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>



011-41195959

Email:wellness@mediwheel.in

Dear **MR. ALAM SABBIR MD,**

Please find the confirmation for following request.

Booking Date : 04-08-2023
Package Name : Medi-wheel Full Body Health Checkup Male Below 40
Name of Diagnostic/Hospital : Amar Jyoti Hospital
Address of Diagnostic/Hospital : Sushil Nagar, Anushka Pvt ITI , Begusarai - 851134
Contact Details : 8521712741
City : Begusarai
State : Bihar
Pincode : 851134
Appointment Date : 12-08-2023
Confirmation Status : Confirmed
Preferred Time : 8:00am-8:30am
Comment : Confirm

Instructions to undergo Health Check:

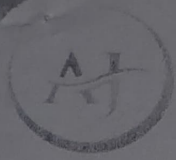
1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
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In case of further assistance, Please reach out to Team Mediwheel.



AMAR JYOTI HOSPITAL

A Multi Speciality Hospital Modern ICU, HDU, OT, Dialysis Facility

E-mail : amarjyotihospitalbgs@gmail.com

Add. : Near Anushka Pvt. ITI, NH-31, Sushil Nagar, Begusarai (Bihar), Call : 8877770366, 8873831650

Name of patient: MD SABBIR ALAM

Age /sex: 33y/M

Report of Dental Examination

All dental work up done no any sign of tooth decay/ oral cavity abnormality observed.

No implants or prosthesis noted.

At present tooth and oral cavity:

Normal / Diseased

Scheduled treatment date: None -

Signature:

Designation: Dentist -

Date: 26.10.2024



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Add. : Near Anushka Pvt. ITI, NH-31, Sushil Nagar, Begusarai (Bihar), Call : 8877770366, 8873831650

Patient Name: MD SABBIR ALAM

Age / Sex: 33y / M

EYE FITNESS CERTIFICATE

1. Distant vision without glasses R E: ~~LE~~ 6/6 LE: 6/6
2. Distant vision with glasses R E: L E: No Glasses .
3. Amount of Myopia / Hypermetropia or Astigmatic defect and strength of correction of glasses used R E: L E: None .
4. Near vision R E: L E: WNL
5. Whether suffering from squint or any other morbid condition of the eye or eyelids
R E: L E: None .
6. Field of vision R E: L E: WNL
7. Colour vision R E: L E: WNL
8. Fundus appearance R E: L E: WNL
9. Standard of vision Normal .

Signature:

Designation : Ophthalmologist -

Date: 26.10.2024

26.10.2024 15:32:46

58 bpm
-- / -- mmHg

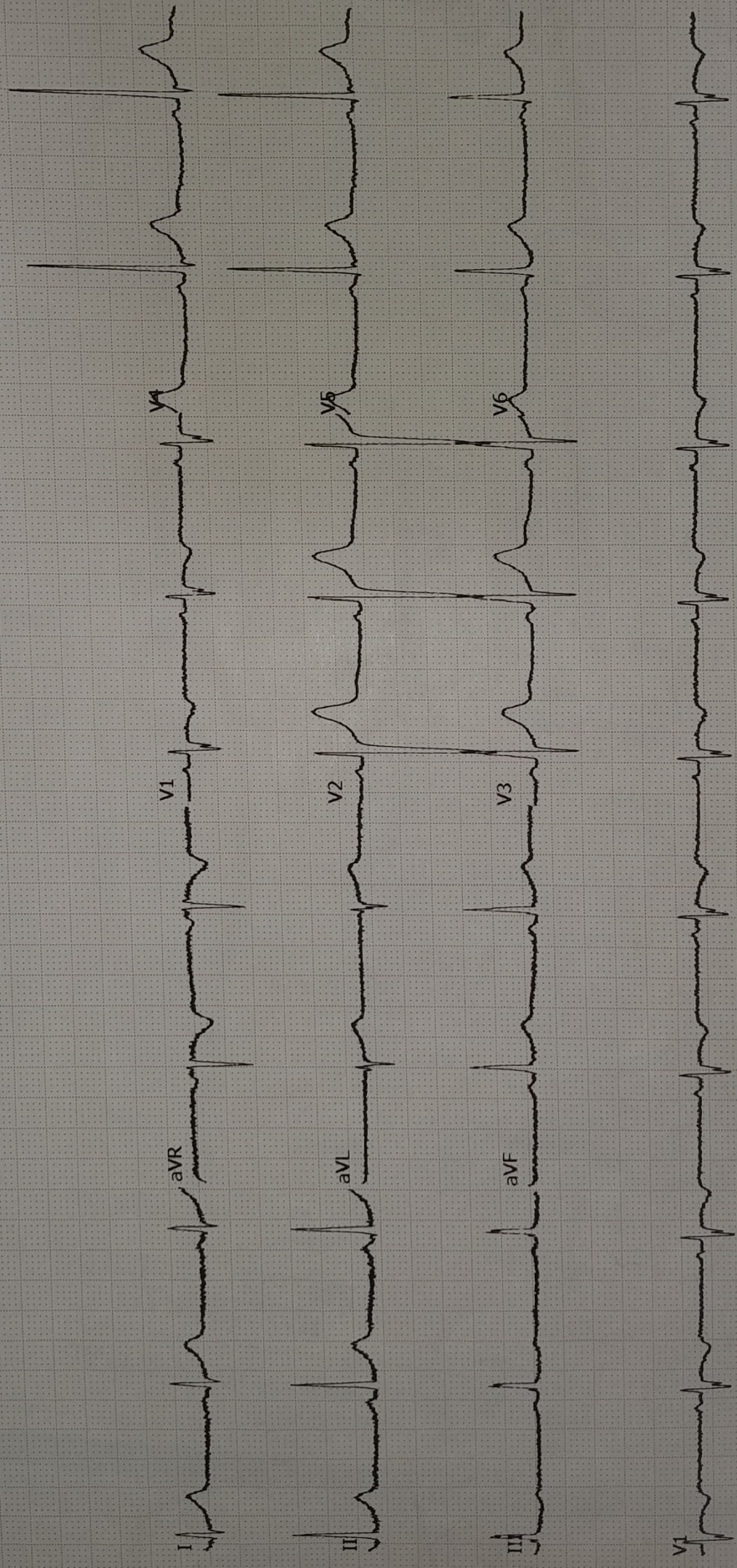
Room:

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Sinus bradycardia
Otherwise normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 82 ms
QT / QTcBaz : 404 / 396 ms
PR : 130 ms
P : 86 ms
RR / PP : 1038 / 1034 ms
P / QRS / T : 57 / 72 / 29 degrees





AMAR JYOTI HOSPITAL

A Multi Speciality Hospital Modern ICU, HDU, OT, Dialysis Facility

E-mail : amarjyotihospitalbgs@gmail.com

Add. : Near Anushka Pvt. ITI, NH-31, Sushil Nagar, Begusarai (Bihar), Call : 8877770366, 8873831650

Name of patient: MD. SABBIR ALAM

Age /sex: 33y 1M

Report of ENT Examination

B/L Ear – no hearing loss

Conductive test –ve

B/L TM and ET – WNL

No any physical deformity noted

NOSE Examination shows no any signs of DNS or Hypertrophy.

No signs of sinusitis or malformations.

THROAT examination - Unremarkable

Scheduled treatment date: None .

Signature:

Designation: Otorhinolaryngologist

Date: 26.10.2024

DR. SASHIBHUSHAN
M.D. Pathologist (BHU)
Reg. No.: 52269

**JAMAR
JYOTI
PATHOLAB**



Address : Near Anushka Pvt. ITI, NH-31, Sushil Nagar, Begusaral, Bihar- 851134 Call : 8877770366, 8873831650

Patient name : MD.SABIR

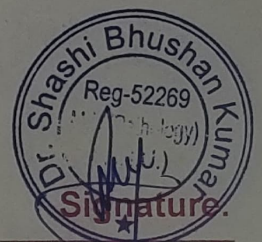
Date : 26-10-2024

Referred by Dr. : AMAR JYOTI HOSPITAL

SEX. : M Age :33Y

HAEMOGRAM

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
Haemoglobin	: 13.6	gm %	12.5 - 16.4
WBC COUNT			
Total WBC Count	: 8700	/cumm	4000 -11000
Differencial Count			
Neutrophil	: 64	%	40-70
Lymphocyte	: 28	%	20-40
Eosinophi	: 06	%	01-06
Monocyte	: 02	%	01-09
Basophil	: 00	%	00-05
RBC Indices			
R.B.C.count	: 4.17	mil./cumm	3.9 - 5.6
Haematocrit(PCV)	: 38.0	%	36 - 47
MCV	: 91.1	fL	75 - 96
MCH	: 32.6	pg	27 - 32
MCHC	: 35.7	gm/dl	30 - 36
Platelets Indices			
Platelet Count	: 2,42,000	/cumm	150000-400000
E S R	: 07	mm/1 st .hr.	00 - 15 mm/hr.



This report is not valid for medico legal purpose. Correlate clinically if abnormal found.

SASHIBHUSHAN
D. Pathologist (BHU)
Reg. No.: 52269

JAMAR
JYOTI
PATHOLAB



Address : Near Anushka Pvt. ITI, NH-31, Sushil Nagar, Begusarai, Bihar- 851134 Call : 8877770366, 8873831650

Patient name : MD.SABIR

Date : 26-10-2024

Referred by Dr. : AMAR JYOTI HOSPITAL

SEX. : M Age :33Y

Report on Blood examination

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
Fasting Blood Sugar	88.6	mg/dl	70-110
2Hrs After Lunch	123	mg/dl	80-140
B. Urea	26.8	mg/dl	17 - 45
S. Creatinine	0.89	mg/dl	0.6 - 1.4
S. Uric Acid	4.1	mg/dl	2.5 - 7.0
S. Sodium	141	m mol/L	135 - 155
S. Potassium	3.9	m mol/L	3.5 - 5.5
S. Chloride	102	meq/L	97-109
T3	1.71	ng/mL	0.69-2.15
T4	109	ng/mL	52-127
TSH	1.22	uIU/mL	0.34 - 5.60
BLOOD GROUP :	'B'		
Rh. :	Positive .		



This report is not valid for medico legal purpose. Correlate clinically if abnormal found.

SASHIBHUSHAN
M.D. Pathologist (BHU)
Reg. No.: 52269

JAMAR
JYOTI
PATHOLAB



Address : Near Anushka Pvt. ITI, NH-31, Sushil Nagar, Begusaral, Bihar- 851134 Call : 8877770366, 8873831650

Patient name : MD.SABIR

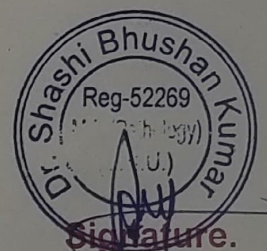
Date : 26-10-2024

Referred by Dr. : AMAR JYOTI HOSPITAL

SEX. : M Age :33Y

LIVER FUNCTION TEST

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
S.Bilirubin			
Total	0.78	mg/dl	up to 1.2
Conjugate	0.23	mg/dl	up to 0.4
Unconjugate	0.55	mg/dl	up to 0.8
SGPT	31.0	U/L	up to 40
SGOT	33.0	U/L	up to 38
Alkaline Phosphatase	116	IU/L	37 -167
S. Protein			
Total	7.0	gm%	6.0-8.0
Albumin	3.9	gm%	3.7-5.3
Globulin	3.1	gm%	1.5-3.5
A/G Ratio	1.25		1.0-2.0



This report is not valid for medico legal purpose. Correlate clinically if abnormal found.

ASHIBHUSHAN
D. Pathologist (BHU)
Reg. No.: 52269

JAMAR
JYOTI
PATHOLAB



Address : Near Anushka Pvt. ITI, NH-31, Sushil Nagar, Begusarai, Bihar- 851134 Call : 8877770366, 8873831650

Patient name : MD.SABIR

Date : 26-10-2024

Referred by Dr. : AMAR JYOTI HOSPITAL

SEX. : M Age :33Y

LIPID PROFILE

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
S. Triglyceride	125	mg/dl	10-170
Total Cholestrol	175	mg/dl	130-200
H.D.L. Cholestrol	41	mg/dl	40-75
L.D.L.Cholestrol	109	mg/dl	80-120
TC/ HDL Cholesterol	4.26	Ratio	3.0-5.0
LDL/ HDL	2.65	Ratio	1.5-3.5
V.L.D.L.Cholestrol	25	mg/dl	07-30



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M.D. Pathologist (BHU)
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URINE REPORT

PHYSICAL EXAMINATION :

QUANTITY : 05 ml DEPOSITS : Absent
COLOUR : Straw REACTION : Acidic
APPEARANCE : Clear SP. Gravity : 1.015
pH : 5.7

CHEMICAL EXAMINATION :

PROTEIN : Nil SUGAR : Nil
BILE PIGMENT : Absent BILE SALT : Absent
UROBILINOGEN : Absent KETONE BODIES : Absent
NITRITE : Negative

MICROSCOPIC EXAMINATION :

EPTHELIAL CELL : 0-2 /hpf R B C s : Absent
PUS CELL : 3-4 /hpf CRYSTALS : Absent
CASTS : Absent YEAST : Absent
BACTERIA : Absent TRICHOMONAS : Absent

Dr. Shashi Bhushan Kumar
Reg-52269
Signature.

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