

# EITNESS CERTIFICATE

C A N D I D A T E	Name : Kerzebi Kordambimi Pattaneuk.  Date of Birth: 23   06   1994. Age 28 Blood Group:  Sex : Male Female   Marital Status: Married Unmarried    Address : Dhenkame   Odisha - 7590    Any allergy / Disability / Pre-existing disease:  N 0 Date: 10   06   23.
CL-N-CAL F-ND-NGS	Height Weight Near L.E. 616 R.E. 616 Left Ear  1.76 Cms. 71 Kgs. Vision: Distant L.E. 66 R.E. 66  Colour Vision Right Ear.  BP: (10 170 mm 11) Pulse Rate: 80 mm Resp. Rate: 18 mm  CVS: S. 82 AEBE Lew Abdomen: So 14  Any other Findings: NO O
C E R T I F I C A T E	hereby certify that I have examined & Ms.: Lewells Lead ambin 1 Pout Card on 70 106 12023 and find him FIT JUNFIT for employment.  Remarks if unfit:  DR. PRANAV PATEL  DR. PRANAV PATEL  DR. PRANAV PATEL  Signature of Candidate  Month Total Card Card Card Card Card Card Card Card
DECLARATIO	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.  Date: TO 106173.





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

(1) +91 63596 22244

PATIENT NAME: MRS KARABI KADAMBINI PATTANAIK

AGE /SEX: 28/F DATE: 10/06/2023

# **CONCLUSION:**

- NORMAL LEFT VENTRICULAR SYSTOLIC **FUNCTION**
- LVEF 60 %
- NORMAL CARDIAC CHAMBERS
- NO RWMA AT REST
- NO MR/NO MS
- NO TR, NO PAH (RVSP-17MMHG)
- NO AR/AS
- NO DIASTOLIC DYSFUNCTION OF LV
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION
- NO ASD/VSD/CoA NOTED
- IVC -09 MM SIZE WITH MORE THAN 50% **COLLAPSIVE**

# M:MODE

AO: 26mm	LA: 36mm	IVS:09mm
LVdd:47mm	LVds:25mm	PW:09mm

# DOPPLER STUDY

MITRAL VAVLE	E: 0.65	A:0.49	
AORTIC VALVE	1.1		



DR. PRANAV PA FELLOWSHIP IN MEDICAL EMERGENCY Consultant Physician

DR. PRANAV PATEL



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(a) +91 63596 22244

NAME: MRS KARABI KADAMBINI PATTANAIK

AGE:28/FEMALE

DATE: 10/06/2023

### **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 99\*42 cm.

Left kidney measure 92\*36 cm.

# **BLADDER:**

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

UTERUS: Normal in size, contour, and echotexture.

Both ovaries appears normal in size and echotexture. No adnexal mass lesions.

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.









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DR. PRANAV PA FELLOWSHIP IN MEDICA Consultant Physician







NAME	KARABI PATTNAIK	AGE/SEX	28/FEMALE
REF. BY	CHHANI HOSPITAL	DATE	10/06/2023

# 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.

**IMPRESSIONS**: NO SIGNIFICANT ABNORMALITY DETECTED

DR.HIMANI VIRAPARA

Regn. No: G.28771 M.D. [Radiodiagnosis]

(CONSULTANT RADIOLOGIST)







: KARABI KADAMBINI PATANAIK Registered On : 10 Jun, 2023 10:35 AM Pt. Name

Age/Gender: 28 Years Female Collected On : 10 Jun, 2023 10:37 AM

Patient ID : 1189 Reported On : 10 Jun, 2023 04:10 PM

Ref. By : Dr. BOB MO: 9099037157

Address

# Complete Blood Count (CBC)

Investigation	Observed Value	Biological Reference Interval	Unit
HEMOGLOBIN			
Hemoglobin (Hb)	9.0	12 - 15	g/dL
Total RBC Count	4.46	3.9 - 4.8	mill/cumm
BLOOD INDICES			
Packed Cell Volu <mark>me</mark> (PCV)	29.2	36.1 - 44.3	%
Mean Corpuscular Volume(MCV)	65.47	78.2 - 97.93	fL
Mean Corpus <mark>cula</mark> r Hemoglobin (M <mark>CH)</mark>	20.18	27 - 33	pg/cell
Mean Corpuscular Hemoglobin Concentration (MCHC)	30.82	33 - 36	g/dL
Red cell Distribution Width (RDW)	19.2	11.5 - 16	%
WBC COUNT			
Total WBC Count	6400	4000 - 11000	cumm
DIFFERENTIAL WBC COUNT			
Neutrophils	47	40 - 70	%
Lymphocytes	47	20 - 40	
Eosinophils	02	1 - 6	%
Monocytes	04	2 - 6	%
Basophils	00		
Erythrocyte Sedimentation Rate (ESR)	10	0 - 22	mm/hr
PLATELET COUNT			
Platelet Count	258000	150000 - 450000	/cumm

DR.ASHISH JAWARKAR M.D.(Pathology)





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#### **BLOOD GROUP**

# Blood Group, ABO & RH Typing

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Investigation	Observed Value	Biological Reference Interval	Unit
BLOOD GROUP, ABO & F	RH TYPING		
ABO Group	В		
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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	IIDA	C	
Investigation	Observed Value	Biological Reference Interval	Unit
Glycosylated Hemoglobin(GHb/HbA1c)	4.89	4.0 - 6.0	mg/dL
Mean Blood Glucose	93.64	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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#### **URINE ROUTINE**

#### **Urine Examination Routine**

Address

Investigation	Observed Value	Biological Reference Interval	Unit
PHYSICAL EXAMINATION			
Quantity	10ml	10ml	
Colour	Pale Yellow	Pale yellow	
Appearance	Slide Turbid	whitish	
PH	5.0		
Specitfic Gravity	1.000		
Blood	Absent		
CHEMICAL EXAMINATION			
Proteins	Absent	Nil	
Glucose	Absent	Nil	
Ketones	Absent	Nil	
Bile Pigment	Absent		
Bile salt	Absent		
MICROSCOPIC EXAMINATION			
R.B.C.	Absent		
Pus Cells	2-3/hpf		
Epithelial Cells	18-20/hpf Squamous		
Bacteria	Absent		

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#### LIPID PROFILE

# **Lipid Profile**

Triglycerides HDL Ratio

Address

Observed Value		Biological Reference Interval	Unit
	,		
239	High	150 - 199	mg/dL
139		0 - 150	mg/dL
46		42 - 88	mg/dL
165.20	High	0 - 100	mg/dL
27.80		0 - 30	mg/dL
193.00	High	- >130 Optimal	mg/dL
3.59	High	1.5 - 3.5	
5.20	High	3.5 - 5	
	Value  239 139 46 165.20 27.80 193.00	Value  239 High  139  46  165.20 High  27.80  193.00 High  3.59 High	Value     Interval       239     High     150 - 199       139     0 - 150       46     42 - 88       165.20     High     0 - 100       27.80     0 - 30       193.00     High     ->130       Optimal       3.59     High     1.5 - 3.5

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Address :

	enzwerte.		
Observed Value	d Biological Reference Unit		
HDL Cholesterol (mg/dL)	LDL Cholesterol (mg/dL)	Triglycerides (mg/dL)	
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	
High <60	ARC		
	-PATH L	ABS-	
	Observed Value  HDL Cholesterol (mg/dL) Low <40	HDL Cholesterol (mg/dL)  Low <40  Optimal <100 Near Optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190	

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# Liver Function Test (LFT)

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Investigation	Observed Value		Biological Reference Interval	Unit
BILLIRUBIN				·
Total Bilirubin	0.89		0 - 1.2	mg/dL
Direct Bilirubin	0.52	High	0.0 - 0.25	mg/dL
Indirect Bilirubin	0.37		0.2 - 1	mg/dL
LIVER ENZYMES				
SGPT (ALT)	21		0 - 40	IU/L
SGOT (AST)	22		0 - 31	U/L
Alkaline Phosphatase	95		60 - 320	U/L
SERUM PROTEINS				
Total Serum Protein	7.60		6.3 - 7.9	g/dL
Serum Albumin	4.7		3.5 - 5.5	g/dL
Serum Globulin	2.90		2.5 - 3.5	g/dL
A/G Ratio	1.62		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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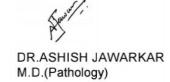
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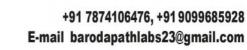
# **FASTING BLOOD SUGAR**

#### **FBS PP2BS**

Investigation	Observed Value	Biological Reference Interval	Unit
FBS PP2BS			
Fbs	101	70 - 110	mg/dL
PP2BS	121	80 - 140	mg/dL









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# THYROID SERUM HORMONS

# Thyroid Function Test (TFT)

Investigation	Observed Value	Biological Reference Interval	Unit
THYROID SERUM HORMONS			
Serum Triiodothyronine (T3)	0.98	0.6 - 1.81	ng/mL
Serum thyroxine (T4)	6.12	4.5 - 12.6	ug/dL
Thyroid Stimulating Hormone (TSH)	3.166	0.55 - 4.78	μl <b>U/m</b> L

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Investigation	Observed Value		Biological Reference Interval	Unit	
	UR	REA			
Urea	24.22		15 - 40	mg/dL	
	SERUM CI	REATIN	INE		
Serum Creatinine	0.96	High	0.5 - 0.9	mg/dL	

Note: 1) Diagnosing and monitoring treatment of acute and chronic renal disease.

2) adjusting dosage of renally excreted medications

Monitoring renal transplant recipients.

### URIC ACID

Serum Uric Acid	3.53	2.6 - 6.0	mg/dL
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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.

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