


MER- MEDICAL EXAMINATION REPORT

Date of Examination <u>16/08/2023</u>			
NAME <u>Bidyut Prava Saha</u>			
AGE		Gender	<u>Female</u>
HEIGHT(cm)		WEIGHT (kg)	<u>59.5kg</u>
B.P.	<u>130/80 mmHg</u>	<u>SpO₂ - 99 %</u> <u>HR - 72 b/m</u>	
ECCG	<u>WNL</u>		
X Ray			
Vision Checkup	<u>6/6 DE</u>	Color Vision :	<u>Normal</u>
		Far Vision Ratio :	
		Near Vision Ratio :	
Present Ailments	<u>Nil</u>		
Details of Past ailments (If Any)	<u>Nil</u>		
Comments / Advice : She /He is Physically Fit ✓			


16/8/23
Signature with Stamp of Medical Examiner

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Bishant Rama Sahu on 16/8/23

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

	Tick
<ul style="list-style-type: none"> • Medically Fit <i>Fit</i> 	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	
<ul style="list-style-type: none"> • Unfit 	

Dr. *[Signature]*
 Medical Officer 16/8/23
 The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

456
47 Years

BIDYUTPRAVA SAHA
Female

16/08/2023 08:54:43

Rate 70 . Sinus rhythm.....normal P axis, V-rate 50- 99

PR 122
QRSD 86
QT 386
QTc 417

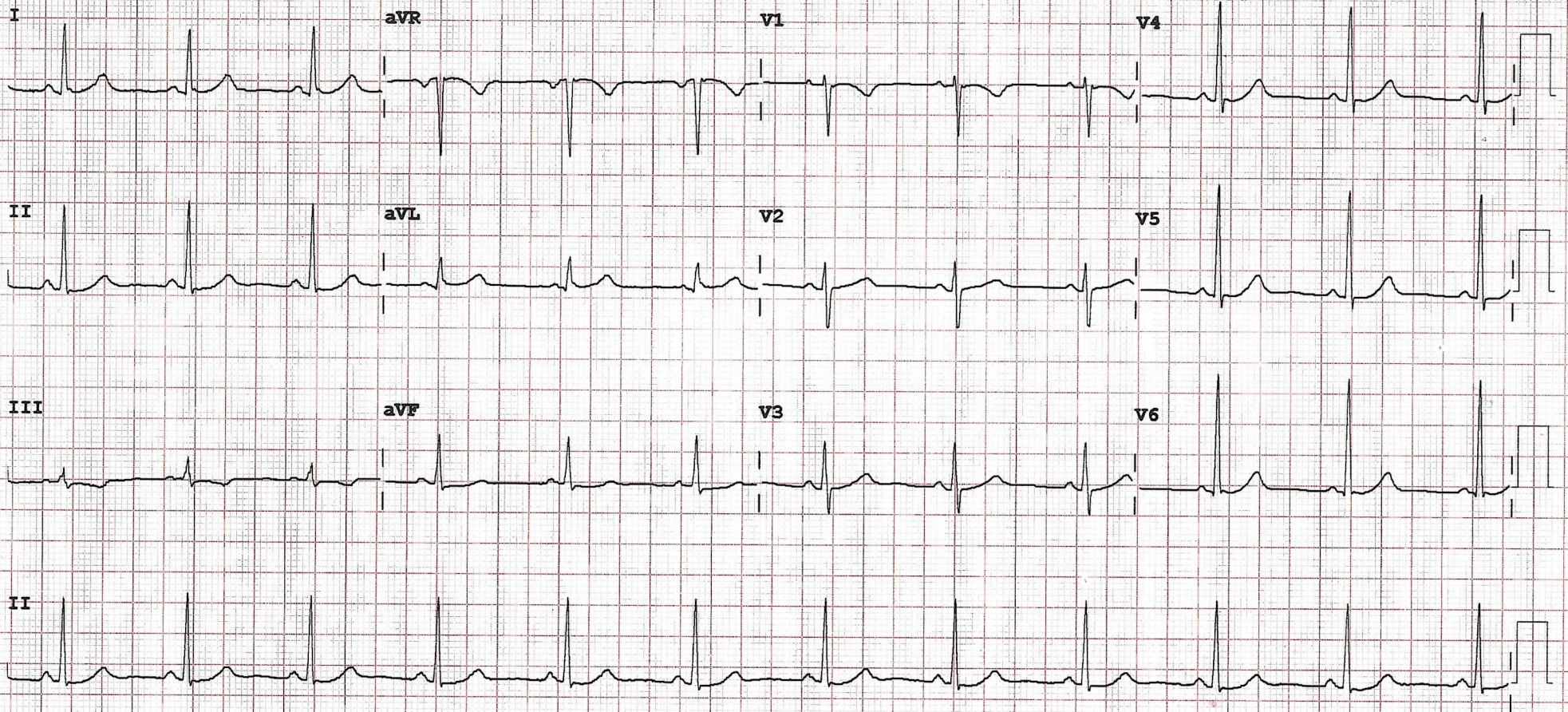
--AXIS--

P 34
QRS 34
T 9

- NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis

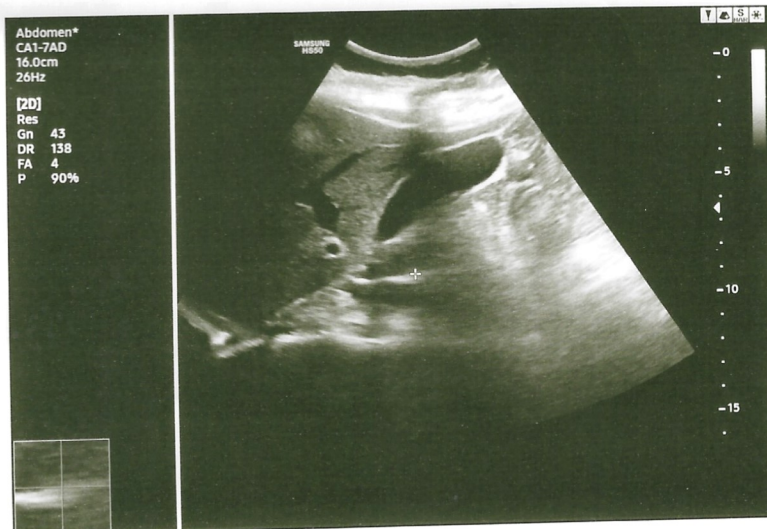
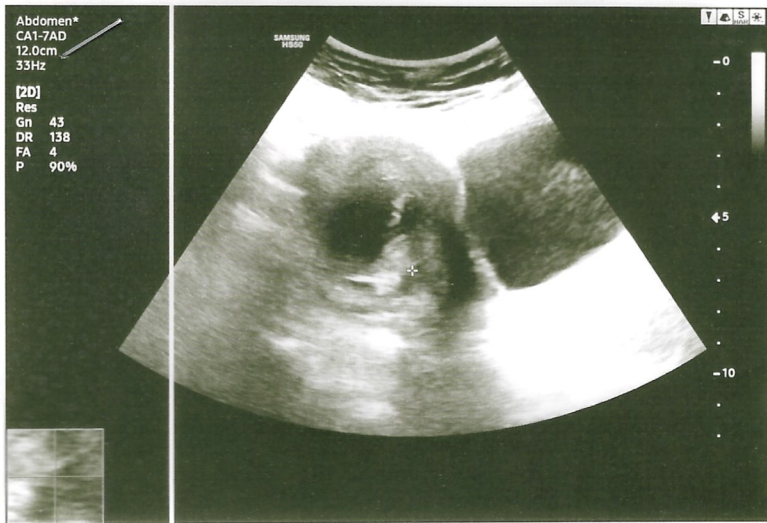


Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50~ 0.15-100 Hz 100B CL P?

R

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Name: BIDYUT PRAVA SAHU

Age/Sex: 47Years / Female
Report Date: 16.08.2023

ULTRASOUND OF ABDOMEN & PELVIS

LIVER: Enlarged in size (15.4cm) with normal shape and increased parenchymal echotexture. Intrahepatic biliary channels are not dilated. Portal vein- normal in diameter.

GALL BLADDER: Distended. Walls smooth, regular and normal in thickness. Lumen clear. No calculus or growth seen.

C.B.D: Normal in calibre, Lumen clear.

SPLEEN: Normal in size (9.0cm), shape and parenchymal echo texture. Splenic vein normal.

PANCREAS: Normal in size, shape & echo texture. MPD is not dilated.

RIGHT KIDNEY: normal in size, shape and position. Cortical echotexture appears normal and cortico-medullary differentiation is maintained. No calculus or hydronephrosis seen.

LEFT KIDNEY: normal in size, shape and position. Cortical echotexture appears normal and cortico-medullary differentiation is maintained. No calculus or hydronephrosis seen.

URINARY BLADDER:-Well distended. Wall thickness is normal. No intravesical calculus seen. Lumen clear.

UTERUS:- Uterus measures 8.7 x 4.3 x 6.2 cm. Normal in size with a well-defined heterogeneously hypoechoic rounded lesion measuring 30 x 27mm noted in posterior myometrium. Endometrium thickness is 7mm.

OVARIES:- Both are normal in size, shape and echotexture.

No free fluid seen in peritoneal cavity.

IMPRESSION:

- MILD HEPATOMEGALY WITH GRADE-I FATTY INFILTRATION.
- POSTERIOR MYOMETRIAL FIBROID.

Suggested: Clinical correlation.

CONSULTANT RADIOLOGIST

Patient Name : MRS. BIDYUT PRAVA SAHU

Age / Gender : 47 years / Female

Patient ID : 10992

Source : CITI DIAGNOSTIC

Scan to Validate



Referral : Apollo Health and Lifestyle Limited

Collection Time : Aug 16, 2023, 11:52 a.m.

Reporting Time : Aug 16, 2023, 02:19 p.m.

Sample ID :



Test Particular	Result	Unit(s)	Biological Reference Interval
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HAEMATOLOGY

CBC :- (COMPLETE BLOOD COUNT)

Hemoglobin (Hb) Method : Cynmeth Photometric Measurement	10.1	gm/dL	12.0 - 15.0
Erythrocyte (RBC) Count Method : Electrical Impedence	3.3	mil/cu.mm	3.8 - 4.8
Packed Cell Volume (PCV) Method : Calculated	30.0	%	36 - 46
Mean Cell Volume (MCV) Method : Electrical Impedence	82.7	fL	83 - 101
Mean Cell Haemoglobin (MCH) Method : Calculated	24.1	pg	27 - 32
Mean Corpuscular Hb Conc. (MCHC) Method : Calculated	29.2	gm/dL	31.5 - 34.5
Platelet Count Method : Electrical Impedence	180	10 ³ /μL	150 - 410
PCT Method : Calculated	0.19	%	0.2 - 0.5
Total Leucocytes (WBC) Count Method : Electrical Impedence	5,600	10 ³ /μL	4.0-11.0

Differential Leucocyte Count (Meth: VCSn Technology)

Neutrophils	50	%	40 - 80
Lymphocytes	46	%	20 - 40
Monocytes	00	%	2 - 10
Eosinophils	04	%	1 - 6
Basophils	00	%	0-1

Note :

Tests done on Automated Six Part Cell Counter. (WBC, RBC, Platelet count by impedance method, colorimetric method for Hemoglobin, WBC differential by flow cytometry using laser technology other parameters are calculated). All Abnormal Haemograms are reviewed confirmed microscopically.

ESR :- Erythrocyte Sedimentation Rate

Erythrocyte Sedimentation Rate Method : Westergren	8	mm/1 hr	03 - 20
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Blood Grouping RH Typing

Blood Grouping	"O"
Rh (D) Typing	Positive
Methodology	

This is done by forward grouping by Slide 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

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BIOCHEMISTRY

Fasting Plasma Glucose

Fasting Plasma Glucose

92.0

mg/dL

Normal: 70 - 110

Impaired Tolerance: 100-125

Diabetes mellitus: >= 126

Method : Fluoride Plasma-F, Hexokinase

Post Prandial Plasma Glucose (2hr.)

Post Prandial Plasma Glucose (2hr)

98.0

mg/dL

70 - 140

Method : Fluoride Plasma, Hexokinase

HbA1c (Glycosylated Hb%)

Glyco Hb (HbA1C)

6.1

%

Non-Diabetic: <= 6.0

Pre Diabetic: 6.0 - 6.4

Diabetic: >=6.5

Method : EDTA Whole blood,HPLC

Interpretations

- HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%
- Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemc control.

Excellent control-6-7 %

Fair to Good control – 7-8 %

Unsatisfactory control – 8 to 10 %

Poor Control – More than 10 %

RFT :- Renal Function Tests

Serum Urea

20.0

mg/dL

11 - 45

Method : Serum

Serum Creatinine

1.0

mg/dL

0.45 - 1.20

Method : Serum, Jaffe IDMS

Serum Uric Acid

4.1

mg/dL

3.5 - 7.2

Method : Serum, Uricase/POD

Serum Sodium

147.0

mmol/L

136 - 146

Method : Serum, Indirect ISE

Serum Potassium

4.0

mmol/L

3.5 - 5.5

Method : Serum, Indirect ISE

LIPID PROFILE :-

Serum Cholesterol

138.0

mg/dL

Desirable: <= 200

Borderline High: 201-239

High: > 239

Method : CHOD-PAP

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Test Particular	Result	Unit(s)	Biological Reference Interval
Serum Triglyceride Method : GPO-PAP	122.0	mg/dL	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500
Serum HDLc (Direct) Method : Serum, Direct measure-PEG	34.5	mg/dL	Normal: > 40 Major Heart Risk: < 40
Serum LDLc (Direct) Method : Serum Direct	79.1	mg/dL	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190
Non - HDL Cholesterol, Serum Method : calculated	103.50	mg/dL	Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL
Serum VLDLc Method : calculated	24.40	mg/dL	6 - 38
Total Cholesterol & HDL Ratio Method : calculated	4	ratio	Desirable - <3.5 Moderate risk - 3.5- 5.1 High risk - > 5.1
LDL/HDL RATIO Method : calculated	2.29	ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0
HDL/LDL RATIO Method : calculated	0.44	ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0

Clinical Significance :

Lipid profile or lipid panel is a panel of blood tests used to find 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, and other diseases.

LFT :- Liver Function Test

Serum Bilirubin (Total) Method : Serum, Jendrassik Grof	0.6	mg/dL	0.3 - 1.2
Serum Bilirubin (Direct) Method : Serum, Diazotization	0.2	mg/dL	< 0.3
S G O T (AST) Method : Serum, UV with P5P, IFCC 37 degree	22	U/L	5-40
S G P T (ALT) Method : Serum, UV with P5P, IFCC 37 degree	18	U/L	5-45
Serum Alkaline Phosphatase (ALP) Method : Serum, PNPP, AMP Buffer, IFCC 37 degree	110	U/L	30-120

Clinical Significance:

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IMMUNOLOGY

Triiodothyronine (T3)

Total T3	71.5	ng/dL	69.0 - 215.0
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Method : CLIA

Thyroxine (T4)

Total T4	6.18	µg/dL	5.20 - 12.7
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Method : CLIA

TSH Ultrasensitive

TSH(Ultrasensitive)	1.13	uIU/mL	0.30 - 4.56
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Method : Serum, ECLIA

First Trimester : 0.1-2.5
Second Trimester : 0.2-3.0
Third trimester : 0.3-3.0

Interpretation

1. TSH results between 4.5 to 15 show considerable physiologic & seasonal variation, suggest clinical correlation or repeat testing with fresh sample .
2. TSH results between 0.1 to 0.45 require correlation with patient age & clinical symptoms. As with increasing age, there are marked changes in thyroid hormone production, metabolism & its actions resulting in an increased prevalence of subclinical thyroid disease .
3. TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart failure,severe burns, trauma and surgery etc .
4. Drugs that decrease TSH values e.g:L-dopa,Glucocorticoid Drugs that increase TSH values e.g Iodine,Lithium,Amiodarone.

Note: Patients on Biotin supplement may have interference in some immunoassays. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended.

Ref: Arch Pathol Lab Med—Vol 141, November 2017

Lab Technician

Ranjan Mallick
Dr. Ranjan Kumar Mallick
MD Path, Consultant Pathology

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URINE EXAMINATION

Urine Routine & Microscopic Examination

PHYSICAL EXAMINATION

Quantity	10 ml		
Colour	Pale Yellow		Pale Yellow
Transparency (Appearance)	Clear		Clear
Deposit	Absent		Absent
Reaction	Acidic		

CHEMICAL EXAMINATION

Urine Glucose (Sugar)	Absent		
Urine Protein (Albumin)	Absent		Absent

MICROSCOPIC EXAMINATION

Pus cells (WBCs)	1-2/HPF	/hpf	0-1
Red blood cells	Absent	/hpf	Absent
Epithelial cells	2-3 /HPF	/hpf	0-2
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent

Sugar Urine FUS

Urine Glucose FUS Absent

Sugar Urine :- PUS

Urine Glucose PPUS Absent

Handwritten signature
16/08/23

Handwritten signature: R. Mallick

Dr. Ranjan Kumar Mallick
MD Path, Consultant Pathology