



ভারত সরকার

Government of India



মোহর দে

Mohor De

পিতা : অনূপ চন্দ নন্দী

Father : ANUP CHNADA NANDY

জন্মতারিখ / DOB : 05/09/1986

মহিলা / Female



2248 7191 9539

আমার **আধার**, আমার পরিচয়



ভারতীয় বিশিষ্ট পরিচয় প্রাধিকরণ

Unique Identification Authority of India

ঠিকানা:

অভিশেখ দে, দ্বিতীয় ফ্লর নটরাজ
অপার্টমেন্ট, 3/1/13 আটপাড়া
লেন, সীথি শিক্ষয়তন বিদ্যালয়,
সিন্থী, সিন্থী, সিন্থী, কোলকাতা,
পশ্চিম বঙ্গ, 700050

Address:

W/O, Abhisekh De, 2nd Floor
Nataraj Apartment, 3/1/13 Atapara
Lane, Sinthi Shikshayatan School,
Sinthi, Sinthee, Sinthee, Kolkata,
West Bengal, 700050

2248 7191 9539



help@uidai.gov.in

WWW

www.uidai.gov.in



nd
CARE
5. MULTI SPECIALITY CLINICS
OBIOLOGY | GENETICS TESTING
CLINIC | DIGITAL X-RAY | ECG



 **GPS Map Camera**



Bhuj, Gujarat, India
1041A, Jadavji Nagar, Bhuj, Gujarat 370020, India
Lat 23.235101°
Long 69.650476°
17/02/24 09:30 AM GMT +05:30



LAB DIVISION

Patient ID	12233420	Collected On	17/02/2024 09:33:23
Patient Name	Mrs. MOHORDE	Received On	17/02/2024 09:33:24
Gender / Age	Female / 34 Yrs 5 Mon 14 Days	Released On	19/02/2024 11:39:07
Refd. By		Printed On	20/02/2024 11:59:00
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
---------------	-------	------	-----------------------

BIOCHEMISTRY

Gamma Glutamyl Transpeptidase ifcc	37.70	U/L	0.00 - 38.00
--	-------	-----	--------------

GGT is an [enzyme](#) present in liver, kidney, and pancreas.

It is induced by alcohol intake and is a sensitive indicator of liver disease, particularly alcoholic liver disease.

Clinical utility - follow-up of alcoholics undergoing treatment since the test is sensitive to modest alcohol intake.
- confirmation of hepatic origin of elevated serum alkaline phosphatase.

Increased in - Liver disease: acute viral or toxic hepatitis, chronic or subacute hepatitis, alcoholic hepatitis, cirrhosis, biliary tract obstruction (intrahepatic or extrahepatic), primary or metastatic liver neoplasm, and mononucleosis
- Drugs (by [enzyme induction](#)): [phenytoin](#), [carbamazepine](#), barbiturates, alcohol.




Dr. Arun Kumar
MBBS, MD (Pathology)
Consultant Pathologist

Note : 1. These report are mere estimation and are liable to vary / Change in different conditions in different laboratories.
2. The values are to be corroborated with clinical finding and any alarming or unexpected result should be referred to the lab urgently.
3. These reports are not valid for medico-legal purposes.



LAB DIVISION

Patient ID	12233420	Collected On	17/02/2024 09:33:23
Patient Name	Mrs. MOHOR DE	Received On	17/02/2024 09:33:24
Gender / Age	Female / 34 Yrs 5 Mon 14 Days	Released On	19/02/2024 11:39:07
Refd. By		Printed On	20/02/2024 11:59:01
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
---------------	-------	------	-----------------------

Glucose (Fasting) 98.40 mg/dL 60.00 - 110.00
GOD-PAP

Fasting Plasma Glucose (mg/dl)	2 hr plasma Glucose (mg/dl) Post Glucose load	Diagnosis
99 or below	139 or below	Normal
100 to 125	140 to 199	Pre-Diabetes (IGT)
126 or above	200 or above	Diabetes

Glucose, Post Prandial (PP) 127.00 mg/dL 70.00 - 140.00
GOD-PAP

Fasting Glucose Plasma	2 hr Plasma Glucose (mg/dl) Post Glucose load	Diagnosis
99 or below	139 or below	Normal
100 to 125	140 to 199	Pre- Diabetes
126 or above	200 or above	Diabetes




Dr. Arun Kumar
 MBBS, MD (Pathology)
 Consultant Pathologist

Note : 1. These report are mere estimation and are liable to vary / Change in different conditions in different laboratories.
 2. The values are to be corroborated with clinical finding and any alarming or unexpected result should be referred to the lab urgently.
 3. These reports are not valid for medico-legal purposes.



LAB DIVISION

Patient ID	12233420	Collected On	17/02/2024 09:33:23
Patient Name	Mrs. MOHOR DE	Received On	17/02/2024 09:33:24
Gender / Age	Female / 34 Yrs 5 Mon 14 Days	Released On	19/02/2024 11:39:07
Refd. By		Printed On	20/02/2024 11:59:03
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
Complete Blood Count			
Hemoglobin (Hb) Cynmeth Photometric Measurement	12.6	gm/dL	11.5 - 15.0
Erythrocyte RBC Count Electrical Impedance	4.90	millions/cu.mm	3.80 - 4.80
HCT Electrical Impedance	39.0	%	36.0 - 46.0
Mean Cell Volume (M CV) Electrical Impedance	79.5	fL	80.0 - 100.0
Mean Cell Haemoglobin (M CH) Electrical Impedance	25.8	pg	27.0 - 32.0
Mean Corpuscular Hb Conc. (M CHC) Electrical Impedance	32.4	gm/dL	32.0 - 35.0
Red Cell Distribution Width (RDW-CV) Electrical Impedance	14.2	%	11.5 - 15.0
Total Leukocyte Count (TLC) Electrical Impedance	8.5	X10 ³ /uL	4.0 - 11.0
Differential Leukocyte Count (DLC)			
Neutrophils VCS	68	%	40 - 80
Lymphocytes VCS	26	%	20 - 40
Eosinophils VCS	02	%	01 - 06
Monocytes VCS	04	%	02 - 08
Basophils VCS	00	%	00 - 02
Platelet Count Electrical Impedance	234	x10 ³ /uL	150 - 450




Dr. Arun Kumar
MBBS, MD (Pathology)
Consultant Pathologist

Note : 1. These report are merely estimation and are liable to vary / Change in different conditions in different laboratories.
2. The values are to be corroborated with clinical finding and any alarming or unexpected result should be referred to the lab urgently.
3. These reports are not valid for medico-legal purposes.



LAB DIVISION

Patient ID	12233420	Collected On	17/02/2024 09:33:23
Patient Name	Mrs. MOHOR DE	Received On	17/02/2024 09:33:24
Gender / Age	Female / 34 Yrs 5 Mon 14 Days	Released On	19/02/2024 11:39:07
Refd. By		Printed On	20/02/2024 11:59:04
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
Erythrocyte Sedimentation Rate (ESR) Westergren's	46	mm in 1hr	00 - 20

- * Test conducted on EDTA whole blood at 37 degree Celsius.
- * ESR is an index of the presence of the active diseases of many types.
- * Increased- in most infections, anaemias, injection of foreign proteins, auto-immune disorders, conditions accompanied by hyperglobunemia and hypercholesterolaemia.
- * A rising ESR suggests a progressive disease.
- * Decreased- in polycythemia, congestive heart failure.
- * ESR is a useful but nonspecific marker of underlying inflammation. C-Reactive Protein(CRP) is the recommended test in a acute inflammatory conditions.




Dr. Arun Kumar
MBBS, MD (Pathology)
Consultant Pathologist

Note : 1. These report are mere estimation and are liable to vary / Change in different conditions in different laboratories.
2. The values are to be corroborated with clinical finding and any alarming or unexpected result should be referred to the lab urgently.
3. These reports are not valid for medico-legal purposes.



LAB DIVISION

Patient ID	12233420	Collected On	17/02/2024 09:33:23
Patient Name	Mrs. MOHOR DE	Received On	17/02/2024 09:33:24
Gender / Age	Female / 34 Yrs 5 Mon 14 Days	Released On	19/02/2024 11:39:07
Refd. By		Printed On	20/02/2024 11:59:04
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
---------------	-------	------	-----------------------

Peripheral Blood Smear

RBC:- ^{Microscopy} RBC are Normocytic Normochromic.

WBC:- WBC Shows normal morphology.

PLATELET:- Platelets are adequate with normal morphology.

PARASITES:- Malaria parasites are not detected.

REMARKS:- Unremarkable P/S




Dr. Arun Kumar
MBBS, MD (Pathology)
Consultant Pathologist

Note : 1. These report are mere estimation and are liable to vary / Change in different conditions in different laboratories.
2. The values are to be corroborated with clinical finding and any alarming or unexpected result should be referred to the lab urgently.
3. These reports are not valid for medico-legal purposes.



LAB DIVISION

Patient ID	12233420	Collected On	17/02/2024 09:33:23
Patient Name	Mrs. MOHORDE	Received On	17/02/2024 09:33:24
Gender / Age	Female / 34 Yrs 5 Mon 14 Days	Released On	19/02/2024 11:39:07
Refd. By		Printed On	20/02/2024 11:59:05
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
Glycosylated Hb HPLC	5.3	%	
Average Plasma Glucose	105		

Interpretation :

HbA1c %

<=5.6	Normal
5.7-6.4	At Risk for Diabetes
>=6.5	Diabetes

Estimated Average Glucose (eAG) is a new way to understand how well you are managing your diabetes. Using eAG may help you get a better idea of how well you are taking care of your diabetes. And that can help you and your health care provider know what changes you may need to make to be as healthy as possible .

HbA1c %	5	5.5	6	6.5	7	7.5	8	8.5	9	10	11	12
(eAG) mg/ dL	97	111	126	140	154	169	183	197	212	240	269	298

The HbA1c goal for people with diabetes is less than 7 percent. A 3 to 6 monthly monitoring is recommended in diabetics. People with diabetes should get the test done more often if their blood sugar stays too high or if their healthcare provider makes any change in the treatment plan. HbA1c concentration represents the integrated values for blood glucose over the preceding 6 -10 wks and is not affected by daily glucose fluctuation, exercise & recent food intake. It is a more useful tool for clinical management of *Diabetes mellitus* through routine monitoring & assesses compliance with therapeutic regimen.




Dr. Arun Kumar
MBBS, MD (Pathology)
Consultant Pathologist

Note : 1. These report are mere estimation and are liable to vary / Change in different conditions in different laboratories.
2. The values are to be corroborated with clinical finding and any alarming or unexpected result should be referred to the lab urgently.
3. These reports are not valid for medico-legal purposes.



LAB DIVISION

Patient ID	12233420	Collected On	17/02/2024 09:33:23
Patient Name	Mrs. MOHORDE	Received On	17/02/2024 09:33:24
Gender / Age	Female / 34 Yrs 5 Mon 14 Days	Released On	19/02/2024 11:39:07
Refd. By		Printed On	20/02/2024 11:59:06
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
Blood group Gel Technique	"A" Positive		

Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB. The test is performed by both forward as well as reverse grouping methods.

The report is of sample received. It is presumed that the sample belongs to the patient. In case of any discrepancy related to this report, contact lab.




Dr. Arun Kumar
MBBS, MD (Pathology)
Consultant Pathologist

Note : 1. These report are mere estimation and are liable to vary / Change in different conditions in different laboratories.
2. The values are to be corroborated with clinical finding and any alarming or unexpected result should be referred to the lab urgently.
3. These reports are not valid for medico-legal purposes.



LAB DIVISION

Patient ID	12233420	Collected On	17/02/2024 09:33:23
Patient Name	Mrs. MOHOR DE	Received On	17/02/2024 09:33:24
Gender / Age	Female / 34 Yrs 5 Mon 14 Days	Released On	19/02/2024 11:39:07
Refd. By		Printed On	20/02/2024 11:59:07
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
<u>Liver Function Test</u>			
Billirubin – Total Diazonium Salt	0.54	mg/dL	0.20 - 1.30
Billirubin – Direct Diazo Reaction	0.27	mg/dL	0.00 - 0.50
Billirubin, Indirect Calculated	0.27	mg/dL	0.00 - 0.70
Gultamic Oxaloacetic Transaminase (SGOT, AST) ifcc	18.50	U/L	0.00 - 31.00
Gultamic Pyruvic Transaminase (SGPT, ALT) IFCC	27.50	U/L	0.00 - 31.00
ALP (Alkaline Phosphatase) IFCC	115.00	U/L	40.00 - 150.00
Total Protien Biuret method	8.29	g/dL	6.60 - 8.70
Albumin Bromcresol Green	4.05	g/dL	3.50 - 5.20
Globulin Calculated	4.24	g/dL	2.30 - 3.50
A:G (Albumin:Globulin) Ratio Calculated	0.96		1.20 - 2.00

These are group of tests that can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and monitor the response to treatment. Most liver diseases cause only mild symptoms initially, but these diseases must be detected early. Some tests are associated with functionality (e.g., albumin), some with cellular integrity (e.g., transaminase), and some with conditions linked to the biliary tract (gamma-glutamyl transferase and alkaline phosphatase). Conditions with elevated levels of ALT and AST include hepatitis A, B, C, paracetamol toxicity etc. Several biochemical tests are useful in the evaluation and management of patients with hepatic dysfunction. Some or all of these measurements are also carried out (usually about twice a year for routine cases) on those individuals taking certain medications, such as anticonvulsants, to ensure that the medications are not adversely impacting the person's liver. Reference ranges vary between laboratories

.Note : The result obtained relate only to the sample given/ received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation




Dr. Arun Kumar
MBBS, MD (Pathology)
Consultant Pathologist

Note : 1. These report are mere estimation and are liable to vary / Change in different conditions in different laboratories.
2. The values are to be corroborated with clinical finding and any alarming or unexpected result should be referred to the lab urgently.
3. These reports are not valid for medico-legal purposes.



LAB DIVISION

Patient ID	12233420	Collected On	17/02/2024 09:33:23
Patient Name	Mrs. MOHOR DE	Received On	17/02/2024 09:33:24
Gender / Age	Female / 34 Yrs 5 Mon 14 Days	Released On	19/02/2024 11:39:07
Refd. By		Printed On	20/02/2024 11:59:08
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
<u>Kidney Function Test</u>			
Urea, Serum Urease	18.00	mg/dL	13.00 - 43.00
Blood Urea Nitrogen Urease	8.41	mg/dL	7.00 - 21.00
Creatinine Modified jaffe's	0.75	mg/dL	0.60 - 1.30
Uric Acid, Serum enzymatic	4.90	mg/dL	2.60 - 6.00
Calcium Arsenazo III	9.19	mg/dl	8.40 - 10.20
Phosphorus UV PHOTOMETRIC	3.62	mg/dL	2.60 - 4.50
BUN Creatinine Ratio Serum	11.21	Ratio	6.00 - 22.00

Kidney function tests are group of tests that can be used to evaluate how well the kidneys are functioning. Creatinine is awaste product that comes from protein in the diet and also comes from the normal wear and tear of muscles of the body. Inblood, it is a marker of GFR .in urine, it can remove the need for 24-hour collections for many analytes or be used as a qualityassurance tool to assess the accuracy of a 24-hour collection Higher levels may be a sign that the kidneys are not workingproperly. As kidney disease progresses, the level of creatinine and urea in the blood increases. Certain drugs are nephrotoxicence KFT is done before and after initiation of treatment with these drugs.Low serum creatinine values are rare; they almost always reflect low muscle mass.Apart from renal failure Blood Urea can increase in dehydration and GI bleed.Reference ranges vary between laboratories.

Note : The result obtained relate only to the sample given/ received & tested. A single test result is not always indicative of a disease, it has to be correlatedwith clinical data for interpretation.




Dr. Arun Kumar
MBBS, MD (Pathology)
Consultant Pathologist

Note : 1. These report are mere estimation and are liable to vary / Change in different conditions in different laboratories.
2. The values are to be corroborated with clinical finding and any alarming or unexpected result should be referred to the lab urgently.
3. These reports are not valid for medico-legal purposes.



LAB DIVISION

Patient ID	12233420	Collected On	17/02/2024 09:33:23
Patient Name	Mrs. MOHOR DE	Received On	17/02/2024 09:33:24
Gender / Age	Female / 34 Yrs 5 Mon 14 Days	Released On	19/02/2024 11:39:07
Refd. By		Printed On	20/02/2024 11:59:09
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
<u>Lipid Profile</u>			
T. Cholesterol CHOD-PAP	168.00	mg/dL	Desirable < 200 Borderline 200 - 239 High Risk >= 240
Triglycerides Glycerol Phosphate Oxidase	113.60	mg/dL	Normal <150 Borderline 150-199 High 200 -499 Very High >=500
Direct HDL Accelerator Selective Detergent	45.20	mg/dL	Major risk factor for heart disease < 40 Negative risk factor for heart disease =>60
VLDL Cholesterol Calculated	22.72	mg/dL	0.00 - 30.00
LDL Calculated	100.08	mg/dL	Recommended <130 Moderate Risk 130-159 High Risk >160
Total / HDL Cholesterol Ratio	3.72		Low Risk 3.3-4.4 Average Risk 4.4-7.1 Moderate Risk 7.1-11.0 High Risk >11.0
Non HDL Cholesterol Calculated	122.8	mg/dL	Adult Optimal <130 Above Optimal 130 -159 Borderline High 160-189 High 190 -219 Very High >=220

Lipid profile is a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks cardiovascular disease, certain forms of pancreatitis. Hypertriglyceridemia is indicative of insulin resistance when present with low high-density lipoprotein (HDL) and elevated low-density lipoprotein (LDL), while elevated triglyceride is a clinical risk factor for coronary artery disease (CAD), especially when low HDL is present. Very high levels of triglycerides are defined by serum levels of 500mg/dL or greater and can be concerning for development of pancreatitis. Reference ranges between laboratories.




Dr. Arun Kumar
MBBS, MD (Pathology)
Consultant Pathologist

Note : 1. These reports are merely estimations and are liable to vary / Change in different conditions in different laboratories.
2. The values are to be corroborated with clinical finding and any alarming or unexpected result should be referred to the lab urgently.
3. These reports are not valid for medico-legal purposes.



LAB DIVISION

Patient ID	12233420	Collected On	17/02/2024 09:33:23
Patient Name	Mrs. MOHOR DE	Received On	17/02/2024 09:33:24
Gender / Age	Female / 34 Yrs 5 Mon 14 Days	Released On	19/02/2024 11:39:07
Refd. By		Printed On	20/02/2024 11:59:11
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
---------------	-------	------	-----------------------

Thyroid Function Test

Triiodothyronine (T3) Chemiluminescent Microparticle Immunoassay (CMIA)	1.72	ng/ml	0.69 - 2.15
Thyroxine (T4) Chemiluminescent Microparticle Immunoassay (CMIA)	108.60	ng/mL	52.00 - 127.00
Thyroid Stimulating Hormone (TSH) Chemiluminescent Microparticle Immunoassay (CMIA)	2.66	uIU/ml	0.30 - 4.50
			Euthyroid 0.25 - 5.00 Hyperthyroid < 0.15 Hypothyroid > 7.00

Interpretation:-

TSH	T4	T3	Interpretation
High	Normal	Normal	Mild (Subclinical) hypothyroidism
High	Low	Low or Normal	Hypothyroidism
Low	Normal	Normal	Mild (Subclinical) hyperthyroidism
Low	High or Normal	High or Normal	Hyperthyroidism
Low	Low or Normal	Low or Normal	Non-thyroidal illness; rare pituitary (secondary) hypothyroidism




Dr. Arun Kumar
MBBS, MD (Pathology)
Consultant Pathologist

Note : 1. These reports are merely estimations and are liable to vary / Change in different conditions in different laboratories.
2. The values are to be corroborated with clinical finding and any alarming or unexpected result should be referred to the lab urgently.
3. These reports are not valid for medico-legal purposes.



LAB DIVISION

Patient ID	12233420	Collected On	17/02/2024 09:33:23
Patient Name	Mrs. MOHOR DE	Received On	17/02/2024 09:33:24
Gender / Age	Female / 34 Yrs 5 Mon 14 Days	Released On	19/02/2024 11:39:07
Refd. By		Printed On	20/02/2024 11:59:12
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
---------------	-------	------	-----------------------

Urine Examination (Routine)

Physical Examination

Volume	25	mL	
Colour	WATERY		
Appearance	Turbid.		Clear
pH	5.0		Acidic
Specific Gravity	1.010		1.001-1.035

Chemical Examination

Urine Protein	Nil		Nil
Urine Glucose	Nil		Nil
Ketone	Negative		Negative
Nitrite	Negative		Negative
Blood	Nil		Nil
Urobilinogen	Not Increased		Not Increased
Bilirubin	Nil		Nil
Leukocyte esterase	NIL		NIL

Microscopic Examination.

Red Blood Cells	2 - 4	/hpf	Nil
Pus Cells (WBC)	5 - 10	/hpf	NIL
Epithelial Cells	15-20	/hpf	Nil
Casts	Epithelial Cell Cast	/hpf	Nil
Crystals	Nil		Nil
Bacteria	Nil		Nil
Yeast Cell	Nil		Nil
Mucous	Nil		Nil
Trichomonas	Nil		Nil
Amorphous Material	Nil		Nil

*** End of Report ***





Dr. Arun Kumar
MBBS, MD (Pathology)
Consultant Pathologist

Note : 1. These reports are merely estimations and are liable to vary / Change in different conditions in different laboratories.
2. The values are to be corroborated with clinical finding and any alarming or unexpected result should be referred to the lab urgently.
3. These reports are not valid for medico-legal purposes.

MER- MEDICAL EXAMINATION REPORT

Date of Examination	17 20/02/2024		
NAME	Mohon De		
AGE	34 Y	Gender	Female
HEIGHT(cm)	152 cms	WEIGHT (kg)	71.6 kg.
B.P.	136/90	Pulse - 79	
ECG	Normal		
X Ray	Normal		
Vision Checkup	Color Vision: No color vision defect Far Vision Ratio : 6/6 with glasses Near Vision Ratio : N/6		
Present Ailments	Nil		
Details of Past ailments (If Any)	Nil		
Comments / Advice : She /He is Physically Fit	Fit		


Dr. Ninad J. Gor
 M.B.B.S.
 Signature with Stamp of Medical Examiner
 Reg. No. : G-64033



SPECIALITY LAB | DIAGNOSTIC SERVICES | MULTI SPECIALITY CLINICS

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mohan De on 17/02/2024

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

Dr. Ninad J Gor
Medical Officer
The Apollo Clinic, (Bhuj)

This certificate is not meant for medico-legal purposes



SWAMINARAYAN HOSPITAL

HEART & DIABETES CLINIC

NCD COUNSELLING CENTRE

NAME : MOHOR DE

AGE/SEX : 37 /FEMALE

DATE : 19-02-2024

REF BY: ROHA HEALTH CARE

FINAL IMPRESSION:

- NORMAL LV SYSTOLIC FUNCTION WITH NORMAL LV SIZE.
- LVEF : 63.00 %, NO RWMA AT REST.
TRIVIAL MR / TRIVIAL TR/PR /AR. NO MS/AS/TS/PS.
- NO PAH, NORMAL RA/RV. NORMAL LA.
- NORMAL RV FUNCTION. NORMAL RA AND RV.
NORMAL LV COMPLAINE.
- NO ASD, NO VSD, NO PDA. NO PE.
- IVC : NORMAL.
- NO CHD, NO SHD, NO VHD
CONCENTRIC TYPE MILD LVH NOTED.


DR. JAGDISH DHANJI HALAI
Dr. Jagdish Dhanji Halai
MBBS, D. CARDIOLOGIST & DIABETOLOGIST
CLINICAL CARDIOLOGIST
Reg.No.G 42676 IG 27-200855/Sr.No.D-19188

Dr. Jagdish Dhanji Halai

MBBS, PGDCC (U.N. Mehta Ahmedabad), CCEBDM, CCGDM
CLINICAL CARDIOLOGIST & DIABETOLOGIST
Reg. No. G 42676
IG 27-200855/Sr. No.D-19188

Dr. Ninad J. Gor

MBBS, F.Diab (Dr. V. Mohan Chennai) CCEBDM, CCGDM
CONSULTANT DIABETOLOGIST
Reg. No. G 64033

नाम नोधावा माटे Appointment : 74074 98098

Education is Foundation For Prevention, Prevention is better than cure

स्वतःस्फुर्त्ता : स्वाट आजादीनो

Not for Medico Legal purposes



SWAMINARAYAN HOSPITAL

HEART & DIABETES CLINIC NCD COUNSELLING CENTRE

NAME : MOHOR DE

AGE/SEX : 37 / FEMALE

DATE : 19-02-2024

REF BY: ROHA HEALTH CARE

MITRAL VALVE : NORMAL.
AORTIC VALVE : NORMAL.
PULMONARY VALVE : NORMAL.
TRICUSPID VALVE : NORMAL.
AORTA : ROOT: 18.00 MM AND AORTA ST JUNCTION: 21.00 MM.
NORMAL ARCH AND WHOLE AORTA FROM ORIGINE TO BIFURCATION.
LA : NORMAL, 26.30 MM.
LV- D/LV-S : 44/27 MM.
LVEF : 63.00 %, NO RWMA AT REST.
IVS : INTACT, IVS: 11.80 MM.
IAS : INTACT, PW: 11.80 MM.
AOVP : 1.26 M/SEC. PVP: 0.86 M/SEC.
RA AND RV : NORMAL, PA: NORMAL.
RVSP : TR JET + RA MEAN PRESSURE: 28 MM HG TAPSE: 20.00 MM
COLOR DOPPLER STUDY : TRIVIAL MR, TRIVIAL TR, PR : NO , TRIVIAL AR.
NO AS, NO MS, NO TS/PS.
ALL VLVES ARE NORMAL WITH NORMAL HEMODYNAMIC.
MVIS : A/E < 1
NO PERICARDIAL EFFUSION.
NO VSR, NO SCAR, NO CLOT, NO VEGETATION.
NO THROMBUS IN LV/LVA.

Dr. Jagdish Dhanji Halai

MBBS, PGDCC (U.N. Mehta Ahmedabad), CCEBDM, CCGDM
CLINICAL CARDIOLOGIST & DIABETOLOGIST
Reg. No. G 42676
IG 27-200855/Sr. No.D-19188

Dr. Ninad J. Gor

MBBS, F.Diab (Dr. V. Mohan Chennai) CCEBDM, CCGDM
CONSULTANT DIABETOLOGIST
Reg. No. G 64033

नाम नोधावा माटे Appointment : 74074 98098

Education is Foundation For Prevention, Prevention is better than cure

स्वतःस्कुर्धा : स्वाह आजादीनो



SPECIALITY LAB | DIAGNOSTIC SERVICES | MULTI SPECIALITY CLINICS

Patient Name : MOHOR DE
MR No : 170220241
Modality : DX
Gender : F
Age : 34YY
Date : 17/02/2024
Referred By : ROHA HEALTH CARE

RAY CHEST (PA)

Both the lung fields do not reveal any parenchymal abnormality.

Both CP angles are clear.

Cardiac size is within normal limits.

Both domes of the diaphragm appear normal.

Bony thoracic cage appears normal.

CONCLUSION:

NO SIGNIFICANT ABNORMALITY DETECTED.

ADV: Clinical correlation and further investigation. Thanks for ref...

A handwritten signature in black ink, appearing to read "BShah".

Dr. BHAVEN SHAH
M.D
RADIOLOGIST



MOHOR

Dr. Kripalsinh JadejaM.B., D.M.R.E.
Consultant Radiologist**Dr. Bhaven Shah**M.D.
Consultant Radiologist

Patient Name : MOHOR DE
MR No : E05714
Modality : US
Gender : M
Age : 37YY
Date : 17/02/2024
Referred By : ROHA.HEALTH.CARE

USG ABDOMEN & PELVIS.

LIVER : Appears normal in size and show hyperechoic echotexture. No e/o focal lesion seen. No evidence of dilated IHBR. PV and CBD appear normal in calibre.

GALL BLADDER : Appears normal. No evidence of stone or cholecystitis seen.

PANCREAS: Appears normal in size and echotexture. No focal mass lesion or changes of pancreatitis seen.

SPLEEN : Appears normal in size and echotexture. No evidence of focal or diffuse lesion.

BOTH KIDNEYS : Appear normal in size and echotexture with preservation of corticomedullary differentiation. No evidence of calculus, hydronephrosis or mass lesion involving Either kidney.

RK: 11.5 x 4.4 cm LK: 11.2 x 5.1 cm

URINARY BLADDER : appears normal. No intrinsic lesion seen.

UTERUS: Appears normal in size and echotexture. Endometrial thickness is 7 mm.

Both adnexa appear normal. No e/o adnexal mass lesion. No e/o free fluid seen in POD.

No evidence of ascites or paraaortic lymphadenopathy.

CONCLUSION:

- * Mild changes of fatty liver Grade I.
- * NORMAL SONOGRAPHY STUDY OF GB, PANCREAS, SPLEEN, BOTH KIDNEYS, U.BLADDER, UTERUS AND BOTH ADENEXA.

ADV: Clinical correlation and further investigation. Thanks for ref...



Dr. KRIPALSINH JADEJA
M.B., D.M.R.E
RADIOLOGIST

KRICBHJ

17 Feb 2024 Study : ABD
Name : MOHOR DE 037Y / M

FATTY LIVER GR1

PORTAL VEIN

PANCREAS

Dist: 1.24 cm

GB

RT KIDNEY

1 Dist: 11.56 cm
2 Dist: 4.34 cm

LT KIDNEY

SPLEEN