



भारत सरकार

Government of India



Issue Date: 26/10/2012



निलेश वासू नाईक

Nilesh Vasu Naik

जन्म तारीख / DOB: 28/04/1983

पुरुष / Male



5271 6616 3867



5271 6616 3867

मेरा आधार, मेरी पहचान

## FITNESS CERTIFICATE

**Name :** Nilesh Naik

Medical Date - 23-9-23

**Gender :** male

**AGE :** 40 Y

PHYSICAL EXMINATION	Cardiovascular System	Respiratory System	Alimentary System
Height - 167	Puls 65	Trachea : Normal	Liver NORMAL
Weight - 70			Spleen NORMAL
BMI - 25.1	BP 130/90	RR	Kidney NORMAL
SKIN NAD			Hernia NO
NOSE NAD	Heart Sound:Normal	RS NAD	Hydrocele NO
EAR & Tonsils: NAD			

**Central Nervous System**

X-Ray :- Normal

ECG :- WNL (S-Body) ADU 2 DECHO

PFT :- NA

**Spects** Without Glasses / With Glasses

**Employee Present History :-**

H/O → Polyp in ~~stomach~~   
~~stomach~~ 5-6 yrs   
 consulted Gastro for   
 same

**VISION** RIGHT LEFT

NEAR - N/G N/G

DISTANT- 6/6 6/6

Colour Vision NORMAL

**Employee Family History :-**

Father K1010 → HTN (newly detected)

**ADVICE :**

dietician Ref<sup>n</sup>, lifestyle modification?   
 consulted for same and ADU 2 DECHO, ECG   
 cardiac Ref<sup>n</sup> 2-3 months (every)

**REMARK :-** Employee is free from any infectious contagious & communicable diseases and join his/her normal duties





ID: 1902

23-09-2023 09:03:18 AM

Male Nillesh Neelk  
Years 40y1m  
B.P 130/90  
SpO2 - 99.1%  
PR - 65/m

HR : 52 bpm  
P : 102 ms  
PR : 145 ms  
QRS : 89 ms  
QT/QTcBz : 462/432 ms  
P/QRS/T : 16/47/-3 °  
RV5/SV1 : 2.282/0.945 mV

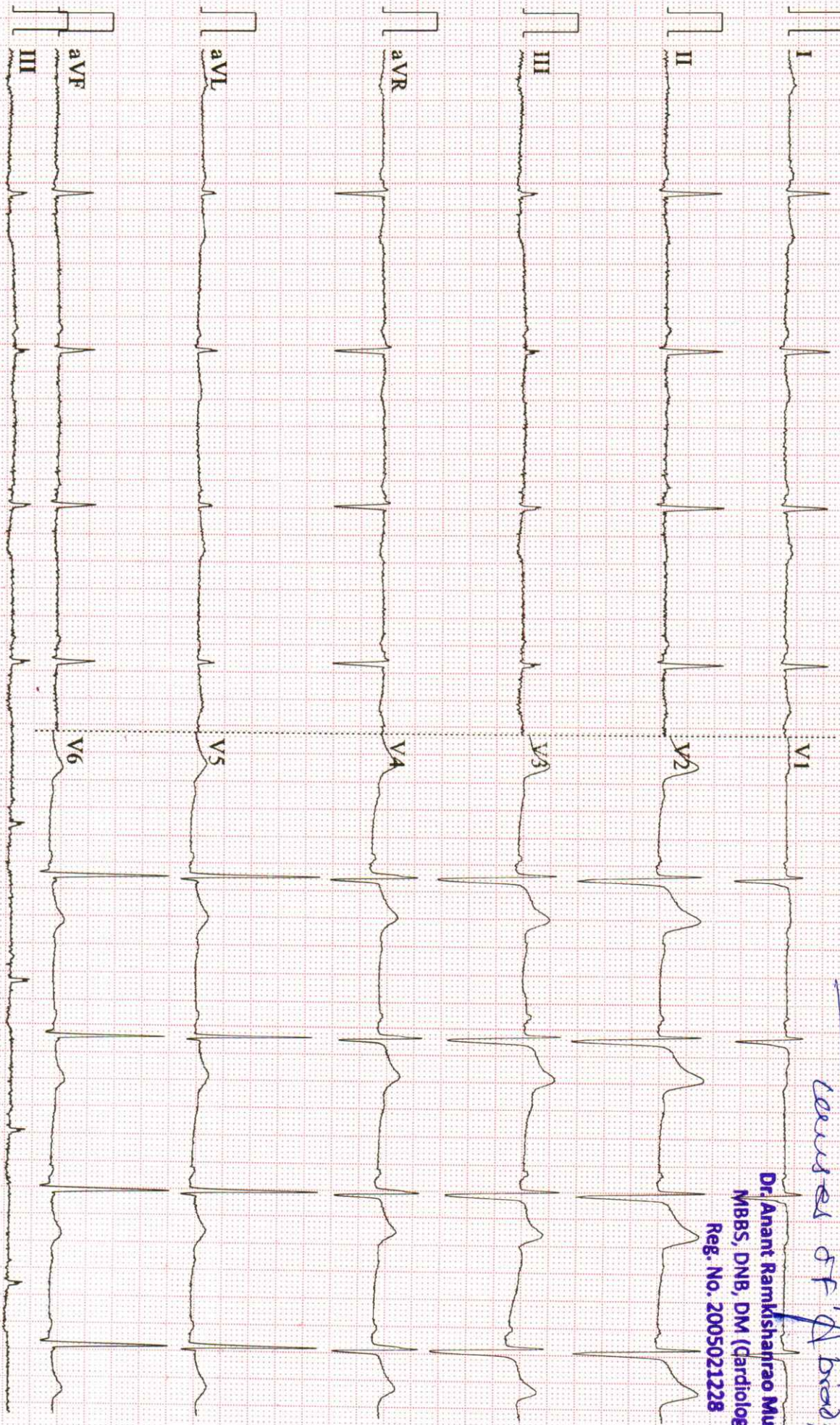
Diagnosis Information:

Sinus Bradycardia  
Slight ST Elevation(V4V5)  
T Wave Abnormality(I,II,III,aVF)

sinus bradycardia  
no ST-T  
change is  
seen  
A & V - work up for  
cause of bradycardia

Report Confirmed by:

Dr. Anant Ramkishanrao Munde  
MBBS, DNB, DM (Cardiology)  
Reg. No. 2005021228



0.25-35Hz AC50 25mm/s 10mm/mV 2\*5.0s+1r V2.21 SEMIP V1.92 Siddhivinayak Hospital





### ECHOCARDIOGRAM

NAME	MR. NILESH NAIK
AGE/SEX	40 YRS/M
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DOCTOR	DR. ANANT MUNDE, DNB, DM (CARDIOLOGY)
DATE OF EXAMINATION	23/09/2023

### 2D/M-MODE ECHOCARDIOGRAPHY

<b>VALVES:</b> <b>MITRAL VALVE:</b> <ul style="list-style-type: none"> <li>• AML: Normal</li> <li>• PML: Thickened &amp; Prolapse</li> <li>• Sub-valvular deformity: Absent</li> </ul> <b>AORTIC VALVE:</b> Normal <ul style="list-style-type: none"> <li>• No. of cusps: 3</li> </ul> <b>PULMONARY VALVE:</b> Normal <b>TRICUSPID VALVE:</b> Normal	<b>CHAMBERS:</b> <b>LEFT ATRIUM:</b> Normal <b>LEFT VENTRICLE:</b> Normal <ul style="list-style-type: none"> <li>• RWMA: No</li> <li>• Contraction: Normal</li> </ul> <b>RIGHT ATRIUM:</b> Normal <b>RIGHT VENTRICLE:</b> Normal <ul style="list-style-type: none"> <li>• RWMA: No</li> <li>• Contraction: Normal</li> </ul>
<b>GREAT VESSELS:</b> <ul style="list-style-type: none"> <li>• AORTA: Normal</li> <li>• PULMONARY ARTERY: Normal</li> </ul>	<b>SEPTAE:</b> <ul style="list-style-type: none"> <li>• IAS: Intact</li> <li>• IVS: Intact</li> </ul>
<b>CORONARIES:</b> Proximal coronaries normal <b>CORONARY SINUS:</b> Normal <b>PULMONARY VEINS:</b> Normal	<b>VENACAVAE:</b> <ul style="list-style-type: none"> <li>• SVC: Normal</li> <li>• IVC: Normal and collapsing &gt;20% with respiration</li> </ul>
	<b>PERICARDIUM:</b> Normal

### MEASUREMENTS:

AORTA		LEFT VENTRICLE STUDY		RIGHT VENTRICLE STUDY	
PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE
Aortic annulus	22 mm	Left atrium	35 mm	Right atrium	mm
Aortic sinus	mm	LVIDd	48.6 mm	RVd (Base)	mm
Sino-tubular junction	mm	LVIDs	25.8 mm	RVEF	%
Ascending aorta	mm	IVSd	9.6 mm	TAPSE	mm
Arch of aorta	mm	LVPWd	9.6 mm	MPA	mm
Desc. thoracic aorta	mm	LVEF	72 %	RVOT	mm
Abdominal aorta	mm	LVOT	mm	IVC	13.2 mm





<b>Name - Mr. Nilesh Naik</b>	<b>Age - 40 Y/M</b>
<b>Ref by Dr.- Siddhivinayak Hospital</b>	<b>Date - 23/09/2023</b>

## USG ABDOMEN & PELVIS

### Clinical details:- Routine

The Liver is normal in size and shows raised echogenicity. There is no obvious abnormal focal lesion seen. There is no IHBR dilatation seen in both the lobes of the liver.

The CBD and the Portal vein appear normal.

The Gall bladder is well distended & appears normal. No calculi or filling defects are seen. No evidence of Pericholecystic collection. The wall thickness is normal. Few Gall bladder polyps (3-4 in no) largest measuring 4.0 mm.

Right Kidney measures 9.0 x 4.0 cm & appears normal in shape and position. There is no evidence of hydronephrosis or any calculi seen. Cortico-medullary differentiation is maintained.

Left Kidney measures 9.3 x 4.1 cm & appears normal in shape and position. There is no evidence of hydronephrosis or any calculi seen. Cortico-medullary differentiation is maintained.

The Pancreas is normal in size & shows homogenous echopattern. It shows no focal lesion. The Spleen is normal in size (11.1 cm) with homogenous echotexture.

The urinary bladder is adequately distended and appears normal. There is no evidence of any obvious calculi or any mass lesion seen. Both Uretero-vesical junctions appear clear. No abnormal intraluminal lesion noted.

Prostate appears normal in size. The echotexture pattern is normal. there is no obvious focal lesion seen.

No free fluid or obvious lymphadenopathy is seen in abdomen and pelvis.

### IMPRESSION:

- Fatty liver
- Gall bladder polyps.

Adv.: Clinical and lab correlation.

  
**DR. MOHAMMAD SOHAIB**  
MBBS; DMRE  
CONSULTANT RADIOLOGIST

Note: The above report represents interpretation of various radiographic / sonographic shadows, and hence has its own limitations. This report has to be co-related clinic-pathologically by the referring / physician and it does NOT represent the sole diagnosis. Second opinion is always advisable.





Name - Mr. Nilesh Naik	Age - 40 Y/M
Ref by Dr.- Siddhivinayak Hospital	Date - 23/09/2023

**X- Ray chest (PA VIEW)**

No obvious active parenchymal lesion seen in both lungs.

Cardiac and aortic shadows appear normal

No evidence of pleural of effusion is seen.

Both domes of diaphragm appear normal.

No obvious bony lesion is seen.

**IMPRESSION:**

- No significant abnormality seen.

Adv.: Clinical and lab correlation.

**DR. MOHAMMAD SOHAIB**

**MBBS; DMRE**

**CONSULTANT RADIOLOGIST**

Note: The above report represents interpretation of various radiographic / sonographic shadows, and hence has its own limitations. This report has to be co-related clinic-pathologically by the referring / physician and it does NOT represent the sole diagnosis.





Name	: Mr. NILESH NAIK	Collected On	: 23-Sep-2023 11:01 AM
Lab ID.	: 168421	Received On	: 23-Sep-2023 11:11 AM
Age/Sex	: 40 Years /Male	Reported On	: 23-Sep-2023 7:50 PM
Ref By	: SIDDHIVINAYAK HOSPITAL CGHS /ESIS	Report Status	: FINAL



**\*LIPID PROFILE**

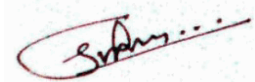
TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE)</b>	<b>202.0</b>	mg/dL	Desirable blood cholesterol: - <200 mg/dl. Borderline high blood cholesterol: - 200 - 239 mg/dl. High blood cholesterol: - >239 mg/dl.
<b>S.HDL CHOLESTEROL (DIRECT MEASURE - PEG)</b>	42.9	mg/dL	Major risk factor for heart : <30 mg/dl. Negative risk factor for heart disease: >=80 mg/dl.
<b>S. TRIGLYCERIDE (ENZYMATIC, END POINT)</b>	<b>205</b>	mg/dL	Desirable level : <161 mg/dl. High :>= 161 - 199 mg/dl. Borderline High :200 - 499 mg/dl. Very high :>499mg/dl.
<b>VLDL CHOLESTEROL (CALCULATED VALUE)</b>	<b>41</b>	mg/dL	UPTO 40
<b>S.LDL CHOLESTEROL (CALCULATED VALUE)</b>	118	mg/dL	Optimal:<100 mg/dl. Near Optimal: 100 - 129 mg/dl. Borderline High: 130 - 159 mg/dl. High : 160 - 189mg/dl. Very high :>= 190 mg/dl.
<b>LDL CHOL/HDL RATIO (CALCULATED VALUE)</b>	2.75		UPTO 3.5
<b>CHOL/HDL CHOL RATIO (CALCULATED VALUE)</b>	4.71		<5.0

Above reference ranges are as per **ADULT TREATMENT PANEL III** recommendation by **NCEP (May 2015)**.

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

Checked By  
SHAISTA Q



**DR. SMITA RANVEER.**  
**M.B.B.S.M.D. Pathology(Mum)**  
**Consultant Histocytopathologist**



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**COMPLETE BLOOD COUNT**

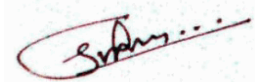
TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>HEMOGLOBIN</b>	15.0	gm/dl	13 - 18
HEMATOCRIT (PCV)	45.0	%	42 - 52
RBC COUNT	4.97	x10 <sup>6</sup> /uL	4.70 - 6.50
MCV	91	fl	80 - 96
MCH	30.2	pg	27 - 33
MCHC	33	g/dl	33 - 36
RDW-CV	12.7	%	11.5 - 14.5
<b>TOTAL LEUCOCYTE COUNT</b>	7590	/cumm	4000 - 11000
<b><u>DIFFERENTIAL COUNT</u></b>			
NEUTROPHILS	46	%	40 - 80
LYMPHOCYTES	40	%	20 - 40
EOSINOPHILS	04	%	0 - 6
MONOCYTES	10	%	2 - 10
BASOPHILS	00	%	0 - 1
<b>PLATELET COUNT</b>	252000	/cumm	150000 - 450000
MPV	8.8	fl	6.5 - 11.5
PDW	15.6	%	9.0 - 17.0
PCT	0.220	%	0.200 - 0.500
RBC MORPHOLOGY	Normocytic Normochromic		
WBC MORPHOLOGY	Normal		
PLATELETS ON SMEAR	Adequate		

Method : EDTA Whole Blood- Tests done on Automated Six Part Cell Counter.RBC and Platelet count by Electric Impedance ,WBC by SF Cube method and Differential by flow cytometry . Hemoglobin by Cyanide free reagent for hemoglobin test (Colorimetric Method).Rest are calculated parameters.

**Result relates to sample tested, Kindly correlate with clinical findings.**

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**HEMATOLOGY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>ESR</b>			
<b>ESR</b>	10	mm/1hr.	0 - 20

METHOD - WESTERGREN

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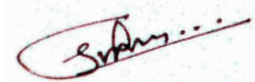
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**URINE ROUTINE EXAMINATION**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b><u>URINE ROUTINE EXAMINATION</u></b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
VOLUME	30ml		
COLOUR	Pale yellow	Text	Pale Yellow
APPEARANCE	Clear		CLEAR
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION (methyl red and Bromothymol blue indicator)	Acidic		Acidic
SP. GRAVITY (Bromothymol blue indicator)	1.010		1.005 - 1.022
PROTEIN (Protein error of PH indicator)	Absent		Absent
BLOOD (Peroxidase Method)	Absent		Absent
SUGAR (GOD/POD)	Absent		Absent
KETONES (Acetoacetic acid)	Absent		Absent
BILE SALT & PIGMENT (Diazonium Salt)	Absent		Absent
UROBILINOGEN (Red azodye)	Absent		Normal
LEUKOCYTES (pyrrole amino acid ester diazonium salt)	Absent	Text	Absent
NITRITE (Diazonium compound With tetrahydrobenzo quinolin 3-phenol)	Absent		Negative
<b><u>MICROSCOPIC EXAMINATION</u></b>			
RED BLOOD CELLS	Absent		
PUS CELLS	1-2	/ HPF	0 - 5
EPITHELIAL	0-2	/ HPF	0 - 5
CASTS	Absent		

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**URINE ROUTINE EXAMINATION**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
CRYSTALS	Absent		
BACTERIA	Absent		Absent
YEAST CELLS	Absent		Absent
ANY OTHER FINDINGS	Absent		

REMARK Result relates to sample tested. Kindly correlate with clinical findings.

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**IMMUNO ASSAY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b><u>TFT (THYROID FUNCTION TEST )</u></b>			
SPACE		Space	-
SPECIMEN	Serum		
T3	130.4	ng/dl	84.63 - 201.8
T4	9.36	µg/dl	5.13 - 14.06
TSH	4.03	µIU/ml	0.270 - 4.20
T3 (Triiodo Thyronine hormone)	T4 (Thyroxine)	TSH(Thyroid stimulating hormone)	
AGE	RANGE	AGE	RANGES
1-30 days	100-740	1-14 Days	11.8-22.6
1-11 months	105-245	1-2 weeks	9.9-16.6
1-5 yrs	105-269	1-4 months	7.2-14.4
6-10 yrs	94-241	4 -12 months	7.8-16.5
11-15 yrs	82-213	1-5 yrs	7.3-15.0
0.1-2.5			
15-20 yrs	80-210	5-10 yrs	6.4-13.3
0.20-3.0			
		11-15 yrs	5.6-11.7
0.30-3.0			

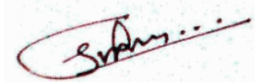
**INTERPRETATION :**

TSH stimulates the production and secretion of the metabolically active thyroid hormones, thyroxine (T4) and triiodothyronine (T3), by interacting with a specific receptor on the thyroid cell surface. The synthesis and secretion of TSH is stimulated by Thyrotropin releasing hormone (TRH), in response to low levels of circulating thyroid hormones. Elevated levels of T3 and T4 suppress the production of TSH via a classic negative feedback mechanism. Failure at any level of regulation of the hypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction (hyperthyroidism) of T4 and/or T3.

**Result relates to sample tested, Kindly correlate with clinical findings.**

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**HAEMATOLOGY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b><u>BLOOD GROUP</u></b>			
SPECIMEN	WHOLE BLOOD EDTA & SERUM		
* ABO GROUP	'O'		
RH FACTOR	POSITIVE		
Method: Slide Agglutination and Tube Method (Forward grouping & Reverse grouping)			
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**\*BIOCHEMISTRY**

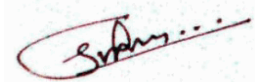
TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>BLOOD UREA</b> (Urease UV GLDH Kinetic)	19.0	mg/dL	19 - 45
<b>BLOOD UREA NITROGEN</b> (Calculated)	8.88	mg/dL	5 - 20
<b>S. CREATININE</b> (Enzymatic)	1.07	mg/dL	0.6 - 1.4
<b>S. URIC ACID</b> (Uricase)	6.2	mg/dL	3.5 - 7.2
<b>S. SODIUM</b> (ISE Direct Method)	143.0	mEq/L	137 - 145
<b>S. POTASSIUM</b> (ISE Direct Method)	3.50	mEq/L	3.5 - 5.1
<b>S. CHLORIDE</b> (ISE Direct Method)	106.9	mEq/L	98 - 110
<b>S. PHOSPHORUS</b> (Ammonium Molybdate)	4.41	mg/dL	2.5 - 4.5
<b>S. CALCIUM</b> (Arsenazo III)	9.7	mg/dL	8.6 - 10.2
<b>PROTEIN</b> (Biuret)	6.50	g/dl	6.4 - 8.3
<b>S. ALBUMIN</b> (BGC)	4.19	g/dl	3.2 - 4.6
<b>S.GLOBULIN</b> (Calculated)	2.31	g/dl	1.9 - 3.5
<b>A/G RATIO</b> calculated	1.81		0 - 2

NOTE BIOCHEMISTRY TEST DONE ON FULLY AUTOMATED ( EM 200) ANALYZER.

**Result relates to sample tested, Kindly correlate with clinical findings.**

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### Peripheral smear examination

TEST NAME	RESULTS
SPECIMEN RECEIVED	Whole Blood EDTA
RBC	Normocytic Normochromic
WBC	Total leucocyte count is normal on smear.
	Neutrophils:47 % Lymphocytes:39 % Monocytes:09 % Eosinophils:05 % Basophils:00 %
PLATELET	Adequate on smear.
HEMOPARASITE	No parasite seen.
<b>Result relates to sample tested, Kindly correlate with clinical findings.</b>	
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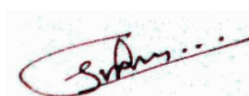
**LIVER FUNCTION TEST**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>TOTAL BILLIRUBIN</b> (Method-Diazo)	0.70	mg/dL	0.0 - 2.0
<b>DIRECT BILLIRUBIN</b> (Method-Diazo)	0.28	mg/dL	0.0 - 0.4
<b>INDIRECT BILLIRUBIN</b> Calculated	0.42	mg/dL	0 - 0.8
<b>SGOT(AST)</b> (UV without PSP)	30.6	U/L	0 - 37
<b>SGPT(ALT)</b> UV Kinetic Without PLP (P-L-P)	<b>55.3</b>	U/L	UP to 40
<b>ALKALINE PHOSPHATASE</b> (Method-ALP-AMP)	82.0	U/L	53 - 128
<b>S. PROTIEN</b> (Method-Biuret)	6.5	g/dl	6.4 - 8.3
<b>S. ALBUMIN</b> (Method-BCG)	4.19	g/dl	3.5 - 5.2
<b>S. GLOBULIN</b> Calculated	2.31	g/dl	1.90 - 3.50
<b>A/G RATIO</b> Calculated	1.81		0 - 2

Result relates to sample tested, Kindly correlate with clinical findings.

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**Consultant Histocytopathologist**



<b>Name</b>	: Mr. NILESH NAIK	<b>Collected On</b>	: 23-Sep-2023 11:01 AM
<b>Lab ID.</b>	: 168421	<b>Received On</b>	: 23-Sep-2023 11:11 AM
<b>Age/Sex</b>	: 40 Years /Male	<b>Reported On</b>	: 23-Sep-2023 7:50 PM
<b>Ref By</b>	: SIDDHIVINAYAK HOSPITAL CGHS /ESIS	<b>Report Status</b>	: FINAL



**BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b><u>BLOOD GLUCOSE FASTING &amp; PP</u></b>			
BLOOD GLUCOSE FASTING	88.2	mg/dL	70 - 110
BLOOD GLUCOSE PP	93.6	mg/dL	70 - 140

Method (GOD-POD). DONE ON FULLY AUTOMATED ANALYSER (EM200).

1. Fasting is required (Except for water ) for 8-10 hours before collection for fasting specimen. Last dinner should consist of bland diet.
2. Don't take insulin or oral hypoglycemic agent until after fasting blood sample has been drawn

**INTERPRETATION**

- Normal glucose tolerance : 70-110 mg/dl
- Impaired Fasting glucose (IFG) : 110-125 mg/dl
- Diabetes mellitus : >=126 mg/dl

**POSTPRANDIAL/POST GLUCOSE (75 grams)**

- Normal glucose tolerance : 70-139 mg/dl
- Impaired glucose tolerance : 140-199 mg/dl
- Diabetes mellitus : >=200 mg/dl

**CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS**

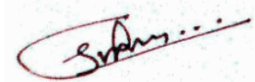
- Fasting plasma glucose >=126 mg/dl
- Classical symptoms +Random plasma glucose >=200 mg/dl
- Plasma glucose >=200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin > 6.5%

\*\*\*Any positive criteria should be tested on subsequent day with same or other criteria.

**GLYCOCELATED HEMOGLOBIN (HBA1C)**

HBA1C (GLYCOSALATED HAEMOGLOBIN)	5.3	%	Hb A1c > 8 Action suggested < 7 Goal < 6 Non - diabetic level
AVERAGE BLOOD GLUCOSE (A. B. G. )	105.4	mg/dL	NON - DIABETIC : <=5.6 PRE - DIABETIC : 5.7 - 6.4 DIABETIC : >6.5
METHOD	Particle Enhanced Immunoturbidimetry		

**Checked By**  
SHAISTA Q



**DR. SMITA RANVEER.**  
**M.B.B.S.M.D. Pathology(Mum)**  
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**BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
HbA1c : Glycosylated hemoglobin concentration is dependent on the average blood glucose concentration which is formed progressively and irreversibly over a period of time and is stable till the life of the RBC/erythrocytes.Average Blood Glucose (A.B.G) is calculated value from HbA1c : Glycosylated hemoglobin concentration in whole Blood.It indicates average blood sugar level over past three months.			
GAMMA GT	98.0	U/L	13 - 109

**Result relates to sample tested, Kindly correlate with clinical findings.**

----- END OF REPORT -----

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