



PRE - EMPLOYMENT HEALTH CHECK UP REPORT

DATE - 15/10/22

PATIENT NAME - Puneet AGE - 29 GENDER - male.

WEIGHT(KG) - 77.6 kg HEIGHT - 164 cm

PHYSICAL EXAMINATION

PULSE

BP 120/80

BLOOD SUGAR(RANDOM)

FINDINGS

INVESTIGATIONS : Investigation reports are attached

FITNESS CERTIFICATE

→ Patient is fit
→ diet control (avoid oily foods).

[Handwritten Signature]

SIGNATURE



(This is only professional opinion and not the diagnosis, Please correlate clinically)

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DEPARTMENT OF PATHOLOGY

Patient Name : Mr. PUNEET GUPTA
MR No : 663871
Age/Sex : 29 Years / Male
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 15/10/2022 / 11.38 AM
Reporting Date : 15/10/2022
Sample ID : 53404
Bill/Req. No. : 22976964
Ref Doctor : Dr.RMO

NABL Cert. No. MC - 4830 NABH Cert. No. H-2016-0369

Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR 2 HR. PP				
BLOOD SUGAR P.P.	99	80 - 150	mg/dl	

***** END OF THE REPORT *****



Dr.NALANDA BUKTARE
MD (Pathology)

Dr.PRADIP KUMAR
Consultant (Microbiology)

Dr.NISHA TIWARI
MBBS, MD (Microbiology)
USER NM AMIT

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Test	Result	Bio. Ref. Interval	Units
BLOOD GROUPING AND RH FACTOR			
BLOOD GROUP	"AB" RH POSITIVE		

***** END OF THE REPORT *****



Sample no.



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NAME	: MR. PUNEET GUPTA	DATE	: 15 / 10 / 22
Age Sex	: 29 Years / Male	Inpatient No	:
PERFORMED BY	: Dr. ELA MADAAN	BILL NO.	: 22976964

TRANS THORACIC ECHO CARDIOGRAPHY REPORT

MITRAL VALVE

Morphology AML: Normal / Thickening / Calcification / Flutter / Vegetation / Non significant Prolapse / SAM
PML: Normal / Thickening / Calcification / Prolapse / Paradoxical Motion / Fixed.
Subvalvular deformity: Present / Absent

Doppler Normal / Abnormal
Mitral Stenosis Present / Absent
Mitral Regurgitation; Absent / Normal / Mild / Trace / Moderate / Severe.

TRICUSPID VALVE

Morphology Normal / Atresia / Thickening / Calcification / Prolapse / Vegetation / Doming.
Doppler Normal / Abnormal
Tricuspid Stenosis: Present / Absent.
Tricuspid Regurgitation: Absent / Mild / Trace / Moderate

PULMONARY VALVE

Morphology Normal / Atresia / Thickening / Calcified / Doming / Vegetation.
Doppler Normal / Abnormal.
Pulmonary stenosis: Present / Absent
Pulmonary regurgitation: Present / Absent

AORTIC VALVE

Morphology Normal / Thickened / Mildly / Calcified / Flutter / Vegetation / Restricted / Opening
No. of Cusps 1 / 2 / 3 / 4
Doppler Normal / Abnormal
Aortic Stenosis : Present / Absent
Aortic regurgitation : Present / Absent / Mild / Trace



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Measurements

IVSD : 1.0cm
LVID : 4.0cm
LVPW : 0.9cm
EF : 55%

Normal Values

(0.6-1.1cm)
(3.7-5.6cm)
(0.6-1.1cm)
(55% - 80%)

Measurements

LA : 3.6cm
LVOT : 1.5cm
AORTA : 2.2cm
IVSmotion :

Normal Value

(1.9-4.0cm)
(2.0-3.7cm)
Normal / Flat / Paradoxical

Any Other

CHAMBERS:-

LV **Normal** / Enlarged / **Clear** / Thrombus / Contraction Normal LV shows concentric LVH, no gradient across LVOT / Inetic / Intra capillary Regional wall motion abnormality: **Absent** / Present
LA **Normal** / Enlarged / Clear / Thrombus / Myxoma; **LAA: Clear** / Thrombus
RA **Normal** / **Clear** / Thrombus, Dilated.
RV **Normal** / Mildly Dilated / Enlarged / **Clear** / Thrombus / Hypertrophied/
PERICARDIUM **Normal** / Thickening / Calcification / Effusion.

COMMENTS & SUMMARY:-

- All Cardiac Chamber Dimensions are within normal limits.
- Global LVEF 55%
- No RWMA
- NORMAL LV FUNCTION
- TRACE TR
- GOOD RV FUNCTION
- IAS/IVS. No Flow seen across IAS/IVS.
- No Thrombus/Mass in any chamber.
- No Pericardial Effusion.

Please correlate clinically

Dr. ELA MADAAN
MBBS, PGDCC
Fellowship in non Invasive
Cardiology



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Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR FASTING				
PLASMA GLUCOSE FASTING	84	60 - 100	mg/dl	GOD TRINDERS

***** END OF THE REPORT *****



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Test	Result	Bio. Ref. Interval	Units	Method
CBC				
HAEMOGLOBIN	15.8	12 - 16	gm/dL	COLORIMETRY
TOTAL LEUCOCYTE COUNT	8400	4000 - 10000	/ μ L	ELECTRICAL IMPEDANCE
DIFFERENTIAL COUNT				
NEUTROPHILS	55	40.0 - 80.0	%	FLOW CYTOMETRY
LYMPHOCYTES	36	20.0 - 40.0	%	FLOW CYTOMETRY
MONOCYTES	07	2.0 - 10.0	%	FLOW CYTOMETRY
EOSINOPHILS	02	0.0 - 5.0	%	FLOW CYTOMETRY
BASOPHILS	00	0.0 - 2.0	%	FLOW CYTOMETRY
RED BLOOD CELL COUNT	5.0	3.5 - 5.5	millions/ μ L	ELECTRICAL IMPEDANCE
PACKED CELL VOLUME	44.2	35.0 - 50.0	%	ELECTRICAL IMPEDANCE
MEAN CORPUSCULAR VOLUME	87.4	83 - 101	fL	ELECTRICAL IMPEDANCE
MEAN CORPUSCULAR HAEMOGLOBIN	31.2	27 - 31	Picograms	CALCULATED
MEAN CORPUSCULAR HB CONC	35.7	33 - 37	g/dl	CALCULATED
PLATELET COUNT	233	150 - 450	thou/ μ L	ELECTRICAL IMPEDANCE
RDW	12.8	11.6 - 14.5	%	CALCULATED

***** END OF THE REPORT *****



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Test	Result	Bio. Ref. Interval	Units
ESR (WESTERGREN)			
E.S.R.	20	H 0 - 15	mm at the end of 1st hr

***** END OF THE REPORT *****



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Test	Result	Bio. Ref. Interval	Units	Method
THYROID PROFILE				
TRI-IODOTHYRONINE (T3)	1.59	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	12.4	5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE (TSH)	3.96	0.5-5.50	µIU/ml	
SPECIMEN TYPE	SERUM			

Method : chemiluminescent immunoassay

Note : Clinical Significance:

Thyroid function tests (TFTs) is a collective term for blood tests used to check the function of the thyroid. TFTs may be requested if a patient is thought to suffer from hyperthyroidism (overactive thyroid) or hypothyroidism (underactive thyroid), or to monitor the effectiveness of either thyroid-suppression or hormone replacement therapy. It is also requested routinely in conditions linked to thyroid disease, such as atrial fibrillation and anxiety disorder. A TFT panel typically includes thyroid hormones such as thyroid-stimulating hormone (TSH, thyrotropin) and thyroxine (T4), and triiodothyronine (T3) depending on local laboratory policy.

Note: Please correlate with clinical condition

***** END OF THE REPORT *****



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 Bill/Req. No. : 22978984
 Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
LFT (LIVER FUNCTION TEST)				
LFT	1.0	0.1-1.2	mg/dL	DIAZO
TOTAL BILIRUBIN	0.3	0 - 0.4	mg/dL	DIAZO
DIRECT BILIRUBIN	0.7 H	0.10 - 0.6	mg/dL	CALCULATED
INDIRECT BILIRUBIN	57 H	0 - 45	U/L	IFCC WITHOUT PYRIDOXAL PHOSPHATE
SGOT (AST)	137 H	0 - 45	U/L	IFCC WITHOUT PYRIDOXAL PHOSPHATE
SGPT (ALT)	100	30 - 170	IU/L	MODIFIED IFCC
ALKALINE PHOSPHATASE	6.9	6.4 - 8.0	g/dL	BIURET
TOTAL PROTEINS	4.8	3.3 - 5.5	g/dL	BCG DYE
ALBUMIN	2.1 L	2.3 - 4.5	g/dL	CALCULATED
GLOBULIN	2.29 H	1.1 - 2.2	g/dL	CALCULATED
A/G RATIO				

***** END OF THE REPORT *****



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Test	Result	Bio. Ref. Interval	Units	Method
KFT (RENAL PROFILE)				
KFT				UREASE-GLDH
SERUM UREA	29	10 - 45	mg/dL	MODIFIED JAFFES
SERUM CREATININE	0.9	0.4 - 1.4	mg/dL	URICASE
SERUM URIC ACID	5.3	2.5 - 7.0	mg/dL	ISE
SERUM SODIUM	143	136 - 145	meq/l	ISE
SERUM POTASSIUM	3.9	3.5 - 5.5	meq/l	ARSENazo III
SERUM CALCIUM	8.3 L	8.5 - 10.5	mg/dL	AMMONIUM MOLYBDATE
SERUM PHOSPHORUS	4.0	2.5 - 4.5	mg/dL	

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Test	Result	Bio. Ref. Interval	Units	Method
LIPID PROFILE				
LIPID PROFILE				
TOTAL CHOLESTEROL	221	0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	190 H	60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	59	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	38 H	6 - 32	mg/dL	calculated
LDL	124	50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	2.1	1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	3.7	2.0 - 5.0	mg/dl	calculated

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Reg No	663871	Reported Date	: 15/10/2022
Age/Sex	29 Years / Male	Req. No.	: 22976964
Type	OPD	Consultant Doctor	: Dr. RMO

X-RAY CHEST AP/PA

X-RAY CHEST P.A. VIEW

Bilateral lungs appears normal.
 No focal lung lesion seen.
 No evidence of free fluid is seen.
 Both hila are normal in size, have equal density and bear normal relationship.
 The heart and trachea are central in position and no mediastinal abnormality is visible.
 The cardiac size is normal for patient age and view.
 The domes of the diaphragms are normal in position, and show smooth outline.

To be correlated clinically



Dr. ANSHU K. SHARMA
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CONSULTANT RADIOLOGIST

Dr. MANJEET SEHRAWAT
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Dr. NEENA SIKKA
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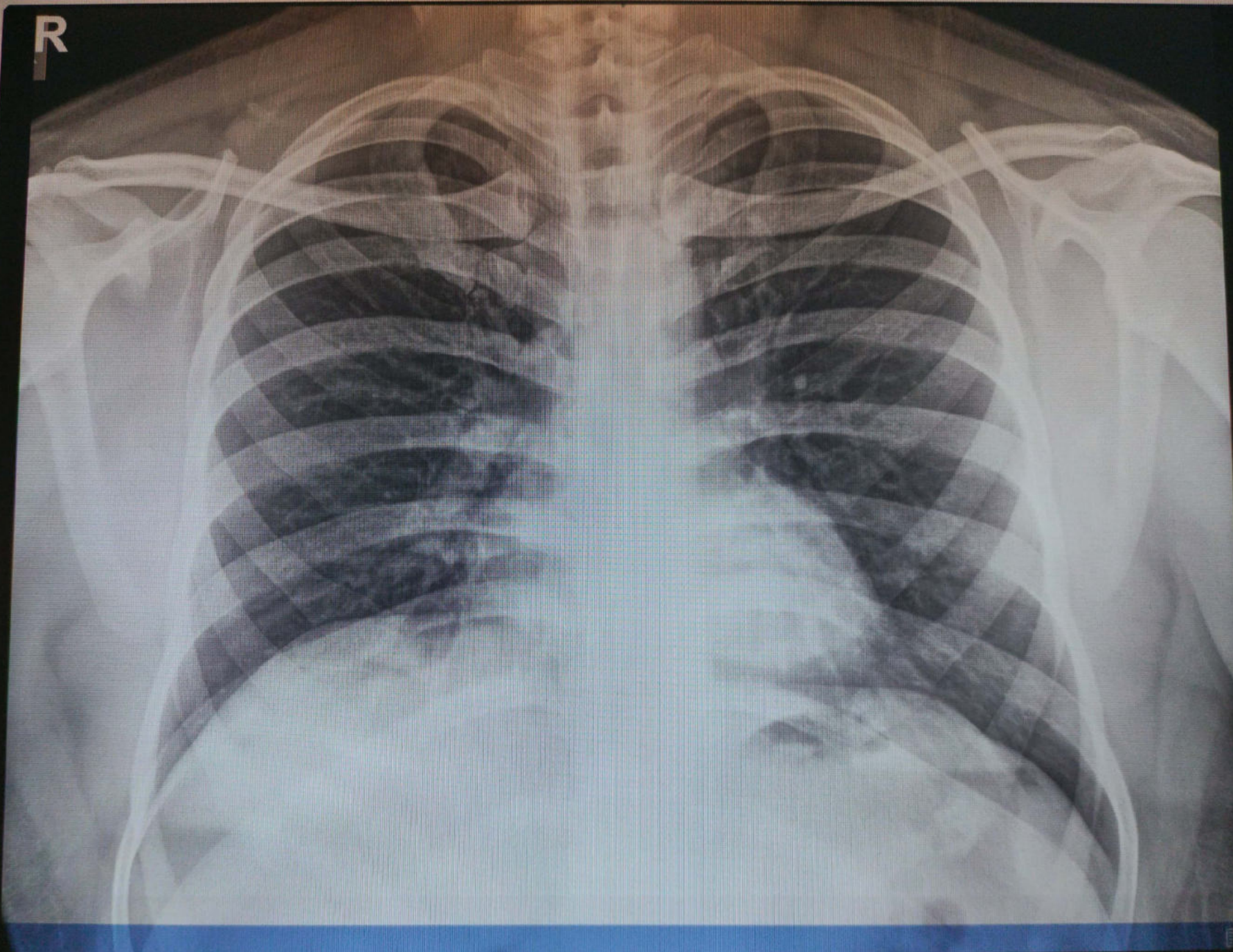
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