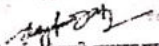
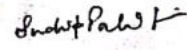


नाम : SUDIP PALIT
Name:

कर्मचारी कूट क्र.
E.C. No 116506


जारीकर्ता अधिकारी-सहायक महाप्रबन्धक
Issuing Authority- A.G.M,
Samhalpur Region



धारक के हस्ताक्षर
Signature of Holder





RIDDHI

DIAGNOSTICS PVT. LTD.

Mr. PALIT SUDIP

Reference: DR. SELF.,

VID: 600100/2071

PID NO.202312816248

AGE 43 Y / SEX Male

Sample Received on/at:

12/08/2023 11:26AM

Reported on/at

12/08/2023 02:45PM

CBC HAEMOGRAM

Investigation	Observed Value	Unit	Biological Reference Interval
CBC Haemogram			
Haemoglobin(Hb)	12.6	gm/dl	12 - 17
Erythrocyte (RBC) Count	4.32	mill/cu.mm.	4.5 - 6
PCV (Packed Cell Volume)	37.8	%	33-43
MCV (Mean Corpuscular Volume)	81.2	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin)	28.1	pg	27 - 32
MCHC (Mean Corpuscular Hb Conc.)	35.6	g/dl	32 - 36
Total Leucocytes Count (TLC)	8200	cells/cu.mm.	4000-11000
Differential Leucocyte Count (DLC)			
Neutrophils	62	%	40-75
Lymphocytes	32	%	20-45
Eosinophils	02	%	1 - 6
Monocytes	04	%	2 - 10
Basophils	00	%	0 - 1
Absolute Neutrophil count	5084	/cu.mm	2000-7000
Absolute Lymphocyte count	2624	/cu.mm	1000-3000
Absolute Eosinophils Count	164	/cmm	20-500
Absolute Monocyte count	328	/cu.mm	200-1000
Absolute Basophil count	0	/cu.mm	20-100
Platelets			
PLT Count	244,000	/cmm	150,000 - 450,000

Remarks (CBC)

EDTA Whole Blood - Tests done on Automated Five Part Cell Cellenium 5D Retic.

(WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All

Abnormal Haemograms are reviewed confirmed microscopically.

Differential count is based on approximately 10,000 cells.

These report are machine generated for assisting medical professionals in their diagnosis and treatments.

Findings should be co-related clinically. This is not valid for medico-legal purposes / evidences.

Checked By
Sr. Technician

Page 4 of 9

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Ex Resident AIIMS, New Delhi

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RIDDHI

DIAGNOSTICS PVT. LTD.

Mr. PALIT SUDIP PID NO. 202312816248 AGE 43 Y / SEX Male	Reference: DR. SELF.	VID: 600100/2071 Sample Received on/at: 12/08/2023 11:26AM Reported on/at 12/08/2023 02:45PM
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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate			
ESR- Erythrocyte Sedimentation Rate (Citrate Blood)	07	mm/hr	0 - 15

Method: Westergren manual

Interpretation:-

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. Also increased in pregnancy, multiple myeloma, menstruation & hypothyroidism

Peripheral smear examination

RBC Morphology	Normocytic normochromic picture.
WBC Morphology	Within normal limit
Platelets on Smear	Platelets are adequate
Haemoparasites	Not seen
Impression	Normal blood picture.

Blood Group ABO Typing

Blood Group ABO & Rh Typing

(EDTA Whole Blood)

Blood Group (ABO Typing)	"O"
RhD factor (Rh Typing)	POSITIVE

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Page 7 of 9

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HbA1c (Glycosylated Haemoglobin)

HbA1C-Glycated Haemoglobin

5.8

%

4 to 6% Non-diabetic
6 to 7% Excellent control
7 to 8% fair to good control
8 to 10% Unsatisfactory control
Above 10% poor Control

Estimated Average Glucose (EAG)

119.76

Interpretation & Remark:

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin (below 4%) in a non-diabetic individual are often.

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BIOCHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
FBS (Fasting Blood Sugar)			
Glucose- Fasting	90	mg/dl	Normal: 70-99 Impaired Tolerance: 100-125 Diabetes mellitus: \geq 126
(on more than one occasion) (American diabetes association guidelines 2018)			
Lipid Profile			
Cholesterol - Total	158	mg/dl	Desirable: < 200 Borderline High: 200-239 High: \geq 240
Triglycerides level	150	mg/dl	60 - 165
HDL Cholesterol	48	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease: $>$ 60
LDL Cholesterol	80	mg/dl	Optimal: < 100 Near Optimal: 100 - 129 Borderline High: 130-159 High: 160-189 Very High: \geq 190
VLDL Cholesterol	30	mg/dl	6 - 38
LDLC/HDLC Ratio	1.67		2.5 - 3.5
TCH/HDLC RATIO	3.29		Upto 5

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Page 1 of 9

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PP (Glucose-Post Prandial)

Glucose -Post prandial	128	mg/dl	Normal: 70-139 Impaired Tolerance: 140-199 Diabetes mellitus: >= 200
------------------------	-----	-------	--

An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons :

The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity. Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

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RFT (Renal Function test)

Sodium (Na)	139	mmol/L	135 - 145
Potassium (K)	4.16	mmol/L	3.5 - 5.5
Urea Serum	24	mg/dl	21 - 43
Creatinine (Serum, Jaffe)	0.9	mg/dl	0.7-1.3

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LFT-Liver Function Test

Bilirubin - Total (Serum, Diazo)	0.44	mg/dl	0.1 - 1.2
Bilirubin - Direct (Serum, Diazo)	0.19	mg/dl	0 - 0.2
Bilirubin (Indirect) (Serum, Calculated)	0.25	mg/dl	0 - 1
Total Proteins (Serum, Biuret)	7.21	g/dl	6.6-8.8
Albumin (Serum, Bromocresol green)	3.76	g/dl	3.5 - 5.2
Globulin (Serum)	3.45	g/dl	1.8 - 3.6
A/G Ratio (Serum)	1.09	%	1.1 - 2.2
SGOT (AST) (Serum, Enzymatic)	29	U/L	0 - 35
SGPT (ALT) (Serum, Enzymatic)	19	U/L	0 - 45
Alkaline Phosphatase (Serum, pNPP)	86	U/L	40 - 129
Gamma-glutamyltransferase (GGT)	24	U/L	<49

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IMMUNOASSAY

Investigation	Observed Value	Unit	Biological Reference Interval
PSA - Prostate Specific Antigen (Total)			
PSA (Total)	0.4	ng/ml	< 4.0

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Thyroid Panel-1(T3T4TSH)


T3	1.16	ng/mL	0.69 - 2.15
T4	97.1	ng/ml	52 - 127
TSH	4.5	uIU/ml	0.3 - 4.5

Method: CLIA

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PID NO. 202312816248
AGE 43 Y / SEX Male

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VID: 600100/2071
Sample Received on/at:
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Reported on/at
12/08/2023 02:45PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Urine - Sugar PP			
Urine S(PP)	Nil		Absent
Urine Routine Examination			
Volume	30	ml	
Colour	Pale yellow		
Transparency	Clear		Clear
Reaction (pH)	6.0		5.0 - 8.0
Specific Gravity	1.016		1.010 - 1.030
<u>Chemical Examination</u>			
Urine Protein(Albumin)	Nil		Absent
Urine Glucose(Sugar)	Nil		Absent
Urine Ketons(Acetone)	Absent		Absent
Bile Salts	Absent		Absent
Urine			
Bile Pigments	Absent		Absent
Urine			
Urobilinogen	Normal		Normal
Red Blood Cells	Nil	/hpf	Absent
Pus cells	0-1	/hpf	0 - 5
Epithelial Cell	0-1		0 - 4
Crystals	Absent		Absent
Casts	Absent		Absent

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Page 5 of 9

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Mr. PALIT SUDIP

Reference: DR. SELF.

VID: 600100/2071



PID NO.202312816248

AGE 43 Y / SEX Male

Sample Received on/at:

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Urine Sugar - Fasting

Urine - Glucose

Nil


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Page 6 of 9



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CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr Patient Sudeep on 12/08/2023

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	

Dr. 
 Medical Officer
 The Apollo Clinic, **Dr. VATSAL SINGH**
 GMS, Bilaspur (C.G.)
 CGMC-8519/2018

This certificate is not meant for medico-legal purposes



ANUSHKA DIAGNOSTICS

House No 3/303, Near Ganesh Chowk, Besides Lav Kush Phal Bhandar,
Balram Talkies Road, Nehru Nagar, Bilaspur (C.G.)
Mobile : +91 7720044949, E-mail : anushka.diagnostics@gmail.com

DATE: 12-08-2023

NAME : SUDIP PALIT
REF. BY : RD. .

AGE : 43 YEARS

SEX : M

WHOLE ABDOMINAL SONOGRAPHY STUDY.

- LIVER** : Normal in Size- 14 cm, Normal in Shape.
No Focal Or Diffuse Lesion Seen.
IHBR's & CBD are Normal in Appearance. Portal vein appears normal in caliber.
- GALL BLADDER** : Lumen Is Well Distended & Echo free. No Calculus or Sludge Is Seen.
Wall thickness is normal(2mm). No evidence of pericholecystic collection.
- SPLEEN** : Normal In Size- 9 cm, Normal In Shape & Echotexture.
No Focal Lesion Seen. Splenic Vein – Normal.
- PANCREAS** : Normal in size shape position and echotexture.
- RIGHT KIDNEY** : Normal in size(9.2 x 4 cm) shape position and echotexture seen.
Cortical Thickness & Corticomedullary Differentiation Normal.
No Calculus Seen. No Hydronephrosis.
- LEFT KIDNEY** : Normal in size(8.9 x 4.2 cm) shape position and echotexture seen.
Cortical Thickness & Corticomedullary Differentiation Normal.
No Calculus Seen. No Hydronephrosis.
- PROSTATE** : Prostate Is Normal In Size(Volume=15 ml).
Normal In Echo texture. No Evidence Of Median Lobe Bulge Seen.
- URINARY BLADDER** : Shows Normal Uniform Wall Thickness- 4 mm. And Echo free Lumen.
- No Evidence Of Free Fluid Seen In Peritoneal Cavity.
 - No Evidence Of Lymphadenopathy Seen. Visualized Bowel Loops Appears Normal.
 - No Sonographic Evidence Of Appendicitis In Present Scan.

IMPRESSION :

- No Abnormal Sonographic Finding Detected. .

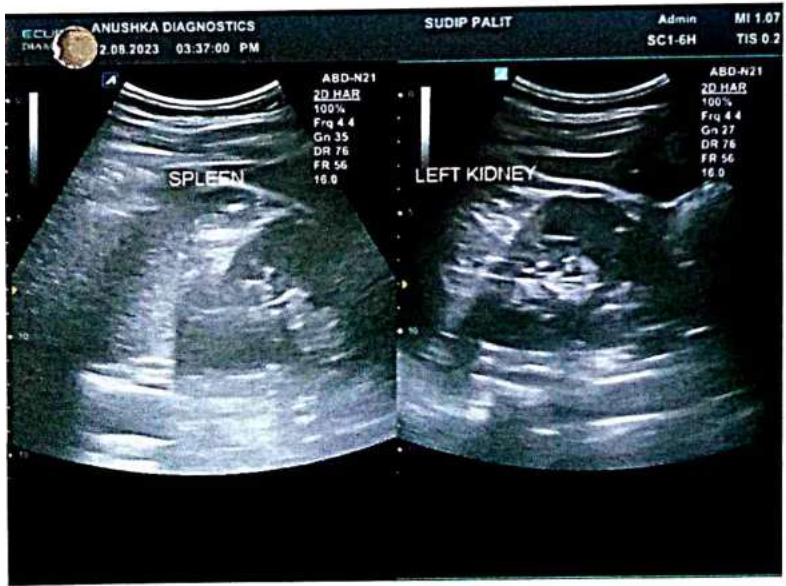
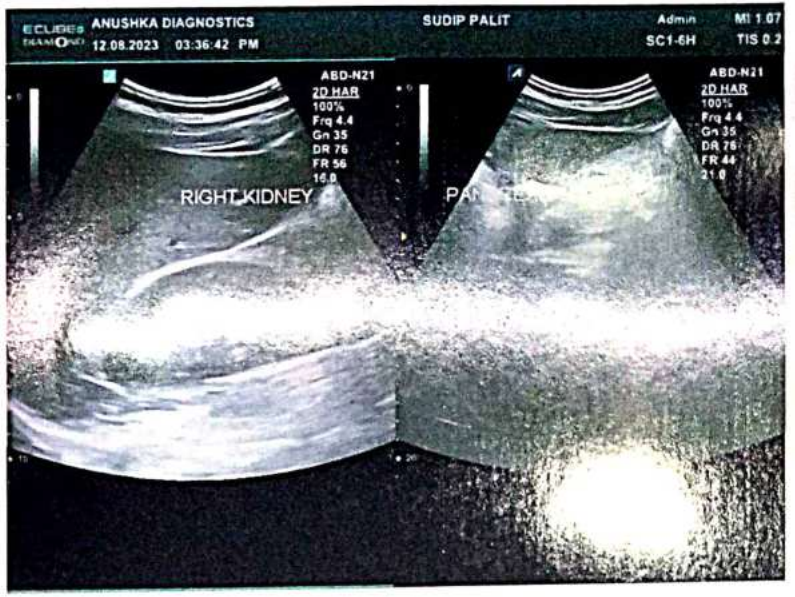
Thanks For Referral.

DR. PRASHANT S. BARPANDE
MBBS, D.M.R.D, DNB (RADIOLOGIST)
M.N.A.M.S, CONSULTANT RADIOLOGIST
REG. NO.- CGMC-3232/10

Radiological Impressions Are Merely An Opinion And Not The Final Diagnosis As They Are Based On Available Imaging Findings.



बेटी बचाओ - बेटी पढ़ाओ





2 D ECHO REPORT

Name:- MR.PALIT SUDI
Ref. By :-RIDDDHI DIAGNOSTIC

Age/Sex:42Y/M
Date:-14/08/23

M Mode study (Dimensions in cm)

DOPPLER STUDY FINDINGS

Ao =3.1	LA =3.2
IVSd =1.1	LVPWd =1.0
LVIDd =4.0	LVIDs=2.1
EF = 70%	

NO Diastolic Dysfunction
NO AS/AR/MS/MR
NO PAH

Description

Mitral valve Leaflets Normal, subvalvular apparatus Normal ,Mitral valve area Normal No e/o prolapse,calcification or vegetation

Aortic valve Trileaflet , Opening Amplitude is adequate ,NO significant AS/AR

Tricuspid Valve is normal ,No TR

Pulmonary Valve is normal

PA is normal in size


Normal chamber dimension,

NO Regional wall motion Abnormality

NO CLOT/VEGETATION/EFFUSION

Impression Normal Study

Good LV/RV function


DR.ANIRUDDHA KAUSHIK
MD Medicine ,DM Cardiology

ID: 24

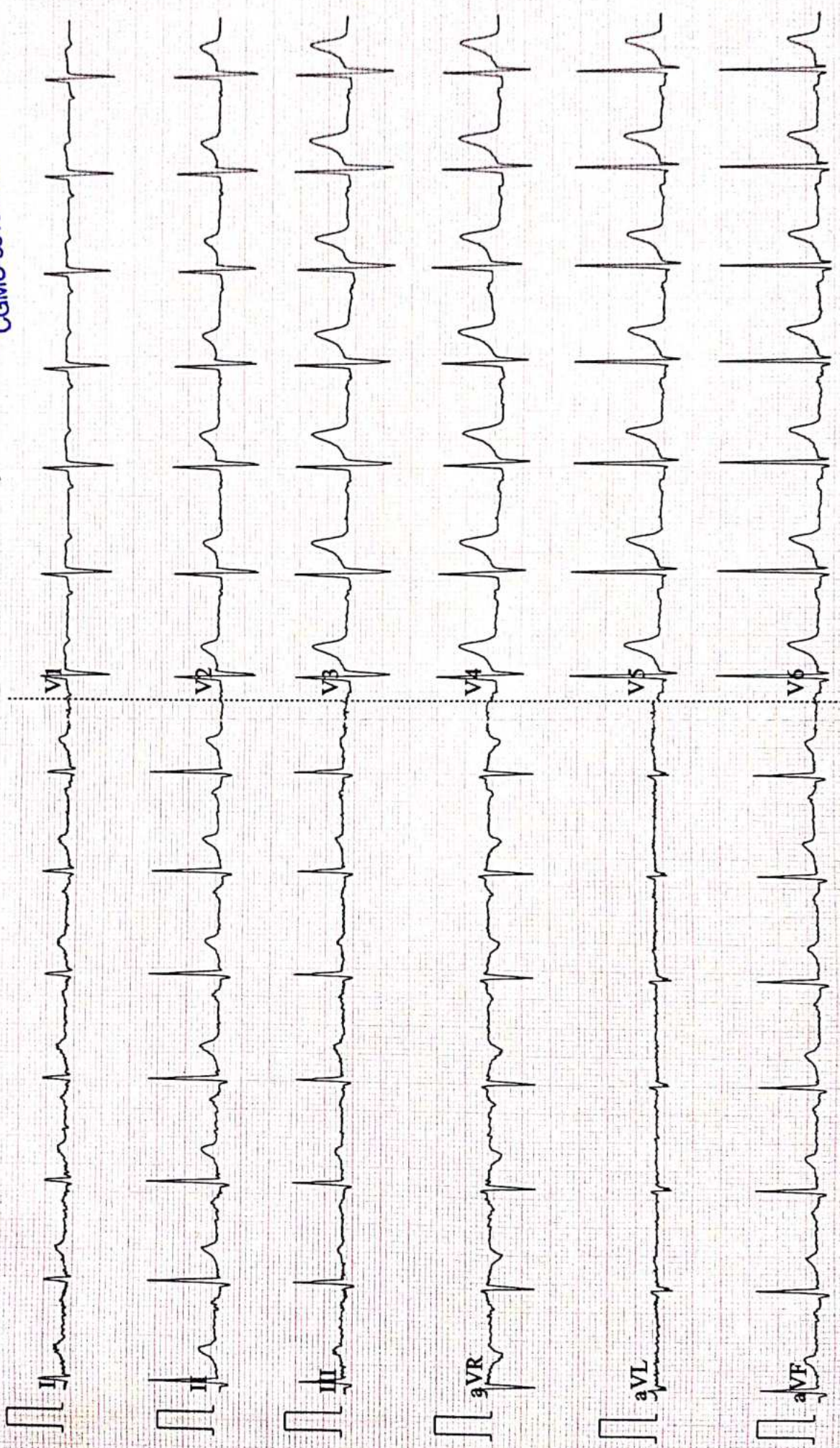
mr subip palit
Male 43Years
Req. No. :

12-08-2023 16:58:54
HR : 82 bpm
P : 98 ms
PR : 162 ms
QRS : 76 ms
QT/QTcBz : 348/407 ms
P/QRS/T : 56/72/55 °
RV5/SV1 : 1.576/0.780 mV

Diagnosis Information:
Sinus rhythm
Normal ECG


Dr. VATSAL SINGH
CIMS, Bilaspur (C.G.)
CGMC-8519/2018

Report Confirmed by:





RIDDHI

DIAGNOSTICS PVT. LTD.

NAME	MR.PALIT SUDIP	AGE/SEX	43 YRS/M
REF BY.	DR. SELF	DATE	12 - 08- 2023

X-RAY CHEST PA VIEW

CLINICAL HISTORY :-Health check up .

TECHNIQUE :- 1 view obtained.

FINDINGS :-

Poor exposure x ray.

The lungs on the either side show equal translucency.

The peripheral pulmonary vasculature is normal.

No focal lung lesion is seen.

Bilateral CP angles are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The heart and trachea are central in position and no mediastinal abnormality is visible.

The cardiac size is normal.

The domes of the diaphragms are normal in position, and show smooth outline.

IMPRESSION :- No significant abnormality detected.

ADVICE :- Clinical correlation and follow up.

Dr. Avinash. Rathod.
MBBS, DMRD.
Consultant Radiologist
Reg.no 2011/05/1616.

Disclaimer: It is an online interpretation of medical imaging based on clinical data. Modern machines/procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patients identification in online reporting is not established, so in no way can this report be utilized for any medico legal purpose. Any error in typing should be corrected immediately.