



सत्यमेव जयते

भारत सरकार

GOVERNMENT OF INDIA

Issue Date: 19/10/2013



Sachin Prakash Jaiswal

जन्म तारीख / DOB: 19/01/1990

पुरुष / MALE

Mobile No.: 9579345138

8754 6428 2080

VID : 9130 1317 1763 5141

माझे आधार, माझी ओळख

Scanned with OKEN Scanner

Scanned with OKEN Scanner



शेअर 15

DMart Ghansoli
टी सर्ट - घणसोली

ba
oli
शेअर 15

Ant Corner

ZUDIO - Star Bazaar,
Navi Mumbai, Ghansoli

JAMATA
NAGAR,
SECTOR 11
जिजमता
नगर, शेअर 11

Google

CLOUD 36 BILDING SHOP NO 8 PLOT
NO 6 SEC11, Palm Beach Rd, Jijamata
Nagar, Sector 11, Ghansoli, Navi
Lat: 19.1192057
Lon: 72.9936004
23/12/2023 12:52:31 PM GMT+05:30

MEDICAL EXAMINATION FORM

Confidential without Prejudice Report. To Be Filled In Strictly By the Physician/Diagnostic Center

PART I: GENERAL DETAILS

 NAME OF THE PATIENT: Sachin Jamdade
 D.O.B: 19/01/1990 Age: 33 Sex: M Phone number 8779824610
PART II: MEDICAL EXAMINATION REPORT (Strictly to be filled by Medical Examiner)

(Kindly tick wherever applicable)

A. PERSONAL HISTORY:
1. Previous history if any:

Disease	Yes/No	Medicine & Surgery Details	Disease	Yes/No	Medicine & Surgery Details
Diabetes Mellitus		}	Cancer		}
Hypertension			Tumor/Benign		
IHD			Genital urinary disorder		
Stroke			Rheumatic joint diseases or symptoms		
Surgeries		}	Asthma		}
Tuberculosis			Pulmonary Disease		
Congenital Disease			Anemia		
Arrhythmia			Bleeding disease or Disorder.		
Aids (HIV)			Mental Stress		

2. Habits:

Diet		Alcohol	<u>NAD</u>	Tobacco/Smoking	<u>NAD</u>	Medicine	<u>NAD</u>
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 3. Major complaints/Relevant past history if any: NAD

 4. Previous illness (Hospitalization Investigation, consultation) NAD

 5. Family history:
Father: NAD
Mother: NAD

B. MEDICAL EXAMINERS FINDING AND ASSESMENT: (Please answer each question and where appropriate provide particulars. You are asked not to give any information to the person, assured, about the results)

1. Anthropometry:

Height	167 cm	Weight	83 kg	BMI	
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2. Vital Parameters:

(i)

Respiratory Rate	22/min	Pulse Rate	93 BPM
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(ii) Blood Pressure (Three consecutive Reading):

Systolic	130		
Diastolic	80		
Further readings at 10 minute interval if the first reading exceeds 140/90			

3. Skin

Is there is any evidence of:

Chronic Ulcer:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Eczema	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Swelling	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Varicose Veins	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Skin Discoloration	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Psoriasis	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Any Other skin problem and specific location describe _____

EXAMINATION FINDINGS DETAILS

4. Cardiovascular System: S1S2 @

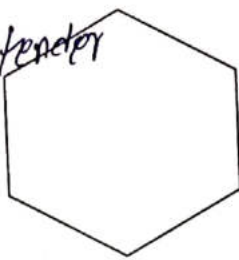
5. Genito-Urinary System: MB

6. Respiratory System: Acute der

7. Gastro-Entrology System: *NAD*

(a) Oropharyngeal:

(b) Abdomen: *Soft non tender*



Evidence of Hernia, Hydrocele, Fissure, Fistula & piles, *NAD.*

If yes, please describe

8. Nervous System: *conscious oriented.*

9. Eye Check-up *(N)*

10. ENT *NAD*

12. For Female Clients Only: *N/A*

1. Is there any disease of breast? _____
2. (I) Is there any evidence of pregnancy? _____
(II) If Pregnant, are any complications to be expected? _____
3. Do you suspect any disease of uterus, cervix of ovaries? _____
4. Any menstrual complaints? _____

C. SUMMARY of the examination findings:

Positive Findings if any: (Please Specify)

_____ *na* _____

Advice:

Conclusion on the fitness of the client:

_____ *Clinically & Medically fit* _____

D. DOCTOR'S DECLARATION:

I confirm that I have examined this CLIENT and the findings stated above are true and correct to the best of my knowledge.

1. Name of the Medical Examiner: _____
DR. ANAND PRAKASH GAUR
MBBS, CCMH, CCEBDM
(Consulting Physician)

Signature of the Medical Examiner: _____
Anand Prakash Gaur

Stamp of the Medical Examiner: _____
DR. ANAND PRAKASH GAUR
MBBS, CCMH, CCEBDM
(Consulting Physician)
MMC Reg. No. 2005/02/0965

Registration Number _____

Date of medicals conducted: 28/12/23

Place: Chansoli

2. Name of the Client: Sachin Jamdade

Signature of the Client: _____

NOTE: NAME AND SIGNATURE OF MEDICAL EXAMINER AND THE CLIENT IS MANDATORY ON THIS FORM

Jamdade, Sachin

GE Healthcare

REF: 01972815

33 Years

Male

23.12.2023 13:11:22
CREDENCE HOSPITAL
GHANSOULI
NAVI MUMBAI

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

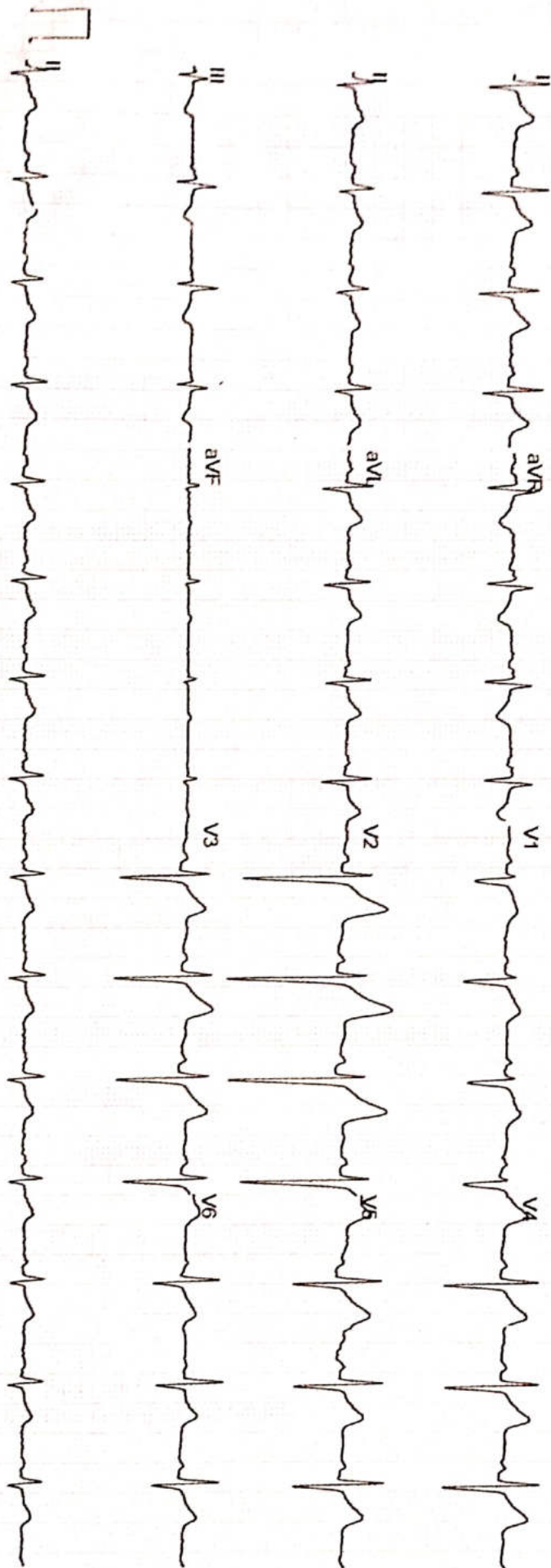
QRS :	78 ms
QT / QTcBaz :	348 / 425 ms
PR :	128 ms
P :	68 ms
RR / PP :	668 / 666 ms
P / QRS / T :	7 / 39 / -1 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

90 bpm
-- / -- mmHg

DR. ANAND PRAKASH GAUR
 MBBS, DNB, DCC, DCCBDM
 (Consultant in Cardiology)
 AACC Reg. No. 20050210988



MACC_000

12SL™ V241

25 mm/s

10 mm/mV

ADS

0.5-20 Hz

50 Hz

4x2.5x3_25_R1

Unconfirmed

1/1



Credence
Care Hospital Pvt. Ltd.



**RAMAN CT SCAN &
DIAGNOSTIC CENTER**

PATIENT'S NAME	MR. SACHIN JAMDADE	AGE :- 33 y/M
REFERRED BY	CREDENCE CARE HOSPITAL	DATE :23/12/2023

USG WHOLE ABDOMEN

LIVER is normal in size, normal in shape and echotexture, No evidence of any focal lesion. The portal vein appears normal & shows normal hepatopetal flow. No evidence of intra-hepatic biliary duct dilatation.

Gall Bladder appears well-distended with normal wall thickness. There is no calculus or pericholecystic collection or free fluid noted. CBD appears normal.

Visualised parts of head & body of pancreas appear normal. PD is not dilated.

SPLEEN is normal in size and echotexture. No focal lesion seen. SV is normal.

Both kidneys are normal in size, shape and echotexture with normal parenchymal reflectivity and maintained cortico-medullary differentiation. No hydronephrosis or calculi or mass seen.

Urinary Bladder is empty.

PROSTATE is normal in size, shape and echotexture.

Visualised bowel loops appear normal. There is no free fluid seen.

IMPRESSION -

- No significant abnormality detected.

THIS REPORT IS NOT TO BE USED FOR MEDICOLEGAL PURPOSE. THE CONTENTS OF THIS REPORT REQUIRE CLINICAL CORRELATION BEFORE ANY APPLICATION.

DR SACHIN GARGE
CONSULTANT RADIOLOGIST



RAMAN CT SCAN & DIAGNOSTIC CENTER

Patient Name : MR. SACHIN JAMDADE Patient ID: 2004

Age /Gender: 33yrs/MALE Date: 23/12/2023

X-RAY CHEST PA

Plain P.A. Radiograph of chest shows: -
The hilar shadows are normal in size, position and density.
Both Cardio phrenic and Costophrenic angles are clear.
The Cardiac silhouette is within normal limits. Aortic shadow is normal.
Rest of the visualized mediastinum shadows are normal. Both domes of diaphragms are normal.
The visualized bony thorax is normal.

CONCLUSION:

NO SIGNIFICANT ABNORMALITY DETECTED


DR. Nikunj Kothia
MBBS, DMRD Reg-2009093218

Patient Name : MR. SACHIN JAMDADE

Age / Gender : 33 Years / Male

Referral Doctor: HEALTH CHECKUP

Collection Date : 23/12/2023 01:06 PM

Pt.Type / ID : OPD/ 
19544

Reporting Date : 23/12/2023 05:30 PM

Complete Blood Count (CBC)

Test Description	Value(s)	Unit	Reference Range
Hemoglobin	14.6	gms/dl	13 - 16
RBC Count	4.62	mil./cmm	4.5 - 6.5
Haematocrit (HCT)	43.0	%	40 - 54
RBC Indices			
MCV	93.07	fL	80 - 100
MCH	31.60	pg	27 - 34
MCHC	33.95	gm/dl	32 - 36
RDW-CV	12.0	%	11 - 16
Total WBC Count	9200	/uL	4000 - 10000
DIFFERENTIAL COUNT			
Neutrophil	68	%	40 - 70
Lymphocytes	28	%	20 - 40
Eosinophil	02	%	1 - 6
Monocytes	02	%	2 - 8
Basophils	00	%	0 - 1
Platelet Indices			
Platelet Count	301000	/cmm.	150000 - 450000
RBC Morphology	Normocytic Normochromic		
WBC Morphology	Within Normal Limits		
Platelet	Adequate on smear		

Done on fully Automated cell counter-ERBA H360

Signature




Dr. Disha Sorde
MD Pathologist
Reg No. 2016/08/3416

Patient Name : MR. SACHIN JAMDADE

Age / Gender : 33 Years / Male

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ESR (ERYTHROCYTE SEDIMENTATION RATE)

Test Description	Value(s)	Unit	Reference Range
Erythrocyte Sedimentation Rate Wintrobe method	07	mm/hr	< 15

Interpretation: It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.

Signature




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BLOOD GROUP (BG)

Test Description	Value(s)	Unit	Reference Range
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Sample Type : WHOLE BLOOD EDTA

Blood Group : A Rh Positive

METHOD : Monoclonal blood grouping (Agglutination test) by slide method

KIT : Span diagnostics.

Signature




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GLYCOSYLATED HAEMOGLOBIN (GHB / HBA1c)

Test Description	Value(s)	Unit	Reference Range
HbA1c H.P.L.C	5.7	%	Below 6.0% - Normal Value 6.0% - 7.0% - Good Control 7.0% - 8.0% - Fair Control 8.0% - 10% - Unsatisfactory Control Above 10% - Poor Control

Interpretation: Glycosylated Haemoglobin is accurate and true index of the " Mean Blood Glucose Level in the body for the previous 2-3 months. HbA1c is an indicator of glycemic control. HbA1c represent average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs the entire 120 days life span of the red blood cell, but within this 120 days. Recent glycemia has the largest influence on the HbA1c value. 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 2-4.

Signature




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LIPID PROFILE

Test Description	Value(s)	Unit	Reference Range
Total Cholesterol	149.0	mg/dl	Low < 125 Desirable : < 200 Borderline High : 201 - 240 High : > 240
Triglycerides	102.0	mg/dl	Low < 25 Normal : < 150 Borderline High : 151 - 199 High : > 200
HDL Cholesterol	42.0	mg/dl	<35 Low >80 High
Non HDL Cholesterol	107.00	mg/dl	Desirable : < 130 Boderline high : 130 - 159 High : > 160
LDL Cholesterol	86.60	mg/dl	Low < 85 Optimal : <100 Near/Above Optimal : 101 - 129 Borderline High : 130 - 159 High : >160
VLDL Cholesterol	20.40	mg/dl	Below 40
TOTAL CHOL/HDL Ratio	3.55	-	Desirable/Low Risk : 3.3 - 4.4 Borderline/Middle Risk : 4.5 - 7.1 Elevated/High Risk : 7.2 - 11.0
LDL/HDL Ratio	2.06	-	Desirable/Low Risk : 0.5 - 3.0 Borderline/Middle Risk : 3.1 - 6.0 Elevated/High Risk : >6.1
Appearance of Serum	Clear		

Signature



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URIC ACID

Test Description	Value(s)	Unit	Reference Range
Uric Acid	5.1	mg/dl	3.5 - 7.2

Signature




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BLOOD UREA NITROGEN

Test Description	Value(s)	Unit	Reference Range
BUN* Serum,Calculated	8.9	mg/dL	7 - 18.0

Signature




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CREATININE

Test Description	Value(s)	Unit	Reference Range
CREATININE Jaffe IDMS	0.9	mg/dl	0.7 - 1.4

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19544

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BUN/CREATININE RATIO

Test Description	Value(s)	Unit	Reference Range
BUN/CREATININE RATIO	9.9	Mg/dL	5 - 20

Signature




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19544

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LIVER FUNCTION TEST (LFT)

Test Description	Value(s)	Unit	Reference Range
Bilirubin Total	0.62	mg/dL	0.3 - 1.5
Bilirubin Direct	0.32	mg/dL	0.0 - 0.5
Bilirubin Indirect	0.3	mg/dL	0.2 - 0.9
SGOT (AST)	21.0	U/L	0 - 45
SGPT (ALT)	27.0	U/L	0 - 45
Alkaline Phosphatase	109.0	U/L	80 - 306
Protein Total	6.8	g/dL	6 - 8
Albumin	3.8	g/dL	3.2 - 5.0
Globulin	3.0	g/dL	2.5 - 3.3
A/G Ratio	1.27	-	1.0 - 2.1

Signature




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Pt.Type / ID : OPD/ 
19544

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GAMMA GT

Test Description	Value(s)	Unit	Reference Range
Gamma Glutaryl Trans Peptidase	12.0	U/L	5 - 40

Signature




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THYROID FUNCTION TEST (TFT)

Test Description	Value(s)	Unit	Reference Range
TOTAL TRIIODOTHYRONINE (T3) Competitive Chemi Luminescent Immuno Assay	125.0	ng/dl	60 - 181
TOTAL THYROXINE (T4) Competitive Chemi Luminescent Immuno Assay	5.6	µg/dL	4.5 - 12.6
THYROID STIMULATING HORMONE (TSH) SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY	3.2	uIU/mL	0.3 - 5.5

SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

Reference range for < 18 years

TEST	1 - 3 D	4 - 30 D	31 - 60 D	61 D - 12 M	1 - 5 Y	6 - 10 Y	11 - 14 Y	15 - 18 Y
TSH	0.1-9.2	0.2-8.5	0.2-7.8	0.30-5.9	0.4-4.8	0.5-4.7	0.5-4.6	0.6-4.5
T3	41.7-272.1	48.2-272.1	54.7-272.1	76.8-272.1	89.2-246.7	87.2-218.1	86.6-199.8	85.3-188.8
T4	4.9-15.8	5-15.3	5.2-14.8	5.7-13.3	5.7-11.7	5.4-10.7	5.2-10	5.1-9.6
FT3	1.5-5.3	1.6-5.2	1.6-5.1	1.8-4.8	2-4.5	2.1-4.4	2.3-4.4	2.3-4.3
FT4	0.84-2.08	0.85-1.98	0.85-1.89	0.89-1.62	0.89-1.48	0.85-1.46	0.84-1.45	0.84-1.45

Signature




Dr. Disha Sorde
MD Pathologist
Reg No. 2016/08/3416

Patient Name : MR. SACHIN JAMDADE

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URINE ROUTINE REPORT

Test Description	Value(s)	Unit	Reference Range
Physical Examination			
Quantity	20	ml	-
Colour	Pale Yellow		Pale yellow/Yellow
Appearance	Clear		Clear
Specific Gravity	1.010		1.005-1.030
pH	Acidic		Acidic
Deposit	Absent		Absent
Chemical Examination			
Protein	Absent		Absent
Sugar	Absent		Absent
Ketones	Absent		Absent
Bile Salt	Absent		Absent
Bile Pigment	Absent		Absent
Urobilinogen	Normal		Normal
Microscopic Examination (/hpf)			
Pus Cell	2-3		Upto 5
Epithelial Cells	1-2		Upto 5
Red Blood Cells	Absent		Absent
Casts	Absent		Absent
Crystals	Absent		Absent
Bacteria	Absent		Absent

END OF REPORT

Signature



Dr. Disha Sorde

MD Pathologist

Reg No. 2016/08/3416