



Anjna Hospital & Clinisearch Pvt. Ltd.

7-8-9, Urban Ville, Nr. Vadodara Cricket Academy, Opp. Turf 106, Priya Talkies-Sevasi Link Road, Vadodara.
Phone : 9904402122, 9327925272, 8780620088

OPD Timing : 9 am - 2 pm and 5 pm - 8 pm 24x7 Emergency

FITNESS CERTIFICATE

Date:23/09/23

I Dr. Aman Khanna do hereby certify that I had carefully examined Mr. *Rohit* Sharma .Age 29/M He was fit for Join duty, No any other problem and no any skin allergy, Eye vision is good ,Ear vision is good.

Height: *171.3*, Weight: *99.6*, BMI: *33.9*.

Vitals : Bp: *120/80*, P: *92*, Spo2: *99%*, T: *97.6*.



Dr. Aman Khanna
Anjna Hospital & Clinisearch Pvt. Ltd.
7-8-9, Urban Ville, Village : Sevasi,
Taluka & Dist. Vadodara-391101.

Place: Vadodara

Date: 23/09/2023

Signature of Authorized Medical Attendant

Registration No. 28161

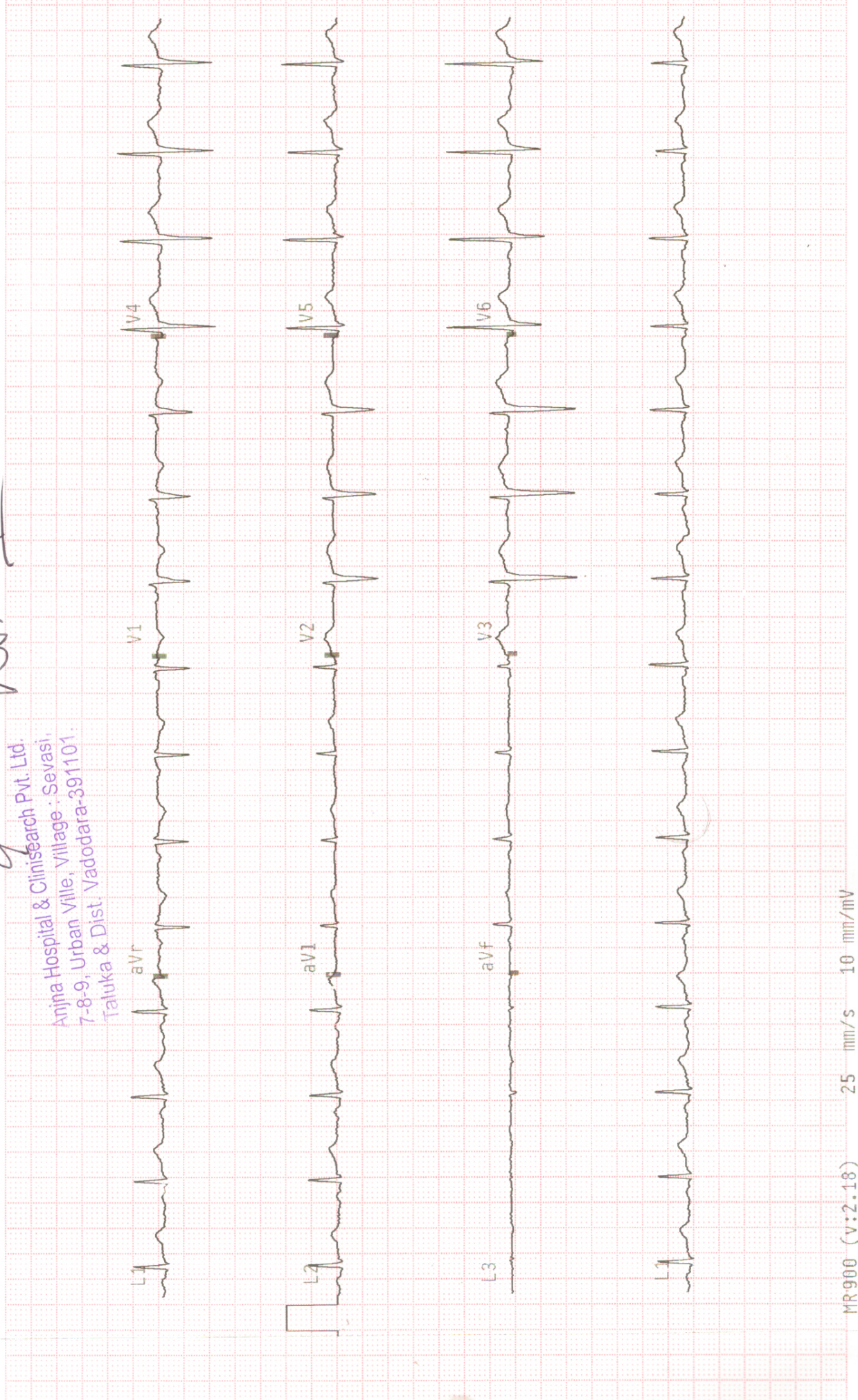
Rohit Sharma
23/9/23

069 23/03/00 03:56
ANJNA HOSPITAL
Room : 118
ID : 0
Name :
Gender :
Height : 000 (cm)
Age : 000 (Yrs)
Weight : 000 (Kg)
Dep: OPD

HR : 89 bpm
Axes (deg)
P : 34
QRS: 26
T : 18

Wanmay

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7-8-9, Urban Ville, Village : Sevasi,
Taluka & Dist. Vadodara-391101.



ANJNA HOSPITAL AND CLINISEARCH PVT LTD

24/7 Emergency Services

AHCPL

Mo: 7433989788

Address:

7,8,9, Urban Ville,Nr Vadodara

Cricket Acadmey,Opp Turf 106,
Priya Talkies-Sevasi Link
Road, vadodara 391101.

Our Services

- Digital Portable X-ray
- Hospital ICCU
- Bedside Portable
- Trauma Patients

Date:-23-09-2023

Patient Name: SHARMA ROHIT

Sex: M

Age: 29 YRS

X-RAY CHEST PA

Both the lung fields appear clear.

Both CP recess appear normal.

Cardiac size is normal.

Both domes of diaphragm appear unremarkable.

Thoracic cage reveals no abnormality.

IMPRESSION

- No significant abnormality detected.

Anjna Hospital & Clinisearch Pvt. Ltd.
7-9, Urban Ville, Village : Sevasi,
Taluka & Dist Vadodara-391101.
Dr Jay Mehta
Cons. Radiologist.


 भारत सरकार
GOVERNMENT OF INDIA

 रोहित शर्मा
Rohit Sharma
जन्म वर्ष / Year of Birth : 1994
पुरुष / Male




9872 7784 5246


आधार — आम आदमी का अधिकार


 भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA


पता: S/O: रामकुमार शर्मा, बाबोसा
मंदिर के पास, बॉर्ड नं24, चुरू, चुरू, चुरू,
राजस्थान, 331001

Address: S/O: Ramkumar
Sharma, babosa mandir ke pass,
ward no24, Churu, Churu,
Rajasthan, 331001

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 P.O. Box No.1947,
Bengaluru-560 001



24 Hours Pathology Laboratory

G/F - 17, 18, 20, Kalpvruksh, Nr. Gotri Medical College, Gotri Main Road, Vadodara - 390 021.
(M) 96620 53260 / 72288 66487

BRANCH : Ground Floor C-64, Nutan Maheshwar Nagar, Opp. IndusInd Bank, Subhanpura, Vadodara 390023.
(M) 7490053260 / 8511153260



TEST REPORT

Reg. No : 2309102614

Reg. Date : 23-Sep-2023

Name : ROHIT SHARMA

Collected On : 23-Sep-2023

Age : 29 Years Sex : Male

Ref. By : Dr. ANJNA HOSPITAL & CLINISEARCH PVT. LTD.

Location : Hospital

Disp. At :

| Parameter | Result | Unit | Biological Reference Interval |
|-----------|--------|------|-------------------------------|
|-----------|--------|------|-------------------------------|

COMPLETE BLOOD COUNT (CBC)

SPECIMEN: EDTA BLOOD

| | | | |
|---------------------------------------|--------|-------------|-----------------|
| Hemoglobin (SLS method) | 13.2 | g/dL | 12.0 - 17.0 |
| RBC Count (Electrical Impedance) | 4.98 | million/cmm | 4.6 - 6.5 |
| Hematocrit- HCT (Elec. Impedance) | 40.50 | % | 35 - 54 |
| WBC Count (Flowcytometry) | 6500 | /cmm | 4000 - 10500 |
| Platelet Count (Electrical Impedance) | 212000 | /cmm | 150000 - 450000 |
| MCV (Calculated) | 81.3 | fL | 80 - 96 |
| MCH (Calculated) | 26.5 | Pg | 27 - 33 |
| MCHC (Calculated) | 32.6 | % | 32 - 36 |

DIFFERENTIAL WBC COUNT (Manual By Microscopy)

| | | | |
|-----------------|----|---|---------|
| Neutrophils (%) | 60 | % | 45 - 75 |
| Lymphocytes (%) | 34 | % | 20 - 40 |
| Monocytes (%) | 4 | % | 1 - 10 |
| Eosinophils (%) | 2 | % | 1 - 4 |
| Basophils (%) | 0 | % | 0 - 1 |

ERYTHROCYTE SEDIMENTATION RATE

ESR (After 1 hour) 10 mm/hr 0 - 20

By Fully Automated 5 Part Differential Cell Counter Sysmex XN 350

-----End Of Report-----

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M.D.
Reg. No. 15158



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BLOOD GROUP & RH

SPECIMEN: EDTA AND SERUM; METHOD: HAEMAGGLUTINATION

Blood Group

ABO

'B'

Rh (D)

Positive

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| BIO - CHEMISTRY | | | |
| BUN | 13.50 | mg/dL | 7 - 20 |
| Uric Acid | 5.60 | mg/dL | 3.5 - 7.0 |
| UREA | 28.90 | mg/dL | 10 - 40 |
| Creatinine | 0.81 | mg/dL | 0.6 - 1.40 |

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| BIO - CHEMISTRY | | | |
| Fasting Blood Sugar (FBS) | 82.10 | mg/dL | 65 - 110 |

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THYROID FUNCTION TEST

| | | | |
|-----------------------|-------|--------|------------|
| T3 (Triiodothyronine) | 1.24 | ng/mL | 0.7 - 2.04 |
| T4 (Thyroxine) | 5.60 | mIU/mL | 4.5 - 10.9 |
| TSH | 2.114 | µIU/ml | 0.4 - 4.2 |

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4.

Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

| | |
|----------|-------------|
| Quantity | 10 cc |
| Colour | Pale Yellow |
| Clarity | Clear |

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)

| | | |
|---------------|-------|-----------|
| pH | 6.0 | 4.6 - 8.0 |
| Sp. Gravity | 1.020 | |
| Protein | Nil | |
| Glucose | Nil | |
| Ketone Bodies | Nil | |
| Urobilinogen | Nil | |
| Bilirubin | Nil | |
| Nitrite | Nil | |
| Blood | Nil | |

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

| | |
|--------------------------|---------|
| Leucocytes (Pus Cells) | 1-2/hpf |
| Epithelial Cells | 1-2/hpf |
| Erythrocytes (Red Cells) | Nil |
| Amorphous Material | Nil |
| Casts | Nil |
| Crystals | Nil |
| Bacteria | Nil |

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LIPID PROFILE

SPECIMEN: SERUM SAMPLE

| | | | |
|------------------------|--------|-------|--|
| Cholesterol | 186.50 | mg/dL | Desirable : < 200.0 Borderline High: 200-239 High : >240 |
| Triglyceride | 90.30 | mg/dL | Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0 |
| VLDL | 18.06 | mg/dL | 7 - 40 |
| LDL | 127.94 | mg/dL | Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0 |
| HDL Cholesterol | 40.50 | mg/dL | Low : < 40 High : > 60 |
| Cholesterol /HDL Ratio | 4.60 | | 0 - 5.0 |
| LDL / HDL RATIO | 3.16 | | 0 - 3.5 |

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| LIVER FUNCTION TEST | | | |
| Total Protein | 6.98 | g/dL | 6.3 - 7.8 |
| Albumin | 3.70 | g/dL | 3.4 - 5.0 |
| Globulin | 3.28 | g/dL | 2.3 - 3.5 |
| A/G Ratio | 1.13 | | 0.8 - 2.0 |
| SGOT | 26.50 | U/L | 5 - 50 |
| SGPT | 28.80 | U/L | 5 - 45 |
| Alakaline Phosphatase | 86.20 | U/L | 42 - 141 |
| Total Bilirubin | 0.85 | mg/dL | 0 - 1.4 |
| Direct (Conjugated) Bilirubin | 0.44 | mg/dL | 0.0 - 0.6 |
| Indirect (Unconjugated) Bilirubin | 0.41 | mg/dL | 0.0 - 1.1 |

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HEMOGLOBIN A1 C ESTIMATION

SPECIMEN: BLOOD EDTA

| | | | |
|--------------------|--------|---------------|--|
| Hb A1C | 5.20 | % of Total Hb | >8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level |
| Mean Blood Glucose | 102.54 | mg/dL | |

Criteria for the diagnosis of diabetes

1. HbA1c $\geq 6.5^*$

Or

2. Fasting plasma glucose ≥ 126 mg/dL. Fasting is defined as no caloric intake at least for 8 hrs.

Or

3. Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.

Or

4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dL.

*In the absence of unequivocal hyperglycemia criteria 1 - 3 should be confirmed by repeat testing.

American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34:S11.

Limitation of HbA1c

1) In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.

2) Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.

3) Glycated HbF is not detected by this assay and hence specimens containing high HbF (>10%) may result in lower HbA1c values than expected.

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