

Clarity Medical TrueBeat 200 Ver2-2-6H
 0362
 Lakshath malsoor
 M 30Y 081Kg
 11:37 AM
 13/01/2023

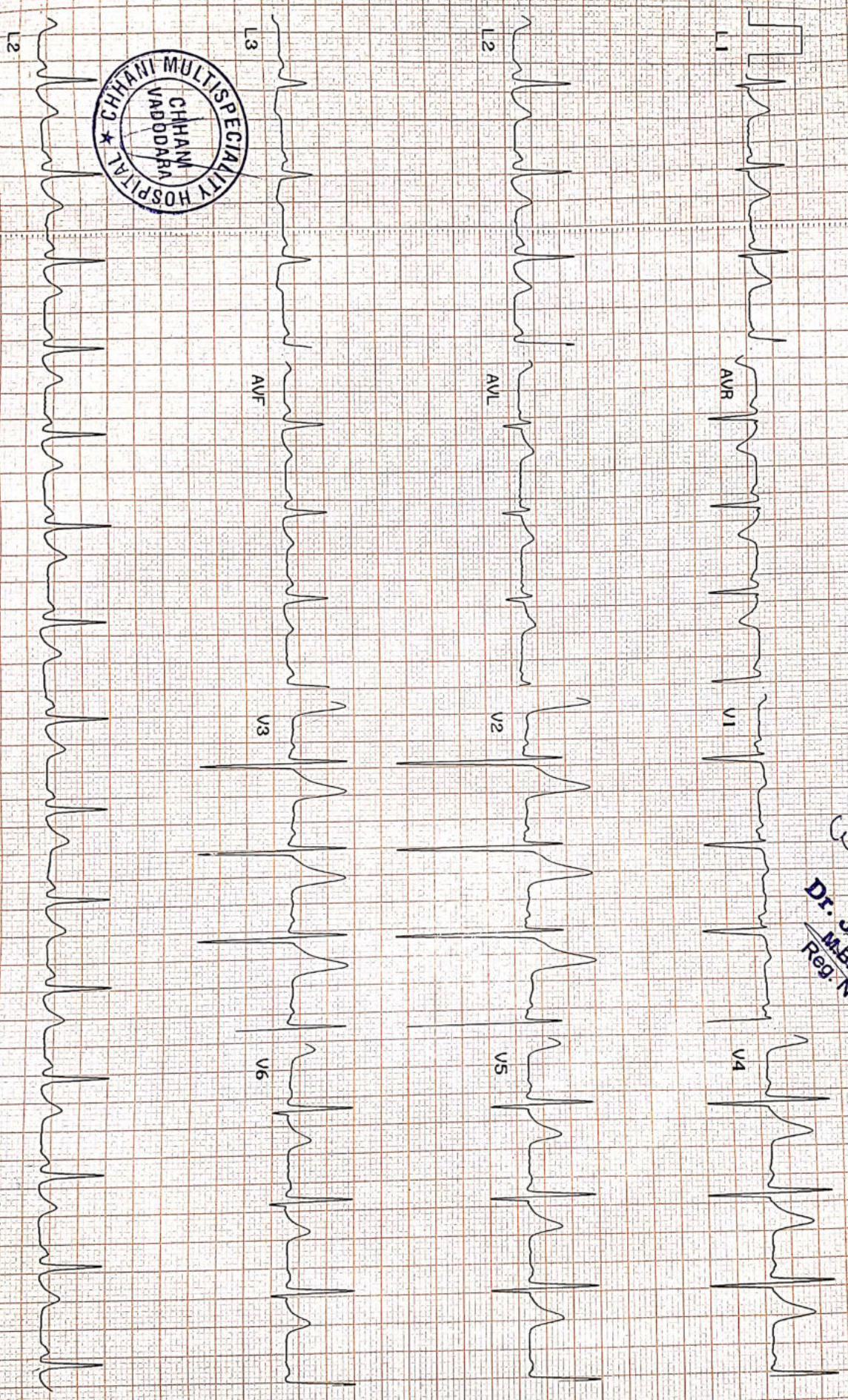
25 mm/s
 10mm/mV
 0.1 - 35HZ
 50Hz ReJ-Y
 AUTO 12LS-BLC-Y

P = 92 ms
 QRS = 72 ms
 PR = 110 ms
 QT = 312 ms
 QTc = 382 ms

QT/QTc = 81%
 QT/RR = 46%
 QRS axis = 59°
 P axis = 90°
 T axis = -06°

HR = 90bpm

WNL
 Dr. Jaydutt A. Patil
 MBBS, MD, MCh
 Reg. No. G-25108



CHHANI HOSPITAL

DR

Arora Ref By

Arora Ref By

FITNESS CERTIFICATE

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Name : Malsoor Lakavath.
 Date of Birth: 10/11/1992 Age: 30.7 Blood Group: O +ve
 Sex : Male Female | Marital Status: Married Unmarried
 Address : 8-18 Jambai, Gdrukkuntei Thumdei, Velikkatte, Yelkotte, Warangal, Thosour, Andhra Pradesh, 506163.
 Any allergy / Disability / Pre-existing disease: _____
NO any Allergy Date: 13/01/23

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Height <u>169</u> Cms.	Weight <u>81</u> Kgs.	Near L.E. <u>6/6</u> R.E. <u>6/6</u> Vision: Distant L.E. <u>6/6</u> R.E. <u>6/6</u> Colour Vision <u>(N)</u>	Hearing Left Ear <u>(N)</u> Right Ear <u>(N)</u>
BP: <u>120/70</u>	Pulse Rate: <u>92/min</u>	Resp. Rate: <u>22/min.</u>	
CVS: <u>S, S2(N)</u>	RS: <u>AEBE clear</u>	Abdomen: <u>Soft</u>	
Any other Findings: _____			

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I Dr.: Jaydutt patel
 hereby certify that I have examined Mr./Ms.: Malsoor Lakavath
 on 13/1/2023 and find him FIT ~~UNFIT~~ for employment.
 Remarks if unfit: _____

Dr. Jaydutt A. Patel
 M.B.B.S., M.D. Medicine
 Reg. No.: G-25108
 Signature & Seal

Shualh
 Signature of Candidate


 Address / Tel No.

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I declare that the above information is true and correct to the best of my knowledge and I am not suffering from any disease / illness, the presence of which I have not revealed. I fully understand that any misrepresentation of this declaration could lead to the termination of my offer / appointment. In case of any discrepancy arising out of my declaration, I will undergo the medical check-up by the company's suggested doctor and their findings will be fully binding on me and action thereon towards my employment will be accepted by me.

Signature of Candidate: shualh Date: 13/01/23

భారత ప్రభుత్వం
Government of India

లకావత మల్సూర్
Lakavath Malsoor

పుట్టిన సంవత్సరం / Year of Birth 1992
పురుషుడు / Male

5555 9626 6875

ఆధార్ - సామాన్యుని హక్కు

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hualh





ECHOCARDIOGRAPHY REPORT

PATIENT NAME : SARITHA LAKAVATH

AGE /SEX : 30/F

DATE : 13 /01/2023

CONCLUSION:

- NORMAL LV SYSTOLIC FUNCTION LVEF 60 %
- NORMAL CARDIAC CHAMBERS
- NO RWMA
- MILD MR/MS
- NO TR, NO PAH (RVSP – 15MMHG)
- NO AR/AS
- NORMAL DIASTOLIC FUNCTION
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION

M:MODE

AO: 27mm	LA: 34mm	IVS:09mm
LVdd:46mm	LVds:25mm	PW:10mm

DOPPLER STUDY

MITRAL VALVE	E : 1.68	A :0.92
AORTIC VALVE	1.08	



DR KARSHIT JOSHI



ECHOCARDIOGRAPHY REPORT

PATIENT NAME : MALSOOR LAKAVATH

AGE /SEX : 30/M

DATE : 13 /01/2023

CONCLUSION:

- NORMAL LV SYSTOLIC FUNCTION LVEF 58 %
- NORMAL CARDIAC CHAMBERS
- NO RWMA
- MILD MR/MS
- NO TR, NO PAH (RVSP – 20MMHG)
- NO AR/AS
- GRADE I DIASTOLIC DYSFUNCTION
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION

M:MODE

AO: 28mm	LA: 35mm	IVS:10mm
LVdd:45mm	LVds:27mm	PW:11mm

DOPPLER STUDY

MITRAL VAVLE	E : 0.58	A :1.82
AORTI CVALVE	1.18	



Dr. KARSHIT JOSHI
MBBS, MD, DGM, FID
Consultant
DR. KARSHIT JOSHI
Consultant Physician



SUNNY DIGITAL X-RAY SERVICES, VADODARA-8758530074



LAKAVATH MALSOOR 30YRS M CHEST PA 1/12/2023
SUNNY DIGITAL X-RAY SERVICES 8758530074



NAME: MALSOOR LAKAVATH

AGE:30/M

DATE: 13/01/2023

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.

DR. KUNAL VADWALA
MBBS, DMRD, DNB
Consultant Radiologist
Reg. No. G-20511





Report Time : 15:37:09



Patient Name : MALSOOR LAKAVATH
Reference: CHHANI MULTISPECIALITY HOSPITAL

Age & Sex: 30 Year | Male
Sample Type :

Date: 13/01/2023
Lab ID 0000275

COMPLETE BLOOD COUNT

Test	Observed Value	Unit	Biological Reference Interval
BLOOD COUNT			
HGB - Haemoglobin	16.5	g/dL	13.0 - 18.0
RBC - Red Blood Cell	6.02 H	mill./cmm	4.50 - 6.00
WBC - White Blood Cell	7600	/cmm	4000 - 10000
PLT - Platelets Count	246000	/cmm	150000 - 450000
HCT (Haematocrit)	44.8	%	40.0 - 50.0
MCV (Mean Cell Volume)	74.4 L	fL	80.0 - 100.0
MCH (Mean Cell Hemoglobin)	27.4	pg	27.0 - 32.0
MCHC(Mean Cell Hemoglobin Concentration)	36.8 H	g/dL	31.5 - 36.0
RDW-CV (Red Cell Distribution Width-CV)	13.2	%	11.5 - 14.5
DIFFERENTIAL WBC COUNT %			
Neutrophils	58	%	40.0 - 70.0
Lymphocytes	35	%	20.0 - 40.0
Eosinophils	03	%	1.0 - 5.0
Monocytes	04	%	2 - 6
Basophils	00	%	0.0 - 2.0

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Note : All the above tests are subject to technical limitations. Co-relate clinically. Lab may be contacted whenever necessary.



Report Time : 15:37:09



Patient Name : MALSOOR LAKAVATH
Reference: CHHANI MULTISPECIALITY HOSPITAL

Age & Sex: 30 Year | Male
Sample Type :

Date: 13/01/2023
Lab ID 00000275

BLOOD GROUP

Test	Observed Value	Unit	ANTIGEN - ANTIBODY REACTION Biological Reference Interval
BLOOD GROUP "ABO" Rh	"O" POSITIVE		



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Patient Name : MALSOOR LAKAVATH
Reference: CHHANI MULTISPECIALITY HOSPITAL

Age & Sex: 30 Year | Male
Sample Type :

Date: 13/01/2023
Lab ID 00000275

BLOOD CHEMISTRY

FULLY AUTO BIO-CHEMISTRY ANALYSER

Test	Observed Value	Unit	Biological Reference Interval
S. Creatinine	1.15	mg/dL	0.40 - 1.40
eGFR	79.4	ml/min	> 60 ml/min
SGPT (ALT) IFCC method without pyridoxal phosphate, Kinetic, UV	38	U/L	6.0 - 40.0
Cholesterol CHOD-PAP enzymatic photometric method.	216 H	mg/dL	< 200 : Desirable 200-239 : Borderline High >= 240 : High
Bl. Urea BUN	45 21 H	mg/dL	10.0 - 50.0 7.0 - 20.0
Uric Acid	6.2	mg/dL	3.4 - 7.0
Gamma-Glutamyl-Transpeptidase	38	U/L	16-51

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Patient Name : MALSOOR LAKAVATH
Reference: CHHANI MULTISPECIALITY HOSPITAL

Age & Sex: 30 Year | Male
Sample Type :

Date: 13/01/2023
Lab ID 00000275

BLOOD GLUCOSE TEST

FULLY AUTO BIO-CHEMISTRY ANALYSER
Biological Reference Interval

Test	Observed Value	Unit	Biological Reference Interval
Sample	FLOURIDE PLASMA		

FASTING (FBS)

Blood Sugar-F	110	mg/dL	70.0 - 120.0
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POST PRANDIAL (PPBS)

Blood Sugar-PP	149 H	mg/dL	80.0 - 140.0
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Fasting blood glucose: A test to determine how much glucose (sugar) is in a blood sample after an overnight fast. The fasting blood glucose test is commonly used to detect diabetes mellitus.
A postprandial glucose (PPG) test is a blood glucose test that determines the amount of glucose, in the plasma after a meal. ... Typically, PPG levels are measured after about 2 hours from the start of the meal which corresponds to the time-span in which peak values are typically located, in case of diabetic patients.

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Report Time : 15:37:09



Patient Name : MALSOOR LAKAVATH
Reference: CHHANI MULTISPECIALITY HOSPITAL

Age & Sex: 30 Year | Male
Sample Type :

Date: 13/01/2023
Lab ID 00000275

LIVER FUNCTION TEST

FULLY AUTO BIO-CHEMISTRY ANALSER
Biological Reference Interval

Test	Observed Value	Unit	Biological Reference Interval
Bilirubin			
Jendrassik and Grof Method			
Total Bilirubin	0.88	mg/dL	0.30 - 1.20
Direct	0.16	mg/dL	0.00 - 0.20
Indirect	0.72 H	mg/dL	0.10 - 0.70
SGPT (ALT)	38	U/L	6.0 - 40.0
IFCC method without pyridoxal phosphate, Kinetic, UV			
SGOT (AST)	32	U/L	1.0 - 40.0
IFCC method without pyridoxal phosphate, Kinetic, UV			
Alkaline Phosphatase	110	U/L	80.0 - 306.0
PROTEINS			
Total Protein	8.1 H	g/dL	6.0 - 8.0
Albumin	4.6	g/dL	3.5 - 5.0
Globulin	3.5	g/dL	2.5 - 3.5
A/G Ratio	1.3		

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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Report Time : 15:37:09



Patient Name : **MALSOOR LAKAVATH**
Reference: CHHANI MULTISPECIALITY HOSPITAL

Age & Sex: **30 Year | Male**
Sample Type :

Date: **13/01/2023**
Lab ID **00000275**

THYROID FUNCTION TEST

Test	Observed Value	Unit	DRIED CHEMILUMINESCENCE IMMUNOASSY (CLIA)
			Biological Reference Interval
TSH	2.136	μIU/mL	0.55-4.78
T3 - Triiodothyronine	95 H	ng/dl	84-200
T4 - Total Thyroxine	7.10	μg/dL	4.5-12.6

Please note change in reference range & method of testing.

Interpretation Note:

Ultra sensitive-thyroid stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism. Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy. TSH ref range in Pregnancy Reference range (microIU/ml). First trimester 0.24 - 2.00, Second trimester 0.43-2.2, Third trimester 0.8-2.5

For test performed on specimens received or collected from non-Lab locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. Laboratory will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

TRUPATH



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Report Time : 15:37:09



Patient Name : MALSOOR LAKAVATH
Reference: CHHANI MULTISPECIALITY HOSPITAL

Age & Sex: 30 Year | Male
Sample Type :

Date: 13/01/2023
Lab ID 00000275

HEMOGLOBIN A1c TEST

FULLY AUTO CHEMISTRY ANALYSER
Biological Reference Interval

Test	Observed Value	Unit	Biological Reference Interval
HbA1c	5.7	%	4.2-6.2 Good Control : 6.3-7.2 Fair Control : 7.3-8.2 Poor Control : >8.3
Mean Blood Glucose	116.9	mg/dL	80.0 - 140.0

Importance of HbA1c - Glycated Hb. in Diabetes Mellitus

- HbA1c, also known as Glycated Hemoglobin is the most important test for the assessment of long term blood glucose control (also called glycemic control)
- HbA1c reflects mean blood glucose concentration over past 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. , this reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy-eye complications, nephropathy-kidney complications and neuropathy-nerve complications, are potentially serious and can lead to blindness, kidney failure etc.
- Glycemic control monitored by HbA1c measurement using HPLC method-(Gold Standard) is considered most important. (Ref. National Glycohemoglobin Standardization Program -NGSP).

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Patient Name : MALSOOR LAKAVATH
Reference: CHHANI MULTISPECIALITY HOSPITAL

Age & Sex: 30 Year | Male
Sample Type :

Date: 13/01/2023
Lab ID 00000275

URINE ANALYSIS

CHEMICAL & MICROSCOPY METHOD
Biological Reference Interval

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fresh Urine		
<u>PHYSICAL EXAMINATION</u>			
Quantity	10.0	mL	
Colour	Pale-Yellow		Pale-Yellow / Watery
Appearance	Clear		Clear
pH	7.0		Acidic/Neutral
Specific Gravity	1.020		1.002 - 1.030
Blood	Absent		Absent
<u>CHEMICAL EXAMINATION</u>			
Protein (Albumin)	Absent		Absent
Sugar	Absent		Absent
Bile Salts	Absent		Absent
Bile Pigment	Absent		Absent
<u>MICROSCOPIC EXAMINATION</u>			
Pus Cells	2-3/hpf		0-5/hpf
Red Blood Cells	Absent		
Epithelial Cells	1-2/hpf Squamous		
Crystals	Absent		
Amorphous material	Absent		
Casts	Absent		
Mucus threads	Absent		
Trichomonas vaginalis	Absent		
Yeast	Absent		Absent
Bacteria	Few		
Spermatozoa	Absent		
<u>SPECIAL CHEMICAL TEST</u>			
Ketone	Absent		Absent
Urobilinogen	Normal		Absent/Normal



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Patient Name : MALSOOR LAKAVATH	Age & Sex: 30 Year Male	Date: 13/01/2023
Reference: CHHANI MULTISPECIALITY HOSPITAL	Sample Type :	Lab ID 00000275

ESR

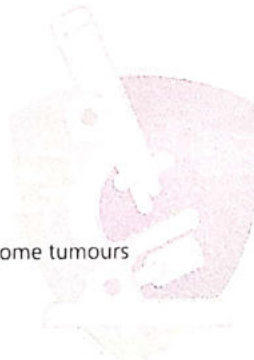
Test	Observed Value	Unit	WINTROBE TUBE METHOD Biological Reference Interval
After 1 Hour :	14		0.0 - 15.0

Clinical Significance of ESR :

The erythrocyte sedimentation rate (ESR) is a non-specific test. It is raised in a wide range of infectious, inflammatory, degenerative, and malignant conditions associated with changes in plasma proteins, particularly increases in fibrinogen, immunoglobulins, and C-reactive protein. The ESR is also affected by many other factors including anaemia, pregnancy, Haemoglobinopathies, haemoconcentration and treatment with anti-inflammatory drugs.

Causes of a significantly raised ESR :

- All types of anemias except sickle cell anemia
- Acute and chronic inflammatory conditions and infections including:
 - HIV disease
 - Tuberculosis
 - Acute viral hepatitis
 - Arthritis
 - Bacterial endocarditis
 - Pelvic inflammatory disease
 - Ruptured ectopic pregnancy
 - Systemic lupus erythematosus
- African trypanosomiasis (rises rapidly)
- Visceral leishmaniasis
- Myelomatosis, lymphoma, Hodgkins disease, some tumours
- Drugs, including oral contraceptives



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Patient Name : MALSOOR LAKAVATH
Reference: CHHANI MULTISPECIALITY HOSPITAL

Age & Sex: 30 Year | Male
Sample Type :

Date: 13/01/2023
Lab ID 00000275

LIPID PROFILE

FULLY AUTO BIO-CHEMISTRY ANALYSER

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fasting Blood Serum		
Cholesterol	216 H	mg/dL	100 - 199 mg/dl
Triglyceride	164 H	mg/dL	0 - 150 : Normal 150 - 199 : Borderline High 200 - 499 : High ≥ 500 : Very High
HDL Cholesterol	48	mg/dL	< 35 : Low (High Risk) ≥ 60 : High (Low Risk)
VLDL	32.8 H	mg/dL	0.0 - 30.0
LDL Cholesterol	135.2 H	mg/dL	< 100 : Optimal 100 - 129 : Near/Above Optimal 130 - 159 : Borderline High 160 - 189 : High ≥ 190 : Very High
LDL Chol. / HDL Chol. Ratio	2.82		1.0 - 3.4
Cholesterol / HDL Chol. Ratio	4.50 H		0 - 3.5

Interpretation:

Normal values of triglycerides (TG) are less than 150mg/dL. Unusually low levels of triglycerides can be present in disease states, producing syndromes of malabsorption in addition to patients who carry genes for familial hypobetalipoproteinemia.

Elevated triglycerides are determined based upon serum laboratory values being greater than 149mg/dL. Levels greater than 149 mg/dL constitute hypertriglyceridemia, and severity of TG is further classified by serum values falling within classification value ranges. Analysis of the significance of hypertriglyceridemia should take into account coexisting dyslipidemias. 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. Additionally, TG of 150 mg/dL or greater is one criterion for metabolic syndrome and can aid in the diagnosis when present with additional criteria.

Very high levels of triglycerides are defined by serum levels of 500mg/dL or greater and can be concerning for development of pancreatitis. If pancreatitis is likely or potentially threatening and levels of triglycerides are found to be 1000 mg/dL or greater, immediate institution of lipid lowering therapy should begin



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