

CERTIFICATE OF MEDICAL FITNESS

Member Information :

Name : Subhash Yadav
Gender : Male Female Other
Date of Birth : 09/04/1991

Identification :

Identity of the examinee has been verified by the way of :

PAN Card Passport Driving License Election Card
 Aadhar Card Any other authorised document (specify)

Body Parameters Reading :

Height : 179 cm Weight : 88 kg
Chest : 43 in
Vision : L — R —
Blood Pressure : 118/84

Comment:

He/She is Physically Fit/ Unfit for the Job.

Declaration :

I confirm that all of the above answers and statements are true and complete to the best of my knowledge. I also agree that any doctors, whether named above or not, who has attended or examined me or who may do so hereafter shall be and is hereby authorized and directed by me to disclose to the Company any information he may have acquired with regard to myself.

I, Dr. Sandeep Bendale herein declare that I have conducted the physical examination of Mr. Subhash Yadav after due verification of his/her identity I further affirm that nothing has been misrepresented or concealed by me.

Date :

Shan

Customer Signature

Date :

Signature & Seal





SAAKSHI PATHOLOGY LABORATORY

Emerald Hills, Parandwadi Road, Somatane Phata, Somatanegaon, Tal. Maval, Dist. Pune- 410506

sakshidiagnostic18@gmail.com www.saakshidiagnostics.com

Name : Mr. Subhash Yadav	Date: 24/06/2023
Ref by: Apollo	Age: 32 Y/ M

2D echo report

Parameters	Measured	
LVIDD	45	mm
LVIDS	30	mm
IVS	10	mm
PW	9	mm
Aorta	24	mm
LA diameter	31	Mm


Normal chamber size
Regional wall motion abnormalities- Absent
LVEF- 60 %
Valves- normal
IAS/IVS Intact
No clots/effusion/ vegetations
IVC not dilated.

COLOUR DOPPLER STUDY

No MR
No AR
Minimal TR
No significant gradient across Aortic valve
No significant pulmonary hypertension

Impression:-

- No significant abnormality.


Dr. Sandeep D. Bendale
MD, DNB



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Name : Mr. Subhash Yadav	Date: 24/06/2023
Ref by: Apollo	Male - 32 yrs

USG ABDOMEN & PELVIS

USG abdomen was performed with 4 MHz and 10 Mhz probes

Liver shows normal size and echogenicity. No obvious focal lesion is noted.

The portal vein is normal.

CBD is not dilated. No evidence of any dilated intra or extra hepatic biliary radicals.

Gall bladder is partially distended and appears normal. No gall-stones are seen.

Pancreas appears normal. No significant focal lesion is seen.

Spleen is normal in size. No focal lesion is seen.

Right kidney is normal in size, position & echotexture. The CMD is maintained.

No significant renal mass, hydronephrosis or renal calculi noted.

Left kidney is normal in size, position & echotexture. The CMD is maintained.

No significant renal mass, hydronephrosis or renal calculi noted.

No significant lymphadenopathy is seen.

Urinary bladder is partially distended. No significant wall thickening, calculus is seen.

Prostate is normal in size.

No significant ascites is seen.

Impression:

- No significant abnormality.

Clinical correlation is advised and sos follow up imaging.

Dr Sandeep Bendale
MD

DR PARIKSHIT MULAY
CONSULTING RADIOLOGIST



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Patient Name: Yadav Subhash	Age: 32Yrs/Male
Ref by: Apollo	Date: 24/06/2023

CHEST X ray PA view

Both lungs fields appears normal.
Trachea is central.
Heart and mediastinum appear normal.
Both the costo-phrenic angles clear.
Both the domes of diaphragm appear normal.
Bony thorax grossly appears normal.

Adv: Clinical correlation.

DR PARIKSHIT MULAY
CONSULTING RADIOLOGIST

MRI 1.5 / 3 TESLA • CT SCAN WITH INJECTOR • DIGITAL X-RAY • 4D SONOGRAPHY • COLOUR DOPPLER • MAMMOGRAPHY • OPG
• PATHOLOGY & MICROBIOLOGY • ECG • TMT • 2D ECHO • EMG / NCV / EEG • AUDIOMETRY • UROFLOWMETRY • BMD • PFT • OPHTHALMOLOGY

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भारत सरकार

Government of India



सुभाष बबन यादव
Subhash Baban Yadav
जन्म तिथि / DOB : 09/04/1991
पुरुष / Male



2875 3512 3478

आधार - आम आदमी का अधिकार

Sydh



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

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PATIENT ID : 3476 SAMPLE ID : 87949 REG.DATE : 24-06-2023
PATIENT NAME : MR. SUBHASH YADAV AGE / SEX : 29 YEARS / MALE
REF BY : APOLLO CLINIC REPORT DATE : 24-06-2023

COMPLETE BLOOD COUNT (CBC)

Investigation	Result	Unit	Reference Range
HAEMOGLOBIN	: 17.1	g/dl	13.0 - 18.0

RBC PARAMETERS

Total RBC Count	: 5.24	mil/cmm	3.9 - 5.1
PCV (Haematocrit)	: 51.8	%	33.0 - 49.0
MCV	: 98.9	fl	75 - 96
MCH	: 32.6	pg	25 - 32
MCHC	: 33.0	g/dl	30 - 36
RDW-CV	: 14.7	%	11.5 - 15.3
RDW-SD	: 56.8	fL	36.0 - 56.0

WBC PARAMETERS

Total WBC Count	: 7600	/cmm	4000 - 11000
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WBC DIFFERENTIAL COUNT

Neutrophils	: 62.7	%	40 - 70
Lymphocytes	: 30.4	%	20 - 45
Eosinophils	: 1.3	%	0 - 4
Monocytes	: 4.9	%	0 - 10
Basophils	: 0.7	%	0 - 1

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	: 4765.2	/cmm	1600 - 7700
LYMPHOCYTES	: 2310.4	/cmm	800 - 4950
EOSINOPHILS	: 98.8	/cmm	40 - 440
MONOCYTES	: 372.4	/cmm	100 - 1200
BASOPHILS	: 53.2	/cmm	0 - 100

PLATELET PARAMETERS

Platelet Count	: 319000	/cmm	150000 - 450000
MPV	: 8.8	fl	6 - 12
PDW	: 15.8	%	8 - 18
PCT	: 0.280	%	0.15 - 0.5



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REF BY : APOLLO CLINIC REPORT DATE : 24-06-2023

COMPLETE BLOOD COUNT (CBC)

Investigation	Result	Unit	Reference Range
PERIPHERAL SMEAR EXAMINATION			
RBC Morphology	: Normocytic Normochromic		
WBC Morphology	: Within Normal Limits		
Platelet Morphology	: Adequate On Smear		
Malarial Parasite Thick & Thin Smear	: Malarial Parasite Not seen		

Technology : BC5150 - Automated 5 part Haematology Analyzer

Method :

Haemoglobin : Photometry
Total WBC Count : Electrical impedance
Differential WBC Count : Flow Cytometry (FCM) + Laser scatter + Chemical dye method
Total RBC Count : Electrical impedance
Platelete Count : Electrical impedance
Staining & Microscopy

Note :

- As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood
- Test conducted on EDTA whole blood

Dr Suhas A Lunkad
MD (Path) DPB
(Reg No : 89089)



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PATIENT ID	: 3476	SAMPLE ID	: 87947	REG.DATE	: 24-06-2023
PATIENT NAME	: MR. SUBHASH YADAV	AGE / SEX	: 29 YEARS / MALE	REPORT DATE	: 24-06-2023
REF BY	: APOLLO CLINIC				

BLOOD GROUPING & Rh TYPING

Investigation

Result

BLOOD GROUP & RH TYPE

: A Rh Positive

Method : haemagglutination

This is screening method of blood group . Confirmation should be done by reverse & forward grouping method.

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PATIENT ID : 3476 SAMPLE ID : 87951 REG.DATE : 24-06-2023
PATIENT NAME : MR. SUBHASH YADAV AGE / SEX : 29 YEARS / MALE
REF BY : APOLLO CLINIC REPORT DATE : 24-06-2023

BLOOD SUGAR FASTING AND POST PRANDIAL

Investigation	Result	Unit	Reference Range
BLOOD SUGAR FASTING	: 92.0	mg/dl	Normal : < 100.0 Prediabetes : 100.0 - 125.0 Diabetes : => 126.0
BLOOD SUGAR POST PRANDIAL II HR	: 100.0	mg/dl	Normal : < 140.0 Prediabetes : 140.0 - 199.0 Diabetes : => 200.0

Test Method : Glucose oxidase-peroxidase - Photometry

Note:

Reference range of blood sugar are given as per guidance of American Diabetes Association (ADA)

Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine & Microalbumin urine

Comments : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying & brisk glucose absorption.

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PATIENT ID : 3476 SAMPLE ID : 87945 REG.DATE : 24-06-2023
PATIENT NAME : MR. SUBHASH YADAV AGE / SEX : 29 YEARS / MALE
REF BY : APOLLO CLINIC REPORT DATE : 24-06-2023

LIVER FUNCTION TEST

Investigation	Result	Unit	Reference Range
TOTAL BILIRUBIN	: 0.8	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN	: 0.4	mg/dL	0.0 - 0.5
INDIRECT BILIRUBIN	: 0.4	mg/dL	0.1 - 1.0
TOTAL PROTEIN	: 6.9	gm/dL	6.4 - 8.3
ALBUMIN	: 3.9	g/dL	3.5 - 5.5
GLOBULIN	: 3.0	g/dL	2.3 - 3.5
A/G RATIO	: 1.30		1.25 - 2.5
SGOT (AST)	: 64.4	IU/L	5 - 40
SGPT (ALT)	: 55.0	IU/L	5 - 41
ALKALINE PHOSPHATASE	: 43.0	IU/L	41.0 - 137.0

Test Method :

Billirubin Total : Diazo With Sulphanalic Acid - Photometry
Billirubin Direct : Diazo With Sulphanalic Acid - Photometry
Billirubin Indirect : Calculated

Total Protein : Biuret - Endpoint Photometry
Albumin : Bromseal Green - Endpoint Photometry
Globulin : Calculated

SGOT : IFCC - Kinetic SGPT : IFCC - Kinetic ALP : AMP Buffer IFCC - Kinetic

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PATIENT ID : 3476 SAMPLE ID : 87944 REG.DATE : 24-06-2023
PATIENT NAME : MR. SUBHASH YADAV AGE / SEX : 29 YEARS / MALE
REF BY : APOLLO CLINIC REPORT DATE : 24-06-2023

LIPID PROFILE

Investigation	Result	Unit	Reference Range
SERUM TOTAL CHOLESTEROL	: 158.2	mg/dl	Desirable : < 200 mg/dl Borderline high : 200 - 239 mg/dl High : >= 240 mg/dl
SERUM TRIGLYCERIDES	: 104.0	mg/dl	Normal : < 150 mg/dl Borderline high : 150 - 199 mg/dl High : 200 - 499 mg/dl Very high : >=500 mg/dl
SERUM HDL CHOLESTEROL (Direct)	: 49.0	mg/dl	Desirable : > 60.0 mg/dl Borderline : 40.0 - 60.0 mg/dl High risk : < 40.0 mg/dl
SERUM LDL CHOLESTEROL (Direct)	: 88.4	mg/dl	Optimal : < 100 mg/dl Near Optimal : 100 - 129 mg/dl Borderline High : 130 - 159 mg/dl High : 160 - 189 mg/dl Very High : >= 190 mg/dl
SERUM VLDL CHOLESTEROL	: 20.8	mg/dl	6 - 38
CHOL / HDL CHOL RATIO	: 3.2		0 - 4.5
LDL CHOL / HDL CHOL RATIO	: 1.8		0 - 3.5

Test Method

TOTAL CHOLESTEROL- Endpoint - CHOD-POD
TRIGLYCERIDES - Endpoint - CHOD-POD
HDL CHOLESTEROL - Endpoint - Direct Enzymatic
LDL CHOLESTEROL - Endpoint - Direct Enzymatic
VLDL - Calculated
TC/HDLC RATIO - Calculated
LDLC/HDLC RATIO - Calculated

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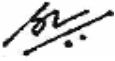


PATIENT ID : 3476 SAMPLE ID : 87953 REG.DATE : 24-06-2023
PATIENT NAME : MR. SUBHASH YADAV AGE / SEX : 29 YEARS / MALE
REF BY : APOLLO CLINIC REPORT DATE : 24-06-2023

RENAL FUNCTION TEST

Investigation	Result	Unit	Reference Range
BLOOD UREA LEVEL	: 34.0	mg/dl	13.0 - 45.0
BLOOD UREA NITROGEN	: 16.0	mg/dl	6.0 - 21.2
SERUM CREATININE	: 1.20	mg/dL	0.6 - 1.4
SERUM SODIUM	: 139.6	mmol/l	135 - 148
SERUM POTASSIUM	: 4.0	mmol/l	3.5 - 5.3
SERUM CHLORIDE	: 106.0	mmol/l	98 - 107

Test Method
Urea - Kinetic - GLDH
Blood Urea Nitrogen - Calculated
Creatinine - Kinetic - Enzymatic
Sodium - ISE - Direct
Potassium - ISE - Direct
Chloride - ISE - Direct


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PATIENT ID : 3476 SAMPLE ID : 87946 REG.DATE : 24-06-2023
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 REF BY : APOLLO CLINIC REPORT DATE : 24-06-2023

GAMMA GT (GGTP)

<u>Investigation</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
SERUM GAMMA GT (GGTP)	: 35.0	U/L	3 - 45

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PATIENT ID : 3476 SAMPLE ID : 87948 REG.DATE : 24-06-2023
PATIENT NAME : MR. SUBHASH YADAV AGE / SEX : 29 YEARS / MALE
REF BY : APOLLO CLINIC REPORT DATE : 24-06-2023

GLYCOSYLATED HEMOGLOBIN (HbA1c)

Investigation	Result	Unit	Reference Range
GLYCOSYLATED HEMOGLOBIN (HbA1c)	: 5.20	%	Normal : < 5.7 Prediabetic : 5.7 - 6.4 Diabetic : >= 6.5 Guidance for Known Diabetic Good Control : < 6.5 Fair Control : 6.5 - 7.4 Unsatisfactory Control : 7.0 - 8.0 Poor Control > 8.0
MEAN PLASMA GLUCOSE	: 107.8	mg/dl	Good Control : 90.0 - 120.0 Fair Control : 121.0 - 150.0 Unsatisfactory Control : 151.0 - 180.0 Poor Control : > 180.0

Test Method : Quantitative Immunofluorescence Assay

Reference range given As per American Diabetes Association (ADA)

Note :

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly Controlled
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments : HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

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PATIENT ID : 3476 SAMPLE ID : 87952 REG.DATE : 24-06-2023
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REF BY : APOLLO CLINIC REPORT DATE : 24-06-2023

THYROID FUNCTION TEST

Investigation	Result	Unit	Reference Range
T3 (TRIIODIOTHYRONINE)	: 0.345	ng/ml	0.69 - 2.15
T4 (THYROXINE)	: 8.51	ug/dl	5.20 - 12.7
ULTRA TSH	: 4.39	mIU/ml	0.30 - 5.50

Method : Electrochemiluminescence Immunoassay

Instrument : Cobas e411 Immunoassay Analyser , Roche Diagnostics Germany

T3 & T4 :

- Total T3 & T4 levels measure the hormone which is in the bound form and is not available to most tissues.
- Severe systemic illness affects the thyroid binding proteins and can falsely alter Total T4 levels in the absence of a primary thyroid disease. Hence Free T3 & T4 levels are recommended for accurate assessment of thyroid dysfunction

Clinical Use - Diagnose Hypothyroidism and Hyperthyroidism when overt and / or due to pituitary or hypothalamic disease.

Increased Levels : Hyperthyroidism, Increased TBG, Familial dysalbuminemic hyperthyroxinemia, Increased Transthyretin, Estrogen therapy, Pregnancy

Decreased Levels : Primary hypothyroidism, Pituitary TSH deficiency, Hypothalamic TRH deficiency, Non thyroidal illness, Decreased TBG.

TSH Clinical Use : The ability to quantify circulating levels of thyroid stimulating hormone (TSH) is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (Thyroid) from secondary (Pituitary) and Tertiary (Hypothalamus) In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism TSH levels are low or normal . Concentration of 4.2 to 7.0 uIU/mL are considered borderline hypothyroid.

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 am and at a minimum between 6 - 10 pm , The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use

Primary Hypothyroidism , Hyperthyroidism , Hypothalamic Pituitary hypothyroidism , Inappropriate TSH secretion , Nonthyroidal illness , Autoimmune thyroid disease , Pregnancy , associated thyroid disorders , Thyroid dysfunction in infancy and early childhood

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PATIENT ID : 3476 SAMPLE ID : 87950 REG.DATE : 24-06-2023
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 REF BY : APOLLO CLINIC REPORT DATE : 24-06-2023

URINE ROUTINE ANALYSIS

<u>Investigation</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
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(Signature)
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