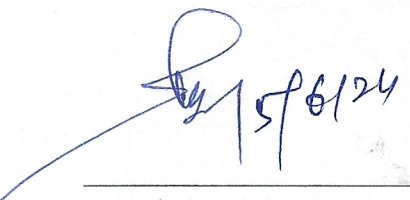


MER-MEDICALEXAMINATIONREPORT

Date of Examination	15/06/2024	
NAME	Rudra Prasad Barik	
AGE	42 yrs	Gender: Male
HEIGHT(cm)	163cm.	WEIGHT(kg): 57.8kg.
B.P.	120/80mmHg	HR- 70/m, SpO <sub>2</sub> - 99%
ECG	WNL	
X Ray	WNL	
Vision Checkup	6/6 Bilateral (corrected)	Color Vision: Far Vision Ratio: Near Vision Ratio: WNL
Present Ailments	Nil	
Details of Past ailments (If Any)	Transplant Kidney. April 2023	
Comments/Advice: She /He is Physically Fit	Fit	

  
 \_\_\_\_\_  
 Signature with Stamp of Medical Examiner

# CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

Of Mr Rudra Prasad Borik on 15/6/24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit <u>fit</u></li> </ul>	✓
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though follow in restrictions have been revealed, in my opinion, the seared not impediments to the job.</p> <p>1. <u>Adv</u> ① <u>Avoid Fruits &amp; High protein Diet</u></p> <p>2. ② <u>stop PotK/ox. Lign.</u></p> <p>3. ③ <u>Tab Nefrearefete</u></p> <p>However the employee should follow the advice/ medication that has been communicated to him/her.</p> <p>Review after <u>④ 2/10</u> <u>Tablets 300 1000</u> <u>AG X/month</u></p>	
<ul style="list-style-type: none"> <li>• Currently Unfit. Review after _____ recommended</li> </ul>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

Dr. [Signature] 15/6/24  
 Medical Officer  
 BLUELINE HOSPITAL PVT. LTD.

MOHANTYPADA, CHANDINICHOWK, CUTTACK, ODISHA, 753002

*This certificate is not meant for medico-legal purposes*



ଭାରତ ସରକାର  
Government of India

ଭାରତୀୟ ବିଶିଷ୍ଟ ପରିଚୟ ପ୍ରାଧିକରଣ  
Unique Identification Authority of India

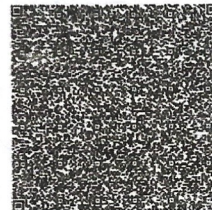
ନାମାଙ୍କନ କ୍ରମାଙ୍କ / Enrollment No.: 0143/51425/66377

To  
ରୁଦ୍ର ପ୍ରସାଦ ବାରିକ  
Rudra Prasad Barik  
S/O Babaji Charan Barik,  
AT- BARDA,  
VTC: Barda.  
PO: Kishorenagar,  
District: Cuttack,  
State: Orissa,  
PIN Code: 754131,  
Mobile: 9573043062

134092710



MG340927105FI



ଆପଣଙ୍କ ଆଧାର ସଂଖ୍ୟା / Your Aadhaar No. :

**4983 2189 7038**

ମୋ ଆଧାର, ମୋ ପରିଚୟ



ଭାରତ ସରକାର  
Government of India



Issue Date : 16/12/2011



ରୁଦ୍ର ପ୍ରସାଦ ବାରିକ  
Rudra Prasad Barik  
ଜନ୍ମ ତାରିଖ / DOB : 01/04/1982  
ପୁରୁଷ / Male

**4983 2189 7038**

ମୋ ଆଧାର, ମୋ ପରିଚୟ

X Rudra Prasad Barik

Rate 62 . Sinus rhythm.....normal P axis, V-rate 50- 99  
 . ST elevation suggests acute pericarditis.....ST >0.10mV, ant/lat/inf

PR 139  
 QRSD 79  
 QT 397  
 QTc 404

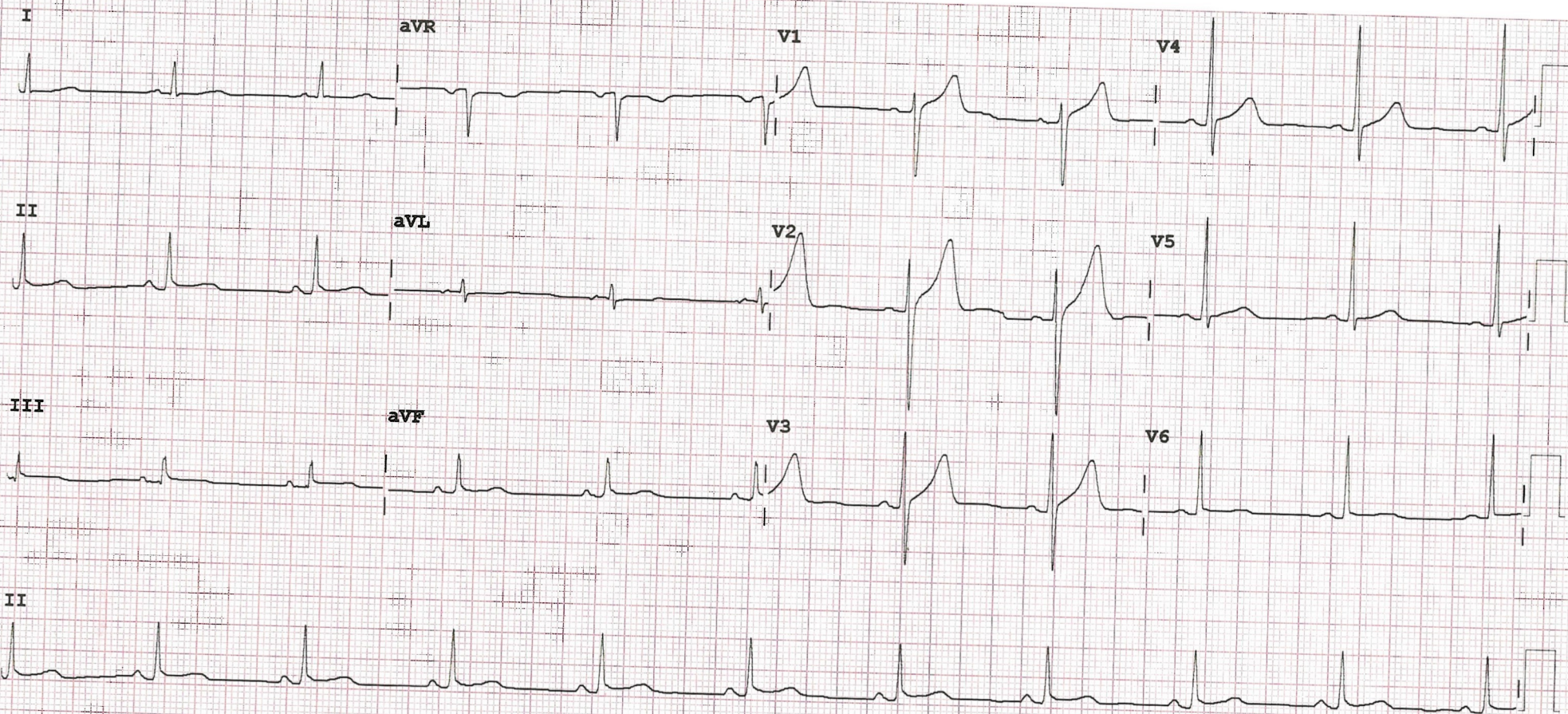
--AXIS--

P 49  
 QRS 54  
 T 48

- ABNORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis

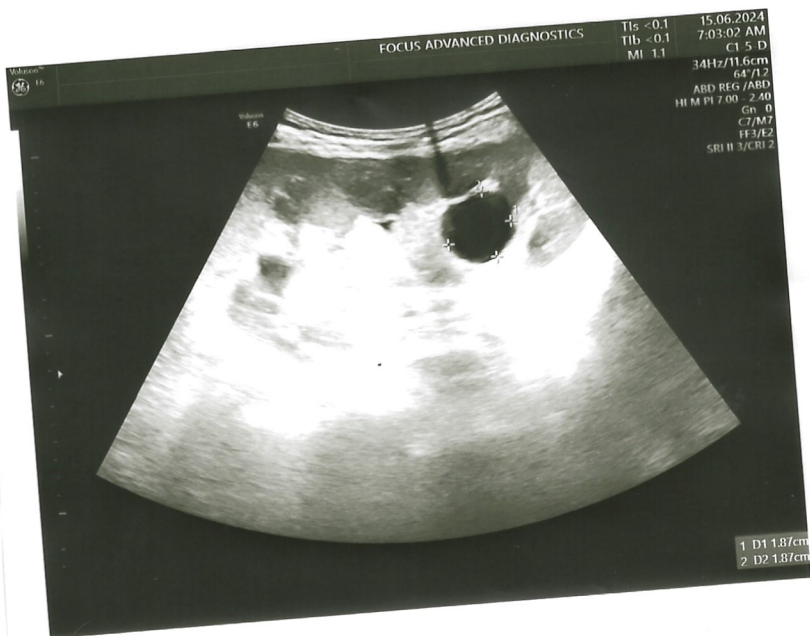
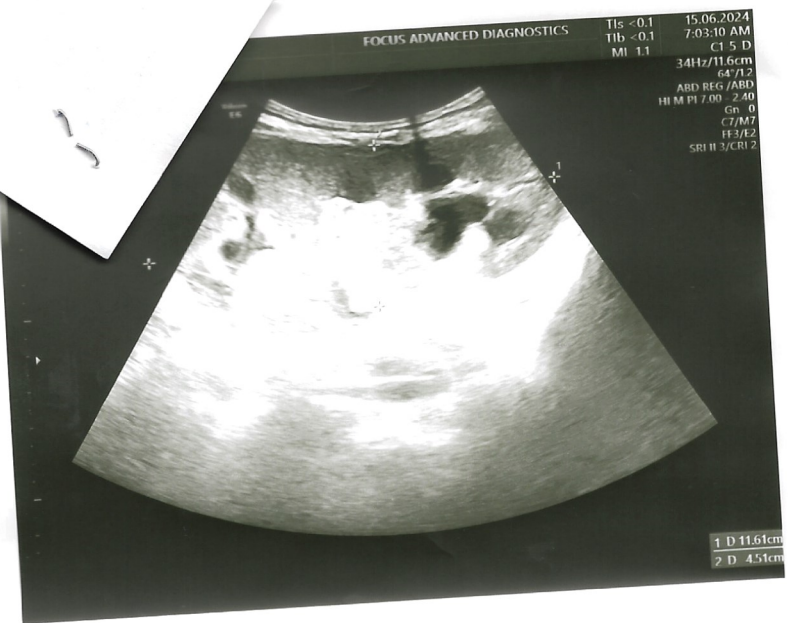


Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50~ 0.15-100 Hz

100B CL

P?



Name: RUDRA PRASAD BARIK

Age/Sex: 42Years / Male

Report Date: 15.06.2024

**ULTRASOUND OF ABDOMEN & PELVIS**

LIVER: Normal in size (13.5cm), shape and parenchymal echotexture. Intrahepatic biliary channels are not dilated. Portal vein- normal in diameter.

GALL BLADDER: Distended. Walls smooth, regular and normal in thickness. Lumen clear. No calculus or growth seen.

C.B.D: Normal in calibre, Lumen clear.

SPLEEN: Normal in size (8.8cm), shape and parenchymal echo texture. Splenic vein normal.

PANCREAS: Normal in size, shape & echo texture. MPD is not dilated.

KIDNEYS: **Bilateral native kidneys show e/o chronic medical renal disease with transplant kidneys noted in RIF measuring 11.5 x 4.5cm. Para-pelvic cyst of size 18mm noted in lower pole of transplant kidney.**

**Normal parenchymal echotexture noted in transplant kidney.**

URINARY BLADDER:-Well distended. Wall thickness is normal. No intravesical calculus seen. Lumen clear.

PROSTATE:- Normal in size with regular outline. Parenchyma appears homogenous. Prostate Volume 14cc.

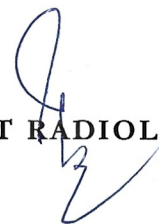
No free fluid seen in peritoneal cavity.

**IMPRESSION:**

- **BILATERAL NATIVE KIDNEYS SHOW E/O CHRONIC MEDICAL RENAL DISEASE WITH TRANSPLANT KIDNEYS NOTED IN RIF.**

**Suggested: Clinical correlation.**

CONSULTANT RADIOLOGIST



R

15-Jun-2024  
08:43



RUDRA PRASAD BARIK, M, 42 years

CITI LABS DIAGNOSTIC CENTRE



# BLUE LINE HOSPITAL

Caring for Life.....

(A Unit of Blue Line Hospitals Pvt. Ltd.)

Reg. No. CUT/00427/2023

Contact : 0671-2364444

0671-2364500

0671-2363333

Mob : 9348072904

E-mail : blulinehospitals@gmail.com

Ref. No. ....

Date .....

Name: RUDRA PRASAD BARIK

Age/Sex: 42Yrs/male

Ref. By:

Report Date: 15.06.2024

## X-RAY OF CHEST-PA VIEW

- Trachea -
- Thoracic Cage -
- Mediastinum -
- Cardiac Shadow -
- Cp Angles -
- Lungs Parenchyma -

Central  
Normal  
Central  
within normal limit  
Free  
Normal

IMPRESSION:

Normal X Ray chest PA view

  
15/6/24



Patient Name : MR. RUDRA PRASAD BARIK

Age / Gender : 42 years / Male

Patient ID : 17999

Source : CITI DIAGNOSTIC

Scan to Validate



Referral : Apollo Health and Lifestyle Limited

Collection Time : Jun 15, 2024, 09:34 a.m.

Reporting Time : Jun 15, 2024, 01:44 p.m.

Sample ID :



000716724

Test Particular	Result	Unit(s)	Biological Reference Interval
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### HAEMATOLOGY

#### CBC :- (COMPLETE BLOOD COUNT) \*BL

<b>Hemoglobin (Hb)</b> Method : Cynmeth Photometric Measurement	12.4	gm/dL	13.5 - 18.0
<b>Erythrocyte (RBC) Count</b> Method : Electrical Impedence	4.1	mil/cu.mm	4.7 - 6.0
<b>Packed Cell Volume (PCV)</b> Method : Calculated	36.0	%	42 - 52
<b>Mean Cell Volume (MCV)</b> Method : Electrical Impedence	96.4	fL	78 - 100
<b>Mean Cell Haemoglobin (MCH)</b> Method : Calculated	30.2	pg	27 - 31
<b>Mean Corpuscular Hb Conc. (MCHC)</b> Method : Calculated	31.3	gm/dL	32 - 36
<b>Platelet Count</b> Method : Electrical Impedence	177	10 <sup>3</sup> /μL	150 - 450
<b>PCT</b> Method : Calculated	0.15	%	0.2 - 0.5
<b>Total Leucocytes (WBC) Count</b> Method : Electrical Impedence	6.800	10 <sup>3</sup> /μL	4.0-11.0
<b>Differential Leucocyte Count (Meth: VCSn Technology)</b>			
<b>Neutrophils</b>	60	%	40 - 80
<b>Lymphocytes</b>	34	%	20 - 40
<b>Monocytes</b>	00	%	2 - 10
<b>Eosinophils</b>	06	%	1 - 6
<b>Basophils</b>	00	%	0-1

#### Note :

Tests done on Automated Six Part Cell Counter. (WBC, RBC, Platelet count by impedance method, colorimetric method for Hemoglobin, WBC differential by flow cytometry using laser technology other parameters are calculated). All Abnormal Haemograms are reviewed confirmed microscopically.

#### ESR :- Erythrocyte Sedimentation Rate \*BL

<b>Erythrocyte Sedimentation Rate</b> Method : Westergren	10	mm/1 hr	03 - 15
--	----	---------	---------

#### Blood Grouping RH Typing \*BL

<b>Blood Grouping</b>	"B"
<b>Rh (D) Typing</b>	Positive
<b>Methodology</b>	

This is done by forward grouping by Slide Agglutination method.

#### Interpretation

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required. Confirmation of the New-born's blood group is indicated when the A and B antigen expression and the isoagglutinins are fully developed (2-4 years).

Patient Name : MR. RUDRA PRASAD BARIK

Age / Gender : 42 years / Male

Patient ID : 17999

Source : CITI DIAGNOSTIC

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### BIOCHEMISTRY

#### Fasting Plasma Glucose \*BL

Fasting Plasma Glucose

80.0

mg/dL

Normal: 70 - 99

Method : Fluoride Plasma-F, Hexokinase

Impaired Tolerance: 100-125

Diabetes mellitus: >= 126

#### Post Prandial Plasma Glucose (2hr.) \*BL

Post Prandial Plasma Glucose (2hr)

162.0

mg/dL

70 - 140

Method : Fluoride Plasma, Hexokinase

#### HbA1c (Glycosylated Hb%) \*BL

Glyco Hb (HbA1C)

6.3

%

Non-Diabetic: <= 6.0

Method : EDTA Whole blood, HPLC

Pre Diabetic: 6.0 - 6.4

Diabetic: >=6.5

#### Interpretations

- HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%
- Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.

Excellent control-6-7 %

Fair to Good control - 7-8 %

Unsatisfactory control - 8 to 10 %

Poor Control - More than 10 %

#### RFT :- Renal Function Tests

Serum Urea

41.0

mg/dL

11 - 45

Method : Serum

Serum Creatinine

1.8

mg/dL

0.51 - 1.50

Method : Serum, Jaffe IDMS

Serum Uric Acid

7.8

mg/dL

3.5 - 7.2

Method : Serum, Uricase/POD

Serum Sodium

139.0

mmol/L

136 - 146

Method : Serum, Indirect ISE

Serum Potassium

3.7

mmol/L

3.5 - 5.5

Method : Serum, Indirect ISE

#### LFT :- Liver Function Test \*BL

Serum Bilirubin (Total)

0.6

mg/dL

0.3 - 1.2

Method : Serum, Jendrassik Grof

Serum Bilirubin (Direct)

0.2

mg/dL

< 0.3

Method : Serum, Diazotization

S G O T (AST)

57

U/L


5-40

Method : Serum, UV with P5P, IFCC 37 degree

**Patient Name :** MR. RUDRA PRASAD BARIK  
**Age / Gender :** 42 years / Male  
**Patient ID :** 17999  
**Source :** CITI DIAGNOSTIC

Scan to Validate



**Referral :** Apollo Health and Lifestyle Limited  
**Collection Time :** Jun 15, 2024, 09:34 a.m.  
**Reporting Time :** Jun 15, 2024, 01:44 p.m.  
**Sample ID :**   
000716724

Test Particular	Result	Unit(s)	Biological Reference Interval
<b>S G P T (ALT)</b> Method : Serum, UV with P5P, IFCC 37 degree	54	U/L	5-45
<b>Serum Alkaline Phosphatase (ALP)</b> Method : Serum, PNPP, AMP Buffer, IFCC 37 degree	204	U/L	30-120
<b>Clinical Significance:</b> Liver functions test(LFT) are a set of tests for checking the amount of proteins, enzymes and bilirubin present in the blood. These tests help diagnose liver infection, liver disease or damage. Elevated or lower levels of one or more of these substances can be a sign of a liver problem.			
<b>LIPID PROFILE *BL</b>			
<b>Serum Cholesterol</b> Method : CHOD-PAP	142.0	mg/dL	Up to 200
<b>Serum Triglyceride</b> Method : GPO-PAP	154.0	mg/dL	40 - 160
<b>Serum HDLc (Direct)</b> Method : Serum, Direct measure-PEG	35.0	mg/dL	Male 35 - 79 Female 42 - 88
<b>Serum LDLc (Direct)</b> Method : Serum Direct	76.0	mg/dL	<150
<b>Non - HDL Cholesterol, Serum</b> Method : calculated	107	mg/dL	Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL
<b>Serum VLDLc</b> Method : calculated	30.80	mg/dL	<35
<b>Total Cholestrol &amp; HDL Ratio</b> Method : calculated	4.06	ratio	Desirable - <3.5 Moderate risk - 3.5- 5.1 High risk - > 5.1
<b>LDL/HDL RATIO</b> Method : calculated	2.17	ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0
<b>HDL/LDL RATIO</b> Method : calculated	0.46	ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0

**Clinical Significance :**

Lipid profile or lipid panel is a panel of blood tests used to find abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis, and other diseases.

*Ranjan Mallick*

Dr. Ranjan Kumar Mallick  
MD Path, Consultant Pathology

*[Handwritten Signature]*  
15/06/24

Patient Name : MR. RUDRA PRASAD BARIK

Age / Gender : 42 years / Male

Patient ID : 17999

Source : CITI DIAGNOSTIC

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**URINE EXAMINATION**

**Urine Routine & Microscopic Examination \*BL**

**PHYSICAL EXAMINATION**

Quantity	10 ml
Colour	Pale Yellow
Transparency (Appearance)	Clear
Deposit	Absent
Reaction	Acidic

**CHEMICAL EXAMINATION**

Urine Glucose (Sugar)	Absent	✓
Urine Protein (Albumin)	Absent	✓

**MICROSCOPIC EXAMINATION**

Pus cells (WBCs)	2-3/HPF	
Red blood cells	Absent	
Epithelial cells	3-5 /HPF	
Crystals	Absent	
Cast	Absent	
Amorphous deposits	NIL	Absent
Bacteria	Absent	
Yeast cells	Absent	

**Sugar Urine FUS**

Urine Glucose FUS Absent ✓

**Sugar Urine :- PUS**

Urine Glucose PPUS Absent ✓

*[Handwritten Signature]*  
15/06/24


*[Handwritten Signature]*

Dr. Ranjan Kumar Mallick  
MD Path, Consultant Pathology

**Patient Name :** MR. RUDRA PRASAD BARIK  
**Age / Gender :** 42 years / Male  
**Patient ID :** 17999  
**Source :** CITI DIAGNOSTIC

Scan to Validate



**Referral :** Apollo Health and Lifestyle Limited  
**Collection Time :** Jun 15, 2024, 09:34 a.m.  
**Reporting Time :** Jun 15, 2024, 08:25 p.m.  
**Sample ID :**   
000716724

Test Particular	Result	Unit(s)	Biological Reference Interval
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### IMMUNOLOGY

#### Thyroid Profile Total \*BL

T3-Total	98.34	ng/dL	69.0 - 215.0
T4-Total	7.15	ug/dL	5.20 - 12.7
TSH- (Thyroid-stimulating hormone)	2.80	uIU/mL	0.30 - 4.56

Method : CLIA (Chemiluminescent Immunoassay)

#### Interpretation

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range .Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism. Intermittent 14 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy. Post radioiodine Hypothyroid phase of transient thyroiditis"
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies) Intermittent 14 therapy or T4 overdose •Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics.
Decreased	Raised or within range	Raised or within range	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion'
Decreased	Decreased	Decreased	Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease). Multinodular goitre. Toxic nodule •Transient thyroiditis: Postpartum. Silent (lymphocytic). Postviral (granulomatous. subacute. DeQuervain's). Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased Within Rang	Raised	Within range	T3 toxicosis •Non-Thyroidal illness
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In elderly the drop in T3 level can be upto 25%.

Lab Technician

*R. Mallick*

Dr. Ranjan Kumar Mallick  
MD Path, Consultant Pathology

Patient Name : MR. RUDRA PRASAD BARIK

Age / Gender : 42 years / Male

Patient ID : 17999

Source : CITI DIAGNOSTIC

Scan to Validate



Referral : Apollo Health and Lifestyle Limited

Collection Time : Jun 15, 2024, 09:34 a.m.

Reporting Time : Jun 15, 2024, 08:25 p.m.

Sample ID :



000716724

Test Particular	Result	Unit(s)	Biological Reference Interval
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### IMMUNOLOGY-SEROLOGY

#### PSA (Prostate Specific Antigen)

PSA

0.504

ng/ml

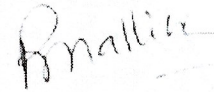
0-4

Method : CLIA

#### **Interpretation:**

Increased levels are noted in prostate cancer, benign prostatic hypertrophy, prostatitis

Lab Technician



Dr. Ranjan Kumar Mallick  
MD Path, Consultant Pathology



Mr. RUDRA PRASAD BARIK

PID NO: P24424525719914

Age: 42 Year(s) Sex: Male



Reference: SELF

Sample Collected At:

Citi Diagnostic

Plot. No. -141,Deula

Sahi,Tulashipur,Cuttack,Odisha,753008

Processing Location:-Metropolis

HealthCare Ltd, House No M-30 Ground

Floor, Samanta Vihar, Bhubaneshwar-

751017

VID: 240286102493096

Registered On:

15/06/2024 05:47 PM

Collected On:

15/06/2024 5:46PM

Reported On:

15/06/2024 08:58 PM

**Peripheral smear examination\***

(EDTA Whole Blood)

**Investigation**

Specimen received

RBC

WBC

Platelet

Hemoparasite

Impression

Advice

**Observed Value**

EDTA BLOOD

Normocytic Normochromic Blood Picture.

TLC Normal, DC Showing Eosinophilia.

Adequate in Number and Normal in Morphology.

Not Seen.

Eosinophilia.

Kindly Correlate Clinically.

-- End of Report --

Dr. Swati Saswati  
MD Pathology