



#### FITNESS CERTIFICATE

	Hope in Line				
С	Name : Manishkumus				
А	Date of Birth: 07-103) 1995 Age 28 Blood Group: B-V 6				
) )	Sex : Male Female     Marital Status: Married   Unmarried				
	Address				
<b>)</b>	Address				
Λ. Γ					
	Any allergy / Disability / Pre-existing disease:  NO UNY CUUNT Date: 26[08]				
	NO CONT COMMON Date 201.9.5.				
2	Height Weight No. 1 5 1cp 5 6/c Hearing				
	Near L.E.1.16h. E16				
1	191 Cms. 26 Kgs. Vision: Distant L.E. 46 Left Ear				
	Colour Vision Right Ear.				
578	BP: 110 170 mm/ly Pulse Rate: 78 1 mm Resp. Rate: 18 mm				
	CVS: SISZW RS: PEBECIEUN Abdomen: SOL				
	Any other Findings:				
	<u> </u>				
	000100010/ PCI-1/1				
	I Dr.: preincis Patal				
	hereby certify that I have examined Mr./Ms.: Munishlumus				
	on 26 08 20 23. and find him FIT JUNFIT for employment.				
	Remarks if unfit:				
~	SPECIAL)				
	E CHHARA)				
	Signature & SealCIAN Signature of Candidate Address II				
	G-71382				
FEL	OWSHIP IN MEDICAL EMERGENCY				
	Consultant Physician I declare that the above information is true and correct to the best of my knowledge and I am not suffering that an				
	from any disease / illness, the presence of which I have not revealed. I fully understand that an				
(Ka)					
	discrepancy arising out of my declaration, I will undergo the meant of the meant will be declaration, I will be declarated and declaration thereon towards my employment will be declarated and declaration.				
	accepted by me.				
	( ) and X -				
	Date: 26108				
	Signature of Candidate X				

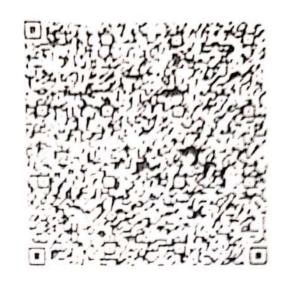
## भारत सरधार

# Government of India

Manishkumar Jaiprakash Sharma મિલિયક માર જરાતઘાશ શર્મા

8 24 (113/b) / DOB: 07/03/1995

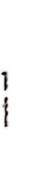
पुरुष / Male



## 6016 4853 4232

नादी सारा









REF. BY	NAME
CHHANI HOSPITAL	MANISHKUMAR SHARMA
DATE	AGE/SEX
26/08/2023	28/MALE
23	

## X-RAY OF CHEST PA VIEW:

### FINDING

BOTH LUNG FIELDS APPEAR CLEAR.

NO CONSOLIDATION OR MASS LESION IS SEEN.

BOTH CP ANGLES ARE CLEAR.

CARDIAC SIZE APPEARS WITHIN NORMAL LIMITS.

TRACHEA IS CENTRAL IN POSITION.

MEDIASTINAL SHADOW IS NORMAL.

BOTH DOMES OF DIAPHRAGM ARE NORMAL

BONY THORAX UNDER VISION APPEARS NORMAL

CONTRACTOR ADJOIN OF FOLKS INCOMES IN

NO SIGNIFICANT ABNORMALITY DETECTED

IMPRESSIONS:

Just 1

Juda\_

DR.HIMANI VIRAPARA Regn. No: G.28771 M.D. [Radiodiagnosis] (CONSULTANT RADIOLOGIST)





Chhani Vadodara-391740 1st Floor, Tower A, Eshantisira, Near Sitaram Super Market,

#91 63596 22244

ECHOCARDINGRAPHY REPORT

PATIENT NAME: MR MANISHKUMAR SHARMA

AGE /SEX

28/M

DATE :26/08/2023

## CONCLUSION:

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

**LVEF 60%** 

NORMAL CARDIAC CHAMBERS

NO RWMA AT REST

NO MR/NO MS

TRIVIAL TR, NO PAH (RVSP-20MMHG)

NO AR/AS

NO CLOT OR VEGETATION GRADE I DIASTOLIC DYSFUNCTION OF LV

NO PERICARDIAL EFFUSION

NO ASD/VSD/CoA NOTED

IVC -12 MM SIZE WITH MORE THAN 50%

COLLAPSIVE

## M:MODE

LVdd:47mm LVds:30mm PW:10mm	AO: 25mm
LVds:30mm	LA: 35mm
PW:10mm	IVS:10mm

DOPPLER STUDY

AORTIC VALVE	MITRAL VAVLE
1.08	E: 0.96
	A:0.48



DR. PRANAV P. DR-PRANAV PATEL

Chhani Vadodara-391740 1st Floor, Tower A, Eshantisira, Near Sitaram Super Market

+91 63596 22244

NAME: MR MANISHKUMAR SHARMA

AGE:28/MALE

DATE: 26/08/2023

## USG FOR ABDOMEN

#### LIVER:

The echogenicity of the liver is normal

There is no focal liver lesion.

There are no dilated intrahepatic biliary radicles

## GALL BLADDER:

Appears to be distended and shows no calculus or polyp in the lumen.

Wall thickness is normal

## SPLEEN:

The echogenicity of the spleen is normal

There is no focal splenic lesion

## PANCREAS

The echogenicity appears to be normal

There is no free fluid in the abdomen

There are no enlarged retroperitoneal lymphnodes

### KIDNEY:

The kidneys are normal in position, size, shape and outline

The parenchyma is normal. Right kidney measure 92\*36 cm

Left kidney measure 90\*39 cm.

## BLADDER:

Bladder is well distended and shows normal wall thickness. No evidence of intra

luminal mass or calculi.

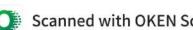
Prostate gland is normal in size. It has smooth outline reflectivity.

There is no evidence of ascites

No evidence of any gross bowel mass seen

Appendix cannot be imaged. No mass or collection in right iliac fossa No evidence of any aorto-caval or mesenteric root lymphadenopathy







#### First Floor A Tower Eshantisira, Nr. Sitaram Super Market Chhani Road Chhani Vadodara-391740 Mo:9033286182/9099685928

: MANISH SHARMA Pt. Name

Age/Gender : 28 Years Male

Patient ID : 1858

Ref. By : Dr. BOB

Address

Registered On

: 26 Aug, 2023 01:10 PM

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: 26 Aug, 2023 03:46 PM

MO: 9097950477

#### CBC

Investigation	Observed Value	Biological Reference Interval	Unit
HEMOGLOBIN			,
Hemoglobin (Hb)	13.0	13 - 17	g/dL
Total RBC Count	4.79	4.5 - 5.5	mill/cumm
BLOOD INDICES			
Packed Cell Volume (PCV)	38.0	40.7 - 50.3	%
Mean Corpuscular Volume(MCV)	79.33	78.2 - 97.90	fL
Mean Corpuscular Hemoglobin (MCH)	27.14	27 - 33	pg/cell
Mean Corpuscular Hemoglobin Concentration (MCHC)	34.21	33 - 36	g/dL
Red cell Distribution Width (RDW)	14.1	11.5 - 16	%
WBC COUNT			
Total WBC Count	8200	4000 - 11000	cumm
DIFFERENTIAL WBC COUNT			
Neutrophils	60	40 - 70	%
Lymphocytes	34	20 - 40	
Eosinophils	02	1 - 6	%
Monocytes	04	2 - 6	%
Basophils	0		
Erythrocyte Sedimentation Rate (ESR)	12	0 - 22	mm/hr
PLATELET COUNT			
Platelet Count	244000	150000 - 450000	/cumm

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#### **BLOOD GROUP**

#### Blood Group, ABO & RH Typing

Investigation	Observed Value	Biological Reference Interval	Unit
BLOOD GROUP, ABO &	RH TYPING		
ABO Group	"B"		
RH Factor	Negative		

The test to determine your blood group is called ABO typing. Your blood sample is mixed with antibodies against type A and B blood. Then, the sample is checked to see whether or not the blood cells stick together. If blood cells stick together, it means the blood reacted with one of the antibodies.

Rhesus (Rh) factor is an inherited protein found on the surface of red blood cells. If your blood has the protein, you're Rh positive. If your blood lacks the protein, you're Rh negative.

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#### HBA1C

Investigation	Observed Value	Biological Reference Interval	Unit
Glycosylated Hemoglobin(GHb/HbA1c)	5.32	4.0 - 6.0	mg/dL
Mean Blood Glucose	105.98	90 - 210 90-120 Excellent Control 121-150 Good Control 151-180 Average Control 181-210 Action Suggested >210 Panic Value	mg/dL

#### Comment

- 1. HbA1c is an indicator of glycemic control. HbA1c represents average Glycemia over the past six to eight weeks. Glycation of Hemoglobin occurs over the entire 120 day life span of the Red Blood Cell, but within this 120 days. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.
- 2. Mean Plasma Glucose mg/dL = 28.7 x A1C 46.7. Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from HbA1c or vice-versa is not "perfect" but gives a good working ballpark estimate.

3. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime Glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

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**FASTING BLOOD SUGAR** 

**FBS PP2BS** 

Investigation	Observed Value	Biological Reference Interval	Unit
FBS PP2BS			
Fbs	92	70 - 110	mg/dL
PP2BS	121	80 - 140	mg/dL



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#### LIPID PROFILE

#### **Lipid Profile**

Investigation	Observed Value	Biological Reference Interval	Unit
CHOLESTEROL			
Total Cholesterol	165	150 - 199	mg/dL
Serum Triglycerides	114	0 - 150	mg/dL
HDL Cholesterol	43	35 - 79	mg/dL
LDL Cholesterol	99.20	0 - 100	mg/dL
VLDL Cholesterol	22.80	0 - 30	mg/dL
Non-HDL cholesterol	122.00	- >130 Optimal	mg/dL
RATIO			
LDL HDL Cholesterol Ratio	2.31	1.5 - 3.5	
Total-HDL Cholesterol Ratio	3.84	3.5 - 5	
Triglycerides HDL Ratio	2.65		

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nvestigation	Observed Value	Biologica Interval	al Reference Unit
Total Cholesterol (mg/dL)	HDL Cholesterol (mg/dL)	LDL Cholesterol (mg/dL)	Triglycerides (mg/dL)
Desirable <200	Low <40	Optimal <100 Near Optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190	Normal <150 Borderline High 150-199 High 200-499 Very High >500
Borderline High 200-239 High >240	High <60	7	

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#### LFT

#### Liver Function Test (LFT)

Investigation	Observed Value	Biological Reference Interval	Unit
BILLIRUBIN			
Total Bilirubin	1.00	0 - 1.2	mg/dL
Direct Bilirubin	0.48	0.0 - 0.25	mg/dL
ndirect Bilirubin	0.52	0.2 - 1	mg/dL
IVER ENZYMES			
SGPT (ALT)	62	0 - 40	IU/L
GGOT (AST)	49	0 - 37	U/L
Alkaline Phosphatase	110	60 - 320	U/L
Gamma Glutamyl Transferase (GGT)	32	8 - 61	U/L
SERUM PROTEINS			
Total Serum Protein	7.0	6.3 - 7.9	g/dL
Serum Albumin	4.23	3.5 - 5.5	g/dL
Serum Globulin	2.77	2.5 - 3.5	g/dL
VG Ratio	1.53	1.1 - 2.1	

#### Clinical Information:

Liver function tests, also known as liver chemistries, help determine the health of your liver by measuring the levels of proteins, liver enzymes, and bilirubin in your blood. Having abnormal results on any of these liver tests typically requires follow up to determine the cause of the abnormalities. Even mildly elevated results can be associated with liver disease. However, these enzymes can also be found in other places besides the liver.

Talk to your doctor about the results of your liver function test and what they may mean for you.

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#### **URINE ROUTINE**

#### **Urine Examination Routine**

Investigation	Observed Value	Biological Reference Interval	Unit
PHYSICAL EXAMINATION			
Quantity	10ml	10ml	
Colour	Pale Yellow	Pale yellow	
Appearance	Clear	whitish	
PH	6.5		
Specitfic Gravity	1.010		
Blood	Absent		
CHEMICAL EXAMINATION			
Proteins	Absent	Nil	
Glucose	Absent	Nil	
Ketones	Absent	Nil	
_eucocyte Esterase	Absent	Negative	
Bile Pigment	Negative		
Bile salt	Negative		
MICROSCOPIC EXAMINATION			
R.B.C.	Absent		
Pus Cells	2-3/hpf		
Epithelial Cells	1-2 Squamous		
Bacteria	Absent		

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Investigation	Observed Value	Biological Reference Interval	Unit
	SERUM CRE	ATININE	
Serum Creatinine	0.76	0.6 - 1.30	mg/dL

Note: 1) Diagnosing and monitoring treatment of acute and chronic renal disease.

2) adjusting dosage of renally excreted medications

3) Monitoring renal transplant recipients.

\*\*\*\*\*End Of Report\*\*\*\*\*

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