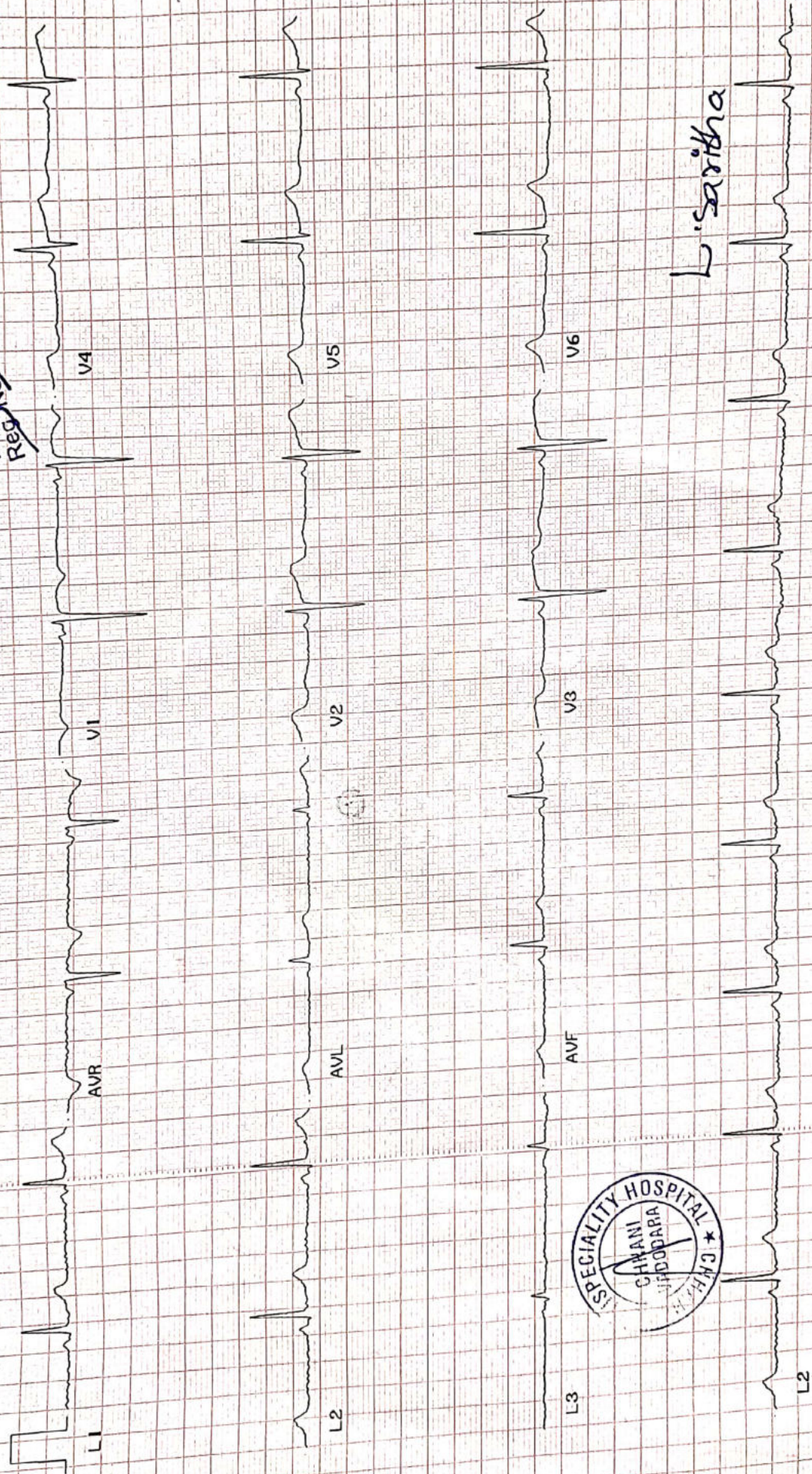


Clarity Medical TrueBeat 200\_Ver2.2.6H

0362 25 mm/s P = 77 ms QT/QTc = 102%  
Lakvaathsalitha 10mm/mV QRS = 95 ms QT/RR = 37%  
F 30Y 055Kg 0.1 - 35Hz PR = 120 ms QRS axis = 39°  
11:28 AM 50Hz ReJ-Y QT = 390 ms P axis = 46°  
13/01/2023 AUTO 12LS-BLC-Y QTc = 380 ms T axis = 06°

To be clinically correlated: HR = 57bpm

Dr. Jaydutta Wagle  
M.D. Medicine  
REC No. G-23708



L. Saritha



CHHANT HOSPITAL

DR

Ref. Dr.



# FITNESS CERTIFICATE

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Name : Saritha Lakavath.  
 Date of Birth : 30/11/1992 Age 30 Blood Group: O+ve  
 Sex : Male  Female  | Marital Status: Married  Unmarried   
 Address : 8-18 Jambha, Edulakunte, Thumda, Veli kotte, Yellakotte, wadavangal, Thosuru, Andhra Pradesh, 506163.  
 Any allergy / Disability / Pre-existing disease: NO Date: 13/11/23

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Height <u>153</u> Cms.	Weight <u>55</u> Kgs.	Near L.E. <u>6/6</u> R.E. <u>6/6</u> Vision: Distant L.E. <u>6/6</u> R.E. <u>6/6</u> Colour Vision <u>(N)</u>	Hearing Left Ear <u>(N)</u> Right Ear <u>(N)</u>
BP: <u>120/80</u>	Pulse Rate: <u>68</u> /min.	Resp. Rate: <u>20</u> per/minute	
CVS: <u>S.S, (N)</u>	RS: <u>clear</u>	Abdomen: <u>soft</u>	
Any other Findings: <u>---</u>			

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I Dr.: Jaydutt Patel.  
 hereby certify that I have examined Mr./Ms.: Saritha Lakavath  
 on 13/11/23 and find him FIT ~~UNFIT~~ for employment.  
 Remarks if unfit: ---

**Dr. Jaydutt A. Patel**  
M.B.B.S. M.D. Medicine  
Reg No.: G-25108  
Signature & Seal

L. Saritha  
Signature of Candidate

  
Address / Tel No.

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I declare that the above information is true and correct to the best of my knowledge and I am not suffering from any disease / illness, the presence of which I have not revealed. I fully understand that any misrepresentation of this declaration could lead to the termination of my offer / appointment. In case of any discrepancy arising out of my declaration, I will undergo the medical check-up by the company's suggested doctor and their findings will be fully binding on me and action thereon towards my employment will be accepted by me.

Signature of Candidate: L. Saritha Date: 13/11/23

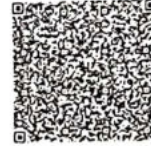


భారత ప్రభుత్వం

Government of India



లకావత్ సరిత  
Lakavath Saritha  
పుట్టిన తేదీ/DOB: 30/11/1992  
స్త్రీ/FEMALE



2267 3832 6739

VID : 9148 0839 3260 0845

నా ఆధార్, నా గుర్తింపు

4

L. Saritha





ECHOCARDIOGRAPHY REPORT

PATIENT NAME : SARITHA LAKAVATH

AGE /SEX : 30/F

DATE : 13 /01/2023

CONCLUSION:

- NORMAL LV SYSTOLIC FUNCTION LVEF 60 %
- NORMAL CARDIAC CHAMBERS
- NO RWMA
- MILD MR/MS
- NO TR, NO PAH (RVSP – 15MMHG)
- NO AR/AS
- NORMAL DIASTOLIC FUNCTION
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION

M:MODE

AO: 27mm	LA: 34mm	IVS:09mm
LVdd:46mm	LVds:25mm	PW:10mm

DOPPLER STUDY

MITRAL VAVLE	E : 1.68	A :0.92
AORTI CVALVE	1.08	



**Dr. KARSHIT JOSHI**  
MBBS, MD, PGDM, FID  
Consultant Diabetologist &  
General Physician





NAME: SARITHA LAKAVATH

AGE:30/F

DATE: 13/01/2023

**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.

**DR. KUNAL VADWANI**  
MBBS, DMRD, DNB  
Consultant Radiologist  
Reg. No. G-20511



<b>NAME</b>	SARITHA LAKAVATH	<b>AGE/SEX</b>	30/FEMALE
<b>REF BY</b>		<b>DATE</b>	13-01-2023

**X-RAY CHEST PA VIEW (PORTABLE)**

**FINDING**

REMAINING LUNGS FIELDS ARE NORMAL .  
REMAINING LUNG FIELDS ARE NORMAL.  
BOTH COSTOPHRENIC RECESS ARE CLEAR.  
CARDIAC SIZE WITHIN NORMAL LIMITS.  
MEDIASTINUM AND BONY THORACIC CAGE REVEAL NO ABNORMALITY.

**IMPRESSION :NORMAL LUNGS HEART AND MEDIASTUINUM..**



**DR.HIMANI VIRAPARA**  
Regn. No: G.28771  
M.D. [Radiodiagnosis]  
(CONSULTANT RADIOLOGIST)

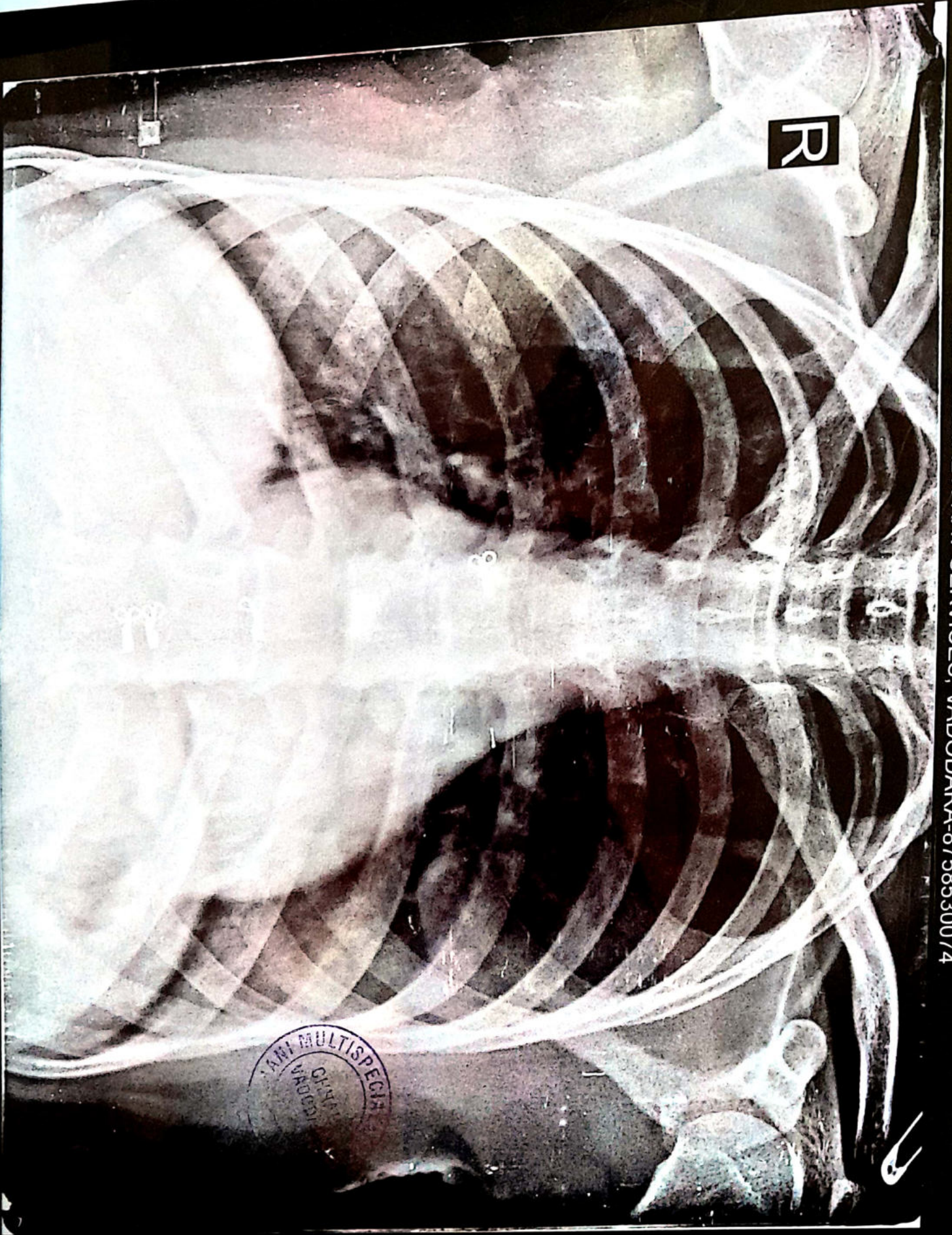


- Digital Portable X-ray
- Industrial Health Check-up
- Hospital I.C.C.U. Bedside Portable
- Home Services for Trauma Patient
- ECG



SB 03. PUJAR COMPLEX, BEHIND BANK OF BARODA  
NR. GANGA JAMNA HOSPITAL ,SUBHANPURA





SUNNY DIGITAL X-RAY SERVICES, VADODARA-8758530074

SARITHA LAKAVATH 30YRS : 13 Jan 2023



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**TruPath**  
Diagnostic Solutions Pvt Ltd

--- End of Report ---

**Dr. Trupti Jansari**  
MD DNB Pathology  
Fellow in Histopathology

**Dr. Jigna Patel**  
MD Pathology

M. : 81404 50588 E-mail : trupathdiagnostics@gmail.com

Report Time : 15:41:03



Date: 13/01/2023  
Lab ID 00000274

Patient Name : SARITA LAKAVATH  
Reference: CHHANI MULTISPECIALITY HOSPITAL

Age & Sex: 30 Year | Female  
Sample Type :

**BLOOD CHEMISTRY**

FULLY AUTO BIO-CHEMISTRY ANALYSER  
Biological Reference Interval

Test	Observed Value	Unit	Biological Reference Interval
Gamma-Glutamyl-Transpeptidase	32	U/L	16-51

--- End of Report ---

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Report Time : 15:22:02



Patient Name : SARITA LAKAVATH  
Reference: CHHANI MULTISPECIALITY HOSPITAL

Age & Sex: 30 Year | Female  
Sample Type :

Date: 13/01/2023  
Lab ID 00000274

**COMPLETE BLOOD COUNT**

Test	Observed Value	Unit	Biological Reference Interval
<b>BLOOD COUNT</b>			
HGB - Haemoglobin	14.0	g/dL	11.5 - 16.0
RBC - Red Blood Cell	5.16	mill./cmm	4.00 - 5.20
WBC - White Blood Cell	7400	/cmm	4000 - 10000
PLT - Platelets Count	353000	/cmm	150000 - 450000
HCT (Haematocrit)	39.9	%	37.0 - 47.0
MCV (Mean Cell Volume)	<b>77.3 L</b>	fL	80.0 - 100.0
MCH (Mean Cell Hemoglobin)	27.1	pg	27.0 - 32.0
MCHC(Mean Cell Hemoglobin Concentration)	35.1	g/dL	31.5 - 36.0
RDW-CV (Red Cell Distribution Width-CV)	13.5	%	11.5 - 14.5
<b>DIFFERENTIAL WBC COUNT %</b>			
Neutrophils	57	%	40.0 - 70.0
Lymphocytes	35	%	20.0 - 40.0
Eosinophils	03	%	1.0 - 5.0
Monocytes	05	%	2 - 6
Basophils	00	%	0.0 - 2.0

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Report Time : 15:22:03



Patient Name : SARITA LAKAVATH  
Reference: CHHANI MULTISPECIALITY HOSPITAL

Age & Sex: 30 Year | Female  
Sample Type :

Date: 13/01/2023  
Lab ID 00000274

**BLOOD GROUP**

Test	Observed Value	Unit	ANTIGEN - ANTIBODY REACTION Biological Reference Interval
<u>BLOOD GROUP "ABO" Rh</u>	"O" POSITIVE		



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Report Time : 15:22:03



Patient Name : SARITA LAKAVATH  
Reference: CHHANI MULTISPECIALITY HOSPITAL

Age & Sex: 30 Year | Female  
Sample Type :

Date: 13/01/2023  
Lab ID 00000274

**BLOOD CHEMISTRY**

FULLY AUTO BIO-CHEMISTRY ANALYSER  
Biological Reference Interval

Test	Observed Value	Unit	Biological Reference Interval
S. Creatinine	0.67	mg/dL	0.40 - 1.40
eGFR	148.0	ml/min	> 60 ml/min
Cholesterol	193	mg/dL	< 200 : Desirable 200-239 : Borderline High >= 240 : High
CHOD-PAP enzymatic photometric method.			
SGPT (ALT)	22	U/L	4.0 - 40.0
IFCC method without pyridoxal phosphate, Kinetic, UV			

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Report Time : 15:22:03



Patient Name : SARITA LAKAVATH  
Reference: CHHANI MULTISPECIALITY HOSPITAL

Age & Sex: 30 Year | Female  
Sample Type :

Date: 13/01/2023  
Lab ID 00000274

**BLOOD GLUCOSE TEST**

FULLY AUTO BIO-CHEMISTRY ANALYSER

Test Observed Value Unit Biological Reference Interval

Sample FLOURIDE PLASMA

**FASTING (FBS)**

Blood Sugar-F 88 mg/dL 70.0 - 120.0

**POST PRANDIAL (PPBS)**

Blood Sugar-PP 122 mg/dL 80.0 - 140.0

Fasting blood glucose: A test to determine how much glucose (sugar) is in a blood sample after an overnight fast. The fasting blood glucose test is commonly used to detect diabetes mellitus.  
A postprandial glucose (PPG) test is a blood glucose test that determines the amount of glucose, in the plasma after a meal. ... Typically, PPG levels are measured after about 2 hours from the start of the meal which corresponds to the time-span in which peak values are typically located, in case of diabetic patients

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Report Time : 15:22:03



Patient Name : SARITA LAKAVATH  
Reference: CHHANI MULTISPECIALITY HOSPITAL

Age & Sex: 30 Year | Female  
Sample Type :

Date: 13/01/2023  
Lab ID 00000274

**ESR**

Test	Observed Value	Unit	Biological Reference Interval
After 1 Hour :	12		0.0 - 20.0

WINTROBE TUBE METHOD

**Clinical Significance of ESR :**  
The erythrocyte sedimentation rate (ESR) is a non-specific test. It is raised in a wide range of infectious, inflammatory, degenerative, and malignant conditions associated with changes in plasma proteins, particularly increases in fibrinogen, immunoglobulins, and C-reactive protein. The ESR is also affected by many other factors including anaemia, pregnancy, Haemoglobinopathies, haemoconcentration and treatment with anti-inflammatory drugs.

- Causes of a significantly raised ESR :**  
All types of anemias except sickle cell anemia  
Acute and chronic inflammatory conditions and infections including:
- HIV disease
  - Tuberculosis
  - Acute viral hepatitis
  - Arthritis
  - Bacterial endocarditis
  - Pelvic inflammatory disease
  - Ruptured ectopic pregnancy
  - Systemic lupus erythematosus
  - African trypanosomiasis (rises rapidly)
  - Visceral leishmaniasis
  - Myelomatosis, lymphoma, Hodgkins disease, some tumours
  - Drugs, including oral contraceptives



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Report Time : 15:22:03



Patient Name : SARITA LAKAVATH  
Reference: CHHANI MULTISPECIALITY HOSPITAL

Age & Sex: 30 Year | Female  
Sample Type :

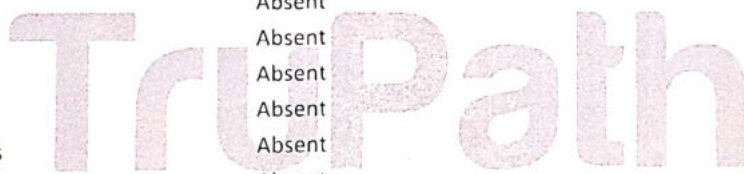
Date: 13/01/2023  
Lab ID 00000274

**URINE ANALYSIS**

CHEMICAL & MICROSCOPY METHOD

Test Observed Value Unit Biological Reference Interval

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fresh Urine		
<b><u>PHYSICAL EXAMINATION</u></b>			
Quantity	10.0	mL	
Colour	Pale-Yellow		Pale-Yellow / Watery
Appearance	Clear		Clear
pH	6.0		Acidic/Neutral
Specific Gravity	1.020		1.002 - 1.030
Blood	Absent		Absent
<b><u>CHEMICAL EXAMINATION</u></b>			
Protein (Albumin)	Absent		Absent
Sugar	Absent		Absent
Bile Salts	Absent		Absent
Bile Pigment	Absent		Absent
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Pus Cells	2-3/hpf		0-5/hpf
Red Blood Cells	Absent		
Epithelial Cells	1-2/hpf Squamous		
Crystals	Absent		
Amorphous material	Absent		
Casts	Absent		
Mucus threads	Absent		
Trichomonas vaginalis	Absent		
Yeast	Absent		Absent
Bacteria	Absent		
<b><u>SPECIAL CHEMICAL TEST</u></b>			
Ketone	Absent		Absent
Urobilinogen	Normal		Absent/Normal



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Report Time : 15:22:03



Patient Name : SARITA LAKAVATH

Age & Sex: 30 Year | Female

Date: 13/01/2023

Reference: CHHANI MULTISPECIALITY HOSPITAL

Sample Type :

Lab ID 00000274

## LIPID PROFILE

Test	Observed Value	Unit	FULLY AUTO BIO-CHEMISTRY ANALYSER Biological Reference Interval
Sample	Fasting Blood Serum		
Cholesterol	193	mg/dL	100 - 199 mg/dl
Triglyceride	140	mg/dL	0 - 150 : Normal 150 - 199 : Borderline High 200 - 499 : High >= 500 : Very High
HDL Cholesterol	59	mg/dL	< 35 : Low (High Risk) >= 60 : High (Low Risk)
VLDL	28.0	mg/dL	0.0 - 30.0
LDL Cholesterol	106.0 H	mg/dL	< 100 : Optimal 100 - 129 : Near/Above Optimal 130 - 159 : Borderline High 160 - 189 : High >= 190 : Very High
LDL Chol. / HDL Chol. Ratio	1.80		1.0 - 3.4
Cholesterol / HDL Chol. Ratio	3.27		0 - 3.5

### Interpretation:

Normal values of triglycerides (TG) are less than 150mg/dL. Unusually low levels of triglycerides can be present in disease states, producing syndromes of malabsorption in addition to patients who carry genes for familial hypobetalipoproteinemia.

Elevated triglycerides are determined based upon serum laboratory values being greater than 149mg/dL. Levels greater than 149 mg/dL constitute hypertriglyceridemia, and severity of TG is further classified by serum values falling within classification value ranges. Analysis of the significance of hypertriglyceridemia should take into account coexisting dyslipidemias. Hypertriglyceridemia is indicative of insulin resistance when present with low high-density lipoprotein (HDL) and elevated low-density lipoprotein (LDL), while elevated triglyceride is a clinical risk factor for coronary artery disease (CAD), especially when low HDL is present. Additionally, TG of 150 mg/dL or greater is one criterion for metabolic syndrome and can aid in the diagnosis when present with additional criteria.

Very high levels of triglycerides are defined by serum levels of 500mg/dL or greater and can be concerning for development of pancreatitis. If pancreatitis is likely or potentially threatening and levels of triglycerides are found to be 1000 mg/dL or greater, immediate institution of lipid lowering therapy should begin



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Report Time 15:22:03



Patient Name : SARITA LAKAVATH  
Reference: CHHANI MULTISPECIALITY HOSPITAL

Age & Sex: 30 Year | Female  
Sample Type :

Date: 13/01/2023  
Lab ID 00000274

## LIVER FUNCTION TEST

FULLY AUTO BIO-CHEMISTRY ANALYSER  
Biological Reference Interval

Test	Observed Value	Unit	Biological Reference Interval
<b>Bilirubin</b>			
Jendrassik and Grof Method			
Total Bilirubin	0.78	mg/dL	0.30 - 1.10
Direct	0.12	mg/dL	0.00 - 0.20
Indirect	0.66	mg/dL	0.10 - 0.70
<b>SGPT (ALT)</b>			
IFCC method without pyridoxal phosphate, Kinetic, UV	22	U/L	4.0 - 40.0
<b>SGOT (AST)</b>			
IFCC method without pyridoxal phosphate, Kinetic, UV	16	U/L	1.0 - 40.0
Alkaline Phosphatase	112	U/L	64.0 - 306.0
<b>PROTEINS</b>			
Total Protein	7.3	g/dL	6.0 - 8.0
Albumin	4.7	g/dL	3.5 - 5.0
Globulin	2.6	g/dL	2.5 - 3.5
A/G Ratio	1.8		

### 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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Report Time : 15:22:03



Patient Name : SARITA LAKAVATH  
Reference: CHHANI MULTISPECIALITY HOSPITAL

Age & Sex: 30 Year | Female  
Sample Type :

Date: 13/01/2023  
Lab ID 00000274

**RENAL FUNCTION TEST**

Test	Observed Value	Unit	FULLY AUTO BIO-CHEMISTRY ANALYSER Biological Reference Interval
S. Creatinine	0.67	mg/dL	0.40 - 1.40
eGFR	148.0	ml/min	> 60 ml/min
Bl. Urea	39	mg/dL	10.0 - 40.0
BUN	18.2	mg/dl	6.0 - 22.0
Total Calcium	8.6	mg/dL	8.2 - 10.2
Uric Acid	4.56	mg/dL	2.4 - 6.0

**Clinical Information:**

The kidneys play a vital role in the excretion of waste products and toxins such as urea, creatinine and uric acid, regulation of extracellular fluid volume, serum osmolality and electrolyte concentrations, as well as the production of hormones like erythropoietin and 1,25 dihydroxyvitamin D and renin. The functional unit of the kidney is the nephron which consists of the glomerulus, proximal and distal tubules, and collecting duct. Assessment of renal function is important in the management of patients with kidney disease or pathologies affecting renal function. Tests of renal function have utility in identifying the presence of renal disease, monitoring the response of kidneys to treatment, and determining the progression of renal disease. The most practical tests to assess renal function is to get an estimate of the glomerular filtration rate (GFR).

Talk to your doctor about the results of your Kidney Function Test and what they may mean for you.

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Report Time : 15:22:03



Patient Name : SARITA LAKAVATH  
Reference: CHHANI MULTISPECIALITY HOSPITAL

Age & Sex: 30 Year | Female  
Sample Type :

Date: 13/01/2023  
Lab ID 00000274

**HEMOGLOBIN A1c TEST**

FULLY AUTO CHEMISTRY ANALYSER

Test	Observed Value	Unit	Biological Reference Interval
HbA1c	5.3	%	4.2-6.2 Good Control : 6.3-7.2 Fair Control : 7.3-8.2 Poor Control : >8.3
Mean Blood Glucose	105.4	mg/dL	80.0 - 140.0

Importance of HbA1c - Glycated Hb. in Diabetes Mellitus

- HbA1c, also known as Glycated Hemoglobin is the most important test for the assessment of long term blood glucose control (also called glycemic control)
- HbA1c reflects mean blood glucose concentration over past 6-8 weeks and provides amuch better indication of long term glycemic control than blood glucose determination
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. , this reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy-eye complications, nephropathy-kidney complications and neuropathy-nerve complications, are potentially serious and can lead to blindness, kidney failure etc.
- Glycemic control monitored by HbA1c measurement using HPLC method-(Gold Standard) is considered most important. (Ref. National Glycohemoglobin Standardization Program -NGSP).

--- End of Report ---

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