

Test Type: Pre-Employment Medical Examination

DATE: 22/12/22

Company Name: BOB

Employee Name: YASAVA MEHULKUMAR

Employee Id:

Sex : Male

Age : 30

Date of Birth : 19/02/1992

Date of Joining:

Designation :

Department :

Yasava Shureshbhai

**Physical Examination**

Height: CM 167 Body Mass Index: (Healthy 18.5 to 25.)  
Weight: KG 59 Chest: On Expiration: N/A  
B.P.: On Inspiration N/A  
Pulse: 98/min Waist: N/A Hips: N/A  
ID Mark: mole on right solder  
Waist Hip Ratio: N/A

(Normal: Female Up to 0.85, Male Up to 1.00)

Heart Sound: NORMAL

VISION	Right	Left
Near	N/6	N/6 -without glasses
Far	6/6	6/6 without glasses

Color Vision: Acceptable  
Comment: NORMAL

**Systemic Examination**

Skin : N/A

Respiratory System

Cardio-vascular System: NAD

Genito Urinary System: N/A

Musculo-Skeletal System: N/A

Spine/ Bones / Joints : N/A

CNS: NAD

Breath/Adventitious Sound : N/A

Abdomen: NORMAL

Other Findings: NAD

**Personal Health Details**

Present Complaints: NIL

Occupational History: NO

Family Health History: NAD

Personal Health History: NO

Past History: NO

Allergic To: NO

Audiometry

Spirometry:

ECG:

X-RAY:

SONOGRAPHY:

REMARKS & ADVISE:.

**OPHTHALMOLOGY CONSULTATION**

Name: Vasava Mehulkumar

Date: 22/12/22

Age: 30

Sex:  Male  Female

HCP Reg.No.: \_\_\_\_\_

**Ophthalmic History:**

1. Do you feel that your eyesight is falling?  
આંખે ઓછું દેખાતું હોય તેવું લાગે છે?
2. Any time feel to experience black outs?  
કોઈવાર અંધારા આવે છે?
3. Any unexpected flicking of eyes?  
આંખ વારંવાર અચાનક મારે છે?
4. Do you get difficulty in reading small letters?  
નાના અક્ષર વાંચવામાં તકલીફ પડે છે?
5. Do you experience black dots temporarily?  
આંખ સામે કોઈવાર કાળા ટપકા દેખાય છે?
6. Do you have exclusive aids?  
વાંચવા કે જોવા માટે કોઈ ચરમા કે સ્પેશીયલ સાધન વાપરો છો?

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

**Clinical Evaluation / History / Presenting Complain:**

\_\_\_\_\_

*PCC*

\_\_\_\_\_

\_\_\_\_\_

**Examination Eyes:**

1. Eyelids

Right

*(N)*

Left

*(N)*

2. Cornea & Conjunctiva

Right

Left

*(N)*

3. Vision

Right

*(N)*

Left

SPH	CYY	AXIS	VN
			<i>6/6</i>

SPH	CYY	AXIS	VN
			<i>6/6</i>

SPH	CYY	AXIS	VN
			<i>6/6</i>

SPH	CYY	AXIS	VN
			<i>6/6</i>

Colour Vision:

Tonometry:

Right

(N)

Left

(N)

Fundus: (Must in case of DM & HT)

Right

(N)

Left

(N)

Eye Movements:

Right

Left

Clinical Impression:

Blank box for Clinical Impression with a horizontal line drawn across the middle.

Recommendation:

A. Additional Inv. / Referral Suggested

Blank box for Recommendation A with a horizontal line drawn across the middle.

B. Therapeutic advise

Blank box for Recommendation B with a horizontal line drawn across the middle.



Ophthalmology's Signature



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**PALMLAND**  
LABORATORY**DIAGNOSTIC REPORT**

2202013740

Name	: Vasava Mehulkumar	Age	: (30Y)
Ref. By	: Dr. Wasim Raj(Bob)	Sex	: Male
Reg.Date	: 22-12-2022 09:19	Reg.No.	: 2202013740
Bill Location	: Palmland Hospital	Mobile No.	: 8469181774

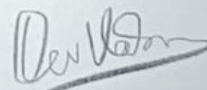
**HEMOGRAM REPORT**

(Specimen: Whole Blood)

Parameter	Result	Unit	Biological Ref. Interval	Method
Haemoglobin	14.2	gm%	13.0 - 17.0	Non Cyanide Oxy Hemoglobin
<b>Blood Cell Indices</b>	<b>Result</b>	<b>Unit</b>	<b>Biological Ref. Interval</b>	<b>Method</b>
RBC Count	<b>6.1</b>	mill./c.mm	4.5 - 5.5	Electrical Impedance
PCV	43.3	%	40 - 50	Cumulative Pulse Height
MCV	<b>70.7</b>	fL	83 - 101	Derived From RBC Histogram
MCH	<b>23.2</b>	pg	27 - 32	Calculated
MCHC	32.8	%	31.5 - 34.5	Calculated
RDW	<b>14.2</b>	%	11.6 - 14.0	Derived From RBC Histogram
<b>Total WBC Count</b>	<b>6300</b>	/c.mm	4000 - 10000	Electrical Impedance
<b>Differential Count [ % ]</b>		<b>Unit</b>	<b>Biological Ref. Interval [ Abs. ]</b>	<b>Unit Biological Ref. Interval</b>
(Flowcytometry /MICROSCOPY)				
Polymorphs	58	%	40 - 80	3654 /c.mm 2000 - 7000
Lymphocytes	31	%	20 - 40	1953 /c.mm 1000 - 3000
Monocytes	05	%	2 - 10	315 /c.mm 200 - 1000
Eosinophils	06	%	1 - 6	378 /c.mm 00 - 500
Basophils	00	%	0 - 2	0 /c.mm 00 - 100
<b>Neutrophil to Lymphocyte Ratio (NLR)</b>	<b>1.9</b>	%	0.78 - 3.53	Calculated
<b>Platelet Count</b>	260000	/c.mm	150000 - 410000	Electrical Impedance
<b>ESR</b>	<b>6</b>	mm		Modified westergren method
REFERENCES	(1) Practical Hematology by Dacie & Lewis (12th Edition). (2) Nathan/Oski, Hematology of Infancy and Childhood( 7th Edition,2009).			

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

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M.D. (Pathologist)  
Reg. No. G-2489

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### BLOOD GROUP

(Specimen: Whole Blood & Serum)

Investigation	Result	Method
ABO TYPE	"O"	Forward & Reverse Grouping By Column Agglutination
RH TYPE	POSITIVE	Primary Control

REFERENCE: Mollison's Blood Transfusion in Clinical Medicine (12th Edition).

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**HAEMOGLOBIN A1 C ESTIMATION (HbA1C)**

(Specimen: Whole Blood)

Investigation	Result	Unit	Biological Reference Interval	Method
HbA1C	5.4	%	<b>As Per National Glycohemoglobin Standardization Program (NGSP) Guideline</b> > 10 : Poor Control 8-10 : Unsatisfactory Control 7 - 8 : Fair Control 6 - 7 : Good Control < 5.7 : Normal Value	HPLC
Estimated Average Glucose (eAG)	108.28	mg/dL	90 – 120 : Excellent Control 121 – 150 : Good Control 151 – 180 : Average Control 181 – 210 : Action Suggested > 211 : Panic Value	

**As per American Diabetes Association (ADA) -2021**

Reference Group	HbA1c in %
Non diabetic adults	<5.7%
At Risk (Prediabetes)	5.7 – 6.4%
Diagnosing Diabetes	>=6.5%

**Note:**

- Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid condition targeting a goal of < 7.0 % may not be appropriate.

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### PLASMA GLUCOSE ANALYSIS

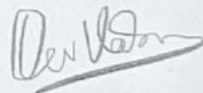
(Specimen: Serum/Plasma, Urine)

Investigation	Result	Unit	Biological Reference Interval	Method
Fasting Plasma Glucose	105.7	mg/dL	70 - 110	GOD POD METHOD
Fasting Urine Glucose	Absent		Absent	Rapid Strip

(Biological Reference Interval as per American Diabetic Association guideline 2016)

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### PLASMA GLUCOSE ANALYSIS

(Specimen: Serum/Plasma & Urine)

Investigation	Result	Unit	Biological Reference Interval	Method
Post Prandial Plasma Glucose	91.3	mg/dL	70 - 140	GOD POD Dry Chemistry
Urine Glucose After 2 hour	Absent		Absent	Rapid Strip

(Biological Reference Interval as per American Diabetic Association guideline 2016)

#### Comments:

- Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying & brisk glucose absorption.

#### Probable causes :

- > Early Type II Diabetes / Glucose intolerance
- > Drugs like Salicylates, Beta blockers, Pentamidine etc.
- > Alcohol
- > Dietary - Intake of excessive carbohydrates and foods with high glycemic index
- > Exercise in between samples
- > Family history of Diabetes
- > Idiopathic
- > Partial / Total Gastrectomy

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**COMPLETE LIPID PROFILE REPORT**

(Specimen: Serum)

Investigation	Result	Unit	Biological Reference Interval		Method
			NCEP Guidelines for CHD Risk		
Cholesterol	185	mg/dL	< 200 : Desirable 200 – 239 : Borderline High ≥ 240 : High		CHOD POD
Triglycerides	128	mg/dL	< 150 : Normal 150 – 199 : Borderline High 200 – 499 : High ≥ 500 : Very High		GPO PAP
HDL Cholesterol (Direct)	46	mg/dL	< 40 : Low(High Risk) ≥ 60 : High(Low Risk)		Direct Measurement By PTA/MgCl <sub>2</sub> , CHOD-POD
Non-HDL Cholesterol (Calculated)	<b>139.00</b>	mg/dL	< 130 : Desirable 130 – 159 : Above Desirable 160 – 189 : Borderline High 190 – 219 : High ≥ 220 : Very High		Calculated
LDL Cholesterol (DIRECT)	112.30	mg/dL		: Borderline High 130 – 159 : High 160 – 189 : Very High ≥ 190	Enzymatic
VLDL Cholesterol	25.60	mg/dL	0 - 30		Calculated
Total Lipids	569.50	mg/dL	400 - 1000		Calculated
Chol/HDL Ratio	<b>4.02</b>		0.0 - 4.0		Calculated
LDL/HDL Ratio	2.44		1.0 - 3.4		Calculated

**Alert !!! 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.**

REFERENCES: (1) Tietz Textbook of Clinical Chemistry and Molecular Diagnostics (5th Edition).  
(2) Wallach's Interpretation of Diagnostic Tests (11th edition).

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**LIVER FUNCTION TEST**

(Specimen: SERUM)

Investigation	Result	Unit	Biological Reference Interval	Method
<b>Serum Bilirubin</b>				
Bilirubin-Total	0.5	mg/dL	0.2 - 1.0	DIAZO
Bilirubin (Conjugated)	0.3	mg/dL	0.0 - 0.3	DIAZO
Bilirubin (Unconjugated)	0.2	mg/dL	0.0 - 1.1	DIAZO
Bilirubin (Delta)	0	mg/dL		Calculated
S.G.P.T. (ALT)	22	U/L	0 - 40	IFCC
S.G.O.T. (AST)	24	U/L	0 - 40	IFCC
Alkaline Phosphatase	60.5	U/L	35 - 105	AMP
<b>Serum Proteins</b>				
Total Protein	7.6	gm/dL	6.3 - 8.3	BIURET
Albumin	4.4	gm/dL	3.8 - 4.4	BCG
Globulin	3.2	gm/dL	2.7 - 3.5	Calculated
A:G Ratio	1.4	%	1.0 - 4.0	Calculated
G.G.T.	31.9	U/L	0.0 - 55	GLUPA-C

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**RENAL FUNCTION TEST**

(Specimen: SERUM)

Investigation	Result	Unit	Biological Reference Interval	Method
Creatinine	1.2	mg/dL	0.4 - 1.5	Enzymatic
Blood Urea	31.3	mg/dL	10 - 50	UREASE-GLDH
Blood Urea Nitrogen	14.6	mg/dL	0.0 - 18.0	Dry Chemistry
BUN CREATININE RATIO	12.2	%		Calculated

REFERENCES: (1) Tietz Textbook of Clinical Chemistry and Molecular Diagnostics (5th Edition).  
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### BLOOD CHEMISTRY

(Specimen: SERUM)

Investigation	Result	Unit	Biological Reference Interval	Method:
Uric Acid	4.7	mg/dL	3.4 - 7.0	Uricase

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**THYROID FUNCTIONS**

(Specimen: Serum)

Investigation	Result	Unit	Biological Reference Interval	Method
Total T3 Estimation	1.3	ng/mL	0.97 - 1.69	ECLIA-Competitive IA
Total T4 Estimation	10.3	µg/dL	6.09 - 12.23	ECLIA-Competitive IA
T.S.H.	2.5	µIU/mL	0.38 - 5.33	ECLIA-Immunometric IA

**Normal Level in Pregnancy**

1st trimester - 0.1 - 2.5  
2nd trimester - 0.2 - 3.0  
3rd trimester - 0.3 - 3.0

Note : Thyroid Function Test should always be measured after 10-12 hours of fasting.

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**PROSTATE SPECIFIC ANTIGEN**

(Specimen: Serum)

Investigation	Result	Unit	Biological Reference Interval	Method
S.PSA	1.1	ng/mL	0 - 4.5	ECLIA-Immunometric IA

**Note:**

- This is a recommended test for detection of prostate cancer along with Digital Rectal Examination (DRE) in males above 50 years of age.
- False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy .
- PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding,.
- Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
- PSA values regardless of levels should not be interpreted as absolute evidence of the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations.
- Sites of Non-prostatic PSA production are breast epithelium, salivary glands, periurethral & anal glands, cells of male urethra & breast milk.
- Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity

**Clinical Use:**

- An aid in the early detection of Prostate cancer in males 50 years or older with Total PSA values between 4.0 and 10.0 ng/mL and nonsuspicious digital rectal examination.
- An aid in discriminating between Prostate cancer and Benign Prostatic disease.
- Patients with benign conditions have a higher proportion of Free PSA compared with Prostate cancer.

**Increased Levels :**

- Prostate cancer .
- Benign Prostatic Hyperplasia .
- Prostatitis
- Genitourinary infections

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

**Condition of Reporting :** (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but are for the referring doctor's information and should be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of methodology and technology. (3) For any query in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.

**Palmland Hospital, Falshruti Nagar, Near S.T. Depot, Station Raod, Bharuch-392 001. (Guj.)**



the future of HEALTH CARE

**PALMLAND**  
LABORATORY



**DIAGNOSTIC REPORT**  
TEST REPORT

2202013740

Name	: Vasava Mehulkumar	Age	: (30Y)
Ref. By	: Dr. Wasim Raj(Bob)	Sex	: Male
Reg.Date	: 22-12-2022 09:19	Reg.No.	: 2202013740
Bill Location	: Palmland Hospital	Mobile No.	: 8469181774

\* Bold Indicates Abnormal Values

This is an electronically authenticated report.

Approved by: Dr. Dev Varma  
M.D. (Pathologist)  
Reg. No. G-2489

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# PALMLAND LABORATORY



## DIAGNOSTIC REPORT TEST REPORT

2202013740

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Reg.Date	: 22-12-2022 09:19	Reg.No.	: 2202013740
Bill Location	: Palmland Hospital	Mobile No.	: 8469181774

### URINE ROUTINE EXAMINATION

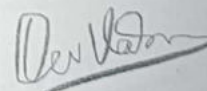
(Specimen: Urine (Fasting/Random/P.P.))

Investigation	Result	Biological Ref. Interval	Method
<b>PHYSICAL EXAMINATION</b>			
<u>Colour</u>	Pale Yellow	Pale Yellow	
<u>Transparency</u>	Clear	Clear	(Automated Strip test)
<b>CHEMICAL EXAMINATION</b>			
<u>Specific Gravity</u>	1.010	1.005 - 1.025	
<u>Reaction (pH)</u>	6.0	4.5 - 8.0	
<u>Sugar</u>	Absent	Absent	
<u>Acetone</u>	Absent	Negative	
<u>Proteins</u>	Absent	Absent	
<u>Bilirubin</u>	Absent	Negative	
<u>UroBilinogen</u>	Absent	Negative	
<u>Leukocyte Esterase</u>	Absent	Negative	
<u>Nitrite</u>	Absent	Negative	
<u>Blood</u>	Absent	Negative	

MICROSCOPIC EXAMINATION	Result	Unit	Biological Ref.Interval	Method (Microscopy)
<u>Pus Cells</u>	1-2	/HPF	Absent	
<u>Red Cells</u>	NIL	/HPF	Absent	
<u>Epithelial Cells</u>	3-4	/HPF	Absent	

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

\* Bold Indicates Abnormal Values  
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Reg. No. G-2489

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**DIAGNOSTIC REPORT**

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Bill Location	: Palmland Hospital	Mobile No.	: 8469181774

**STOOL EXAMINATION-R/M**

(Specimen: Stool)

Investigation	Result	Unit	Biological Reference Interval
<b>PHYSICAL EXAMINATION:</b>			
Colour	Yellow		
Consistency	Semisolid		
Blood	Absent		Absent
Pus	Absent		Absent
<b>CHEMICAL EXAMINATION:</b>			
Occult Blood	Negative		Absent
Reaction			7.0 – 7.5
<b>MICROSCOPIC EXAMINATION:</b>			
Pus Cells	0 - 1	/hpf	Absent
Red Blood Cells	0 - 1	/hpf	Absent
Epithelial Cells	Absent	/hpf	
Fat droplets	Absent	/hpf	Absent
Macrophages	Absent	/hpf	Absent
<b>BY CONCENTRATION METHOD:</b>			
Trophozoites	Absent		Absent
Ova	Absent		Absent
Cysts	Absent		Absent
Parasites	Absent		Absent

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

Approved by: Dr. Dev Varma  
M.D. (Pathologist)  
Reg. No. G-2489

\* Bold Indicates Abnormal Values  
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# AKSHAR IMAGING CENTER

B-17/18, Falshrutinagar, Hafez Building, 1st Floor, Opp. ONGC Dispensary,  
Bharuch - 392001. • Ph. : (02642) 252200

NAME OF PATIENT : MEHUL VASAVA  
DATE : 22/12/2022

## USG OF ABDOMEN AND PELVIS

Liver appears normal in size, shape and shows normal echotexture.  
No evidence of focal SOL or dilation of IHBR seen.  
Porta hepatis appears normal.  
Gallbladder appears normal. No calculi seen.  
Pancreas appears normal in size and echotexture.  
Spleen appears normal in size and echotexture.  
Aorta appears normal. No para aortic lymphnodes seen.

Right kidney measures 109x48mm.  
Cortex and collecting system of right kidney appear normal.  
No calculi or obstructive uropathy.

Left kidney measures 102x51mm.  
Cortex and collecting system of left kidney appear normal.  
No calculi or obstructive uropathy.

Bladder appears normal. No calculi is seen.  
Prostate appears normal in size, and shows normal echotexture.  
Appendix is not seen due to bowel gas.  
Terminal Ileum and Caecum appear normal.  
No evidence of free fluid or collection is seen in peritoneal space.

COMMENTS : No abnormality detected.

THANKS FOR THE REFERENCE

*K. B. Vasava*

DR. KRUTIKKUMAR VASAVA  
CONSULTANT RADIOLOGIST

Unit Of Param Diagnostic Center Pvt. Ltd.

ID: 9

MEHUL VASAVA  
Male 30Years  
UHID :

22-12-2022 11:47:40 AM

HR : 65 bpm  
P : 86 ms  
PR : 120 ms  
QRS : 81 ms  
QT/QTc : 374/390 ms  
P/QRST : 69/80/64 °  
RV5/SV1 : 1.037/0.902 mV

Diagnosis Information:  
Sinus Rhyth.,  
\*\*\*Normal ECG\*\*\*

Technician :  
Unconfirmed Report.



0.67~2.5Hz AC50 25mm/s 10mm/mV 2\*5.0s ♥65 V2.2 SEMP V1.81 PALMLAND HOSPITAL BHARUCH

Pt Name: MEHULKUMAR VASAVA

Date: 22<sup>ND</sup> December 2022

### Plain Skiagram chest (PA View)

Bilateral lung lobes appear normal.

Both dome of hemi diaphragms appear normal.

Bilateral CP angle appears normal.

Bony thorax appears normal.


Cardiac shadow appears normal.

#### Conclusion:

- No significant abnormalities are seen.

Thanks for the reference.

Dr. Payal D. Shah (MBBS, MD)  
Consultant Radiologist

  
Dr. Darshit B. Shah (MBBS, MD)  
Consultant Radiologist

 Falshruti Nagar, Station Road, Bharuch, Gujarat - 392001

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24X7 EMERGENCY FACILITY

CBDT APPROVED HOSPITAL U/S 17(2) OF THE IT ACT.

