



Cloud36, Cloud 36 Rd, Jijamata Nagar,  
Sector 11, Ghansoli, Navi Mumbai,  
Maharashtra 400701, India  
Lat: 19.1192775  
Lon: 72.993635  
10/02/2024 09:30:51 AM GMT+05:30





भारत सरकार  
GOVERNMENT OF INDIA



गंगाधर मोतीलाल राहुला

Gangadhar Motilal Rahula

जन्म वर्ष / Year of Birth : 1992

पुरुष / Male



2777 8889 3004

आधार — सामान्य माणसाचा अधिकार

## MEDICAL EXAMINATION FORM

Confidential without Prejudice Report. To Be Filled In Strictly By the Physician/Diagnostic Center

### PART I: GENERAL DETAILS

NAME OF THE PATIENT: Mr. Gangadhar Rahula  
 D.O.B: 24-05-1982 Age: 31y Sex: M Phone number 7738210908

### PART II: MEDICAL EXAMINATION REPORT (Strictly to be filled by Medical Examiner)

(Kindly tick wherever applicable)

#### A. PERSONAL HISTORY:

##### 1. Previous history if any:

Disease	Yes/ No	Medicine & Surgery Details	Disease	Yes/ No	Medicine & Surgery Details
Diabetes Mellitus	NO		Cancer	NO	
Hypertension	NO		Tumor/Benign	NO	
IHD	NO		Genital urinary disorder	NO	
Stroke	NO		Rheumatic joint diseases or symptoms	NO	
Surgeries	NO		Asthma	NO	
Tuberculosis	NO		Pulmonary Disease	NO	
Congenital Disease	NO		Anemia	NO	
Arrhythmia	NO		Bleeding disease or Disorder.	NO	
Aids (HIV)	NO		Mental Stress	NO	

##### 2. Habits:

Diet	Vegetarian	Alcohol	Occasionally	Tobacco/Smoking	NO	Medicine	NO
------	------------	---------	--------------	-----------------	----	----------	----

3. Major complaints/Relevant past history if any: NO

4. Previous Illness (Hospitalization Investigation, consultation) NO

5. Family history: mother - DM / HTN



**B. MEDICAL EXAMINERS FINDING AND ASSESMENT:** (Please answer each question and where appropriate provide particulars. You are asked not to give any information to the person, assured, about the results)

**1. Anthropometry:**

Height	163	Weight	88.90	BMI	
--------	-----	--------	-------	-----	--

**2. Vital Parameters:**

(i)

Respiratory Rate	21	Pulse Rate	78
------------------	----	------------	----

(ii) Blood Pressure (Three consecutive Reading):

Systolic	120	120	120
Diastolic	80	80	86
Further readings at 10 minute interval if the first reading exceeds 140/90			

**3. Skin**

Is there any evidence of:

Chronic Ulcer:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Eczema	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Swelling	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Varicose Veins	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Skin Discoloration	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Psoriasis	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Any Other skin problem and specific location describe NO

**EXAMINATION FINDINGS DETAILS**

**4. Cardiovascular System:**

S1S2(N)

**5. Genito-Urinary System:**

NA

**6. Respiratory System:**

A-C-B-E clear

7. Gastro-Entrology System:

(a) Oropharyngeal: (N)

(b) Abdomen:  
soft, non tender



Evidence of Hernia, Hydrocele, Fissure, Fistula & piles,

If yes, please describe

8. Nervous System: conscious (oriented)

9. Eye Check-up (N)

10. ENT (P)

12. For Female Clients Only: N/A

1. Is there any disease of breast? \_\_\_\_\_
2. (I) Is there any evidence of pregnancy? \_\_\_\_\_  
(II) If Pregnant, are any complications to be expected? \_\_\_\_\_
3. Do you suspect any disease of uterus, cervix of ovaries? \_\_\_\_\_
4. Any menstrual complaints? \_\_\_\_\_

C. SUMMARY of the examination findings:

Positive Findings if any: (Please Specify)

Advice:

Conclusion on the fitness of the client:

Clinically & Medically Fit

D. DOCTOR'S DECLARATION:

I confirm that I have examined this CLIENT and the findings stated above are true and correct to the best of my knowledge.

1. Name of the Medical Examiner:

Dr. Anand Gaur

Signature of the Medical Examiner:

DR. ANAND PRAKASH GAUR  
MBBS, DNB, DCEBDM  
(Consulting Physician)  
MMC Reg. No.  
2005/02/0965

Stamp of the Medical Examiner

Registration Number

Date of medicals conducted:

10/02/24

Place:

Chandoli, Navi Mumbai

2. Name of the Client:

Ray. Ms. Gangadhar Rahule

Signature of the Client:

NOTE: NAME AND SIGNATURE OF MEDICAL EXAMINER AND THE CLIENT IS MANDATORY ON THIS FORM



Gangadhar, Rahula

10.02.2024 10:04:36

Location:  
Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

61 bpm  
-- / -- mmHg

31 Years

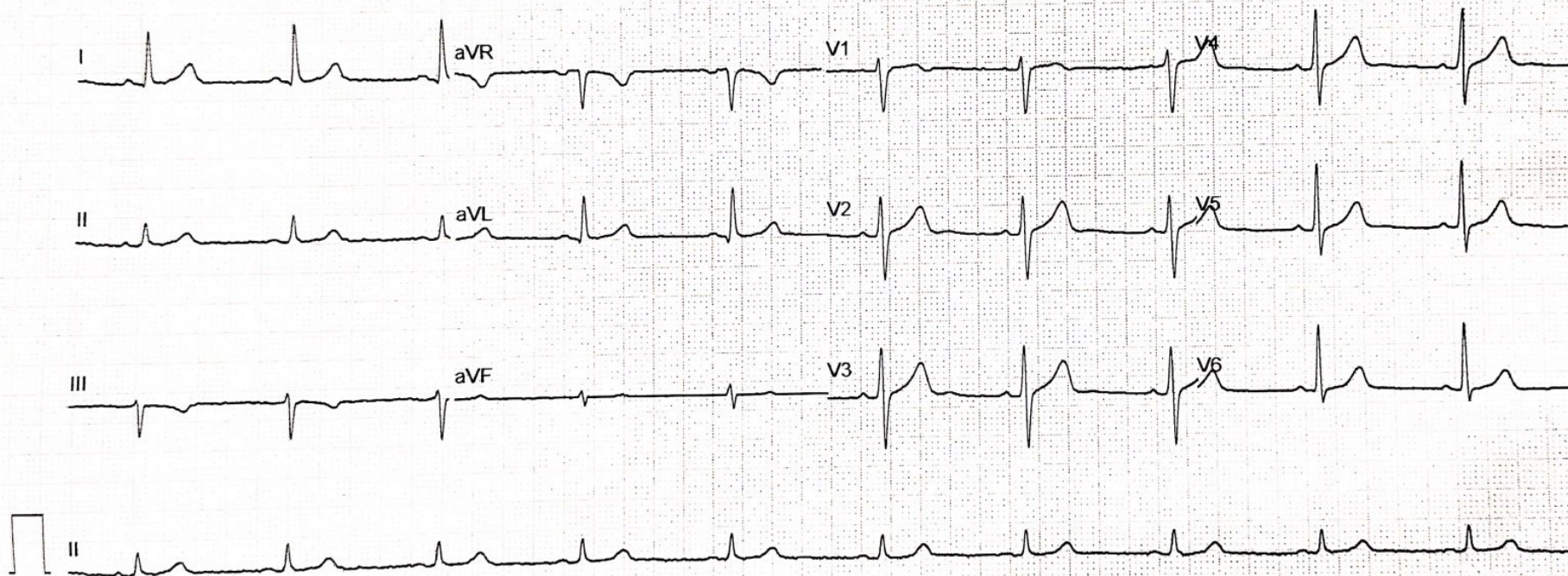
Male

QRS : 96 ms  
QT / QTcBaz : 402 / 404 ms  
PR : 132 ms  
P : 86 ms  
RR / PP : 980 / 983 ms  
P / QRS / T : 15 / -1 / 6 degrees

Normal sinus rhythm  
Normal ECG

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

DR. ANAND PRAKASH GAUR  
MBBS, CCIM, CCEBDM  
(Consulting Physician)  
MMC Reg. No.  
2005/02/0965



MAC2000 1.1

12SL™ v241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 60 Hz

Unconfirmed  
4x2.5x3\_25\_R1

1/1



**Patient Consent Form: Omitting Tests from Health Check Package**

**Patient Information:**

Full Name: Gangadhar Rahula

Date of Birth: 24/05/1992

Address: K-501, Yash Paradise, Sect 4, B. Atoli, Navi Mumbai

Reference- ekincare

Contact Number: 7738210908

Email Address: rahula.gangadhar67@gmail.com

I, Gangadhar Rahula, hereby give my consent to (Hospital Name) \_\_\_\_\_ to omit certain tests from the health check package that I have selected. I understand that this decision may have implications for the completeness of the health assessment and the information provided to me.

Name of Health Check Package: [Health Check Package Name] \_\_\_\_\_

Date of Scheduled Health Check: [Scheduled Health Check Date] 10/02/24

Omitted Tests: [List of Tests to be Omitted] Stool Test

I have been given the opportunity to ask questions and have received satisfactory answers regarding the tests being omitted from the health check package. I understand that I have the right to request a complete health assessment and include all recommended tests. However, I voluntarily choose to omit the specified tests and accept any potential consequences that may arise as a result of this decision.

I acknowledge that [Your Organization] and its healthcare professionals have explained the purpose, benefits, risks, and alternatives of the omitted tests to me. I understand that the decision to omit tests has been made based on my specific circumstances and preferences.

By signing this consent form, I confirm that I have read and understood the contents of this form, and I willingly provide my consent to omit the specified tests from the selected health check package.

Patient Signature: 

Date: 10/2/2024

**Note: A copy of this signed consent form should be provided to the patient and retained in their medical records.**





**Credence**  
Care Hospital Pvt. Ltd.



**RAMAN CT SCAN &  
DIAGNOSTIC CENTER**

**Name: Mr. Gangadhar Rahula**

**Age/Sex: 31Y/Male**

**Date: 10/02/2024**

## **2 D Echocardiography & color Doppler Study**

### **FINDINGS:**

- No left ventricle regional wall motion abnormality.
- No left ventricle diastolic dysfunction.
- No left ventricle wall hypertrophy. No LV dilation.
- Normal left ventricle systolic function. LVEF appr $\approx$ -60%.
- No mitral regurgitation.
- No aortic regurgitation.
- No TR. No pulmonary hypertension.
- Cardiac valves are structurally normal.
- Normal size of cardiac chambers.
- Intact IAS & IVS.
- No LV clot/vegetation/pericardial effusion.
- Normal RV systolic function. No hepatic congestion.

### **Conclusion:**

Normal 2D echo & color Doppler Study.

**DR. KUMAR RAJEEV**  
**M.D.(Med),DNB(Cardiology)**



**Credence**  
Care Hospital Pvt. Ltd.



RAMAN CT SCAN &  
DIAGNOSTIC CENTER

Name: Mr. Gangadhar Rahula

Age/Sex: 31Y/Male

Date: 10/02/2024

**2D Measurements:**

LA	35 mm
AORTIC ROOT	28 mm
EF SLOPE	90 mm/sec
LVIDD	40 mm
LVIDS	29 mm
IVS(D)	09 mm
PW(D)	09 mm
RVID	28 mm
LVEF	60%

**Doppler study:**

AV max -	1.1 m/sec	E vel	0.9 m/sec
PV max -	0.9 m/sec	A vel	0.7 m/sec
PASP		E/A	1.3





**Credence**  
Care Hospital Pvt. Ltd.



**RAMAN CT SCAN &  
DIAGNOSTIC CENTER**

PATIENT'S NAME	MR. GANGADHAR RAHULA	AGE :- 31 y/M
REFERRED BY	CREDENCE CARE HOSPITAL	DATE :10/02/2024

**USG WHOLE ABDOMEN**

LIVER is normal in size, normal in shape and echotexture. No evidence of any focal lesion. The portal vein appears normal & shows normal hepatopetal flow. No evidence of intra-hepatic biliary duct dilatation.

Gall Bladder appears well-distended with normal wall thickness. There is no calculus or pericholecystic collection or free fluid noted. CBD appears normal.

Visualised parts of head & body of pancreas appear normal. PD is not dilated.

SPLEEN is normal in size and echotexture. No focal lesion seen. SV is normal.

Both kidneys are normal in size, shape and echotexture with normal parenchymal reflectivity and maintained cortico-medullary differentiation. No hydronephrosis or calculi or mass seen.

Urinary Bladder is minimally distended; no e/o wall thickening or mass or calculi seen.

PROSTATE is normal in size, shape and echotexture.

Visualised bowel loops appear normal. There is no free fluid seen.

**IMPRESSION –**

- **No significant abnormality detected.**

THIS REPORT IS NOT TO BE USED FOR MEDICOLEGAL PURPOSE. THE CONTENTS OF THIS REPORT REQUIRE CLINICAL CORRELATION BEFORE ANY APPLICATION.

**DR SACHIN GARGE**  
CONSULTANT RADIOLOGIST

Patient Name : MR.GANGADHAR RAHULA Patient ID:4780  
Age /Gender : 31 yrs/MALE Date : 10/02/2024

### X-RAY CHEST PA

Plain P.A. Radiograph of chest shows :-  
The hilar shadows are normal in size, position and density.  
Both Cardiophrenic and Costophrenic angles are clear.  
The Cardiac silhouette is within normal limits.  
Aortic shadow is normal.  
Rest of the visualized mediastinum shadows are normal.  
Both domes of diaphragms are normal.  
The visualised bony thorax is normal.

**CONCLUSION :**  
NO SIGNIFICANT ABNORMALITY DETECTED



DR. Nikunj Kothia  
MBBS, DMRD Reg-2009093218

CT SCAN | USG | 2D ECHO | X-RAY | PATHOLOGY | ECG | DOPPLER |

36 cloud , Plot No.6, Sector -11, New Palm Beach Road, Ghansoli, Navi Mumbai, Maharashtra-400701

Jumbolabhub@gmail.com  
+917718032706

 Scanned with OKEN Scanner

 Scanned with OKEN Scanner



Patient Name : MR. GANGADHAR RAHULA

Age / Gender : 31 Years / Male

Referral Doctor: HEALTH CHRCK UP

Collection Date : 10/02/2024 04:41 PM

Pt.Type / ID : OPD/   
325

Reporting Date : 10/02/2024 05:55 PM

**Complete Blood Count (CBC)**

Test Description	Value(s)	Unit	Reference Range
Hemoglobin	14.5	gms/dl	13 - 16
RBC Count	4.69	mil./cmm	4.5 - 6.5
Haematocrit (HCT)	41.0	%	40 - 54
<b>RBC Indices</b>			
MCV	87.42	fL	80 - 100
MCH	30.92	pg	27 - 34
MCHC	35.37	gm/dl	32 - 36
RDW-CV	13.6	%	11 - 16
Total WBC Count	5900	/uL	4000 - 10000
<b>DIFFERENTIAL COUNT</b>			
Neutrophil	67	%	40 - 70
Lymphocytes	26	%	20 - 40
Eosinophil	03	%	1 - 6
Monocytes	04	%	2 - 8
Basophils	00	%	0 - 1
<b>Platelet Indices</b>			
Platelet Count	258000	/cmm.	150000 - 450000
RBC Morphology	Normocytic Normochromic		
WBC Morphology	Within Normal Limits		
Platelet	Adequate on smear		

Done on fully Automated cell counter-ERBA H360



Checked By

Authenticity Check

Dr. Harshal Thorat

MD (Path)

Reg No. 2014/10/4438



Patient Name : MR. GANGADHAR RAHULA

Age / Gender : 31 Years / Male

Referral Doctor: HEALTH CHRCK UP

Collection Date : 10/02/2024 04:41 PM

Pt.Type / ID : OPD/  325

Reporting Date : 10/02/2024 05:56 PM

**ESR (ERYTHROCYTE SEDIMENTATION RATE)**

Test Description	Value(s)	Unit	Reference Range
<b>Erythrocyte Sedimentation Rate</b> Wintrobe method	08	mm/hr	< 15

**Interpretation:** It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.

Checked By



Authenticity Check

**Dr. Harshal Thorat**

MD (Path)

Reg No. 2014/10/4438



Patient Name : MR. GANGADHAR RAHULA

Age / Gender : 31 Years / Male

Referral Doctor: HEALTH CHRCK UP

Collection Date : 10/02/2024 04:41 PM

Pt.Type / ID : OPD/  325

Reporting Date : 10/02/2024 05:56 PM

**BLOOD GROUP (BG)**

Test Description	Value(s)	Unit	Reference Range
------------------	----------	------	-----------------

Sample Type : WHOLE BLOOD EDTA

Blood Group : O Rh Positive

METHOD : Monoclonal blood grouping (Agglutination test) by slide method

KIT : Span diagnostics.



Checked By

Authenticity Check

**Dr. Harshal Thorat**

MD (Path)

Reg No. 2014/10/4438



Patient Name : MR. GANGADHAR RAHULA

Age / Gender : 31 Years / Male

Referral Doctor: HEALTH CHRCK UP

Collection Date : 10/02/2024 04:41 PM

Pt.Type / ID : OPD/   
325

Reporting Date : 10/02/2024 05:56 PM

**THYROID FUNCTION TEST ( TFT )**

Test Description	Value(s)	Unit	Reference Range
<b>TOTAL TRIIODOTHYRONINE (T3)</b> Competitive Chemi Luminescent Immuno Assay	80.0	ng/dl	60 - 181
<b>TOTAL THYROXINE (T4)</b> Competitive Chemi Luminescent Immuno Assay	5.12	µg/dL	4.5 - 12.6
<b>THYROID STIMULATING HORMONE (TSH)</b> SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY	1.3	uIU/mL	0.3 - 5.5

**SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY**

Reference range for < 18 years

TEST	1 - 3 D	4 - 30 D	31 - 60 D	61 D - 12 M	1 - 5 Y	6 - 10 Y	11 - 14 Y	15 - 18 Y
TSH	0.1-9.2	0.2-8.5	0.2-7.8	0.30-5.9	0.4-4.8	0.5-4.7	0.5-4.6	0.6-4.5
T3	41.7-272.1	48.2-272.1	54.7-272.1	76.8-272.1	89.2-246.7	87.2-218.1	86.6-199.8	85.3-188.8
T4	4.9-15.8	5-15.3	5.2-14.8	5.7-13.3	5.7-11.7	5.4-10.7	5.2-10	5.1-9.6
FT3	1.5-5.3	1.6-5.2	1.6-5.1	1.8-4.8	2-4.5	2.1-4.4	2.3-4.4	2.3-4.3
FT4	0.84-2.08	0.85-1.98	0.85-1.89	0.89-1.62	0.89-1.48	0.85-1.46	0.84-1.45	0.84-1.45



Checked By

Authenticity Check

Dr. Harshal Thorat

MD (Path)

Reg No. 2014/10/4438





Patient Name : MR. GANGADHAR RAHULA

Age / Gender : 31 Years / Male

Referral Doctor: HEALTH CHRCK UP

Collection Date : 10/02/2024 04:41 PM

Pt.Type / ID : OPD/   
325

Reporting Date : 10/02/2024 05:56 PM

**BLOOD GLUCOSE LEVEL ( FASTING & POST PRANDIAL )**

Test Description	Value(s)	Unit	Reference Range
Glucose Fasting (Plasma)	92.0	mg/dl	70 - 110
Glucose PP (Plasma)	108.0	mg/dl	90 - 150

Interpretation : Fasting Blood Sugar more than 126 mg/dl on more than one occasion can indicate Diabetes Mellitus.

Checked By



Authenticity Check

Dr. Harshal Thorat

MD (Path)

Reg No. 2014/10/4438

Patient Name : MR. GANGADHAR RAHULA

Age / Gender : 31 Years / Male

Referral Doctor: HEALTH CHRCK UP

Collection Date : 10/02/2024 04:41 PM

Pt.Type / ID : OPD/  325

Reporting Date : 10/02/2024 05:56 PM

**URINE ROUTINE REPORT**

Test Description	Value(s)	Unit	Reference Range
<b>Physical Examination</b>			
Quantity	20	ml	-
Colour	Pale Yellow		Pale yellow/Yellow
Appearance	Clear		Clear
Specific Gravity	1.010		1.005-1.030
pH	Acidic		Acidic
Deposit	Absent		Absent
<b>Chemical Examination</b>			
Protein	Absent		Absent
Sugar	Absent		Absent
Ketones	Absent		Absent
Bile Salt	Absent		Absent
Bile Pigment	Absent		Absent
Urobilinogen	Normal		Normal
<b>Microscopic Examination (/hpf)</b>			
Pus Cell	2-3		Upto 5
Epithelial Cells	Occasional		Upto 5
Red Blood Cells	Absent		Absent
Casts	Absent		Absent
Crystals	Absent		Absent
Bacteria	Absent		Absent

Checked By



Authenticity Check

**Dr. Harshal Thorat**

MD (Path)

Reg No. 2014/10/4438





Patient Name : MR. GANGADHAR RAHULA

Age / Gender : 31 Years / Male

Referral Doctor: HEALTH CHRCK UP

Collection Date : 10/02/2024 04:41 PM

Pt.Type / ID : OPD/  325

Reporting Date : 10/02/2024 05:57 PM

**GLYCOSYLATED HAEMOGLOBIN ( GHB / HBA1c )**

Test Description	Value(s)	Unit	Reference Range
HbA1c H.P.L.C	5.5	%	Below 6.0% - Normal Value 6.0% - 7.0% - Good Control 7.0% - 8.0% - Fair Control 8.0% - 10% - Unsatisfactory Control Above 10% - Poor Control

**Interpretation:** Glycosylated Haemoglobin is accurate and true index of the " Mean Blood Glucose Level in the body for the previous 2-3 months. HbA1c is an indicator of glycemic control. HbA1c represent average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs the entire 120 days life span of the red blood cell, but within this 120 days. Recent glycemia has the largest influence on the HbA1c value. 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 2-4.

Checked By



Authenticity Check

**Dr. Harshal Thorat**

MD (Path)

Reg No. 2014/10/4438



Patient Name : MR. GANGADHAR RAHULA

Age / Gender : 31 Years / Male

Referral Doctor: HEALTH CHRCK UP

Collection Date : 10/02/2024 04:41 PM

Pt.Type / ID : OPD/  325

Reporting Date : 10/02/2024 05:57 PM

**LIPID PROFILE**

Test Description	Value(s)	Unit	Reference Range
Total Cholesterol	152.0	mg/dl	Low < 125 Desirable : < 200 Borderline High : 201 - 240 High : > 240
Triglycerides	140.0	mg/dl	Low < 25 Normal : < 150 Borderline High : 151 - 199 High : > 200
HDL Cholesterol	40.0	mg/dl	<35 Low >80 High
Non HDL Cholesterol	112.00	mg/dl	Desirable : < 130 Boderline high : 130 - 159 High : > 160
LDL Cholesterol	84.00	mg/dl	Low < 85 Optimal : <100 Near/Above Optimal : 101 - 129 Borderline High : 130 - 159 High : >160
VLDL Cholesterol	28.00	mg/dl	Below 40
TOTAL CHOL/HDL Ratio	3.80	-	Desirable/Low Risk : 3.3 - 4.4 Borderline/Middle Risk : 4.5 - 7.1 Elevated/High Risk : 7.2 - 11.0
LDL/HDL Ratio	2.10	-	Desirable/Low Risk : 0.5 - 3.0 Borderline/Middle Risk : 3.1 - 6.0 Elevated/High Risk : >6.1
Appearance of Serum	Clear		

Checked By



Authenticity Check

**Dr. Harshal Thorat**

MD (Path)

Reg No. 2014/10/4438





Patient Name : MR. GANGADHAR RAHULA

Age / Gender : 31 Years / Male

Referral Doctor: HEALTH CHRCK UP

Collection Date : 10/02/2024 04:41 PM

Pt.Type / ID : OPD/   
325

Reporting Date : 10/02/2024 05:58 PM

**LIVER FUNCTION TEST ( LFT )**

Test Description	Value(s)	Unit	Reference Range
Bilirubin Total	0.84	mg/dL	0.3 - 1.5
Bilirubin Direct	0.24	mg/dL	0.0 - 0.5
Bilirubin Indirect	0.6	mg/dL	0.2 - 0.9
SGOT (AST)	22.0	U/L	0 - 45
SGPT (ALT)	24.0	U/L	0 - 45
Alkaline Phosphatase	170.0	U/L	80 - 306
Protein Total	6.8	g/dL	6 - 8
Albumin	3.8	g/dL	3.2 - 5.0
Globulin	3.00	g/dL	2.5 - 3.3
A/G Ratio	1.27	-	1.0 - 2.1

Checked By



Authenticity Check

**Dr. Harshal Thorat**

MD (Path)

Reg No. 2014/10/4438



Patient Name : MR. GANGADHAR RAHULA

Age / Gender : 31 Years / Male

Referral Doctor: HEALTH CHRCK UP

Collection Date : 10/02/2024 04:41 PM

Pt.Type / ID : OPD/   
325

Reporting Date : 10/02/2024 05:59 PM

**RENAL FUNCTION TEST (MAX)**

Test Description	Value(s)	Unit	Reference Range
Serum Phosphorus	3.9	mg/dl	2.5 - 4.5
Serum Urea	24.0	mg/dl	13 - 45
Serum Creatinine	0.9	mg/dl	0.7 - 1.4
Serum Uric acid	6.0	mg/dl	3.5-6.0
Serum Sodium	141.0	mmol/L	135 - 150
Serum Potassium	3.88	mmol/L	3.5 - 5.5
Serum Chloride	100.2	mEq/L	92 - 110
Serum Calcium	9.9	mg/dl	8.5 - 10.5

\*\*END OF REPORT\*\*



Checked By

Authenticity Check

**Dr. Harshal Thorat**

MD (Path)

Reg No. 2014/10/4438