



భారత ప్రభుత్వం
Government of India


రంజీత్ కుమార్
Ranjeet Kumar
పుట్టిన తేదీ/DOB: 26/03/1985
పురుషుడు/ MALE



3818 1427 5704



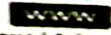
నా ఆధార్, నా గుర్తింపు


ఆధార్

భారత ప్రభుత్వం ప్రభుత్వ సంస్థ
Unique Identification Authority of India

Address: S/O: Saryoo Singh, suryadeo nagar, Manpur, Gaya, Gaya, Bihar - 823003
చిరునామా: S/O: సర్యూ సింఘ్, సూర్యదేవ్ నగర్, మమూర్, గయా, గయా, బీహార్ - 823003

3818 1427 5704

help@uidai.gov.in
www.uidai.gov.in

Ranjeet Kumar
 10/08/2024



Mr. RANJEET KUMAR

Reference: HEALTH CHECKUP,Bilaspur

VID: 600100/4892

PID NO. 2024108111370

Sample Received on/at:

AGE 39 Y / | SEX Male

10/08/2024 08:55AM

Reported on/at

10/08/2024 04:23PM

BIOCHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
FBS (Fasting Blood Sugar)			
Glucose- Fasting	98	mg/dl	Normal: 70-99 Impaired Tolerance: 100-125 Diabetes mellitus: >= 126
(on more than one occassion) (American diabetes association guidelines 2018)			

These reports are machine generated for assisting medical professionals in their diagnosis and treatments .Findings should be co-related clinically. This is not valid for medico-legal purposes / evidences.

Lipid Profile

Cholesterol - Total	163	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	123	mg/dl	60 - 165
HDL Cholesterol	40	mg/dl	Major risk factor for heart disease: < 35 Negative risk factor for heart disease :>65
LDL Cholesterol	98.40	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
VLDL Cholesterol	24.60	mg/dl	6 - 38
LDLC/HDLC Ratio	2.46		2.5 - 3.5
TCH/HDLC Ratio	4.08		0-5.0

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Checked By
Sr. Technician

Dr. Digvijay Singh
MBBS, DCP (Pathologist)
Ex Resident AIIMS, New Delhi



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PP (Glucose-Post Prandial)

Glucose -Post prandial	110	mg/dl	Normal: 70-139 Impaired Tolerance: 140-199 Diabetes mellitus: >= 200
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An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons :

The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity. Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

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RFT (Renal Function test)

Sodium (Na)	144	mmol/L	135 - 145
Potassium (K)	4.3	mmol/L	3.5 - 5.5
Urea Serum	30	mg/dl	21 - 43
Creatinine	0.8	mg/dl	0.7-1.3


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Uric Acid

Uric Acid	4.0	mg/dL	3.5 - 7.2
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LFT-Liver Function Test

Bilirubin - Total (Serum, Diazo)	0.6	mg/dl	0.1 - 1.2
Bilirubin - Direct (Serum, Diazo)	0.1	mg/dl	0 - 0.2
Bilirubin (Indirect) (Serum, Calculated)	0.50	mg/dl	0 - 1
Total Proteins (Serum, Biuret)	7.2	g/dl	6.6-8.8
Albumin (Serum, Bromocresol green)	4.9	g/dl	3.5 - 5.2
Globulin (Serum)	2.30	g/dl	1.8 - 3.6
A/G Ratio (Serum)	2.13	%	1.1 - 2.2
SGOT (AST) (Serum, Enzymatic)	22	U/L	0 - 35
SGPT (ALT) (Serum, Enzymatic)	19	U/L	0 - 45
Alkaline Phosphatase Gamma-glutamyltransferase (GGT)	173 24	U/L U/L	80-306 <49

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CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<u>Urine Examination Routine</u>			
Volume	30	ml	
Colour	Pale yellow		Straw
Transparency	Clear		Clear
Reaction (pH)	5.5		5.0 - 8.0
Specific Gravity	1.014		1.010 - 1.030
<u>Chemical Examination</u>			
Urine Protein(Albumin)	Nil		Nil
Urine Glucose(Sugar)	Nil		Nil
<u>Microscopic Examination</u>			
Pus cells	1-2	/hpf	0 - 5
Red Blood Cells	Nil	/hpf	Nil
Epithelial Cell	Nil	/hpf	0 - 4
Crystals	Nil	/hpf	Nil
Casts	Nil	/hpf	Nil

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Urine - Sugar PP

Urine S(PP)	Nil	Nil
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Urine Sugar - Fasting

Urine - Glucose	Nil	Nil
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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate			
ESR- Erythrocyte Sedimentation Rate (Citrate Blood)	09	mm/hr	0 - 15

Method: Westergren manual

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. Also increased in pregnancy, multiple myeloma, menstruation & hypothyroidism

Peripheral blood smear examination

Specimen received	EDTA Whole Blood
RBC Morphology	Normocytic Normochromic blood picture.
WBC Morphology	Counts within normal range.
Platelets on Smear	Platelets are adequate
Haemoparasites	Not seen
Impression	NORMAL PICTURE.
Advice	


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Blood Group ABO & Rh Typing

(EDTA Whole Blood)

Blood Group (ABO Typing)	"O"
RhD (Rh Typing)	Positive

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HbA1c (Glycosylated Haemoglobin)

HbA1C-Glycated Haemoglobin	5.9	%	Less than 5.7% Non-diabetic Prediabetes 5.7% to 6.4% Diabetes 6.5% or Higher 6.4% to 7% Excellent control 7 to 8% fair to good control 8 to 10% Unsatisfactory control
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Estimated Average Glucose (EAG) 122.63

Interpretation & Remark:

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. 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%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often.

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CBC Haemogram


Haemoglobin(Hb)	14.3	gm/dl	12 - 17
Erythrocyte (RBC) Count	4.8	mill/cu.mm.	4.0-6.0
PCV (Packed Cell Volume)	42.6	%	38-48
MCV (Mean Corpuscular Volume)	88.8	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin)	29.8	pg	27 - 32
MCHC (Mean Corpuscular Hb Concn.)	33.6	g/dl	32 - 36
Total Leucocytes Count (TLC)	8600	cells/cu.mm.	4000-11000
Differential Leucocyte Count (DLC)			
Neutrophils	56	%	40-75
Lymphocytes	38	%	20-45
Monocytes	04	%	2 - 10
Eosinophils	02	%	1 - 6
Basophils	00	%	0 - 1
Absolute Neutrophil count	4816	/cu.mm	2000-7000
Absolute Lymphocyte count	3268	/cu.mm	1000-3000
Absolute Eosinophils Count	172	/cmm	20-500
Absolute Monocyte count	344	/cu.mm	200-1000
Absolute Basophil count	0	/cu.mm	0-200
Platelets			
PLT Count	327,000	/cmm	150,000 - 450,000

Remarks (CBC)

EDTA Whole Blood - Tests done on Automated Five Part Cell Celenium 5D Retic.
(WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All
Abnormal Haemograms are reviewed confirmed microscopically.
Differential count is based on approximately 10,000 cells.

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IMMUNOASSAY

Investigation	Observed Value	Unit	Biological Reference Interval
Thyroid Panel-1(T3T4TSH)			
T3	1.32	ng/mL	0.69 - 2.15
T4	89.2	ng/ml	52 - 127
TSH	0.72	uIU/ml	0.3 - 4.5

Method: CLIA

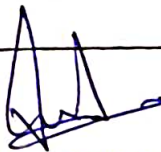
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Ex Resident AIIMS, New Delhi

MER- MEDICAL EXAMINATION REPORT

Date of Examination	10/08/24		
NAME	Ranjeet Kumar		
AGE	39	Gender	male
HEIGHT(cm)	181	WEIGHT (kg)	77
B.P.	119/62		
ECG	Bouderline		
X Ray	Normal		
Vision Checkup	Color Vision : NORMAL		
	Far Vision Ratio : R: 6/6 = L: 6/6		
	Near Vision Ratio : R: N/6 = L: N/6		
Present Ailments	NIL		
Details of Past ailments (If Any)	NIL		
Comments / Advice : She /He is Physically Fit	Fit		
<p>USG: - NO Abnormal Sonographic finding Detected. 2D ECHO - normal study.</p>			


Dr. VATSAL SINGH
 , Bilaspur (C.G.)
CGMC-8519/2018

Signature with Stamp of Medical Examiner

Ranjeet Kumar
 10/08/2024

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Ranjeet Kumar on 10/08/24

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>	<input type="checkbox"/>
<ul style="list-style-type: none">• Currently Unfit. <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none">• Unfit	<input type="checkbox"/>

Dr. VATSAL SINGH

Bilaspur (C.G.)

Dr. _____
CGMC 8519/2018
Medical Officer

The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

Ranjeet Kumar
10/08/2024

ID: 0
ranjeet kumar
Male 39Years
Req. No. :

BPL - 10-08-2024 08:30:58 AM

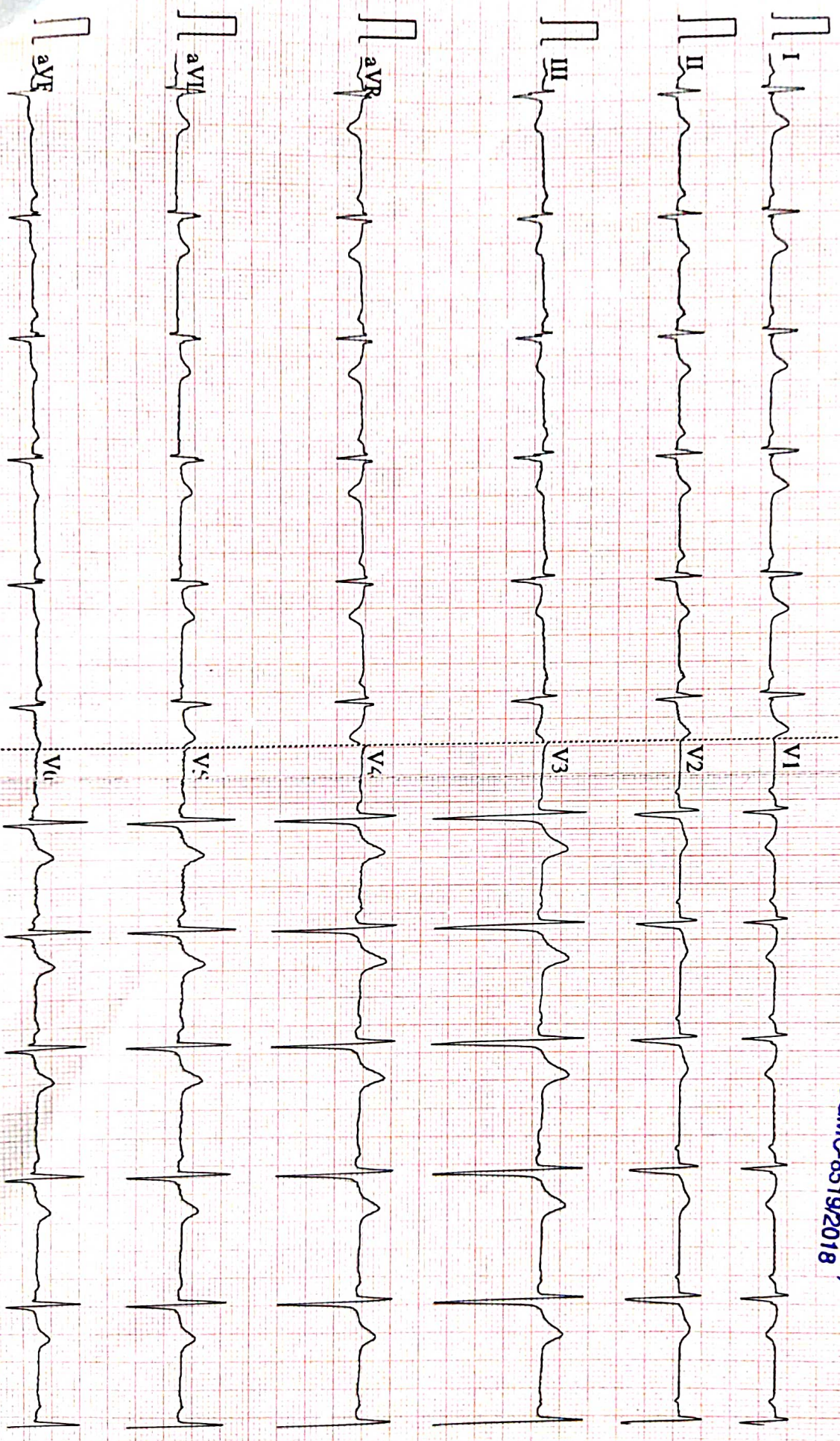
HR : 68 bpm
P : 106 ms
PR : 158 ms
QRS : 106 ms
QT/QTcBz : 400/426 ms
PQRST : 62-23/11 °
RV5/SV1 : 0.896/0.604 mV

Diagnosis Information:

Sinus rhythm
Leftward axis
Borderline ECG

Report Confirmed by:

- Ranjeet Kumar
Dr. VATSAL SINGH
Bilaspur (C.G.)
OGMC-8519/2018



100Hz AC50 25mm/s 10mm/mV 2*5.0s CARDIART 9108 I

44 Glasgow V28.6.7 RIDDHI DIAGNOSTICS

CARDIART

डॉ. अनिरुद्ध कौशिक

एम.डी. (मेडिसीन), डी.एम. कार्डियोलॉजी (मुंबई)
इंटरनैशनल कार्डियोलॉजी (हृदय रोग विशेषज्ञ)
भूतपूर्व अमि. प्रोफेसर जे.जे. हॉस्पिटल (मुंबई)



श्री हरि हार्ट क्लीनिक

स्थान : महामाया ट्रेड सेंटर, प्रधान डाकघर के पास,
बृहस्पति बाजार, बिलासपुर (छ.ग.)
मो. : 9406272512
Email : shreehariheartclinic@gmail.com

2 D ECHO REPORT

Name:- MR. RANJEET KUMAR
Ref. By :- RIDDHI DIAGNOSTIC

Age/Sex:-39Y/M
Date:-10/08/2024

M Mode study (Dimensions in cm)

DOPPLER STUDY FINDINGS

Ao = 2.9	LA =3.1
IVSd =0.9	LVPWd =0.9
LVIDd =4.7	LVIDs=3.1
EF =68%	

NO Diastolic Dysfunction

NO AS/AR/MS/MR

NO PAH

Description

Mitral valve Leaflets Normal, subvalvular apparatus Normal ,Mitral valve area Normal No e/o prolapse,calcification or vegetation

Aortic valve Trileaflet , Opening Amplitude is adequate ,NO significant AS/AR

Tricuspid Valve is normal ,No TR

Pulmonary Valve is normal

PA is normal in size

Normal chamber dimension,

NO Regional wall motion Abnormality

NO CLOT/VEGETATION/EFFUSION

Impression Normal Study

Good LV/RV function

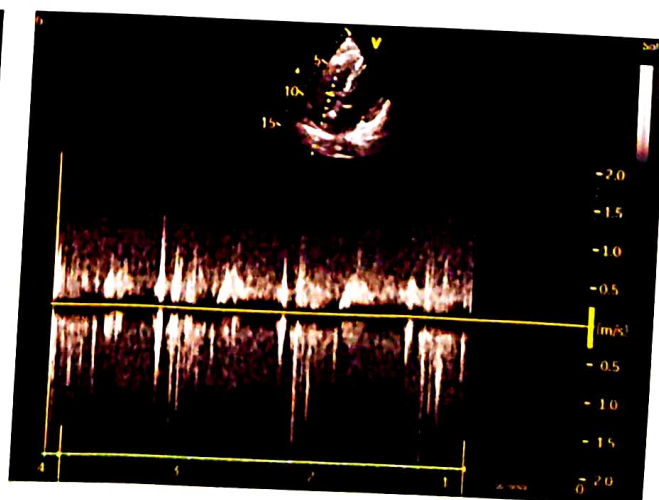
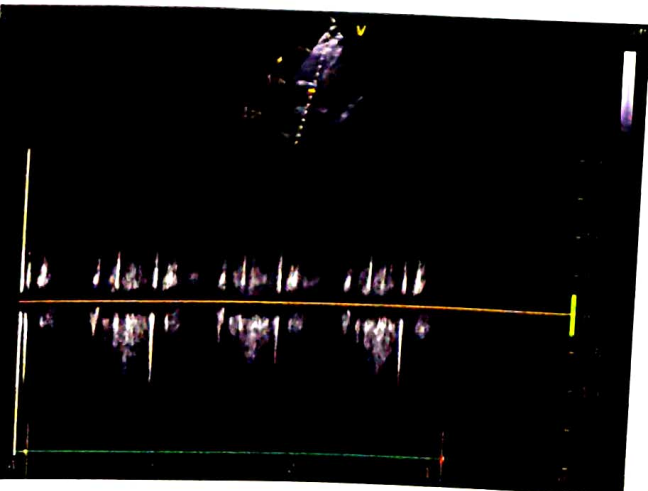
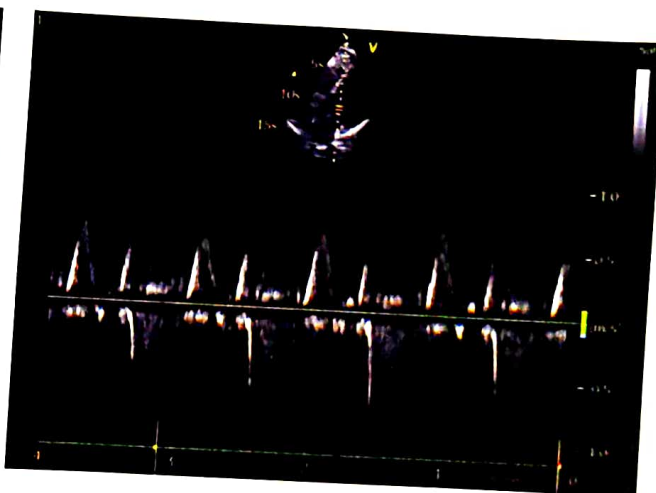
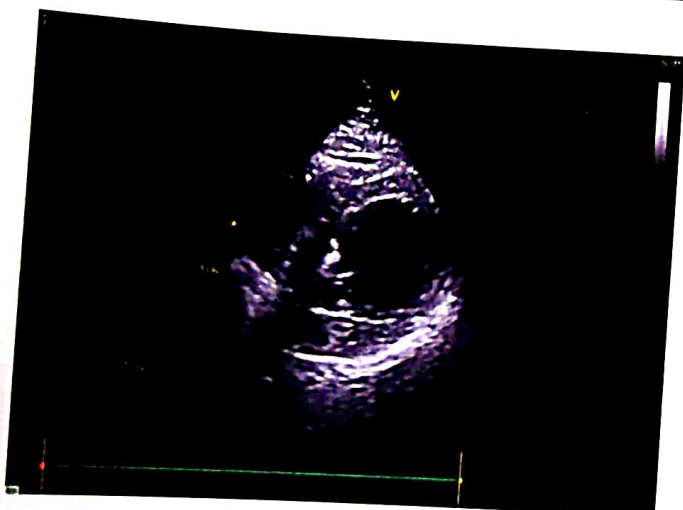
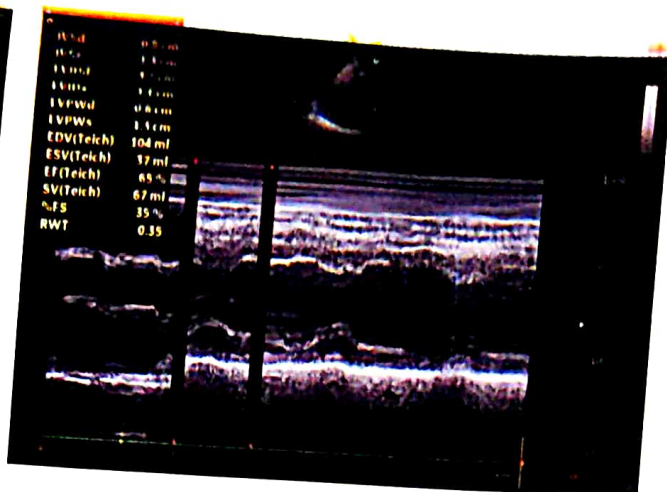
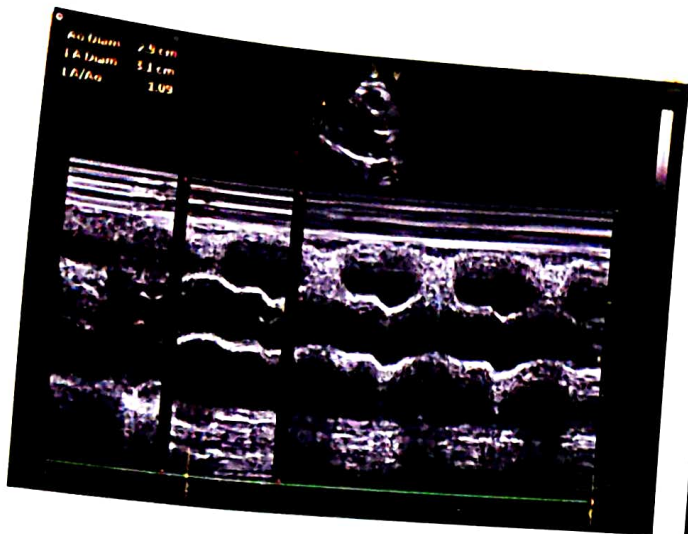

DR.ANIRUDDHA KAUSHIK
MD Medicine ,DM Cardiology

उपलब्ध सुविधाएँ : ♦ ई.सी.जी. ♦ टी.एम.टी. ♦ 24 घंटे बीपी मॉनिटरिंग ♦ 2 डी इको ♦ हॉल्टर मॉनिटरिंग
परामर्श समय : सुबह 11 बजे से सायं 5 बजे, सायं 7 बजे से रात्रि 9 बजे

SHREE HARI HEART CLINIC

Name RANJEET KUMAR, 39Y/M

Date 10/08/2024



ANUSHKA DIAGNOSTICS

Dr. Prashant S. Barpande

Consultant Radiologist

M.B.B.S, D.M.R.D

D.N.B. (Radiodiagnosis), M.N.A.M.S.

Reg. No.: CGMC-3232/2010



Dr. Chitrangi P. Barpande

Consultant Pathologist

MBBS, MD (Pathology)

Msc. (Medical Biochemistry)

Reg. No.: CGMC-3298/2011

Near Ganesh Chowk, Beside Lav Kush Phal Bhandar, Balram Talkies Road, Nehru Nagar, Bilaspur (C.G.) Mob.: +91 7720044949, E-mail : anushka.diagnostics@gmail.com

NAME : RANJEET KUMAR

AGE : 39 YEARS

SEX : M

REF. BY : RD .

DATE: 10-08-2024


WHOLE ABDOMINAL SONOGRAPHY STUDY.

- LIVER** : Normal in Size- 15.4 cm, Normal in Shape.
No Focal Or Diffuse Lesion Seen.
IHBR's & CBD are Normal in Appearance. Portal vein appears normal in caliber.
- GALL BLADDER** : Lumen Is Well Distended & Echo free. No Calculus or Sludge Is Seen.
Wall thickness is normal(2mm). No evidence of pericholecystic collection.
- SPLEEN** : Normal In Size- 9.2 cm, Normal In Shape & Echotexture.
No Focal Lesion Seen. Splenic Vein – Normal.
- PANCREAS** : Normal in size shape position and echotexture.
- RIGHT KIDNEY** : Normal in size(9.2 x 4.5 cm) shape position and echotexture seen.
Cortical Thickness & Corticomedullary Differentiation Normal.
No Calculus Seen. No Hydronephrosis.
- LEFT KIDNEY** : Normal in size(9 x 4.2 cm) shape position and echotexture seen.
Cortical Thickness & Corticomedullary Differentiation Normal.
No Calculus Seen. No Hydronephrosis.
- PROSTATE** : Prostate Is Normal In Size(Volume=14 ml). No Focal/Diffuse Lesion Seen.
No Evidence Of Median Lobe Bulge Seen.
- URINARY BLADDER** : Shows Normal Uniform Wall Thickness- 4 mm. And Echo free Lumen.
- No Evidence Of Free Fluid Seen In Peritoneal Cavity.
 - No Evidence Of Lymphadenopathy Seen. Visualized Bowel Loops Appears Normal.
 - No Sonographic Evidence Of Appendicitis In Present Scan.

IMPRESSION :

- No Abnormal Sonographic Finding Detected.

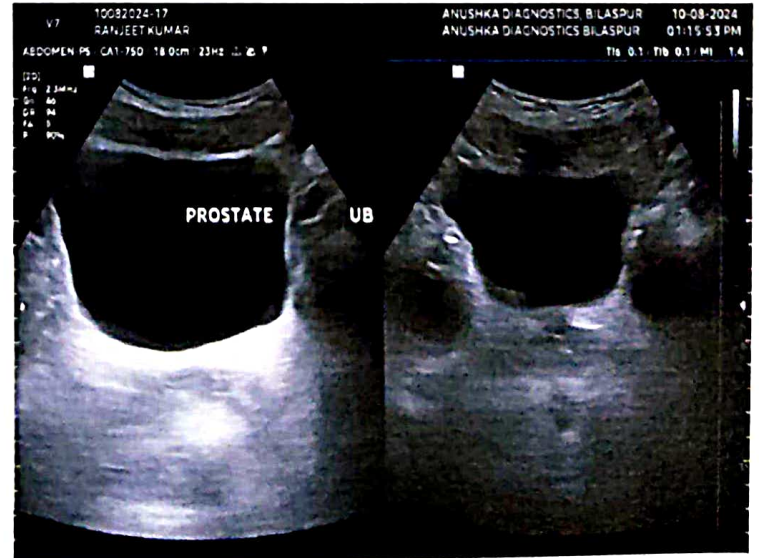
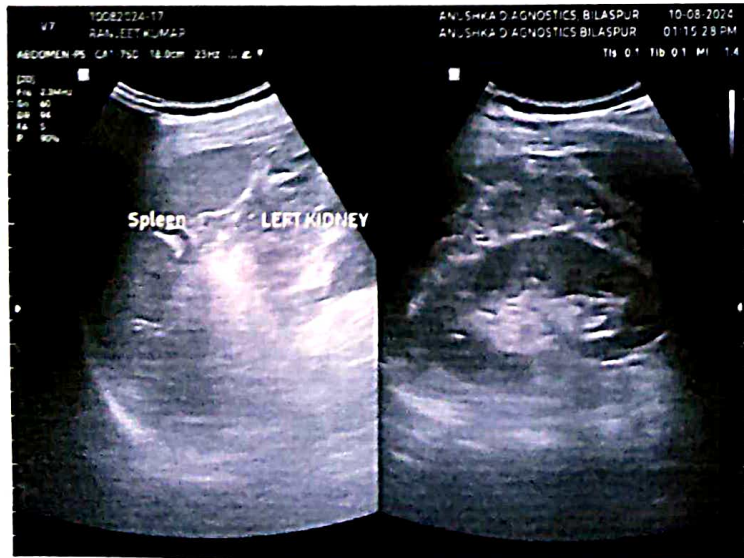
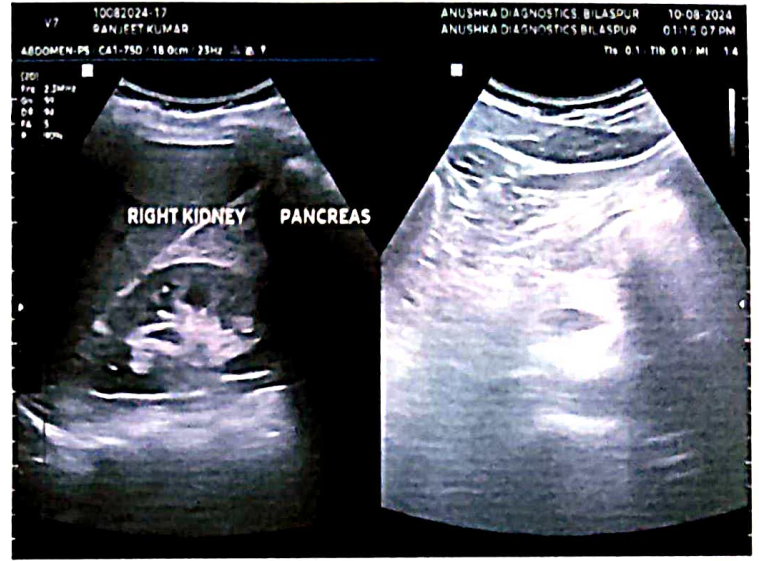
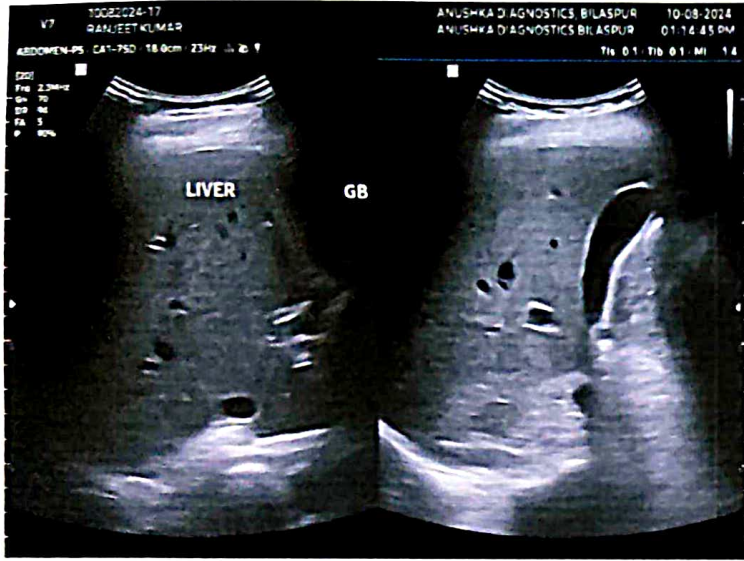
Thanks For Referral.


DR. PRASHANT S. BARPANDE
MBBS, D.M.R.D, DNB (RADIO DIAGNOSIS)
M.N.A.M.S, CONSULTANT RADIOLOGIST
REG. NO.- CGMC-3232/10

Radiological Impressions Are Merely An Opinion And Not The Final Diagnosis As They Are Based On Available Imaging Findings.



हेटी कपडो - हेटी कपडो





R I D D H I

DIAGNOSTICS PVT. LTD.

NAME	MR.RANJEET KUMAR	AGE/SEX	39Y/M
REF BY.	HEALYH CHEKUP	DATE	10-08-2024

X-RAY CHEST PA VIEW

OBSERVATIONS :

The lungs on the either side show equal translucency.

The peripheral pulmonary vasculature is normal.

No focal lung lesion is seen.

Bilateral CP angles are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The heart and trachea are central in position and no mediastinal abnormality is visible.

The cardiac size is normal.

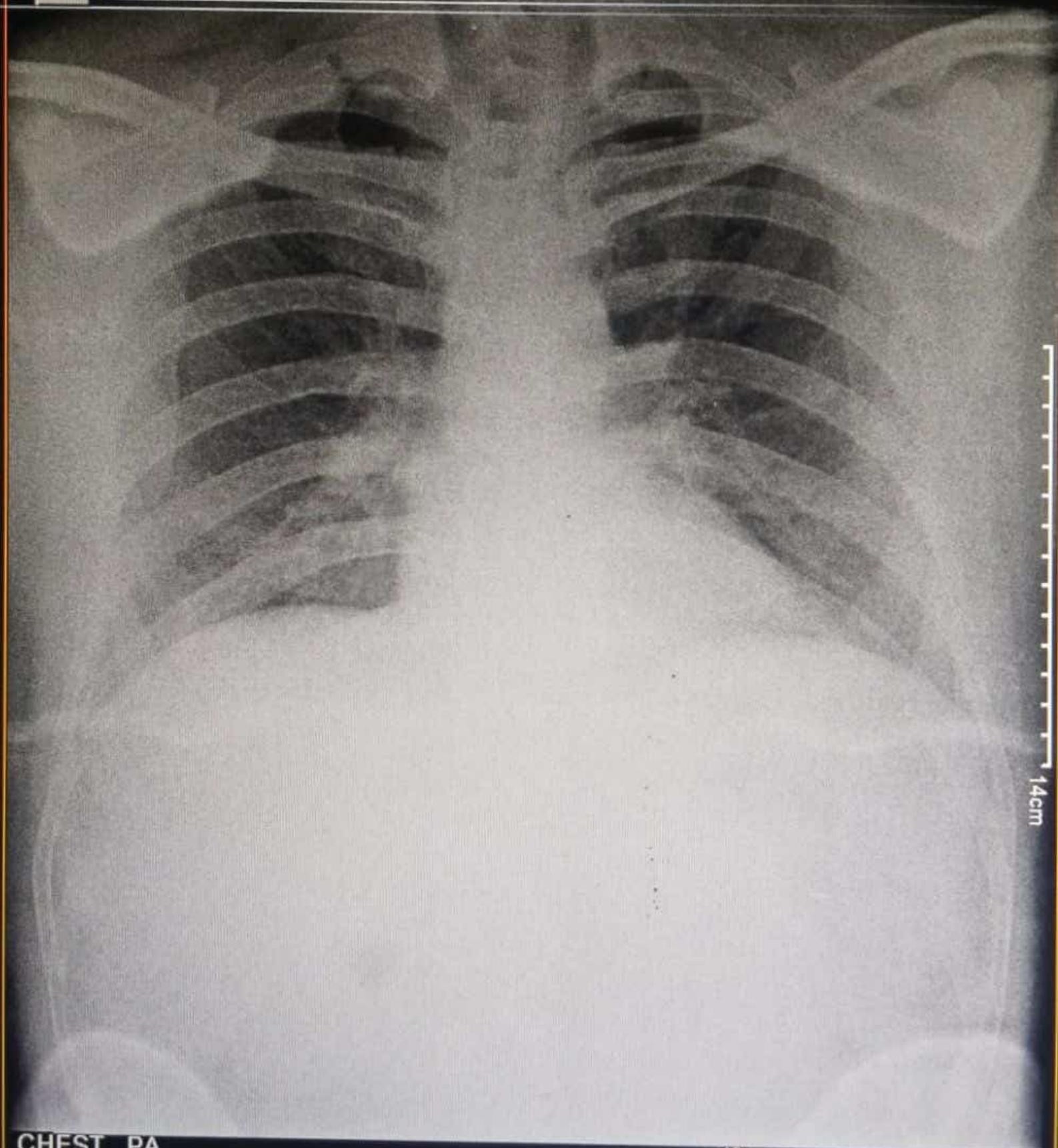
The domes of the diaphragms are normal in position, and show smooth outline.

IMPRESSION :- No significant abnormality detected.

ADVICE :- Clinical correlation and follow up.

Dr. Avinash. Rathod.
MBBS, DMRD.
Consultant Radiologist
Reg.no 2011/05/1616.

R



14cm

CHEST PA

12cm

MR. RANJEET KUMAR,
HEALTH CHECK UP

39Y Male

17/07/2024 8:37:47 PM



 GPS Map Camera

Masanganj, Chhattisgarh, India

34PV+MJC, Civil Lines, Masanganj, Chhattisgarh 495001, India

Lat 22.086691°

Long 82.14402°

10/08/24 08:24 AM GMT +05:30



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Dr. Anushree Padegaonkar
Advanced Gynecology Specialist



GPS Map Camera

Masanganj, Chhattisgarh, India

Kamla complex, Kamla complex, near H2O care, Civil Lines, Bilaspur,
Masanganj, Chhattisgarh 495001, India

Lat 22.086725°

Long 82.1438°

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Dr. Anshu Padgoukar
Advanced Eye Care Center

अमोल पड़ेगाकर

 **GPS Map Camera**



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 **GPS Map Camera**

Masanganj, Chhattisgarh, India

34PV+MJC, Civil Lines, Masanganj, Chhattisgarh 495001, India

Lat 22.086681°

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