

Patient's name	: PUSHKAR SINGH RANA	Age/Sex	: 33 Years/Male
Referred by	: Self	Reg. No	: 3227
Date	: 24/07/2021	Mobile	: 9638638356
Patient's Id	: PR95	Ref ID.	:

Fitness Certificate

GENERAL EXAMINATION

Height (cms) : 164

Weight (kgs) : 70.2

Blood Pressure : 160/100 mmHg

Pulse : 71/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

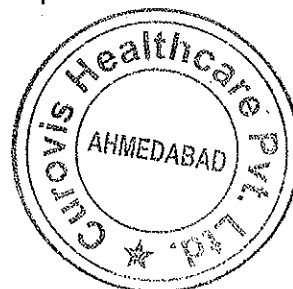
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

----- End of Report -----

This is an electronically authenticated report.
Note: (LL-Very Low, L-Low, HH-Very High)

Approved On : 24/07/2021 2:54:00 PM
Generated On : 24/07/2021 15:26




Dr Jinen M Shah
DNB (Medicine)FCCS (USA)



नाम
Name Pushkar Singh Rana

कर्मचारी कूट क्र.
Employee Code No. 172080

[Signature]

जारीकर्ता प्राधिकारी
Issuing Authority

[Signature]

धारक के हस्ताक्षर
Signature of Holder



[Signature]
Dr. Jiren M Shah
Registration No: G-20693

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HEMOGRAM REPORT

Performed on 5-Part Fully Auto Hematology Analyzer SIEMENS ADVIA 2120i)

Test	Result	Unit	Biological Reference Interval
Sample Type:	EDTA		
Haemoglobin:	14.6	gm/dL	13.5 - 18.0
Total WBC Count:	6100	/microlitre	4000 - 10500
Platelets Count:	171000	/microlitre	1,50,000 - 4,50,000
Differential Count:			
Neutrophils:	60	%	40-80
Lymphocytes:	35	%	20-40
Eosinophils:	02	%	Upto 6
Monocytes:	03	%	2-10
Basophils:	00	%	<1-2
RBC indices:			
RBC Count:	5.33	*10 ⁶ /microL	4.5 - 5.5
HCT:	45.1	%	40 - 50
MCV:	84.6	fL	83-101
MCH:	27.4	pg	27-32
MCHC:	32.4	%	31.5-34.5
RDW:	13.1	%	11.6 - 14.0
Erythrocytes Sedimentation Rate(ESR): (By AUTO ESR-10, USA)			
ESR 1st Hr:	05	mm	2 - 15 mm in 1Hr.
Thick Smear Preparation:			
Haemoparasite:	Malarial parasites are not seen.		
Peripheral Smear Examination:			
RBCs:	Normocytic & Normochromic.		
Platelet:	Platelet adequate & normal on smear.		



Dr. KEYUR Patel
M.B.DCP

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GLYCOSYLATED HAEMOGLOBIN (HbA1C) ESTIMATION

Test	Result	Unit	Biological Reference Interval
Sample Type: EDTA			
Glycosylated Haemoglobin (HbA1C)	5.6	%	Pre-Diabetic (Adult): 5.7 - 6.4 Diabetic (Adult): >6.5 Therapeutic goal for glycemic control: <7.0
Mean Blood Glucose Level (An average of 2 -3 Months)	114.02		

Method : HPLC on D-10, Bio-Rad,USA

INTERPRETATION:

- * Blood sample can be drawn at any time. Fasting is not required.
- * Reflects average blood sugar levels for the 2 to 3 months period before the test.
- * Provides information for evaluating diabetic treatment modalities and tracks control of blood glucose of particular value in diabetic children, diabetics in whom the renal threshold for glucose is abnormal, unstable insulin dependent diabetics where blood sugars vary markedly from day to day.
- * High value in poorly controlled DM and moves towards normal in patients with optimal control.



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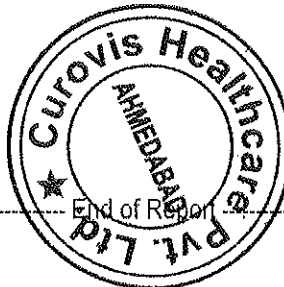
BLOOD GLUCOSE LEVEL

Test	Result	Unit	Biological Reference Interval
Sample Type:	Flouride		
Fasting Blood Glucose (Hexokinase)	83	mg/dl	70-110
Fasting Urine Glucose	Nil		
Collection Time:			
Collection Time:			
Post Prandial Blood Glucose (2 Hrs) (Hexokinase)	85.4	mg/dl	80-140
Post Prandial Urine Glucose (2 Hrs)	Nil		

Tests Performed on Fully Auto DRY Chemistry Analyzer VITROS-250

THYROID FUNCTION TEST
(by CLIA on SIEMENS ADVIA Centaur XP)

Test	Result	Unit	Biological Reference Interval
Sample Type: Serum			
S.T3 (Total Triiodothyronine by CLIA)	1.07	ng/mL	1 - 23 Months: 1.17 - 2.39 2 - 12 Years: 1.05 - 2.07 13 - 20 Years: 0.86 - 1.92 Adult: 0.6 - 1.81
S.T4 (Total Thyroxine by CLIA)	6.40	mcg/dL	3.2 - 12.6
S.TSH (Thyroid Stimulating Hormone by CLIA)	5.44	microU/mL	0 -12 Yrs: 0.77 - 5.64 12-19 Yrs: 0.75-3.69 19-100 Yrs: 0.35 -5.50



(Signature)

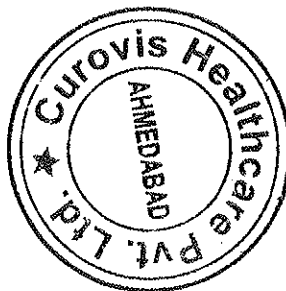
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BLOOD GROUP

Sample Type: EDTA
ABO Group : "B"
Rh Type : Positive

RENAL FUNCTION TEST

(Performed on Fully Auto DRY Chemistry Analyzer VITROS-250)

Test	Result	Unit	Biological Reference Interval
Sample Type: Serum			
S.Urea (Urease with indicator dye)	12.6	mg/dl	Male: 19.6-43.6 Female: 15.2-37.0
S.Creatinine (Enzymatic)	0.7	mg/dL	0.55 - 1.30
S.Uric Acid (Uricase)	6.3	mg/dL	Male: 3.5-8.5 Female: 2.5-6.2



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LIPID PROFILE

(Performed on Semi Auto Chemistry Analyzer BeneSphera)

Test	Result	Unit	Biological Reference Interval
Sample Type: Fasting Serum			
S.Cholesterol (Oxidase Peroxidase)	115	mg/dL	< 200 Desirable 200-239 Boderline High > 240 High
S.HDLC (Direct) (Phosphotungsstic Acid)	54.7	mg/dL	< 40 Low > 60 High
S.Triglyceride (GPO-POD)	133.7	mg/dL	< 150 mg/dl Normal 150-199 Boderline High 200-499 High > 500 Very High
S.VLDL (Calculated)	26.74	mg/dL	10-40 Normal
S.LDLC (Calculated)	33.56	mg/dL	< 100 Optimal 100-129 Near to above optimal 130-159 Boderline high 160-189 High >190 Very High
S.Cholesterol / HDLC Ratio (Calculated)	2.1		< 4 Normal 4-6 Boderline 6-8 Risklevel > 8 High Risk
S.LDLC / HDLC Ratio (Calculated)	0.61		< 3 Normal 3-4 Boderline 4-6 Risk Level > 6 High Risk
Cholesterol / HDLC Ratio (Calculated)	2.1		< 3.5 Normal
Triglyceride / HDLC Ratio (Calculated)	2.44		< 2 Normal > 4 Risk Level > 6 High Risk
Non HDLC (Calculated)	60.3		< 130 Normal 130 - 159 Near Normal 160 - 189 Boderline 190 - 219 Risklevel > 220 High Risk



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LIVER FUNCTION TEST

(Performed on Fully Auto DRY Chemistry Analyzer VITROS-250)

Test	Result	Unit	Biological Reference Interval
Sample Type: Serum			
S.Bilirubin			
Total Bilirubin (Azobilirubin)	0.7	mg/dl	0 - 1.2
Conjugated Bilirubin (Dual Wavelength spectrophotometric)	0.1	mg/dl	0 - 0.4
Unconjugated Bilirubin (Dual Wavelength spectrophotometric)	0.6	mg/dl	0.0 - 1.1
S.G.P.T. (ALT) (Kinetic with Pyridoxal 5-Phosphate)	37.6	IU/L	0 - 49
S.G.O.T. (AST) (Kinetic with Pyridoxal 5-Phosphate)	45.6	IU/L	Up to 46
S.ALP (Alkaline Phosphatase) (4-Nitrophenyl phosphate)	255.3	U/L	80 - 306
S.Protein			
Total Protein (Biuret)	7.04	gm/dl	6.3 - 8.2
Albumin (BCG)	4.67	gm/dl	3.5 - 5.2
Globulin (Calculated)	2.37	gm/dl	1.9 - 3.5
Albumin Globulin Ratio	1.97		
S.GammaGT (L-Gamma Glutamyl-4-Nitroanalide)	36.3	IU/L	15-73

SERUM LDH LEVEL

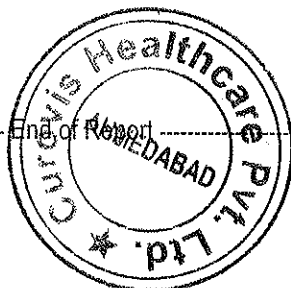
Test	Result	Unit	Biological Reference Interval
Sample Type: Serum			
LDH Activity (Lactate Dehydrogenase): Pyruvate to lactate Kinetic Method	188.8	U/L	120 - 246

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URINE ROUTINE ANALYSIS

Sample Type: Fresh Urine

Physical Examination

(Naked Eye Observation)

	Result	Biological Ref. Value
Amount	20 ml	>10 ml
Colour	Pale Yellow	Pale Yellow
Appearance	Clear	Clear

Chemical Examination

pH (Dip stick)	6.5	4.5-8.0
Specific Gravity (Bromothymol Blue)	1.020	1.002-1.030
Albumin (Tetrabromophenol)	Absent	Absent
Glucose (Specific Glucose Oxidase/Peroxidase)	Absent	Absent
Bilirubin (Azo-coupling reaction)	Absent	Absent
Acetone (Sodium Nitroprusside Reaction)	Absent	Absent
Urobilinogen (Modified Ehrlich Reaction)	Absent	Absent
Nitrites (Diazotization Reaction)	Absent	Absent

Microscopic Examination

(After centrifugation at 1500 RPM for 10min./hpf)

Pus Cells(WBCs)	Absent	Absent
Red Blood Cells(RBCs)	Absent	Absent
Epithelial cells	Absent	
T.Vaginals	Absent	Absent
Spermatozoa	Absent	Absent
Casts	Absent	Absent
Crystals	Absent	Absent
Amorphous Material	Absent	Absent




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TEST REPORT

Reg. No	: 107100199	Ref Id	:	Collected On	: 24-Jul-2021 12:48 PM
Name	: Mr. Pushkar Singh Rana	Reg. Date	: 24-Jul-2021 12:48 PM	Tele No.	: 9638638356
Age/Sex	: 33 Years / Male	Pass. No.	:	Dispatch At	:
Ref. By	:	Sample Type	: Serum		
Location	:				

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

VITAMIN B12 <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	228	pg/mL	Deficient Range: < 145 Normal value: 180-914 pg/mL
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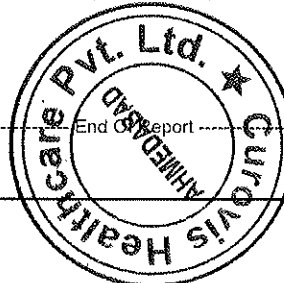
Vitamin B-12, also called cobalamin, is a water-soluble vitamin with a key role in the normal functioning of the brain and nervous system, and for the formation of blood. It is normally involved in the metabolism of every cell of the human body, especially affecting DNA synthesis and regulation, but also fatty acid metabolism and amino acid metabolism.

Vitamin B12 deficiency is most commonly caused by low intakes, but can also result from mal-absorption, certain intestinal disorders, low presence of binding proteins, and using of certain medications. Vitamin B12 is rare from plant sources, so vegetarians will be the vulnerable populations most likely to suffer from vitamin B12 deficiency. Infants are at a higher risk of vitamin B12 deficiency if they were born to vegetarian mothers. The elderly who have diets with limited meat or animal products are vulnerable populations as well. Vitamin B12 deficiency can manifest itself as anemia and in some cases cause permanent neurological damage. At levels only slightly lower than normal, a range of symptoms such as fatigue, depression, and poor memory may be experienced

*25 HYDROXY VITAMIN D3 <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	12.3	ng/mL	Deficiency : <10 Insufficiency : 10 - 30 Sufficiency : 30 - 100 Toxicity : >100
--	------	-------	--

Vitamin D is a fat soluble hormone involved in the intestinal absorption and deregulation of calcium. It is synthesized by skin when sunlight strikes bare skin. It can also be ingested from animal sources. Vitamin D is bound to the binding protein (albumin and vitamin D binding protein) and carried to the liver. In the liver it is transformed in to 25 hydroxy-vitamin D (calcidiol), which is the primary circulating and the most commonly measured form in serum. Then in the kidney it is transformed in to 1,25 dihydroxy-vitamin D (calcitriol), which is the biologically active form.

Vitamin D plays a vital role in the formation and maintenance of strong and healthy bones. Vitamin D deficiency has long been associated with rickets in children and osteomalacia in adults. Long term insufficiency of calcium and vitamin D leads to osteoporosis. There have been multiple publications linking vitamin D deficiency to several disease states, such as cancer, cardiovascular disease, diabetes, and autoimmune diseases.



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Approved By : **Dr. Keyur Patel**
M.B.DCP

Generated On : 24-Jul-2021 07:03 PM

Approved On : 24-Jul-2021 07:04 PM




TEST REPORT

Reg. No	: 107100199	Ref Id	:	Collected On	: 24-Jul-2021 12:48 PM
Name	: Mr. Pushkar Singh Rana			Reg. Date	: 24-Jul-2021 12:48 PM
Age/Sex	: 33 Years / Male	Pass. No.	:	Tele No.	: 9638638356
Ref. By				Dispatch At	:
Location				Sample Type	: Serum

For tests performed on specimens received or collected from non-CHPL 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. CHPL will be responsible only for the analytical part of the test carried out. All other responsibility will be of referring laboratory.



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Dr. Keyur Patel
M.B.DCP

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Electrocardiogram

Findings

Normal Sinus Rhythm.

Within Normal Limit.

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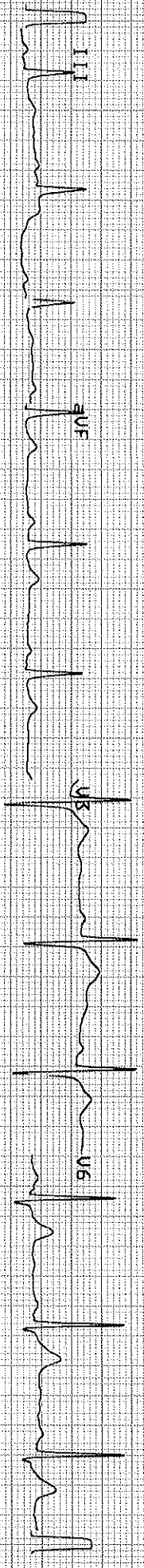
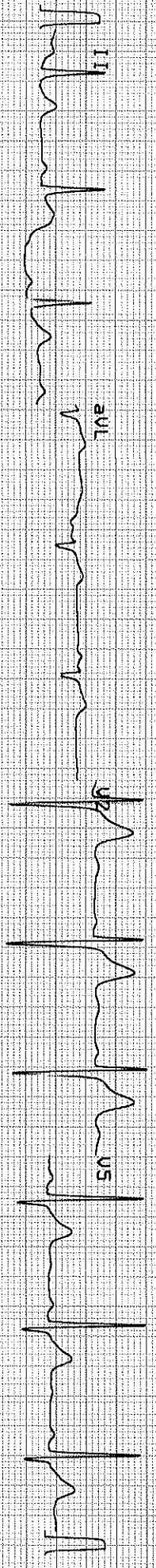
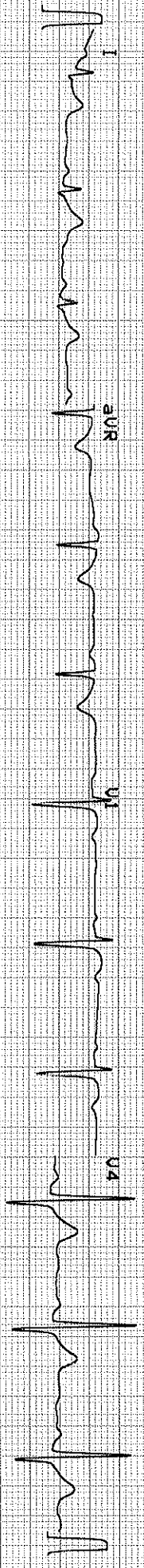

Dr Jinen M Shah
DNB (Medicine)FCCS (USA)

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Pushkar
 Rana
 25
 35 years / 70 kg
 Male

HR 71/min
 Axis: P 53°
 QRS 78°
 T 31°
 Intervals:
 RR 840 ms
 P 122 ms
 PR 162 ms
 QRS 98 ms
 QT 340 ms
 QTc 374 ms
 (Bazett)
 10 mm/mV
 Sokol. 3.58 mV



10 mm/mV

10 mm/mV

CURVOIS HEALTHCARE

[Handwritten signature]

25 MAR 2021 08:05:24
 2025 11:24

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2D Echo Colour Doppler

OBSERVATION:

2 D Echo and color flow studies were done in long and short axis, apical and Sub costal views.

1. Normal LV size. No RWMA at rest.
2. Normal RV and RA. Mild Concentric LVH.
3. All Four valves are structurally normal.
4. Good LV systolic function. LVEF = 60%.
5. Reduced LV Compliance.
6. Trivial TR. Mild MR. No AR.
7. Mild PAH. RVSP = 42 mmHG.
8. Intact IAS and IVS.
9. No Clot, No Vegetation.
10. No pericardial effusion.

CONCLUSION

1. Normal LV size with Good LV systolic function.
2. Mild Concentric LVH . Reduced LV Compliance
3. Trivial TR with Mild PAH. Mild MR. No AR
4. No RWMA at rest.

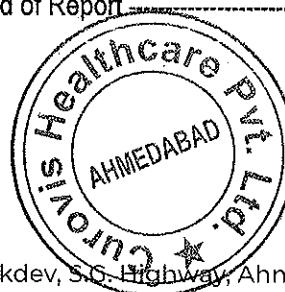
This echo doesn't rule out any kind of congenital cardiac anomalies.

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DNB (Medicine)FCGS (USA)

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X RAY CHEST PA

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

Bony thorax appears normal.

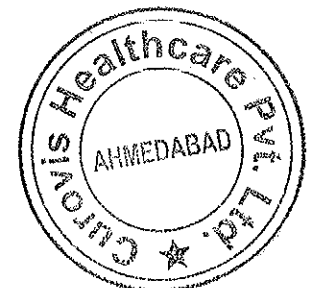
COMMENT: No significant abnormality is detected.

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Jms
Dr. Jaimin Shah
DMRD
Consultant Radiologist

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USG ABDOMEN

Liver appears normal in size & echogenicity. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic biliary or portal radicals. PV is normal in caliber.

Gall bladder is normally distended. No evidence of calculus or mass seen. Gall bladder wall thickness appears normal.

Pancreas Visualized portion appears normal in size and echopattern. No evidence of focal lesions.

Spleen appears normal in size & echopattern. No evidence of focal lesions.

Both kidneys are normal in size, shape and position. C.M. differentiation on both sides is maintained. No evidence of hydronephrosis, calculus or solid mass on either side.

Urinary bladder is partially distended. No evidence of calculus or mass.

Prostate appears normal in size and echopattern. No evidence of focal lesions.

No evidence of free fluid in peritoneal cavity.
No evidence of para-aortic lymph adenopathy.
No evidence of dilated small bowel loops.

COMMENTS :

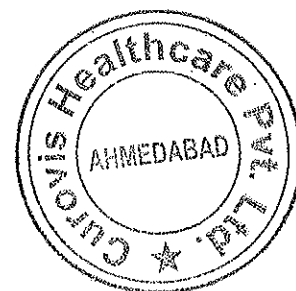
NO SIGNIFICANT ABNORMALITY DETECTED.

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DMRD
Consultant Radiologist

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Eye Check - Up

RIGHT EYE

SP: -1.50
CY: -0.25
AX: 21

LEFT EYE

SP: -1.25
CY: -0.75
AX: 15

	Without Glasses	With Glasses
Right Eye	6/9	6/6
Left Eye	6/18	6/6

Near Vision: Right Eye -N/6, Left Eye - N/6

Fundus Examination: Within Normal Limits.

Colour Vision: Normal

Comments: Normal

Dr.Kejal Patel
MB,DO(Opth)

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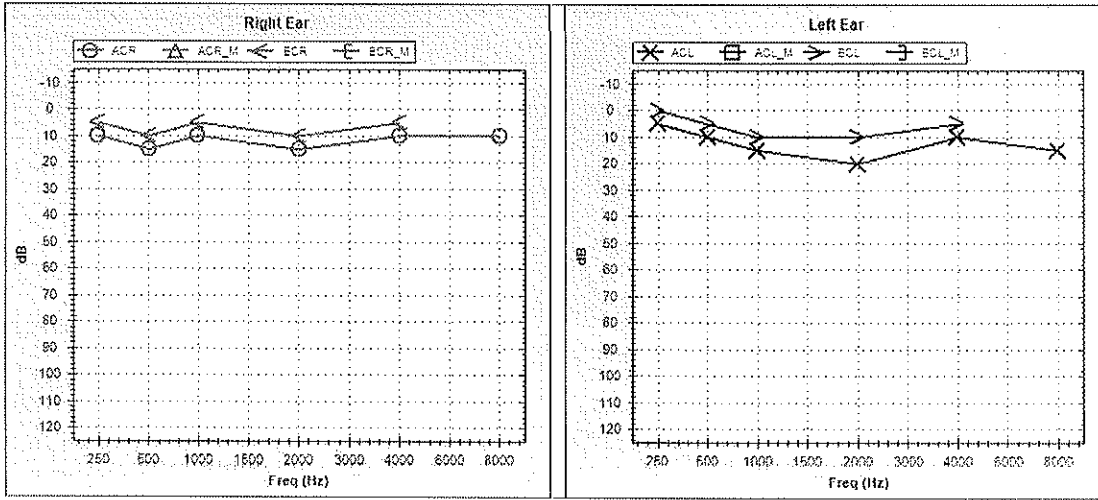


CLIENT NAME:- PUSHKAR RANA.

AGE:- 33Y/ M

Date:-24/07/2021

AUDIOGRAM



EAR	MODE	Air Conduction		Bone Conduction		Colour Code	Threshold in dB	
		Masked	UnMasked	Masked	UnMasked		RIGHT	LEFT
LEFT		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Blue	AIR CONDUCTION	11
RIGHT		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Red	BONE CONDUCTION	
NO RESPONSE : Add ↓ below the respective symbols							SPEECH	

Comments:-

Bilateral Hearing Sensitivity Within Normal Limits.

