

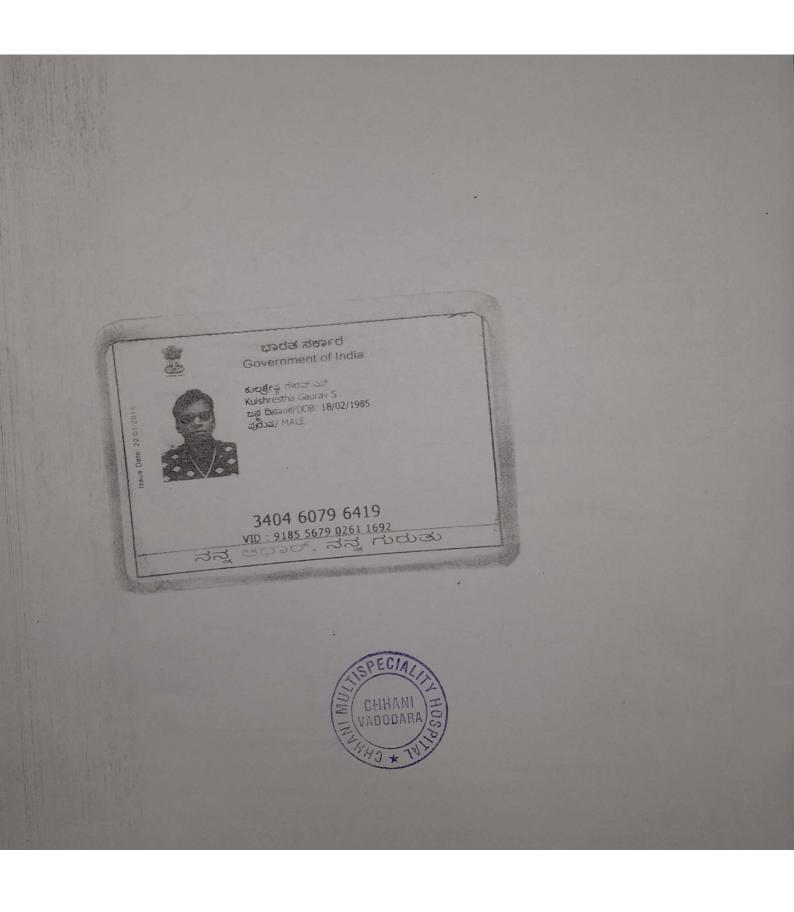


FITNESS CERTIFICATE

CANDIDATE	Date of Birth: 1802 11 Sex : Male Female Address : C11 ; Ak	le I Marital Status: Mar hernd Anemd Pers aprilled, Voldodelled.	ried Winmarried Wittens
CLIZICAL FIZO-2	Height Weight 1.8-1.Cms. 94. Kgs. Vision BP: 110 170 mm lm CVS: 5152 N Any other Findings:	Colour Vision MAD · Righ	Hearing Ear Resp. Rate: 18 1min Abdomen: 50 4
NGS CERTIFICATE	I Dr.: Juydrutt Po	and find hirt FIT JUNFIT for Signature of Candidate	
D E C L A R	from any disease / illness, the misrepresentation of this declaration discrepancy arising out of my decl	presence of which I have not revon could lead to the termination of naration, I will undergo the medical c	my knowledge and I am not suffering yealed. I fully understand that any my offer / appointment. In case of any heck-up by the company's suggested eon towards my employment will be

Signature of Candidate: D Gowray-K

Date: 0 6 | 03 | 2 8



1st Floor, Tower A, Eshantisira, Near Sitaram Super Market, Chhani Vadodara-391740

(4) +91 63596 22244

ECHOCARDIOGRAPHY REPORT

PATIENT NAME: MR GAURAV KULSHRESTHA

AGE /SEX : 38/M DATE : 06 /03/2023

CONCLUSION:

- NORMAL CARDIAC CHAMBERS
- NORMAL BIVENTRICULAR SYSTOLIC FUNCTION
- LVEF 60%
- NO RWMA AT REST
- NO MR/MS
- TRACE TR, NO PAH (RVSP-15MMHG)
- NO AR/AS
- NORMAL DIASTOLIC FUNCTION OF LV
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION
- NO ASD/VSD/CoA NOTED
- IVC -10MM SIZE WITH NORMALLY COLLAPSIVE

M:MODE

AO: 30mm	LA: 35mm	IVS:10mm
LVdd:45mm	LVds:28mm	PW:10mm

DOPPLER STUDY

MITRAL VAVLE	E: 1.06	A :0.58	
AORTI CVALVE	1.08		



DR. KARSHIT JOSHI



1st Floor, Tower A, Eshantisira, Near Sitaram Super Market, Chhani Vadodara-391740

(1) +91 63596 22244

NAME: MR GAURAV KULSHRESTHA

AGE:38/MALE

DATE: 06/03/2023

USG FOR ABDOMEN

LIVER:

The echogenicity of the liver is normal.

There is no focal liver lesion.

There are no dilated intrahepatic biliary radicles.

GALL BLADDER:

Appears to be distended and shows no calculus or polyp in the lumen.

Wall thickness is normal.

SPLEEN:

The echogenicity of the spleen is normal.

There is no focal splenic lesion.

PANCREAS:

The echogenicity appears to be normal.

There is no free fluid in the abdomen.

There are no enlarged retroperitoneal lymphnodes.

KIDNEY:

The kidneys are normal in position, size, shape and outline.

The parenchyma is normal. Right kidney measure 92*39 cm.

Left kidney measure 95*46 cm.

BLADDER:

Bladder is well distended and shows normal wall thickness. No evidence of intraluminal mass or calculi.

PROSTATE:

Prostate gland is normal in size. It has smooth outline reflectivity.

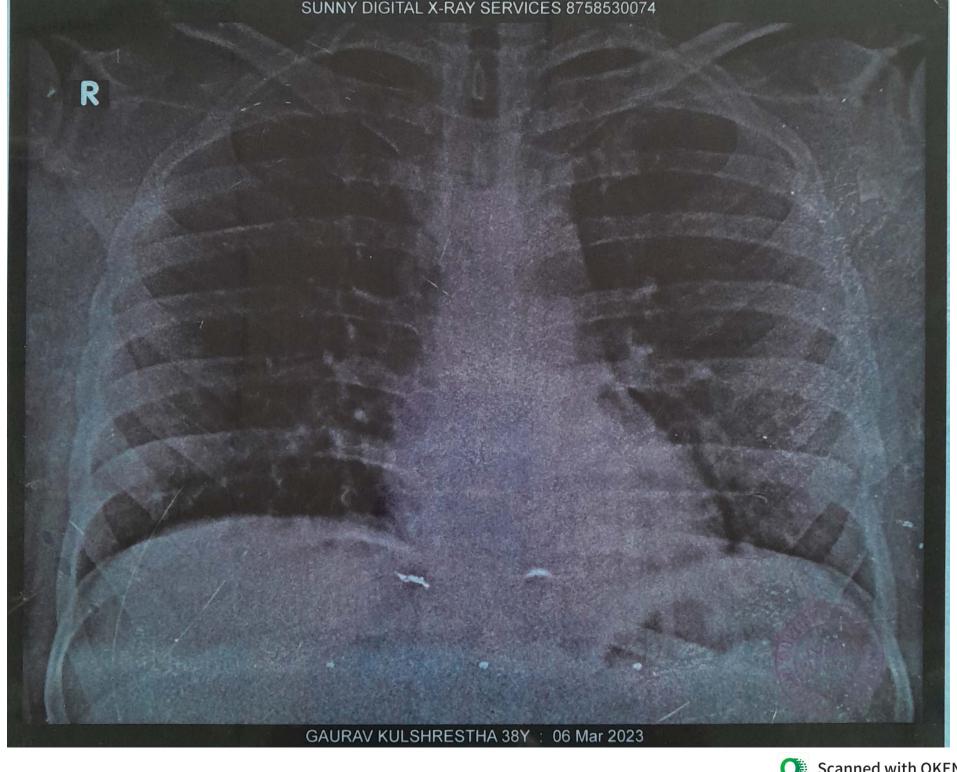
There is no evidence of ascites.

No evidence of any gross bowel mass seen.

No evidence of any aorto-caval or mesenteric root lymphadenopathy.

Appendix cannot be imaged. No mass or collection in right iliac fossa.









NAME	GAURAV KULSHRESTHA	AGE/SEX	38/MALE
REF. BY	CHHANI HOSPITAL	DATE	06/03/2023

X-RAY OF CHEST PA VIEW:

FINDING

BOTH LUNG FIELDS APPEAR CLEAR.

NO CONSOLIDATION OR MASS LESION IS SEEN.

BOTH CP ANGLES ARE CLEAR.

CARDIAC SIZE APPEARS WITHIN NORMAL LIMITS.

TRACHEA IS CENTRAL IN POSITION.

MEDIASTINAL SHADOW IS NORMAL.

BOTH DOMES OF DIAPHRAGM ARE NORMAL.

BONY THORAX UNDER VISION APPEARS NORMAL.

NO SIGNIFICANT ABNORMALITY DETECTED **IMPRESSIONS:**

DR.HIMANI VIRAPARA

Regn. No: G.28771

M.D. [Radiodiagnosis]

(CONSULTANT RADIOLOGIST)





Pt. Name : GAURAV KULSHRESTHA Registered On: 06 Mar, 2023 02:55 PM

Age/Gender: 38 Years Male Collected On : 06 Mar, 2023 02:57 PM

Patient ID : 222 Reported On : 06 Mar, 2023 07:31 PM

Ref. By : Dr. CHHANI HOSPITAL MO: 2101201210

Address

CBC with ESR

Investigation	Observed Value		Biological Reference Interval	Unit
HEMOGLOBIN		78		
Hemoglobin (Hb)	14.5		13 - 17	g/dL
Hemoglobin %	85.29		0 - 100 Based on 17=100%	%
RBC COUNT				
Total RBC Count	4.88		4.5 - 5.5	mill/cumm
BLOOD INDICES				
Packed Cell Volume (PCV)	44.9		40.7 - 50.3	%
Mean Corpuscular Volume(MCV)	92.01		78.2 - 97.90	fL
Mean Corpuscular Hemoglobin (MCH)	29.71		27 - 33	pg/cell
Mean <mark>Corpuscular Hem</mark> oglobin Concentration (MCHC)	32.29	Low	33 - 36	g/dL
Red cell Distribution Width (RDW)	14.5	High	11.5 - 14	%
WBC COUNT				
Total WBC Count	7400		4000 - 11000	cumm
DIFFERENTIAL WBC COUNT				
Neutrophils	60		40 - 70	%
Lymphocytes	35		20 - 40	
Eosinophils	02		1 - 6	%
Monocytes	03		2 - 6	%
Basophils	00		0 - 1	%
PLATELET COUNT				
Platelet Count	161000		150000 - 450000	/cumm
ESR				

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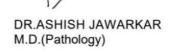
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Investigation	Observed Value	Biological Reference Interval	Unit
Erythrocyte Sedimentation Rate (ESR)	14	0 - 22	mm/hr









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BLOOD GROUP

Blood Group, ABO & RH Typing

Investigation	Observed Value	Biological Reference Interval	Unit
BLOOD GROUP, ABO & F	RH TYPING		
ABO Group	Α		
RH Factor	POSITIVE		

The test to determine your blood group is called ABO typing. Your blood sample is mixed with antibodies against type A and B blood. Then, the sample is checked to see whether or not the blood cells stick together. If blood cells stick together, it means the blood reacted with one of the antibodies.

Rhesus (Rh) factor is an inherited protein found on the surface of red blood cells. If your blood has the protein, you're Rh positive. If your blood lacks the protein, you're Rh negative.

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Investigation	Observed Value	Biological Reference Interval	Unit
Glycosylated Hemoglobin(GHb/HbA1c)	5.9	5.7 - 6.4 <5.7 Non Diabetic 5.7-6.4 Borderline >6.4 Diabetic	%
Mean Blood Glucose	122.63	90 - 210 90-120 Excellent Control 121-150 Good Control 151-180 Average Control 181-210 Action Suggested >210 Panic Value	mg/dL

Comment

- 1. HbA1c is an indicator of glycemic control. HbA1c represents average Glycemia over the past six to eight weeks. Glycation of Hemoglobin occurs over the entire 120 day life span of the Red Blood Cell, but within this 120 days. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.
- 2. Mean Plasma Glucose mg/dL = 28.7 x A1C 46.7. Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from HbA1c or vice-versa is not "perfect" but gives a good working ballpark estimate.
- 3. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime Glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

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FASTING BLOOD SUGAR

FBS PP2BS

Investigation	Observed Value	Biological Reference Interval	Unit
FBS PP2BS			
Fbs	109	70 - 110	mg/dL



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LIPID PROFILE

Lipid Profile

Investigation	Observed Value		Biological Reference Interval	Unit
CHOLESTEROL				
Total Cholesterol	223	High	150 - 199	mg/dL
Serum Triglycerides	147		0 - 150	mg/dL
HDL Cholesterol	65		35 - 79	mg/dL
LDL Cholesterol	128.60	High	0 - 100	mg/dL
VLDL Cholesterol	29.40		0 - 30	mg/dL
Non-HDL cholesterol	158.00	High	- >130 Optimal	mg/dL
RATIO				
LDL HDL Cholesterol Ratio	1.98		1.5 - 3.5	
Total-HDL Cholesterol Ratio	3.43	Low	3.5 - 5	
Triglycerides HDL Ratio	2.26			

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nvestigation	Observed Value	Biologica Interval	Biological Reference Interval Unit		
Total Cholesterol (mg/dL)	HDL Cholesterol (mg/dL)	LDL Cholesterol (mg/dL)	Triglycerides (mg/dL)		
Desirable <200	Low <40	Optimal <100 Near Optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190	Normal <150 Borderline High 150-199 High 200-499 Very High >500		
Borderline High 200-239 High >240	High <60	ARC			
		-PATH L	ABS—		

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Liver Function Test (LFT)

Investigation	Observed Value	Biological Reference Interval	Unit
BILLIRUBIN			
Total Bilirubin	0.89	0 - 1.2	mg/dL
Direct Bilirubin	0.18	0.0 - 0.25	mg/dL
ndirect Bilirubin	0.71	0.2 - 1	mg/dL
LIVER ENZYMES			
SGPT (ALT)	28	0 - 40	IU/L
SGOT (AST)	25	0 - 37	U/L
Alkaline Phosphatase	75	60 - 320	U/L
SERUM PROTEINS			
Γotal Serum Protein	6.9	6.3 - 7.9	g/dL
Serum Albumin	4.0	3.5 - 5.5	g/dL
Serum Globulin	2.90	2.5 - 3.5	g/dL
A/G Ratio	1.38	1.1 - 2.1	

Clinical Information:

Liver function tests, also known as liver chemistries, help determine the health of your liver by measuring the levels of proteins, liver enzymes, and bilirubin in your blood. Having abnormal results on any of these liver tests typically requires follow up to determine the cause of the abnormalities. Even mildly elevated results can be associated with liver disease. However, these enzymes can also be found in other places besides the liver.

Talk to your doctor about the results of your liver function test and what they may mean for you.

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THYROID SERUM HORMONS

Thyroid Function Test (TFT)

Investigation	Observed Value	Biological Reference Interval	Unit
THYROID SERUM HORMONS			
Serum Triiodothyronine (T3)	1.02	0.6 - 1.81	ng/mL
Serum thyroxine (T4)	4.0	3.2 - 12.6	ug/dL
Thyroid Stimulating Hormone (TSH)	2.23	0.55 - 4.78	μIU/mL

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Urine Examination Routine

Investigation	Observed Value	Biological Reference Interval	Unit
PHYSICAL EXAMINATION	7		
Quantity	10ml	10ml	
Colour	Pale Yellow	Pale yellow	
Appearance	Clear	whitish	
PH	6.0		
Specitfic Gravity	1.010		
Blood	Absent		
CHEMICAL EXAMINATION			
Proteins	Absent	Nil	
Glucose	Absent	T Nil A B C	
Ketones	Absent	Nil	
Bile Pigment	Absent		
Bile salt	Absent		
MICROSCOPIC EXAMINATION			
R.B.C.	Absent		
Pus Cells	1-2/hpf		
Epithelial Cells	0-1/hpf Squamous		
Bacteria	Absent		

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Investigation	Observed Value	Biological Reference Interval	Unit
	URE	A	
Urea	33	15 - 40	mg/dL
	BUN	I	
BUN	15.4	7.0 - 20.0	mg/dL
	SERUM CRE	ATININE	
Serum Creatinine	1.07	0.6 - 1.30	mg/dL
	URIC A	CID	
Serum Uric Acid	3.89	3.5 - 7.2	mg/dL

Most uric acid is synthesized in the liver and mainly excreted by kidney. It is an end product of purine catabolism. Levels are labile and show day to day and seasonal

variation in same person. Levels are also increased by emotional stress, total fasting and increased body weight. Mainly used for monitoring treatment of gout and

chemotherapeutic treatment of neoplasm. Levels are increased in renal failure, gout, certain neoplastic condition (Increased cell turn over), Hemolytic anemia, toxemia of pregnancy.

*****End Of Report*****

DR.ASHISH JAWARKAR M.D.(Pathology)

