



भारत सरकार  
GOVERNMENT OF INDIA



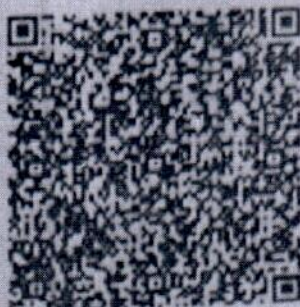
धर्मन्द्र परिहार

Dharmendra Parihar

जन्म तिथि / DOB: 08/07/1993

पुरुष / MALE

33307



मेरा आधार, मेरी पहचान

*Shari*

*38V*  
*Akshay Chhabra*  
MB-Physician & Ce  
RMC No. 2017  
JCCMIR





**Complete Diagnostic Solution**  
**X-RAY CHEST PA-VIEW**

NAME :DHARMENDRA PARIHAR  
REF.BY:BOB

AGE-29 SEX : MALE  
DATE :08-04-2022

BOTH LUNG -	PARENCHYMA.
BOTH C.P ANGLES -	NORMAL.
CARDIAC SHADOW IS WITHIN -	NORMAL LIMITS.
DOMES OF DIAPHRAGM -	NORMAL.
BONY CAGE -	NORMAL.
MEDIA STERNUM CENTRAL /.'L'/.	
THORACIC INLET -	NORMAL.

**IMPRESSION :-**

**NORMAL CHEST PA-VIEW.**

*Dr. Rakesh Gaur*  
M.D. Radiology  
R.M.C No. 5698  
**DR. RAKESH GAUR (M.D)**

**(RADIO LOGIST) R.M.C NO. 5698**

ई.सी.जी. | डिजिटल एक्सरे | टी. एम. टी. | ई. ई. जी. | ई. एम. जी. | एन. सी. वी. | बेरा | पी. एफ. टी. | ऑडियोमैट्री

ब्रह्म बाग, पुष्पक कोरियर के पास, इंदगाह रोड़, जालोरी गेट, जोधापुर (राज.)

फोन : 0291-2620214 E-mail : srdmedical@gmail.com

THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSES





## MEDICAL CERTIFICATE

NAME :DHARMENDRA PARIHAR      DATE-08-04-2023  
AGE/SEX: 29Yrs/MALE

HEIGHT-173CMS

WEIGHT-72KG

BMI- 24.06

BP -120/80

PULSE- 76

EYE SIGHT- BOTH EYESIGHT NORMAL  
NORMAL COLOUR VISION.

TEETH AND GUMS ARE HEALTHY.

THIS IS TO CERTIFY THAT MR.DHARMENDRA  
PARIHAR IS MEDICALLY & PHYSICALLY FIT &  
FINE FOR PERFORMING ALL TYPE OF  
PROFESSIONAL WORK.

Nand Kishore Chhngani  
MD-Physician  
RMC No.-20  
JCU-17

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 **SRD**  
Complete Diagnostic Solution



Pt Name : DHARMENDRA PARIHAR  
Ref By. : Dr.  
Serial No : 16010

Age : 29 Yrs.  
Sex : Male  
Date : 08/04/2023

**STOOL EXAMINATION REPORT**

Test	Result
<b>PHYSICAL</b>	
COLOUR	YELLOW
CONSISTENCY	SOLID
<b>MICROSCOPIC</b>	
PUS CELLS	NIL
RED BLOOD CELLS	NIL
EPITHELIAL CELLS	NIL
BACTERIAL FLORA	NORMAL
HELMINTHIC OVA	NIL
PROTOZOA	NIL

[TECHNOLOGIST]

END OF REPORT

[PATHOLOGIST]

Dr. K. Malhotra  
MBBS, Micro.  
RMC No. 127



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Pt Name : DHARMENDRA PARIHAR  
Ref By. : Dr.  
Serial No : 16010

Age : 29 Yrs.  
Sex : Male  
Date : 08/04/2023

### URINE EXAMINATION REPORT

Test	Result(s)
CHEMICAL	
SUGAR - (F)	NIL
SUGAR - (PP)	NIL

[ TECHNOLOGIST ]

\_\_\_\_\_ END OF REPORT \_\_\_\_\_

[ PATHOLOGIST ]

Dr. S. Malhotra  
MD - Path & Micro.  
RMC No.: 977



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 **SRD**  
Complete Diagnostic Solution



Client Name	Mr DHARMENDRA PARIHAR	Sex/Age	29 Year / Male
C Name	REF By.	TPA Name	..
Date	08 Apr 2023	Lab No.	19254
Reporting Date	08 Apr 2023	Remark	

Test Name	Result	Unit	Ref-Range
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HEMATOLOGY

Glycosylated Hemoglobin (HbA1C)	4.5	%	- %
ABG(Average Blood Glucose)	82.45	MG/DL	- MG/DL

Methodology: Ion exchange H.P.L.C. Using instrument: D-10 with EDTA

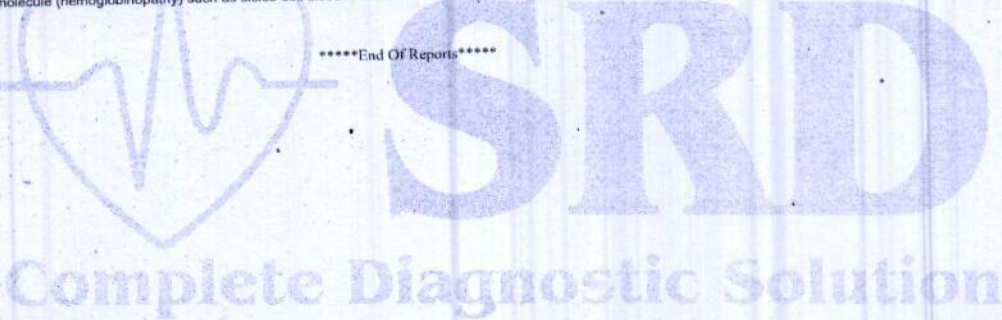
**Hemoglobin A1C % Degree of Glucose Control**

- > 8 Action suggested
- <7 Goal
- < 6 Non – Diabetic level

**Clinical Information:**

Glycated hemoglobin testing is recommended for both (a) checking blood sugar control in people who might be pre-diabetic and (b) monitoring blood sugar control in patients with more elevated levels, termed diabetes mellitus. The American diabetes association guidelines suggest that the Glycosylated hemoglobin test be performed at least two times a year in patients with diabetes that are meeting treatment goals (and that have stable glycemic control) and quarterly in patients with diabetes whose therapy has changed or that are not meeting glycemic goals. Glycated hemoglobin measurement is not appropriate where there has been a change in diet or treatment within 6 weeks. Hence, people with recent blood loss, hemolytic anemia, or genetic differences in the hemoglobin molecule (hemoglobinopathy) such as sickle-cell disease and other conditions, as well as those that have donated blood recently are not suitable for this test.

\*\*\*\*\*End Of Reports\*\*\*\*\*



TECHNOLOGIST

Lab. INCHARGE

PATHOLOGIST

Dr. V. K. Malhotra  
Micro.  
RMC-19977

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## HEMATOLOGY

### COMPLETE BLOOD COUNT

HAEMOGLOBIN	13.2	GM%	13-18 GM%
TOTAL LEUCOCYTE COUNT	5100	/Cumm	4000-11000 /Cumm

### DIFFERENTIAL LEUCOCYTE COUNT

PLYMORPHS	65.4	%	40-70 %
LYMPHOCYTES	28.9	%	20-40 %
EOSINOPHILS	2.7	%	0-6 %
MONOCYTES	3.0	%	0-8 %
BASOPHILES	00	%	0-2 %

RBC	4.91	Lakh/Cumm/	3.5-5.5 Lakh/Cumm/
PLATELETS COUNT	2.27	Lakh/Cutmm	1.5-4 Lakh/Cumm

HCT	40.6	%	34-48 %
MCV	82.69	fl	30-100 fl
MCH	28.63	pg	27-32 pg
MCHC	32.51	g/dl	32-36 g/dl
ESR	14	mm/1Hrs	0-20 mm/1Hrs

ABO RH-FACTOR O (+) POSITIVE

\*\*\*\*\*End Of Reports\*\*\*\*\*

Complete Diagnostic Solution

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Test Name	Result	Unit	Ref-Range
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Test Name	Result	Unit	Ref-Range
<b>BIO-CHEMISTRY</b>			
BLOOD SUGAR (F)	84.1	mg/dl	60-110 mg/dl
BLOOD SUGAR	125.9	mg/dl	60-160 mg/dl
SERUM CREATININE	0.84	mg/dl	0.6-1.4 mg/dl
SERUM URIC ACID	4.87	mg%	3-6.5 mg%
<b>LIPID PROFILE</b>			
CHOLESTEROL	179.1	mg/dl	130-250 mg/dl
TRIGLYCERIDES	123.5	mg/dl	60-170 mg/dl
HDL-CHOLESTEROL	44.50	mg/dl	30-70 mg/dl
LDL-CHOLESTEROL	109.9	mg/dl	65-160 mg/dl
VLDL	24.7	mg/dl	0-35 mg/dl
CHO/HDL RATIO	4.02	mg/dl	3.8-5.8 mg/dl
LDL/HDL RATIO	2.47	Ratio	1.5-3.5 Ratio
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN (TOTAL)	0.65	mg/dl	0.3-1.3 mg/dl
BILIRUBIN (DIRECT)	0.17	mg/dl	0-0.3 mg/dl
BILIRUBIN (IN-DIRECT)	0.48	mg/dl	0.1-0.9 mg/dl
SGOT (AST)	21.5	Units/Lit	5-40 Units/Lit
SGPT (ALT)	29.6	Units/Lit	5-40 Units/Lit
ALKALINE PHOSPHATASE	144.8	Units/Lit	65-306 Units/Lit
TOTAL PROTEIN	7.23	g/dl	6.1-8.6 g/dl
ALBUMIN	L <u>3.25</u>	g/dl	3.5-5 g/dl
GLOBULIN	H <u>3.98</u>	mg/dl	2.3-3.5 mg/dl
A/G RATIO	0.82 : 1	mg/dl	1-2.3 mg/dl
GGT	34	IU/L	4-54 IU/L
BUN	18	mg/dl	12-40 mg/dl

\*\*\*\*\*End Of Reports\*\*\*\*\*

TECHNOLOGIST	Lab. INCHARGE	PATHOLOGIST
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Dr. V. K. Malhotra  
MD - Path & Micro  
RMC No.: 977

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Test Name	Result	Unit	Ref-Range

## URINE EXAMINATION REPORT

### PHYSICAL EXAMINATION

COLOUR	YELLOW
REACTION	ACIDIC
PH	6.5
DEPOSITE	ABSENT
APPEARANCE	CLEAR

### CHEMICAL EXAMINATION

ALBUMIN	ABSENT
SUGAR	ABSENT
BILE SALTS	ABSENT
KITONES	ABSENT
SPEC GRAV	1.030

### MICROSCOPIC EXAMINATION

PUS CELLS	1-1
RBCs CELLS	NIL
EPITHELIAL CELLS	1-3
CASTS	NIL
CRYSTAL :-	NIL
BACTERIA	NIL

\*\*\*\*\*End Of Reports\*\*\*\*\*

TECHNOLOGIST

Lab. INCHARGE

PATHOLOGIST

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Micro.  
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Test Name	Result	Unit	Ref-Range
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**HARMONES**

**THYROID PROFILE -**

T3	1.11	ng/ml	0.6-1.81 ng/ml
T4	9.23	ug/dl	4.5-12.6 ug/dl
TSH	4.77	uIU/ml	0.35-5.5 uIU/ml

Interpretation of TSH :  
 Kindly correlate with age & clinical findings.  
 Biological reference range:  
 Children: Pregnancy:  
 1 - 2 days 3.20 - 34.6 uIU/ml 1<sup>st</sup> Trimester : 0.10 - 2.50  
 3 - 4 days 0.70 - 15.4 uIU/ml 2<sup>nd</sup> Trimester : 0.20 - 3.00  
 15 days - 5 mths 1.70 - 9.10 uIU/ml 3<sup>rd</sup> Trimester : 0.30 - 3.00  
 5 mths - 20 yrs 0.70 - 6.40 uIU/ml  
 Primary malfunction of the thyroid gland may result in excessive (hyper) or low(hypo) release of T3 or T4.  
 In additional, as  
 TSH directly affect thyroid function, malfunction of the pituitary or the hypothalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the level of T3 and T4 in the blood, in Primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, In Euthyroid sick Syndrom, multiple alterations in serum thyroid function test findings have been recognized.

\*\*\*\*\*End Of Reports\*\*\*\*\*  
**BIO - CHEMISTRY**

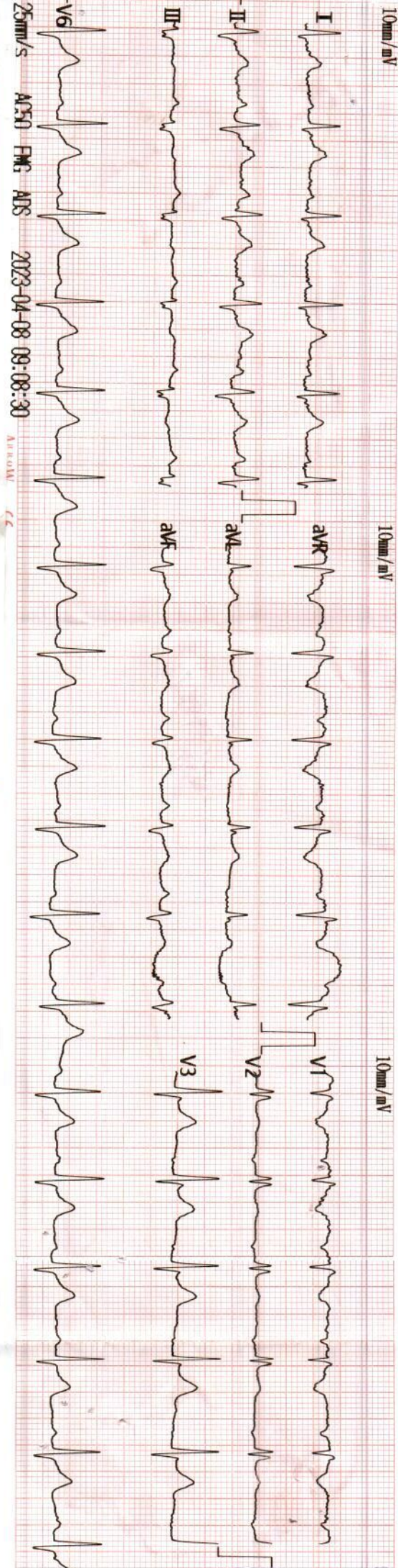
BUN/SR.CREATININE RATIO	21.42	Ratio	6-25 Ratio
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\*\*\*\*\*End Of Reports\*\*\*\*\*

TECHNOLOGIST	Lab. INCHARGE	PATHOLOGIST
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DR. P. Malhotra  
 MD - Pathology, Micro.  
 RMC No.: 977





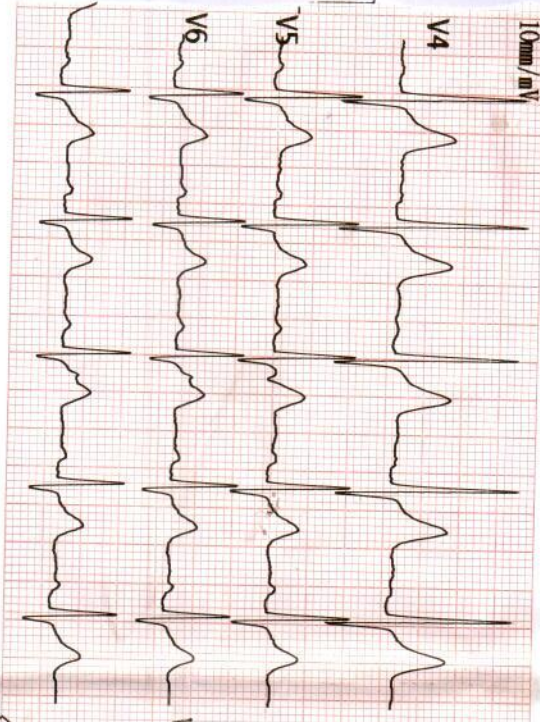
25mm/s AFS0 EKG ADS 2023-04-08 09:08:30

Arrow

*Pharimeeda Pasihay*  
 Vent. Rate(BPM): 91  
 <ECG Analysis Result>: *8/9/23*

PR Int.(ms): 138  
 P/QRS/T Int.(ms): 90 102 162  
 QT/QTc Int.(ms): 339 423  
 P/QRS/T Axis(Deg): 71 -4 26  
 RV1/SV5 Amp.(mV): 0.02 0.43  
 RV5/SV1 Amp.(mV): 1.11 0.32

800 Normal Sinus Rhythm  
 500 rSR' Pattern in V1/V2  
 212 Left Axis Deviation  
 \*\*\* Borderline Normal ECG \*\*\*



V2.33 Technician: *ICOM*  
 Note: Unconfirmed Report Need to Review.  
 Dr. Nand Kishore Singh ngani  
 MD-Physician & Cardiologist  
 RMC No.-2074  
 9899000527

AW CE > 9899000527 JR -Y / cm/kg / mmHg