



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Krishna G on 30/11/23

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	<input checked="" type="checkbox"/>
<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. [Signature]
Medical Officer

This certificate is not meant for medico-legal purposes

Date : 30-11-2023
MR NO : CMAR.0000333163

Department : GENERAL
Doctor :

Name : Mr. Krishna G

Registration No :
Qualification :

Age/ Gender : 58 Y / Male

Consultation Timing: 08:00

Height : 161cm	Weight : 62.3 kg	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 147/81

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

GE MAC1200 ST KRISHNA G, 00333163, APOLLO
57 Years (02.06.1966)

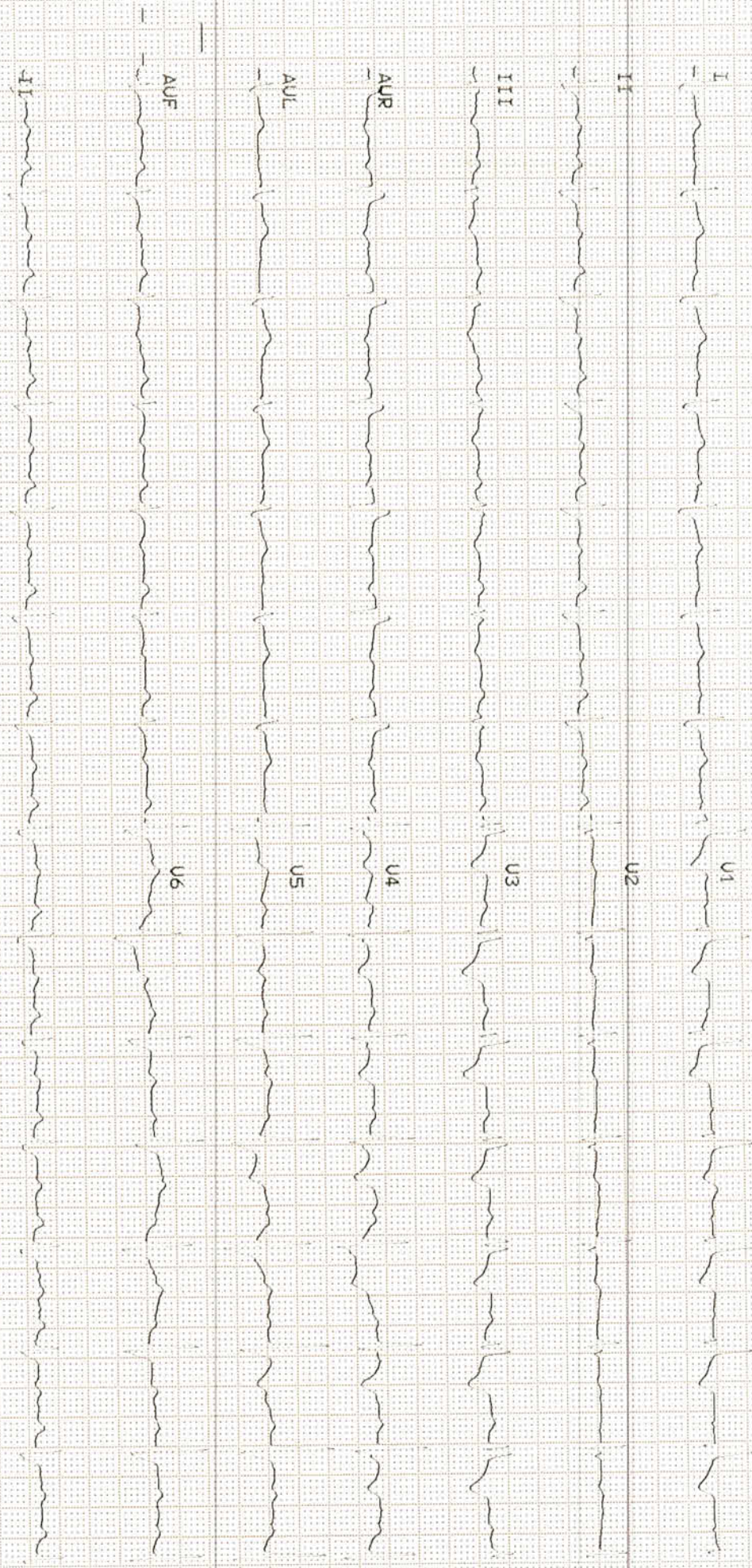
AccuW CE

HR 85 bpm

Measurement Results:
QRS : 122 ms
QT/QTcB : 388 / 464 ms
PR : 172 ms
P : 108 ms
RR/PP : 700 / 700 ms
P/QRS/T : 65 / 30 / 15 degrees
QTd/QTcBd : 56 / 67 ms
Sokolow : 1.1 mV
NK : 12

Interpretation:
complete right bundle branch block
probably abnormal ECG

Unconfirmed report.



30 Nov 2003 09:02:08 AM 25mm/s 10mm/mV MD5 50Hz 0.08 - 20Hz 6.5V P Automatic UG 2 MID 1.1

Patient Name	: Mr. Krishna G	Age	: 58 Y M
UHID	: CMAR.0000333163	OP Visit No	: CMAROPV747486
Reported on	: 30-11-2023 13:20	Printed on	: 30-11-2023 13:26
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size (15.1cm), shape and shows diffuse increase in echopattern. and shows two tiny calcified granulomas, largest in right lobe measuring 4mm. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Partially distended.No definite calculi identified in this state of distension . No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on right side.

Right kidney measures 11.0cm and parenchymal thickness measures 1.6cm.

Left kidney measures 11.0cm and parenchymal thickness measures 1.7cm. **and shows two calculi, largest in upper pole measuring 3.8mm and shows tiny cortical cyst in upper pole measuring 1.0x1.0cm.**

URINARY BLADDER: Partially distended and appears normal. No evidence of abnormal wall thickening noted.

Prevoid vol - 176.8cc

Postvoid vol - 11cc

PROSTATE: Prostate is enlarged in size and echo-pattern. It measures 4.2x3.6x3.3cm.vol - 27.5cc

No free fluid or lymphadenopathy is seen.

Visualized bowel loops appears normal.

IMPRESSION:

GRADE I FATTY INFILTRATION OF LIVER.

GRADE I PROSTATOMEGALY.

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**LEFT RENAL NON OBSTRUCTIVE CALCULI.
LEFT RENAL CORTICAL CYST.**

Suggested clinical correlation and further evaluation if needed.

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
3. please note: non obstructing ureteric calculi; small renal/ ureteric calculi may not always be detected on USG; a CT KUB is advised if symptoms persist .
4. Printing mistakes should immediately be brought to notice for correction.
5. This is USG Abdomen screening.

Printed on: 30-11-2023 13:20

---End of the Report---



Dr. NAVEEN KUMAR K
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Radiology