भारत सरकार
Government of India

अमनदीप कौर
Amandeep Kaur

जन्म वर्ष / Year of Birth : 2000
महिला / Female

2287 0924 9132

आधार - आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: D/O: गुरमेल सिंह, 9 वाई दूसरा, ९ य, मोहनपुरा, गंगानगर, राजस्थान, 335001

Address: D/O: Gurmel Singh, 9 Y 2nd, 9 Y, Mohanpura, Ganganagar, Rajasthan, 335001

2287 0924 9132

LAB DIVISION

Patient Name : MRS. AMANDEEP KAUR

Age / Gender : 23 years / Female

Patient ID : 102496

Source : Roha Healthcare

Referral : SELF

Collection Time : Jul 08, 2023, 11:11 a.m.

Receiving Time : Jul 08, 2023, 11:11 a.m.

Reporting Time : Jul 08, 2023, 03:20 p.m.

Sample ID :

RH06297

Test Description	Value(s)	Reference Range	Unit(s)
CBC + ESR			
Hemoglobin (Hb)*	**9.9**	12.0 - 15.0	gm/dL
Method : Cynmeth Photometric Measurement			
Total Leucocytes (WBC) Count*	6.09	4.0 - 11.0	10^3uL
Method : Electrical Impedence			
Erythrocyte (RBC) Count*	**3.57**	3.8 - 4.8	10^6uL
Method : Electrical Impedence			
Packed Cell Volume (PCV)*	**31.5**	36 - 46	%
Method : Electrical Impedence			
Mean Cell Volume (MCV)*	88.2	83 - 101	fL
Method : Calculated			
Mean Cell Haemoglobin (MCH)*	27.7	27 - 32	pg
Method : Calculated			
Mean Corpuscular Hb Concn. (MCHC)*	**31.4**	31.5 - 34.5	gm/dL
Method : Calculated			
Red Cell Distribution Width (RDW)*	**14.8**	11.6 - 14.0	%
Method : Electrical Impedence			
Platelet Count*	237	150 - 410	10^3/ul
Method : Electrical Impedence			
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils*	77	40 - 80	%
Method : VCSn Technology			
Lymphocytes*	**17**	20 - 40	%
Method : VCSn Technology			
Monocytes*	04	2 - 10	%
Method : VCSn Technology			
Eosinophils*	02	1 - 6	%
Method : VCSn Technology			
Basophils*	**00**	1-2	%
Method : VCSn Technology			
ESR - Erythrocyte Sedimentation Rate	**88**	20	mm/hr
Method : Westergren			

Comments:

END OF REPORT

Dr. Jaydip Gorani
MBBS, MD (Pathology)
Consultant Pathologist

Patient Name : MRS. AMANDEEP KAUR

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Collection Time : Jul 08, 2023, 11:11 a.m.

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Reporting Time : Jul 08, 2023, 04:42 p.m.

Sample ID :

RH06297

Test Description	Value(s)	Reference Range	Unit(s)

PERIPHERAL BLOOD SMEAR (PBS)

RBC Morphology	Normocytic Normochromic
WBC Morphology	WBC shows mild Neutrophilia.
Platelet	Adequate on smear
Haemoparasites	Not-Detected
Impression	Mild Neutrophilia. ? Infective etiology.
Advise	Kindly correlate clinically

END OF REPORT

Dr. Jaydip Gorani
MBBS, MD (Pathology)
Consultant Pathologist

Note : 1. These report are mere estimation and are liable to vary / Change in different conditions in different laboratories.
2. The values are to be corroborated with clinical finding and any alarming or unexpected result should be referred to this lab urgently.
3. These reports are not valid for medico legal purposes.

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Patient Name : MRS. AMANDEEP KAUR

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RH06297

Test Description	Value(s)	Reference Range	Unit(s)

Glycosylated Hb

Glyco Hb (HbA1C)	4.9	4.2 - 6.0	%

Method : EDTA Whole blood,HPLC

Estimated Average Glucose :	93.93		mg/dL

Interpretations

The following HbA1c ranges recommended by the American Diabetes Assocation(ADA) may be used as an aid in the diagnosis of diabetes mellitus.

HbA1C(NGSP %)	Suggested Diagnosis
> 6.5	Diabetic
5.7 - 6.4	Pre- Diabetic
< 5.7	Non - Diabetic

END OF REPORT

Dr. Jaydip Gorani
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LAB DIVISION

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Age / Gender : 23 years / Female

Patient ID :102496

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Referral : SELF

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Reporting Time : Jul 08, 2023, 03:17 p.m.

Sample ID :

RH06297

Test Description	Value(s)	Reference Range	Unit(s)
Lipid Profile			
Total Cholesterol	199	Desirable: <= 200	mg/dL
Method : CHOD-POD		Borderline High: 200-239	
		High: > 240	
		Ref: The National Cholesterol	
		Education Program (NCEP) Adult	
		Treatment Panel III Report.	
Triglycerides	132	40 - 140	mg/dL
Method : GPO-POD Method			
HDL-Cholesterol	56	36 - 65	mg/dL
Method : Direct Method			
Non - HDL Cholesterol	143	< 130	mg/dL
Method : calculated			
LDL Cholesterol	116.60	60 - 129	mg/dL
Method : Calculated			
VLDL	26.40	5 - 40	mg/dL
Method : Calculated			
CHOL/HDL RATIO	3.55	0 - 4.5	ratio
Method : Calculated			
LDL/HDL RATIO	2.08	0 - 3	ratio
Method : Calculated			
HDL/LDL RATIO	0.48	Desirable / low risk - 0.5 -3.0	ratio
Method : Calculated		Low/ Moderate risk - 3.0- 6.0	
		Elevated / High risk - > 6.0	

Note: 8-10 hours fasting sample is required.

Interpretation :

Lipid profile is a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis. Hypertriglyceridemia is indicative of insulin resistance when present with low high-density lipoprotein (HDL) and elevated low-density lipoprotein (LDL), while elevated triglyceride is a clinical risk factor for coronary artery disease (CAD), especially when low HDL is present. Very high levels of triglycerides are defined by serum levels of 500mg/dL or greater and can be concerning for development of pancreatitis. Reference ranges vary between laboratories.

END OF REPORT

Dr. Jaydip Gorani
MBBS, MD (Pathology)
Consultant Pathologist

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Reporting Time : Jul 08, 2023, 04:40 p.m.

Sample ID :

RH06297

Test Description	Value(s)	Reference Range	Unit(s)
Kidney Function Test + Electrolytes			
Urea *	17.6	17- 43	mg/dL
Method : GLDH			
Creatinine*	0.73	0.60-1.20	mg/dL
Method : Jaffe's			
Uric Acid*	3.4	2.3 - 6.1	mg/dL
Method : Uricase-Peroxidase			
Blood Urea Nitrogen-BUN*	8.22	7 - 18	mg/dL
Method : Calculated			
Urea /Creatinine Ratio	24.11	-	mg/dL
Method : Calculated			
BUN /Creatinine Ratio	11.26	-	mg/dL
Method : Calculated			
Calcium*	9.10	8.8 - 10.6	mg/dL
Method : Arsenazo III			
Phosphorus	3.61	Adult -2.5 - 4.5	mg/dL
Method : phosphomolybdate		Children - 4.0 - 7.0	
Sodium*	142	136 - 146	mmol/L
Method : Indirect ISE			
Potassium*	3.89	3.5 - 5.1	mmol/L
Method : Indirect ISE			
Chloride*	105	101 - 109	mmol/L
Method : Indirect ISE			

Interpretation

Kidney function tests are group of tests that can be used to evaluate how well the kidneys are functioning. Creatinine is awaste product that comes from protein in the diet and also comes from the normal wear and tear of muscles of the body. Inblood, it is a marker of GFR .in urine, it can remove the need for 24-hour collections for many analytes or be used as a qualityassurance tool to assess the accuracy of a 24-hour collection Higher levels may be a sign that the kidneys are not workingproperly. As kidney disease progresses, the level of creatinine and urea in the blood increases. Certain drugs are nephrotoxichence KFT is done before and after initiation of treatment with these drugs.Low serum creatinine values are rare; they almost always reflect low muscle mass.Apart from renal failure Blood Urea can increase in dehydration and GI bleed.Reference ranges vary between laboratories. Note : The result obtained relate only to the sample given/ received & tested. A single test result is not always indicative of a disease, it has to be correlatedwith clinical data for interpretation.

END OF REPORT

Dr. Jaydip Gorani
MBBS, MD (Pathology)
Consultant Pathologist

Patient Name : MRS. AMANDEEP KAUR

Age / Gender : 23 years / Female

Patient ID : 102496

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Referral : SELF

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Reporting Time : Jul 08, 2023, 03:14 p.m.

Sample ID :

RH06297

Test Description	Value(s)	Reference Range	Unit(s)
Thyroid Profile-I			
T3-Total	1.10	0.58 - 1.62	ng/dL
T4-Total	11.5	5.0 - 14.5	ug/dL
TSH-Ultrasensitive	2.47	0.45 - 5.6	uIU/mL
Method : CLIA		First Trimester : 0.1-2.5	
		Second Trimester : 0.2-3.0	
		Third trimester : 0.3-3.0	

Interpretation

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range .Isolated High TSHespecially in the range of 4.7 to 15 m1U/m1 is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism.Intermittent 14 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy,Post radioiodine Hypothyroid phase of transient thyroiditis"
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies)Intermittent 14 therapy or T4 overdose •Drug interference-Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics.
Decreased	Raised or within range	Raised or within range	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion'
Decreased	Decreased	Decreased	Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease).Multinodular goitre, Toxic nodule •Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased Within Rang	Raised	Within range	T3 toxicosis •Non-Thyroidal illness
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In elderly the drop in 13 level can be upto 25%.

END OF REPORT

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LAB DIVISION

Patient Name : MRS. AMANDEEP KAUR		**Collection Time :** Jul 08, 2023, 11:11 a.m.
Age / Gender : 23 years / Female		**Receiving Time :** Jul 08, 2023, 11:11 a.m.
Patient ID : 102496		**Reporting Time :** Jul 08, 2023, 03:18 p.m.
Source : Roha Healthcare		**Sample ID :**
Referral : SELF		RH06297

Test Description	Value(s)	Reference Range	Unit(s)

Blood group

Blood Group	"AB"	
Method : Forward and Reverse By Tube Method		
RH Factor	Positive	

Methodology

This is done by forward and reverse grouping by tube Agglutination method.

Interpretation

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required.Confirmation of the New-born's blood group is indicatedwhen the A and B antigen expression and the isoagglutinins are fully developed (2–4 years).

END OF REPORT

Dr. Jaydip Gorani
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LAB DIVISION

Patient Name : MRS. AMANDEEP KAUR

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Reporting Time : Jul 08, 2023, 03:13 p.m.

Sample ID :

RH06297

Test Description	Value(s)	Reference Range	Unit(s)
URINE ROUTINE			
Volume*	30	-	ml
Colour*	Pale Yellow	Pale Yellow	
Transparency (Appearance)*	**Turbid**	Clear	
Deposit*	Absent	Absent	
Reaction (pH)*	6.0	4.5 - 8	
Specific Gravity*	1.015	1.010 - 1.030	
Chemical Examination (Automated Dipstick Method) Urine			
Urine Glucose *	Absent	Absent	
Urine Protein	**Present(Trace)**	Absent	
Urine Ketones*	Absent	Absent	
Blood*	Absent	Absent	
Bile pigments*	Absent	Absent	
Nitrite*	**Present**	Absent	
Urobilinogen*	Normal	Normal	
Microscopic Examination Urine			
Pus Cells (WBCs)*	**25-30**	0 - 5	/hpf
Epithelial Cells*	**4-5**	0 - 4	/hpf
Red blood Cells*	Absent	Absent	/hpf
Crystals*	Absent	Absent	
Cast*	Absent	Absent	
Amorphous deposits*	Absent	Absent	
Bacteria*	Absent	Absent	

END OF REPORT

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Reporting Time : Jul 08, 2023, 03:17 p.m.

Sample ID :

RH06297

Test Description	Value(s)	Reference Range	Unit(s)

Blood Sugar Fasting

Glucose fasting	76.4	60 - 110	mg/dL

Method : GOD-POD

Interpretation:

Elevated glucose levels (hyperglycemia) are most often encountered clinically in the setting of diabetes mellitus, but they mayalso occur with pancreatic neoplasms, hyperthyroidism, and adrenocortical dysfunction. Decreased glucose levels (hypoglycemia) may result from endogenous or exogenous insulin excess, prolonged starvation, or liver disease.

Fasting Glucose	2 HOURS PP Glucose	Diagnosis
100 to 125	140 to 199	Pre Diabetes
>126	>200	Diabetes

Impaired glucose tolerance (IGT) fasting, means a person has an increased risk of developing type 2 diabetes but does not have it yet. A level of 126 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes. IGT (2 hrs Post meal), means a person has an increased risk of developing type 2 diabetes but does not have it yet. A 2-hour glucose level of 200 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes

END OF REPORT

Dr. Jaydip Gorani
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Sample ID :

RH06297

Test Description	Value(s)	Reference Range	Unit(s)

Blood Sugar PP

Blood Glucose-Post Prandial	83.7	70 - 140	mg/dL

Method : GOD-POD

Interpretation:

Fasting Glucose Plasma	02 hr Plasma Glucose	Diagnosis
100 to 125	140 to 199	Pre Diabetes
>126	>200	Diabetes

* Confirm by repeating the test on a different day

Impaired glucose tolerance (IGT) fasting, means a person has an increased risk of developing type 2 diabetes but does not have it yet. A level of 126 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes. IGT (2 hrs Post meal), means a person has an increased risk of developing type 2 diabetes but does not have it yet. A 2-hour glucose level of 200 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes

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Reporting Time : Jul 08, 2023, 03:31 p.m.

Sample ID :

RH06297

Test Description	Value(s)	Reference Range	Unit(s)
Liver Function Test + GGT			
Bilirubin - Total	0.40	0.3 - 1.2	mg/dL
Method : Diazotized Sulfanilic Acid (DSA) Method			
Bilirubin - Direct	0.11	Adults and Children: < 0.30	mg/dL
Method : Diazotization			
Bilirubin - Indirect	0.29	0.1 - 1.0	mg/dL
Method : Calculated			
SGOT (AST)	**36**	< 35	U/L
Method : UV-assay IFCC			
SGPT (ALT)	34	< 34	U/L
Method : UV-assay IFCC			
GGT-Gamma Glutamyl Transpeptidae	16	9 - 39	U/L
Method : G-glutamyl-carboxy-nitoanilide			
Alkaline Phosphatase-ALPI	51	30-120	U/L
Method : IFCC Method			
Total Protein	**6.27**	6.6 - 8.3	g/dL
Method : Biuret Method			
Albumin	**3.22**	Adults: 3.5 - 5.2	g/dL
Method : Bromcresol Green (BCG) Method			
Globulin	3.05	1.8 - 3.6	g/dL
Method : Calculated			
A/G Ratio	**1.06**	1.2 - 2.2	ratio
Method : Calculated			

Interpretation.

These are group of tests that can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of knownliver damage, and monitor the response to treatment. Most liver diseases cause only mild symptoms initially, but these diseases must be detected early. Sometests are associated with functionality (e.g., albumin), some with cellular integrity (e.g., transaminase), and some with conditions linked to the biliary tract(gamma-glutamyl transferase and alkaline phosphatase).

Conditions with elevated levels of ALT and AST include hepatitis A,B ,C ,paracetamol toxicityetc.Several biochemical tests are useful in the evaluationand management of patients with hepatic dysfunction. Some or all of these measurements are alsocarried out (usually about twice a year for routine cases) on those individuals taking certain medications, such as anticonvulsants, to ensure that the medicationsare not adversely impacting the person's liver. Reference ranges vary between laboratories.

Note : The result obtained relate only to the sample given/ received & tested. A single test result is not always indicative of a disease, it has to be correlatedwith clinical data for interpretation

END OF REPORT

Dr. Jaydip Gorani
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HEALTHCARE

SPECIALITY LAB | DIAGNOSTIC SERVICES | MULTI SPECIALITY CLINICS

MER- MEDICAL EXAMINATION REPORT

Date of Examination	8/7/2023
NAME	Amandeep Kaur
AGE	Gender: F
HEIGHT(cm) 161 cms	WEIGHT (kg): 68 kg.
B.P.	116/60 m/s.
ECG	NTR
X Ray	Not done due to Pregnancy
Vision Checkup	Color Vision: Far Vision Ratio : 6/6 Normal Near Vision Ratio : NA w. no glass
Present Ailments	N·1
Details of Past ailments (If Any)	- Nil
Comments / Advice : She /He is Physically Fit	Fit

ENT Ⓝ

6 months of Amenorrhea

Signature with Stamp of Medical Examiner

Dr. Ninad J. Gor
M.B.B.S.
Reg. No. : G-64033

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of _Amandeep Kaur_ on _8/7/2023_

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

	Tick
• 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 after_____ _____recommended	Fit
• Unfit	

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

This certificate is not meant for medico-legal purposes

Dr. Ninad J. Gor
M.B.B.S.
Reg. No. : G-64033