

Clarity Medical TrueBeat 200 Ver2.2.6H

0362
sunny rohilla
M 28Y 074Kg
10:27 AM
28/01/2023

AUTO 12LS BLC-Y
25 mm/s
10mm/mV
0.1 - 35Hz
50Hz ReJ-Y

P =
QRS =
PR =
QT =
QTc =

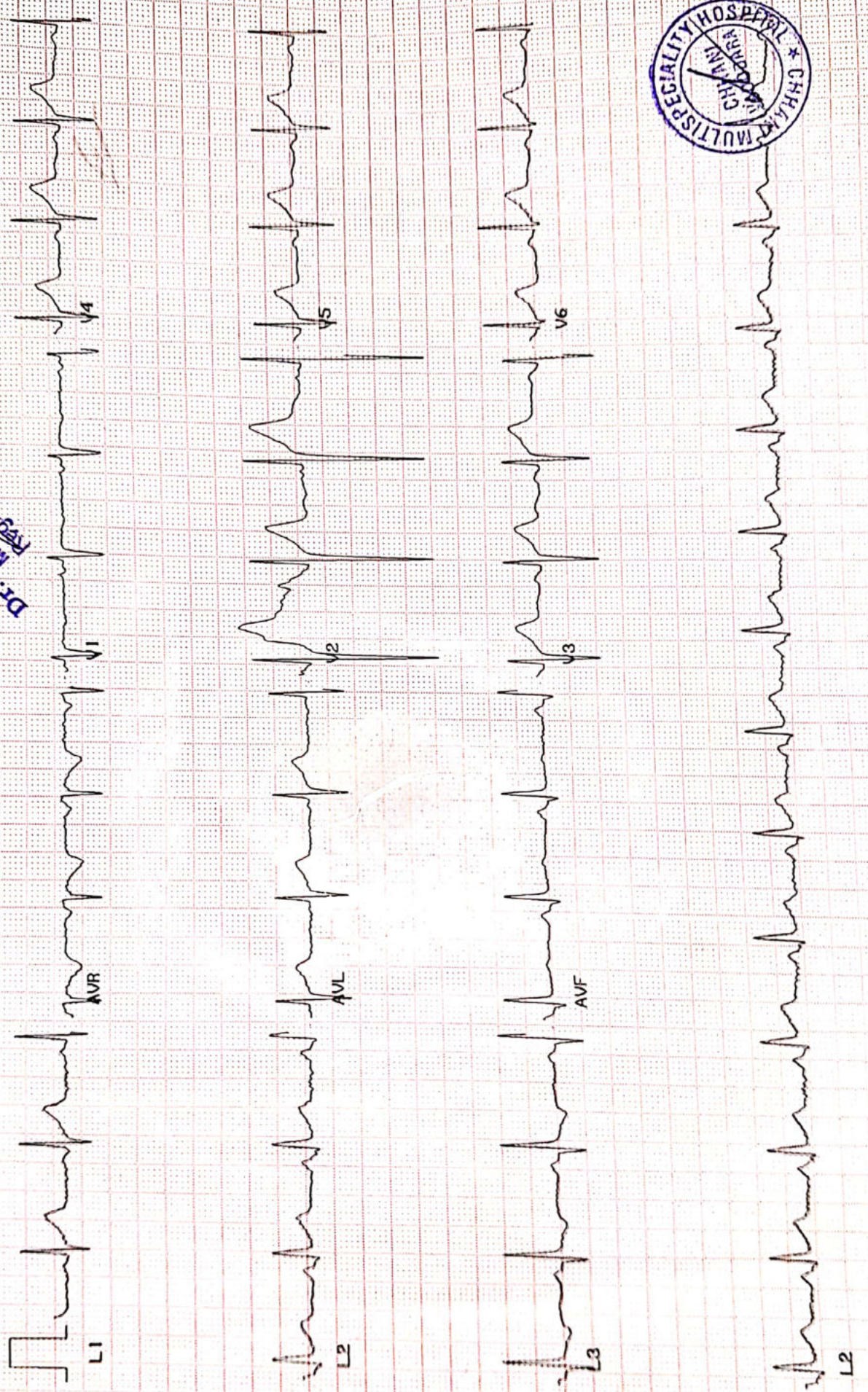
90 ms
102 ms
135 ms
335 ms
304 ms

QT/QTc =
QT/RR =
QRS axis =
P axis =
T axis =

87%
44%
60°
71°
12°

To be clinically correlated:
HR = 79bpm

WNL
DR. JAY PATEL
M.D. (P)
Reg. No.: G-25108





FITNESS CERTIFICATE

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Name : Rohila Sunny
 Date of Birth: 11/03/1994 Age 28 Blood Group: —
 Sex : Male Female | Marital Status: Married Unmarried
 Address : Mani Nagar Society, Bardeli, 391135
 Any allergy / Disability / Pre-existing disease: no allergy Date: 28/01/23

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Height <u>172</u> Cms.	Weight <u>74</u> Kgs.	Near L.E. R.E. Vision: Distant L.E. R.E. Colour Vision: <u>NAD</u>	Hearing Left Ear: <u>(N)</u> Right Ear: <u>(N)</u>
BP: <u>110/70 mmHg</u>	Pulse Rate: <u>63/min</u>	Resp. Rate: <u>18/min</u>	
CVS: <u>S1 S2 (N)</u>	RS: <u>clear</u>	Abdomen: <u>soft</u>	
Any other Findings: <u>—</u>			

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I Dr.: Jaydutt Patel
 hereby certify that I have examined Mr./Ms.: Rohila Sunny
 on and find him (FIT) ~~UNFIT~~ for employment.
 Remarks if unfit: —

Dr. Jaydutt A. Patel
 M.D. Medicine
 Reg. No.: G-25108
 Signature & Seal

(Signature)
 Signature of Candidate

(Circular Seal)
 Address / Tel No.

D
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I declare that the above information is true and correct to the best of my knowledge and I am not suffering from any disease / illness, the presence of which I have not revealed. I fully understand that any misrepresentation of this declaration could lead to the termination of my offer / appointment. In case of any discrepancy arising out of my declaration, I will undergo the medical check-up by the company's suggested doctor and their findings will be fully binding on me and action thereon towards my employment will be accepted by me.

Signature of Candidate: (Signature) Date: 28/01/23

भारत-सरकार
GOVERNMENT OF INDIA




सनी रोहिला
Sunny Rohila


जन्म वर्ष / Year of Birth : 1994
पुरुष / Male

6063 5039 9277





आधार - आम आदमी का अधिकार

बैंक ऑफ बड़ौदा
Bank of Baroda



नाम
Name : SUNNY ROHILA



क.कू.सं
E.C. No. : 178317



Sunny Rohila
धारक के हस्ताक्षर
Signature of Holder

उप.क.प्र. क्ष का, कोलिकट
DGM, RO, Calicut



भारत-सरकार
GOVERNMENT OF INDIA

सनी रोहिला
Sunny Rohila

जन्म वर्ष / Year of Birth : 1994
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आधार - आम आदमी का अधिकार

Sunny Rohila



भारतीय पहचान प्राधिकरण
INDIAN IDENTIFICATION AUTHORITY OF INDIA

Address: S/O Dharmender
Rohila, 27C, phase -1A, VIKAS
NAGAR, NEAR MAHARANI
ENCLAVE, hasatal extension,
UTTAM NAGAR, West Delhi,
Delhi, 110059

पता : S/O धर्मेंदर रोहिला, २७सी,
वीकस नगर, माहाराणी एन्क्लेव
नगर, पश्चिमी दिल्ली, दिल्ली, 110059

1947
1800 180 1947

help@uidai.gov.in
www.uidai.gov.in

P.O. Box No. 1947
Bengaluru-560 001



NAME: SUNNY ROHILA

AGE: 28/M

DATE: 28/01/2023

USG FOR ABDOMEN

LIVER:

The echogenicity of the liver is normal.
There is no focal liver lesion.
There are no dilated intrahepatic biliary radicles.

GALL BLADDER:

Appears to be distended and shows no calculus or polyp in the lumen.
Wall thickness is normal.

SPLEEN:

The echogenicity of the spleen is normal.
There is no focal splenic lesion.

PANCREAS:

The echogenicity appears to be normal.
There is no free fluid in the abdomen.
There are no enlarged retroperitoneal lymphnodes.

KIDNEY:

The kidneys are normal in position, size, shape and outline.
The parenchyma is normal. Right kidney measure 85*40 cm.
Left kidney measure 89*49 cm.

BLADDER:

Bladder is well distended and shows normal wall thickness. No evidence of intraluminal mass or calculi.

PROSTATE:

Prostate gland is normal in size. It has smooth outline reflectivity.

There is no evidence of ascites.

No evidence of any gross bowel mass seen.

No evidence of any aorto-caval or mesenteric root lymphadenopathy.

Appendix cannot be imaged. No mass or collection in right iliac fossa.

DR. KUNAL VADWALA
MBBS, DNB, DNB
Consultant Radiologist
Reg. No. G-20511





ECHOCARDIOGRAPHY REPORT

PATIENT NAME : MR SUNNY ROHILA

AGE /SEX : 28/M

DATE : 28/01/2023

CONCLUSION:

- NORMAL LV SYSTOLIC FUNCTION LVEF 55 %
- NORMAL CARDIAC CHAMBERS
- NO RWMA
- NO MR/MS
- NO TR, NO PAH (RVSP – 15MMHG)
- NO AR/AS
- NORMAL DIASTOLIC FUNCTION
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION

M:MODE

AO: 28mm	LA: 30mm	IVS:09mm
LVdd:47mm	LVds:25mm	PW:10mm

DOPPLER STUDY

MITRAL VAVLE	E : 0.88	A :0.92
AORTI CVALVE	1.15	



Dr. KARSHIT JOSHI
MBBS, MD, PGDM, FID
Reg. No. 55306
DR. KARSHIT JOSHI
Consultant Diabetologist &
General Physician



NAME	SUNNY ROHILA	AGE/SEX	28 M
		DATE	28-01-23

X-RAY CHEST PA VIEW (PORTABLE)
FINDING

BOTH LUNGS FIELDS ARE NORMAL .
 REMAINING LUNG FIELDS ARE NORMAL.
 BOTH COSTOPHRENIC RECESS ARE CLEAR.
 CARDIAC SIZE WITHIN NORMAL LIMITS.
 MEDIASTINUM AND BONY THORACIC CAGE REVEAL NO ABNORMALITY.

IMPRESSION : NORMAL LUNGS HEART AND MEDIASTUINUM..

DR.HIMANI VIRAPARA
 Regn. No: G.28771
 M.D. [Radiodiagnosis]
 (CONSULTANT RADIOLOGIST)



- Digital Portable X-ray
- Industrial Health Check-up
- Hospital I.C.C.U. Bedside Portable
- Home Services for Trauma Patient



SB 03. PUJAR COMPLEX, BEHIND BANK OF BARODA
 NR. GANGA JAMNA HOSPITAL ,SUBHANPURA

R



SUNNY ROHILA 28Y 28-01-2023





Report Time : 18:34:22



Patient Name : ROHILA SUNNY
Reference: CHHANI MULTISPECIALITY HOSPITAL

Age & Sex: 28 Year | Male
Sample Type :

Date: 28/01/2023
Lab ID: 00000421

COMPLETE BLOOD COUNT

Test	Observed Value	Unit	Biological Reference Interval
<u>BLOOD COUNT</u>			
HGB - Haemoglobin	14.8	g/dL	13.0 - 18.0
RBC - Red Blood Cell	5.40	mill./cmm	4.50 - 6.00
WBC - White Blood Cell	11200 H	/cmm	4000 - 10000
PLT - Platelets Count	361000	/cmm	150000 - 450000
HCT (Haematocrit)	41.4	%	40.0 - 50.0
MCV (Mean Cell Volume)	76.7 L	fL	80.0 - 100.0
MCH (Mean Cell Hemoglobin)	27.4	pg	27.0 - 32.0
MCHC(Mean Cell Hemoglobin Concentration)	35.7	g/dL	31.5 - 36.0
RDW-CV (Red Cell Distribution Width-CV)	13.5	%	11.5 - 14.5
<u>DIFFERENTIAL WBC COUNT %</u>			
Neutrophils	60	%	40.0 - 70.0
Lymphocytes	32	%	20.0 - 40.0
Eosinophils	03	%	1.0 - 5.0
Monocytes	05	%	2 - 6
<u>ESR</u>			
After 1 Hour :	22 H		0.0 - 15.0





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Patient Name : ROHILA SUNNY
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Age & Sex: 28 Year | Male
Sample Type :

Date: 28/01/2023
Lab-ID: 00000421

URINE ANALYSIS

CHEMICAL & MICROSCOPY METHOD
Biological Reference Interval

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fresh Urine		
<u>PHYSICAL EXAMINATION</u>			
Quantity	10.0	mL	Pale-Yellow / Watery
Colour	Pale-Yellow		Clear
Appearance	Clear		Acidic/Neutral
pH	7.0		1.002 - 1.030
Specific Gravity	1.030		Absent
Blood	Absent		
<u>CHEMICAL EXAMINATION</u>			
Protein (Albumin)	Absent		Absent
Sugar	Absent		Absent
Bile Salts	Absent		Absent
Bile Pigment	Absent		Absent
<u>MICROSCOPIC EXAMINATION</u>			
Pus Cells	2-3/hpf		0-5/hpf
Red Blood Cells	Absent		
Epithelial Cells	1-2/hpf Squamous		
Crystals	Absent		
Amorphous material	Absent		
Casts	Absent		
Mucus threads	Absent		
Trichomonas vaginalis	Absent		
Yeast	Absent		Absent
Bacteria	Absent		
<u>SPECIAL CHEMICAL TEST</u>			
Ketone	Absent		Absent
Urobilinogen	Normal		Absent/Normal





TruPath
Diagnostic Solutions Pvt Ltd

Dr. Trupti Jansari
MD DNB Pathology
Fellow in Histopathology

Dr. Jigna Patel
MD Pathology

M. : 81404 50588 E-mail : trupathdiagnostics@gmail.com

Report Time : 18:34:23



Patient Name : ROHILA SUNNY
Reference: CHHANI MULTISPECIALITY HOSPITAL

Age & Sex: 28 Year | Male
Sample Type :

Date:
28/01/2023
Lab-ID
00000421

BLOOD GROUP

Test	Observed Value	Unit	ANTIGEN - ANTIBODY REACTION Biological Reference Interval
BLOOD GROUP "ABO" Rh	"AB" POSITIVE		





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Age & Sex: 28 Year | Male

Date:
28/01/2023

Reference: CHHANI MULTISPECIALITY HOSPITAL

Sample Type :

Lab ID
00000421

BLOOD GLUCOSE TEST

FULLY AUTO BIO-CHEMISTRY ANALYSER

Test	Observed Value	Unit	Biological Reference Interval
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Sample FLOURIDE PLASMA

FASTING (FBS)

Blood Sugar-F	112	mg/dL	70.0 - 120.0
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POST PRANDIAL (PPBS)

Blood Sugar-PP	125	mg/dL	80.0 - 140.0
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Fasting blood glucose: A test to determine how much glucose (sugar) is in a blood sample after an overnight fast. The fasting blood glucose test is commonly used to detect diabetes mellitus.

A postprandial glucose (PPG) test is a blood glucose test that determines the amount of glucose, in the plasma after a meal. ... Typically, PPG levels are measured after about 2 hours from the start of the meal which corresponds to the time-span in which peak values are typically located, in case of diabetic patients.





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Date:

28/01/2023

Reference: CHHANI MULTISPECIALITY HOSPITAL

Sample Type :

Lab ID

00000421

LIPID PROFILE

FULLY AUTO BIO-CHEMISTRY ANALYSER

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fasting Blood Serum		
Cholesterol	206 H	mg/dL	100 - 199 mg/dl
Triglyceride	123	mg/dL	0 - 150 : Normal 150 - 199 : Borderline High 200 - 499 : High >= 500 : Very High
HDL Cholesterol	38	mg/dL	< 35 : Low (High Risk) >= 60 : High (Low Risk)
VLDL	24.6	mg/dL	0.0 - 30.0
LDL Cholesterol	143.4 H	mg/dL	< 100 : Optimal 100 - 129 : Near/Above Optimal 130 - 159 : Borderline High 160 - 189 : High >= 190 : Very High
LDL Chol. / HDL Chol. Ratio	3.77 H		1.0 - 3.4
Cholesterol / HDL Chol. Ratio	5.42 H		0-3.5

Interpretation:

Normal values of triglycerides (TG) are less than 150mg/dL. Unusually low levels of triglycerides can be present in disease states, producing syndromes of malabsorption in addition to patients who carry genes for familial hypobetalipoproteinemia.

Elevated triglycerides are determined based upon serum laboratory values being greater than 149mg/dL. Levels greater than 149 mg/dL constitute hypertriglyceridemia, and severity of TG is further classified by serum values falling within classification value ranges. Analysis of the significance of hypertriglyceridemia should take into account coexisting dyslipidemias. 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. Additionally, TG of 150 mg/dL or greater is one criterion for metabolic syndrome and can aid in the diagnosis when present with additional criteria.

Very high levels of triglycerides are defined by serum levels of 500mg/dL or greater and can be concerning for development of pancreatitis. If pancreatitis is likely or potentially threatening and levels of triglycerides are found to be 1000 mg/dL or greater, immediate institution of lipid lowering therapy should begin



2nd Floor, Sharnam Enclave, Opp. BMC Chambers, Subhanpura Main Road, Vadodara-390023. M. : 81404 50588
GF-4, Shree Akshar New, Opp. Gayatri Temple, New Waghodia Road, Vadodara-390019. M. : 9096178889



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Report Time : 18:34:23



Date: 28/01/2023
Lab ID: 00000421

Patient Name : ROHILA SUNNY
Reference: CHHANI MULTISPECIALITY HOSPITAL

Age & Sex: 28 Year | Male
Sample Type :

LIVER FUNCTION TEST

FULLY AUTO BIO-CHEMISTRY ANALSER
Biological Reference Interval

Test	Observed Value	Unit	Biological Reference Interval
Bilirubin			
Jendrassik and Grof Method			
Total Bilirubin	1.9 H	mg/dL	0.30 - 1.20
Direct	1.0 H	mg/dL	0.00 - 0.20
Indirect	0.90 H	mg/dL	0.10 - 0.70
SGPT (ALT) IFCC method without pyridoxal phosphate, Kinetic, UV	186 H	U/L	6.0 - 40.0
SGOT (AST) IFCC method without pyridoxal phosphate, Kinetic, UV	195 H	U/L	1.0 - 40.0
Alkaline Phosphatase	130	U/L	80.0 - 306.0
PROTEINS			
Total Protein	6.9	g/dL	6.0 - 8.0
Albumin	3.5	g/dL	3.5 - 5.0
Globulin	3.4	g/dL	2.5 - 3.5
A/G Ratio	1.0		

Clinical Information:

Liver function tests, also known as liver chemistries, help determine the health of your liver by measuring the levels of proteins, liver enzymes, and bilirubin in your blood. Having abnormal results on any of these liver tests typically requires follow up to determine the cause of the abnormalities. Even mildly elevated results can be associated with liver disease. However, these enzymes can also be found in other places besides the liver.

Talk to your doctor about the results of your liver function test and what they may mean for you.





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Age & Sex: 28 Year | Male
Sample Type :

Date:
28/01/2023
Lab ID:
00000421

BLOOD CHEMISTRY

FULLY AUTO BIO-CHEMISTRY ANALYSER
Biological Reference Interval

Test	Observed Value	Unit	Biological Reference Interval
Bl. Urea	23	mg/dL	10.0 - 50.0
S. Creatinine	0.88	mg/dL	0.40 - 1.40
eGFR	109.6	ml/min	> 60 ml/min
Uric Acid	4.0	mg/dL	3.4 - 7.0
BUN	10.73		7.0 - 20.0

DR. JIGNA PATEL





Report Time : 18:34:23



Patient Name : ROHILA SUNNY
Reference: CHHANI MULTISPECIALITY HOSPITAL

Age & Sex: 28 Year | Male
Sample Type :

Date: 28/01/2023
Lab ID: 00000421

THYROID FUNCTION TEST

DRIED CHEMILUMINESCENCE IMMUNOASSY (CLIA)

Test	Observed Value	Unit	Biological Reference Interval
T3 - Triiodothronine	1.4	ng/dl	0.60 - 1.81
T4 - Total Thyroxine	8.0	µg/dL	4.5-12.6
TSH	3.03	µIU/mL	0.55-4.78

Please note change in reference range & method of testing.

Interpretation Note:

Ultra sensitive-thyroid stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). When the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & if TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism. Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy. TSH ref range in Pregnancy Reference range (microIU/ml). First trimester 0.24 - 2.00, Second trimester 0.43-2.2, Third trimester 0.8-2.5

For test performed on specimens received or collected from non-Lab locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. Laboratory will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.





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Patient Name : ROHILA SUNNY
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Age & Sex: 28 Year | Male
Sample Type :

Date: 28/01/2023
Lab ID: 00000421

HEMOGLOBIN A1c TEST

FULLY AUTO CHEMISTRY ANALYSER
Biological Reference Interval

Test	Observed Value	Unit	Biological Reference Interval
HbA1c	5.4	%	4.2-6.2 Good Control : 6.3-7.2 Fair Control : 7.3-8.2 Poor Control : >8.3
Mean Blood Glucose	108.3	mg/dL	80.0 - 140.0

Importance of HbA1c - Glycated Hb. in Diabetes Mellitus

- HbA1c, also known as Glycated Hemoglobin is the most important test for the assessment of long term blood glucose control (also called glycemic control)
- HbA1c reflects mean blood glucose concentration over past 6-8 weeks and provides amuch better indication of long term glycemic control than blood glucose determination
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. , this reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy-eye complications, nephropathy-kidney complications and neuropathy-nerve complications, are potentially serious and can lead to blindness, kidney failure etc.
- Glycemic control monitored by HbA1c measurement using HPLC method-(Gold Standard) is considered most important. (Ref. National Glycohemoglobin Standardization Program -NGSP).

--- End of Report ---

This is an electronically authenticated report.

