



CITI MULTI SPECIALITY HOSPITAL

MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)
Phone No. : 0755-4272669, 4250134



Patient Name : MR PRATIK PUROHIT



CMSH23/17949

Age/Gender : 33 Yrs/Male

Registration Date : 14/08/2023 01:28 PM

Ref. Dr. : Dr. APOLLO CLINIC

Collection Date : 14/08/2023 01:31 PM

Center : INSURANCE

Report Date : 14/08/2023 04:32 PM



HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
HbA1c Glycosilated Haemoglobin	5.6	%	Non-diabetic: ≤ 6.0 Pre-diabetic: 6.0-7.0 Diabetic: ≥ 7.0
Estimated Average Glucose :	114	mg/dL	90 - 120

Reference Range (Average Blood Sugar):

Excellent control	: 90 - 120 mg/dl
Good control	: 121 - 150 mg/dl
Average control	: 151 - 180 mg/dl
Action suggested	: 181 - 210 mg/dl
Panic value	: > 211 mg/dl

Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 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%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF $> 25\%$, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .

Dr. Subhash Parmar
Consultant Pathologist



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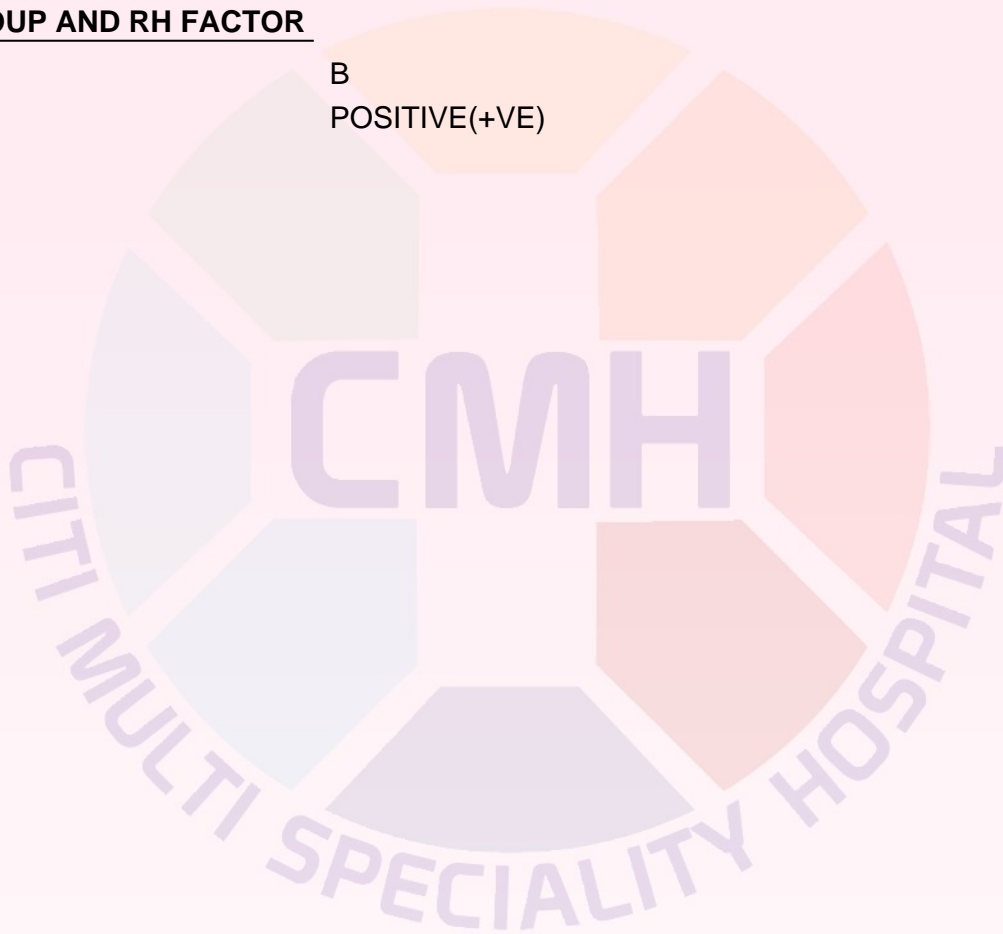
BLOOD GROUP AND RH FACTOR

ABO Type

B

Rh Factor

POSITIVE(+VE)



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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
RENAL FUNCTION TEST (RFT)			
Blood Urea	24.0	mg/dl	15 - 50
Serum Creatinine	0.79	mg/dl	0.7 - 1.5
EGFR	118	ml/min	
Blood Urea Nitrogen-BUN	11.21	mg/dl	7 - 20
Serum Sodium	138.4	mmol/L	135 - 150
Serum Potassium	4.36	mmol/L	3.5 - 5.0
Ionic Calcium	1.20	mmol/L	1.10 - 1.35
Chloride	101.0	mmol/L	94.0 - 110.0
Uric Acid	5.4	mg/dl	3.2 - 7.0

NOTE : Please correlate with clinical conditions.

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
LIVER FUNCTION TEST (LFT)			
TOTAL BILIRUBIN	0.82	mg/dl	0 - 1.2
DIRECT BILIRUBIN	0.15	mg/dL	0 - 0.3
INDIRECT BILIRUBIN	0.67	mg/dl	0.1 - 0.8
SGOT (AST)	24.0	U/L	0 - 35
SGPT (ALT)	27.0	U/L	0 - 45
ALKALINE PHOSPHATASE	102.0	U/L	40 - 140
GAMMA GLUTAMYL TRANSFERASE	37.0	IU/L	15 - 45
TOTAL PROTEIN	7.16	g/dl	6.4 - 8.3
SERUM ALBUMIN	4.03	g/dl	3.5 - 5.2
SERUM GLOBULIN	3.13	g/dl	1.8 - 3.6
A/G RATIO	1.29		1.2 - 2.2

NOTE : Please correlate with clinical conditions.

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
LIPID PROFILE			
Cholesterol-Total	179.0	mg/dL	< 200 Desirable 200-239 Borderline High > 240 High
Triglycerides level	123.0	mg/dL	< 150 Normal 150-199 Borderline High 200-499 High > 500 Very High
HDL Cholesterol	42.9	mg/dL	< 40 Major Risk for Heart > 40 Normal
LDL Cholesterol	111.50	mg/dL	< 100 Optimal 100-129 Near/Above Optimal 130-159 Borderline high 160-189 High > 190 Very High
VLDL Cholesterol	24.60	mg/dL	6 - 38
CHOL/HDL RATIO	4.17		3.5 - 5.0
LDL/HDL RATIO	2.60		2.5 - 3.5

NOTE

8-10 hours fasting sample is required

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SEROLOGY & IMMUNOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
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HBsAg -Hepatitis B surface antigen NON REACTIVE

Clinical significance:

Hepatitis B Surface Antigen with Reflex Confirmation - Surface antigen usually appears in the serum after an incubation period of 1 to 6 months following exposure to Hepatitis B virus and peaks shortly after onset of symptoms. It typically disappears within 1 to 3 months. Persistence of Hepatitis B surface antigen for greater than 6 months is a prognostic indicator of chronic Hepatitis B infection.



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SEROLOGY & IMMUNOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
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HIV I & II

NEGATIVE

INTERPRETATION:

POSITIVE result indicates presence of antibodies to HIV virus. False positive results are also seen in other diseases. It is recommended to follow up a positive result with a specific test like Western Blot.

NEGATIVE result does not always eliminate risk of HIV infection. A window period (where the test may be negative) is seen for a few weeks after infection.

The Patient is advised to undergo Pre-test and post-test counselling with the referring physician.



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URINE EXAMINATION REPORT

Test Description	Result	Unit	Biological Reference Ranges
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URINE ROUTINE

General Examination

Colour	Pale Yellow		Pale Yellow
Transparency (Apperance)	Clear		Clear
Deposit	Absent		Absent
Reaction (pH)	Acidic		5.0-8.5
Specific Gravity	1.020		-1.005-1.030

Chemical Examination

Urine Protein	Absent		Absent
Urine Ketones (Acetone)	Absent		Absent
Urine Glucose	Absent		Absent
Bile pigments	Absent		Absent
Bile salts	NIL		NIL
Urobilinogen	Normal		Normal
Nitrite	Negative		Negative

Microscopic Examination

RBC's	NIL	/hpf	NIL
Leukocyte (Pus cells)	2-4	/hpf	0-5/hpf
Epithelial Cells	1-2	/hpf	0-4/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous deposits	Absent		Absent
Bacteria	Not seen		Not seen
Yeast Cells	Not seen		Not seen

Note : 1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (Glucose oxidase-Peroxidase), Ketone (Legals Test), Bilirubin (Azo- Diazo reaction), Urobilinogen (Diazonium ion Reaction) Nitrite (Griess Method). All abnormal results of chemical examination are confirmed by manual methods. 2. Pre-test conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight. 3. During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes,

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COMPLETE BLOOD COUNT

Haemoglobin	14.2	gm/dL	12.0 - 16.0
RBC Count	4.87	mil/cu.mm	4.00 - 5.50
Hematocrit HCT	42.9	%	40.0 - 54.0
Mean Corp Volume MCV	88.1	fL	80.0 - 100.0
Mean Corp Hb MCH	29.2	pg	27.0 - 34.0
Mean Corp Hb Conc MCHC	33.1	gm/dL	32.0 - 36.0
Platelet Count	1.83	lac/cmm	1.50 - 4.50
Total WBC Count /TLC	5.7	10 ³ /cu.mm	4.0 - 11.0

DIFFERENTIAL LEUCOCYTE COUNT

Neutrophils	60	%	40 - 70
Lymphocytes	30	%	20 - 40
Monocytes	06	%	02 - 10
Eosinophils	04	%	01 - 06
Basophils	00	%	00 - 01

Absolute Differential Count

Absolute Neutrophils Count	3.4	thou/mm ³	2.00 - 7.00
Absolute Lymphocyte Count	1.7	thou/mm ³	1.00 - 3.00
Absolute Monocytes Count	0.3	thou/mm ³	0.20 - 1.00
Absolute Eosinophils Count	0.2	thou/mm ³	0.02 - 0.50

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Test Description	Result	Unit	Biological Reference Ranges
ESR - ERYTHROCYTE SEDIMENTATION RATE	07	mm/hr	0 - 09

Method: Wintrobess

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. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

**** End of the report****

This report is not valid for medico legal aspects. This is just a professional opinion not the final. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.

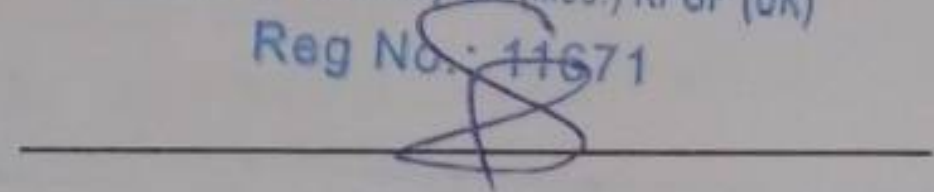


Dr. Subhash Parmar
Consultant Pathologist

MER- MEDICAL EXAMINATION REPORT

Date of Examination	14-8-2023		
NAME	Mr. PRADEEP PURSHIT		
AGE	33	Gender	MALE
HEIGHT(cm)	173	WEIGHT (kg)	50
B.P.	120/70 mm/Hg		
ECG	C/NL		
X Ray	Normal		
Vision Checkup	Color Vision : Normal		
	Far Vision Ratio : Normal		
	Near Vision Ratio : Normal		
Present Ailments	No any other complaints		
Details of Past ailments (If Any)	No any past history		
Comments / Advice : She /He is Physically Fit	He is physically fit		

Dr. Sabyasachi Gupta
 MBBS (Gold Medalist) MD (Med.) RGP (UK)
 Reg No: 11671



Signature with Stamp of Medical Examiner

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Pratik Punahit on 14-8-2023

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>	X
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	X
<ul style="list-style-type: none"> • Unfit 	X

Dr. Dr. S. S. Gupta
Medical Officer
The Apollo Clinic, (Location)

Dr. Sabyasachi Gupta
 MBBS (Gold Medalist) MD (Med.) RGP (UK)
 Reg No.: 11671

This certificate is not meant for medico-legal purposes

भारत सरकार

GOVERNMENT OF INDIA

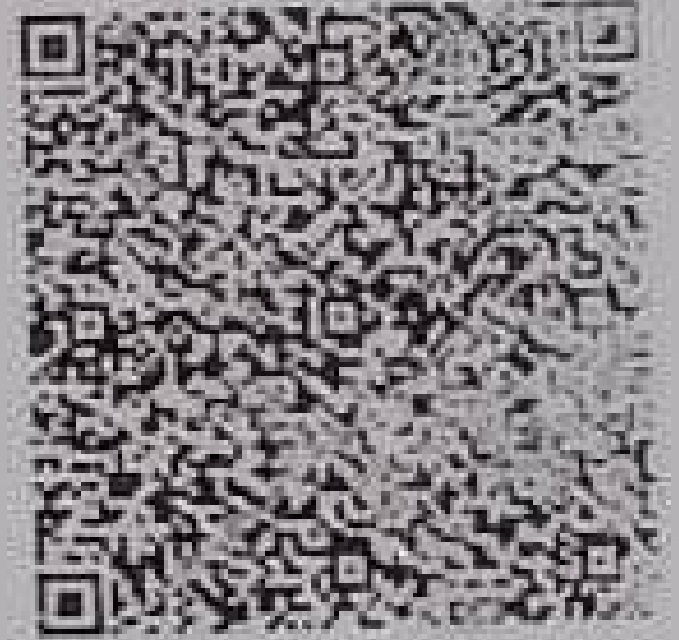


प्रतीक पुरोहित

Pratik Purohit

जन्म तिथि/ DOB: 21/05/1990

पुरुष / MALE



9687 5636 7971

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

Address:

S/O: नाथूलाल पुरोहित,
1/13, साई धाम, लाला
लाजपत राय मार्ग, बदनावर,
धार,
मध्य प्रदेश - 454660

S/O: Nathulal Purohit, 1/13, sai
dham, lala lajpat raj marg,
Badnawar, Dhar,
Madhya Pradesh - 454660

9687 5636 7971

MERA AADHAAR, MERI PEHACHAN



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Dr. Sabyasachi Gupta
M.B.B.S., M.D.
Reg. No. 11671

Dr. Ujwal Gupta
M.B.B.S.
Reg. No. MP-23369

Prabir Kumar

- Both Ears are clear
- Normal Hearing in Both Ears

Solinas

oo — oo — oo

P/c. No any active complaints

OFF
 BP - 120/70 mm/Hg
 Pulse 88/min
 SpO2 - 98%
 CVS - Focad
 euv
 RR - 20/min

Candidate is physically fit

CITI MULTISPECIALITY HOSPITAL
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 Govindpura, Bhopal (M.P.)
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Diet chart

Age - 33/m

Pratik Pathohit

Wt - 50kg

Ht - 173

FBW - 73 kg

6-7am

Tea/milk/Coffee + 1 cup

Tost/Biscuits - 1-2 piece

8-9am

idli/Poha / 3cup / 313/12/311/12/12

→ 1k

1-2pm

Kuti - 2-3 / Veg + 1k / 2/1/1 - 2/1/1

Lunch

rice + 1k / 3/2/1/1/1 / 1/1/1/1/1

6-9pm

Same as lunch

Dinner

10am

milk

→ 1/2 glass

diets

m. 0mbaleen

982874234

982874234

Empanelled with : State Government, M.P. Police, ESIC, HPCL, Punjab National Bank, Indian Bank
Food Corporation of India, Ayushman Bharat



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Name of Patient : MR PRATIK PUROHIT

Age/Sex : 33years/M

Date : 14/08/2023

USG ABDOMEN

Liver : Liver is normal in size, shape and have smooth contour. Hepatic parenchyma is homogenous in echotexture. Intra and extra hepatic biliary and vascular channels are normal. No gross or diffuse mass lesions seen.

Gall Bladder : Gall bladder seen as an anechoic thin walled cavity with normal size and shape. No cholelithiasis or mass lesions seen. CBD is normal in caliber

Spleen : Normal in size, shape and echotexture.

Pancreas : Normal in size, shape and echotexture.

Kidneys : Both the kidney are normal in size, shape, axe and position. Cortico medullary differentiation are normal .No caliceal dilatation seen on either side.

Urinary bladder : Urinary bladder is normal and contents are echofree.

Prostate: : Prostate is Normal in size, shape, weight and echotexture. Vol 22ml.

IVC & ABDOMINAL AORTA:-IVC and abdominal aorta are normal.

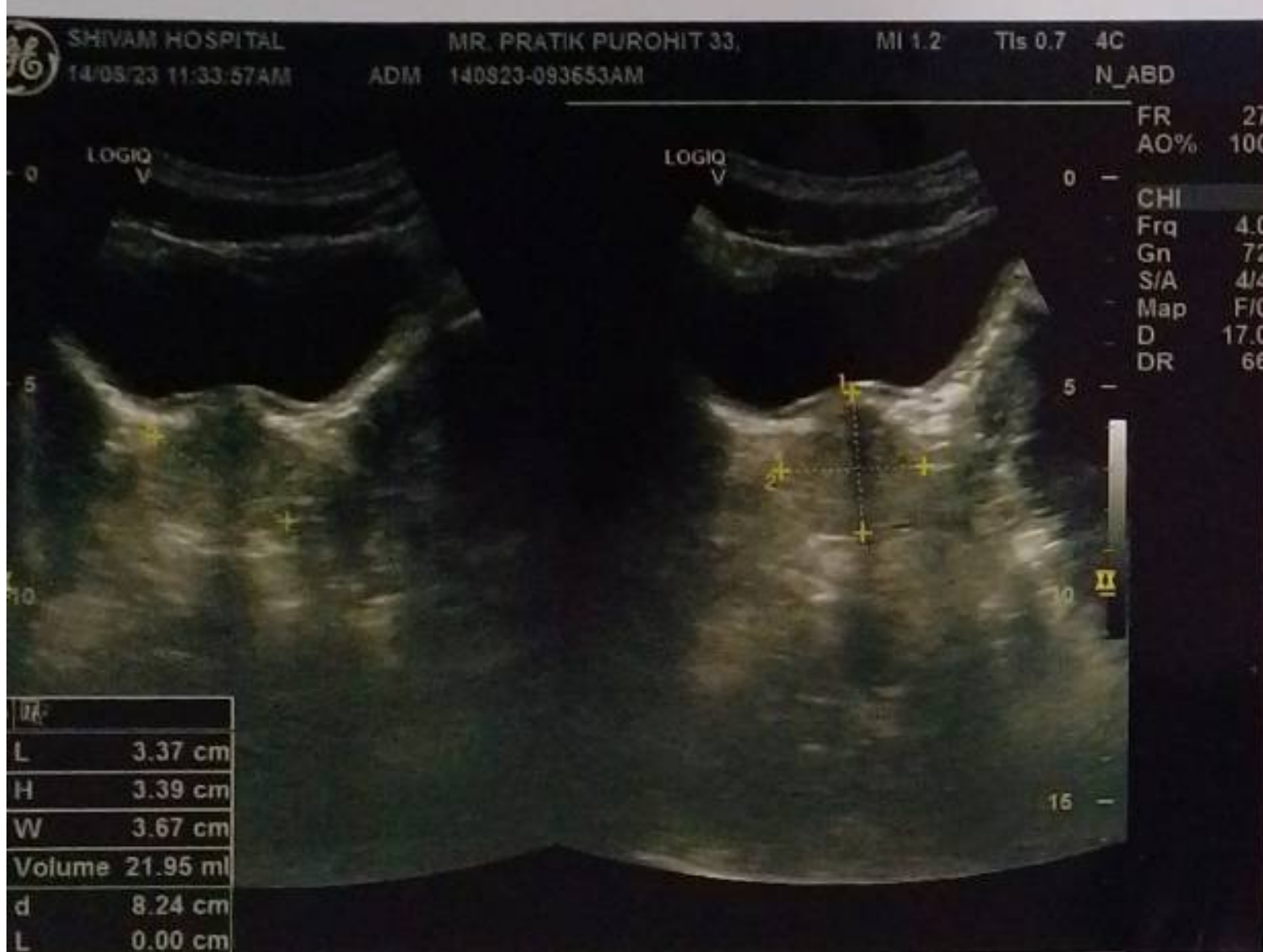
Retroperitoneum: No lymphadenopathy seen. No free fluid or ascites seen.

IMPRESSION :- Normal study.


CONSULTANT RADIOLOGIST

For Emergency Contact: 7771008660
Sister Concern: Citi Hospital, 115 Zone II MP Nagar, Bhopal 462011, Ph: 0755-487772- 73

Empanelled with : State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank
Food Corporation of India, Ayushman Bharat





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NAME;- MR.PRATIK PUROHIT

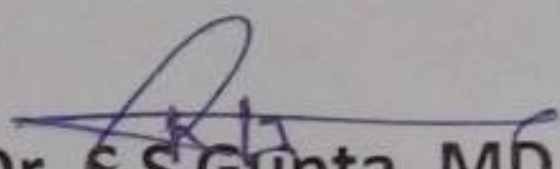
AGE 33Y/M

REF BY;- HEALTH INSURANCE

DATE;-14/08/2023

2D- ECHO COLOUR DOPPLER EVALUATION:-

- ❖ All cardiac valves are normal
- ❖ Normal great vessel relationship
- ❖ Normal LV Four chambered heart.
- ❖ Normal LV size with normal LV function LVEF-59%
- ❖ No intracardiac shunt.
- ❖ No LV thrombus or clot seen
- ❖ No Pericardium effusion
- ❖ FINAL IMPRESSION
- ❖ Normal LV size with normal LV function LVEF-59%


Dr. S S Gupta, MD

Consultant Echocardiologist

For Emergency Contact: 7771008660

Sister Concern: Citi Hospital, 115 Zone II MP Nagar, Bhopal 462011, Ph: 0755-487772- 73

Empanelled with : State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank
Food Corporation of India, Ayushman Bharat

SHIVAM HOSPITAL, MIG-215 GAUTAM NAGAR, BHOPAL

Name: MR. PRATIK PUROHIT 33

Patient Id: 140823-093653AM

Date: 14/08/2023

Birthdate: 01/01/1990

Sex: Male

Accession #:

Perf.Physician:

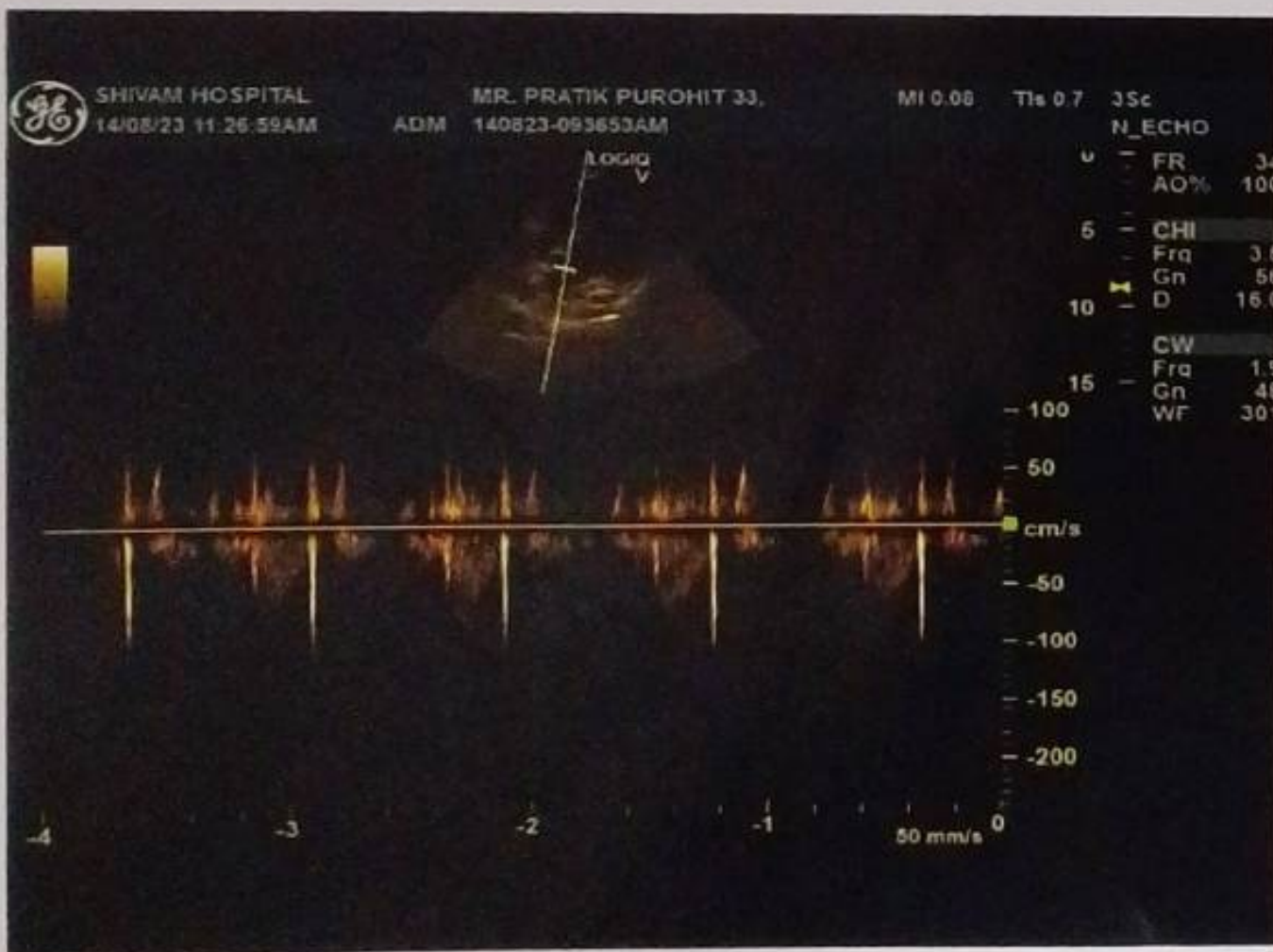
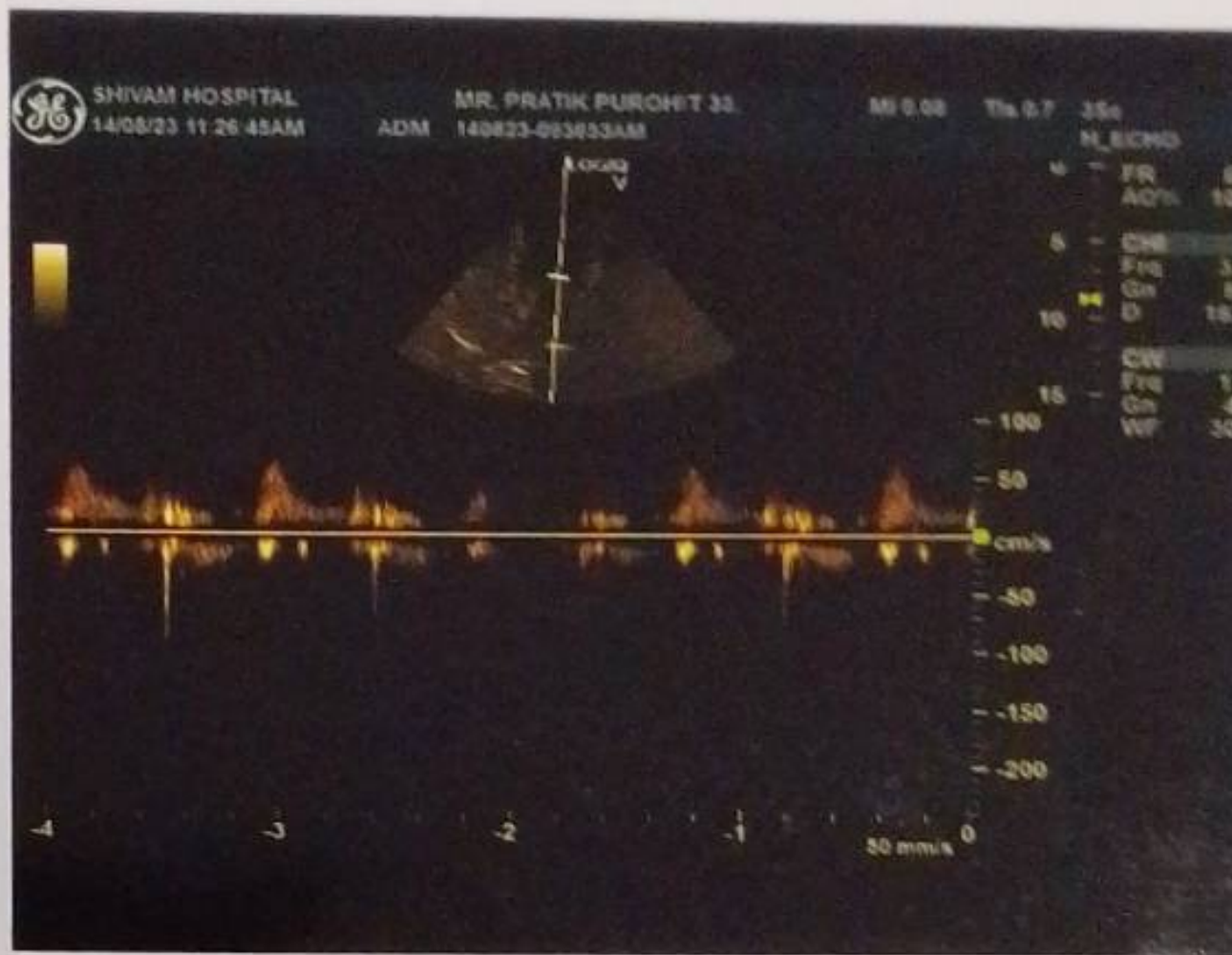
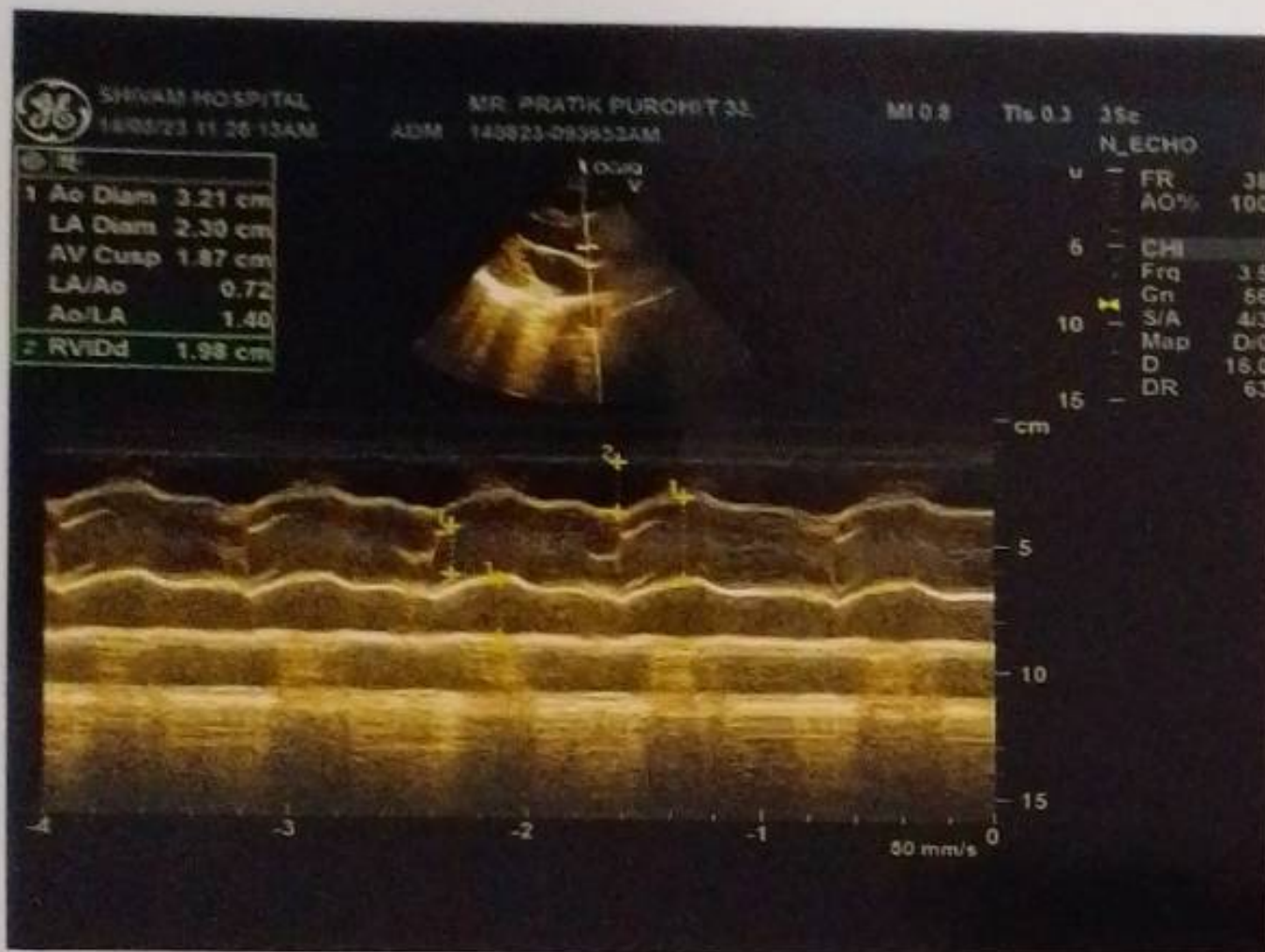
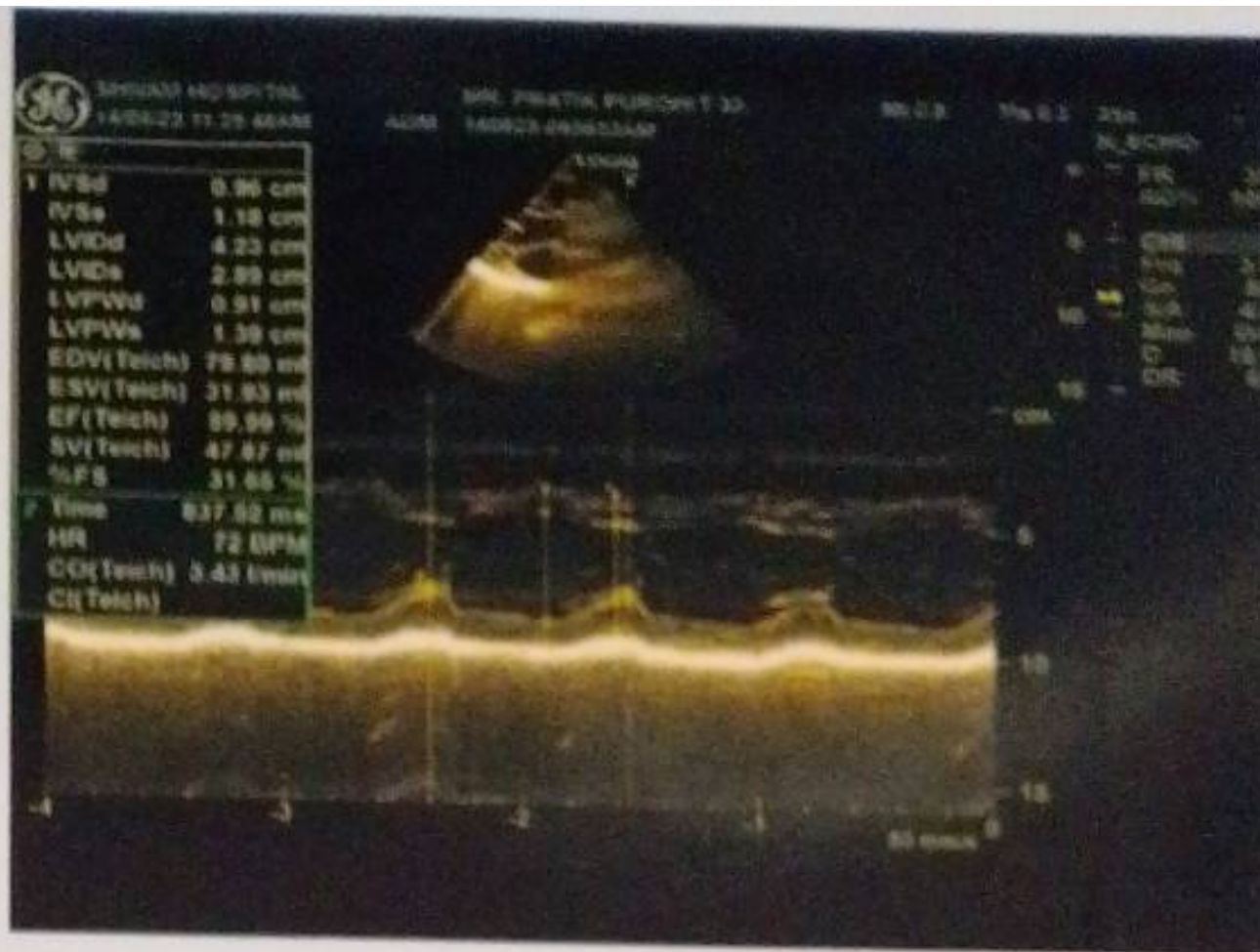
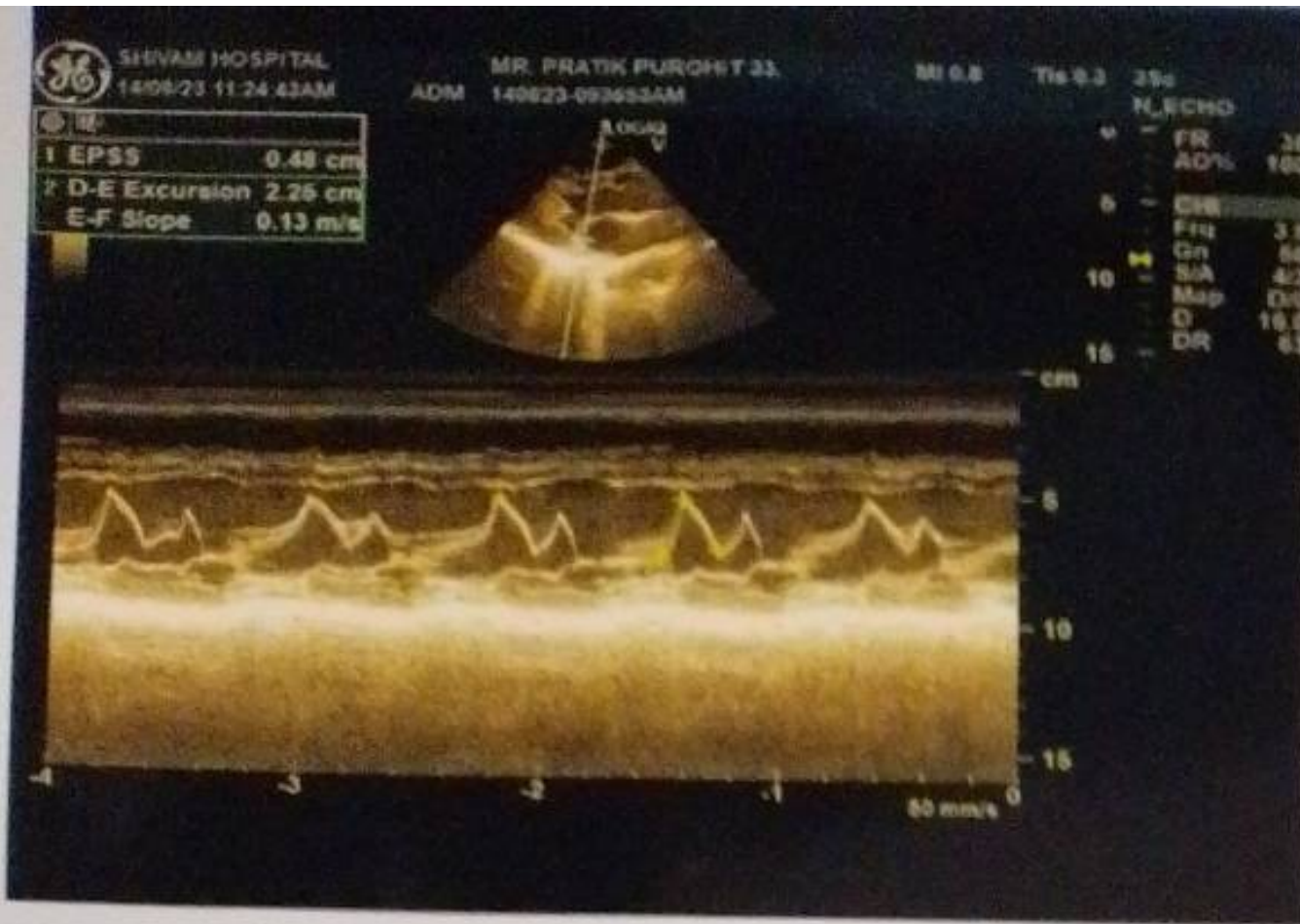
Ref.Physician:

Operator: ADM

M-Mode & PW

D-E Excursion	2.25 cm
E-F Slope	0.13 m/s
EPSS	0.48 cm
Ao Diam	3.21 cm
LA Diam	2.30 cm
AV Cusp	1.87 cm
LA/Ao	0.72
Ao/LA	1.40
RVIDd	1.98 cm
IVSd	0.96 cm
LVIDd	4.23 cm
LVPWd	0.91 cm
IVSs	1.18 cm
LVIDs	2.89 cm
LVPWs	1.39 cm
EDV(Teich)	79.80 ml
ESV(Teich)	31.93 ml
EF(Teich)	59.99 %
%FS	31.65 %
SV(Teich)	47.87 ml
Time	837.52 ms
HR	72 BPM
CO(Teich)	0.00 l/min

Print Date: 8/14/2023



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CITI MULTI SPECIALITY HOSPITAL

MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)
Phone No. : 0755 - 4250134
Mobile No. : 7222909795, 7222909796, 9303135719

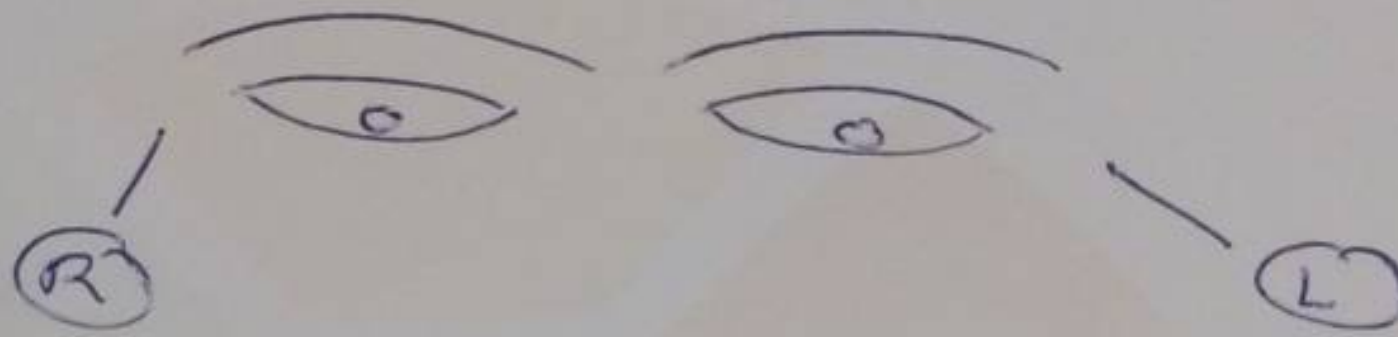


Pratik - Purohit
33/m

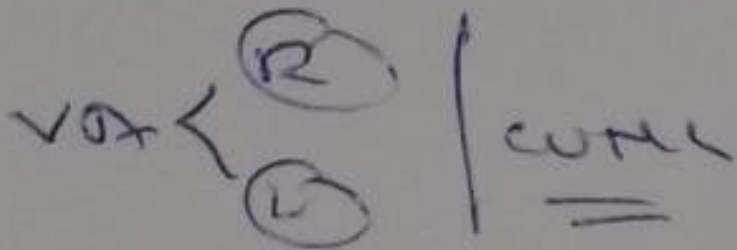
14.8.23

C/O

= NO - ANY FRESH
COMPLAINT IN BOTH
EYE



|| O/G



= NO - WATER - DISCHARGE IN
BOTH - EYE .

= CLEAR - VISION IN EYE AND
NO - ANY - COMPLAINT

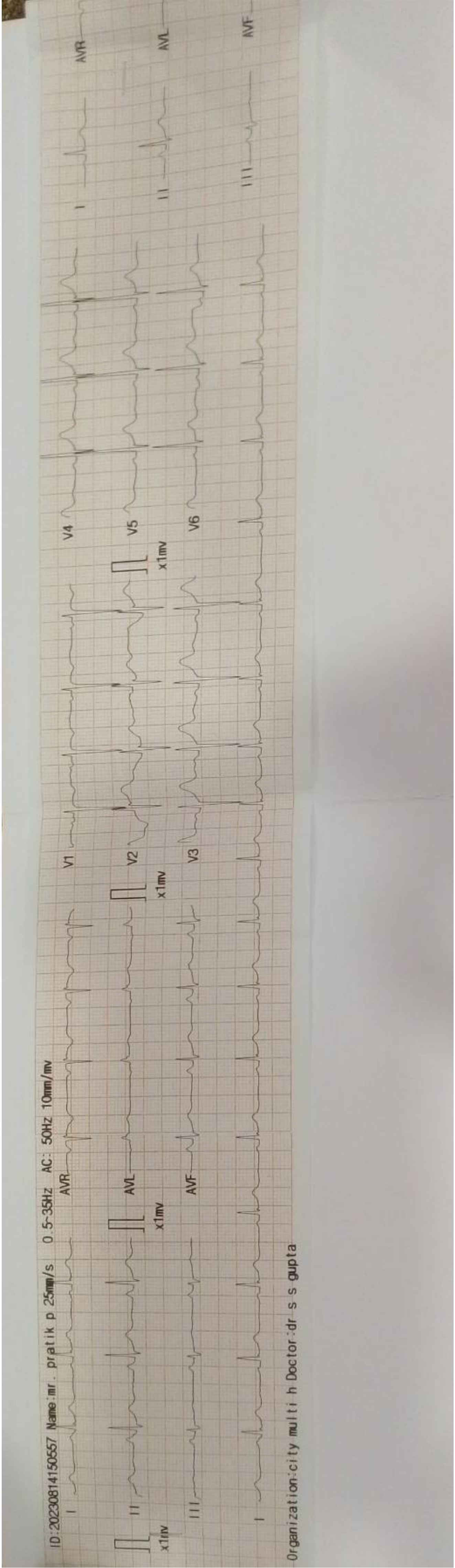
CITI MULTISPECIALITY HOSPITAL
MIG-215, 216, Gautam Nagar,
Govindpura, Bhopal (M.P.)
Ph.: 0755-4272669

Empanelled with : State Government, M.P. Police, ESIC, HPCL, Punjab National Bank, Indian Bank
Food Corporation of India, Ayushman Bharat

RT

PA

Name: PRATIK PUROHIT 33Y/M
Sex: M

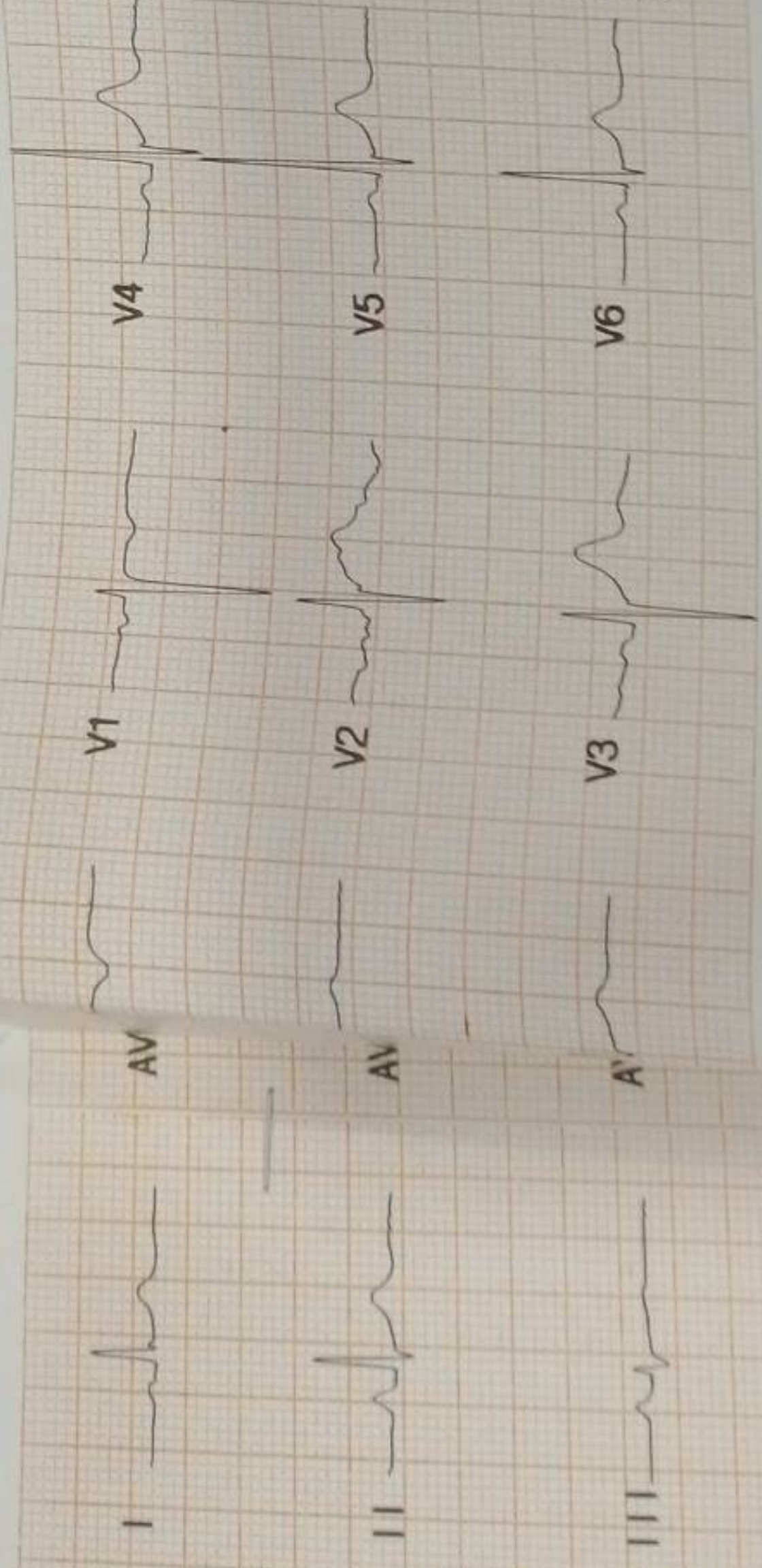


Organization: city multi h Doctor: dr s s gupta

CITI MULTISPECIALITY HOSPITAL
 MIG-215, 216, Gautam Nagar,
 Govindpur, Bhopal (M.P.)
 Ph.: 0755-4272669

001: Sinus Rhythm
 171: Normal ECG
 Dr. Sabyasachi Gupta
 MBBS (Gold Medalist) MD (Med.) RCPGP (UK)
 Reg. No. 11671
 Reference Report Confirmed
 08-14-2023 15:06:16

ID : 20230814150557
 Name : Mr. pratik p
 Sex : Male
 Age : 33
 HR : 77 bpm
 R-R : 799 ms
 P-R : 153 ms
 QRS : 79 ms
 QT/QTc : 352/399 ms
 P/QRS/T : 68/26/48 °
 RV5/SV1 : 1.585/-1.267 mV
 RV5+SV1 : 0.319 mV
 QTcF : 0.440





Protect yourself from needle stick injuries.

- Plan for safe handling and disposal before using needles.

1. Clean it.

2. Report it.

3. Call for help.

4. Get treated.

5. ID source.

used needles promptly in containers.

blood borne pathogen

as B vaccines.

injuries to your follow-



GPS Map Camera

Bhopal, Madhya Pradesh, India

M-160, M-160, Gautam Nagar, Housing Board Colony, Gautam Nagar, Housing Board Colony, Bhopal, Madhya Pradesh 462023, India

Lat 23.235114°

Long 77.441161°

14/08/23 02:42 PM GMT +05:30



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 **GPS Map Camera**



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Housing Board Colony, Bhopal, Madhya Pradesh 462023, India
Lat 23.235114°
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14/08/23 02:42 PM GMT +05:30