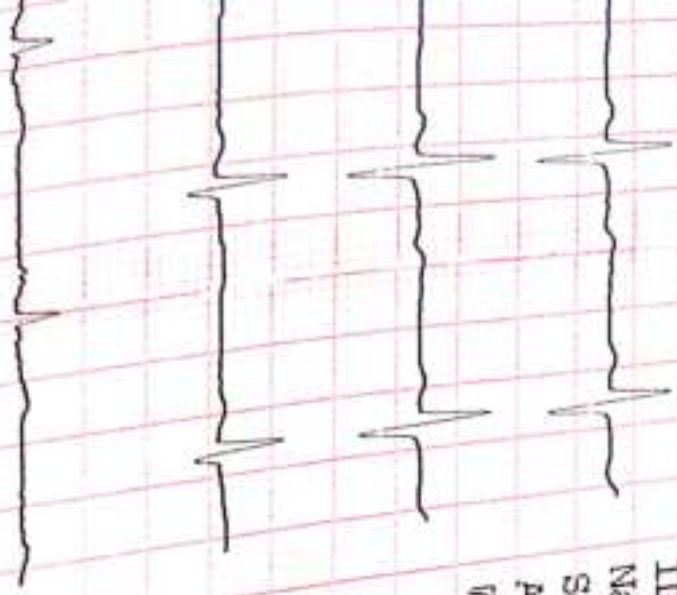


5Hz + DFT



Date : 2023-12-23 10:10:13
ID : 0000004
Name : Jyoti Keshh
Sex :
Age :
Weight :

[Handwritten signature]

Ag-47

Sharma

<<Conclusion>>

Normal sinus rhythm

Cardiac electric axis normal

DR. PRANAV PATEL

M.D. PHYSICIAN

FELLOWSHIP IN INTERNAL MEDICINE
EMERGENCY

G-71382

<<Report need physician confirm>>



FITNESS CERTIFICATE

CANDIDATE

Name: Jayprakash Sharma
 Date of Birth: 04/06/1976 Age: 47 Blood Group: A⁺
 Sex: Male Female | Marital Status: Married Unmarried
 Address: _____
 Any allergy / Disability / Pre-existing disease: NO any Allergy Date: 23/12/23

CLINICAL FINDINGS

Height <u>172</u> Cms.	Weight <u>107.2</u> Kgs.	Near Vision: <u>6/6</u> L.E. <u>6/6</u> R.E. <u>6/6</u>	Hearing Left Ear: <u>(N)</u> Right Ear: <u>(N)</u>
BP: <u>110/70</u> mm/dl.	Pulse Rate: <u>85</u> min.	Resp. Rate: <u>18</u> /min.	
CVS: <u>S, S₂ (w)</u>	RS: <u>A/E Beder</u>	Abdomen: <u>Soft</u>	

Any other Findings: _____

CERTIFICATE

I Dr.: Pranav Patel
 hereby certify that I have examined Mr./Ms.: Jayprakash Sharma
 on 23/12/2023 and find him (FIT) UNFIT for employment.
 Remarks if unfit: _____

DR. PRANAV PATEL
 M.D. PHYSICIAN
 G-71382
 EMERGENCY
 FELLOWSHIP

Signature & Seal Signature of Candidate Address / Tel No.

DECLARATION

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: _____ Date: 23/12/23

भारत सरकार
Government of India

शर्मा जयप्रकाश नाथुराम
Sharma Jayprakash Nathuram
जन्म तारीख / DOB : 04/06/1976
पुरुष / Male

4657 4548 0637

मेरा आधार, मेरी पहचान

[Handwritten signature]





NAME: MR. JAYPRAKASH SHARMA

AGE:47/MALE

DATE:23/12/2023

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. Right kidney measure 90*37 cm.
Left kidney measure 99*36cm.

BLADDER:

Bladder is well distended and shows normal wall thickness. No evidence of intraluminal mass or calculi.

PROSTATE:

Prostate gland is normal in size. It has smooth outline reflectivity.

There is no evidence of ascites.
No evidence of any gross bowel mass seen.
No evidence of any aorto-caval or mesenteric root lymphadenopathy.
Appendix cannot be imaged.No mass or collection in right iliac fossa.



DR. PRANAV PATEL
M.D. PHYSICIAN
G-71382
FELLOWSHIP IN EMERGENCY
G.P.C.P.



CHHANI MULTISPECIALITY HOSPITAL

Opp. Prakruti Resort, Chhani, Vadodara, Gujarat

247
47 Yrs/M JAYPRAKASH SHARMA
Kg / Ht cms Ref. No.:

Date: 23-12-2023 Ref By:
Time: 10:45 AM Protocol: Bruce

Summary

History:
Medication:

Stage	Stg Time P:11.59C	Speed km/h	Grade %	METs	HR bpm	BP mmHg	RPP	PVCs
Pre Ex				1	84	110/70	92	
Supine				1	87	110/70	96	
Standing				1	85	110/70	94	
Hyp Vent				1	86	110/70	95	
S1	03:00	2.7	10.0	4.8	116	110/70	128	
S2	03:00	4.0	12.0	6.9	155	130/90	202	
Peak Ex	01:00	5.4	14.0	9.5	173	140/100	242	
Post Ex 1	02:00			1	126	135/90	170	
Post Ex 2	00:34			1	127	125/80	159	
Finish				1	121	125/80	151	

Findings: Exercise Time : 07:00 mins
 Max HR attained : 173 bpm 100 % of Target 173 bpm
 Max BP : 140/100mmHg
 Max Workload attained : 9.5 METs (Good Effort Tolerance)
 Reason for Test Termination: Patient Completed Test

No significant ST segment changes noted during exercise or recovery stages.
 No Angina / Arrhythmia / S3 / Murmur
 Final Impression : Test is negative for inducible ischaemia.

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 M.D. PHYSICIAN
 9-71382
 EMERGENCY
 FELLOWSHIP
 6



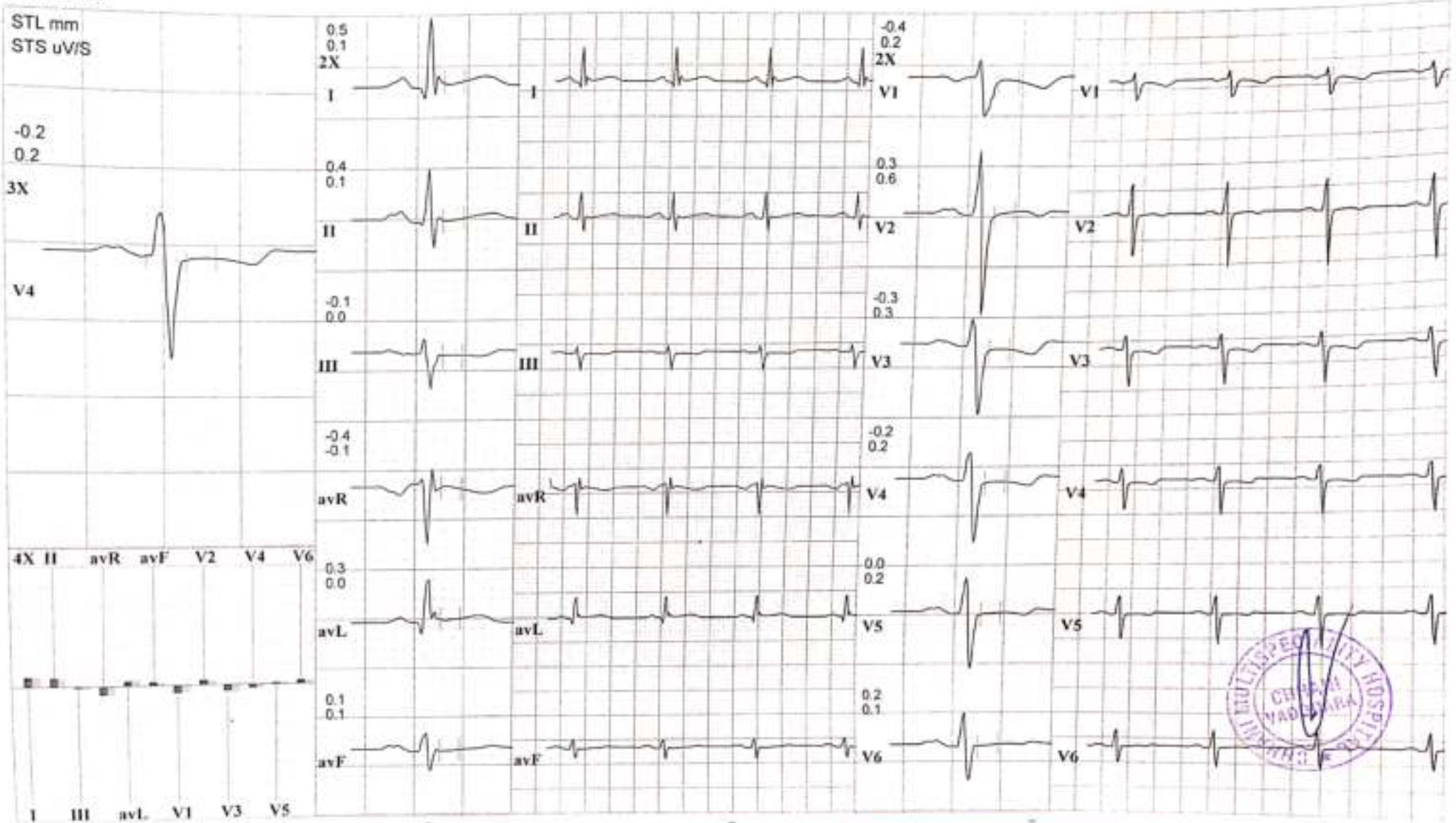
247
47 Yrs/M
Date: 23-12-2023 Time: 10:45 AM

JAYPRAKASH SHARMA
Kg / Ht - cms Ref.No.:

Speed: -- kmh Hr: 86 Target Hr: 49 % of 173 Filter: 0.1 - 100 Hz Gain: 10 mm/mV
Grade: -- % Mets: 1 Ex Time: -- min:sec BLC: On Sweep: 25 mm/s
Protocol: Bruce BP: 110/70 mmHg Curr Time: 00:08 Notch On Median Sweep: 25 mm/s

Linked Medians
Pre Ex

Post J: 77 mS



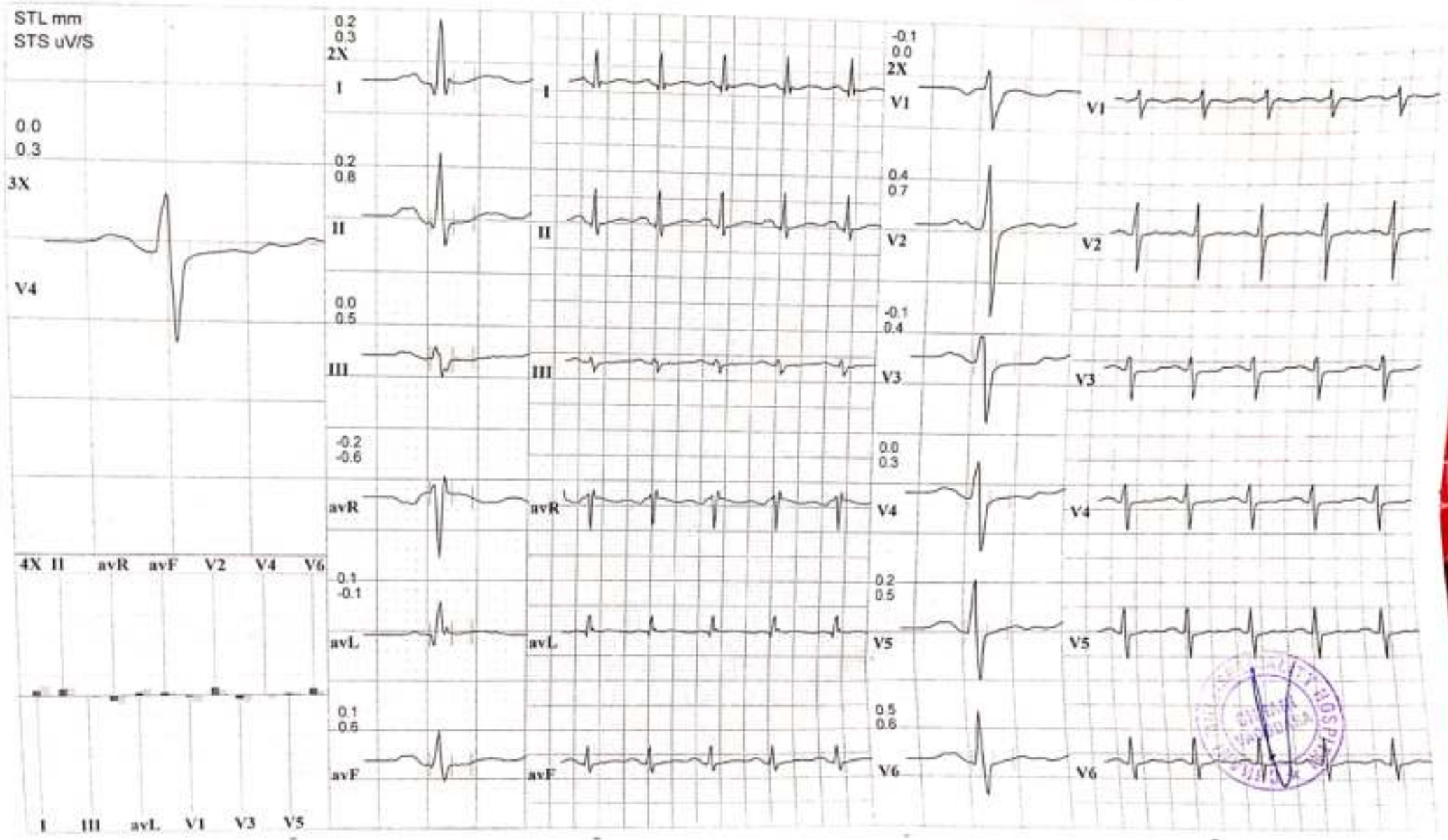
247
47 Yrs/M
Date: 23-12-2023 Time: 10:45 AM
Post J:77 mS

JAYPRAKASH SHARMA

Speed: 2.7 km/h Hr: 116 Target Hr: 67% of 173
Grade: 10% Mets: 4.8 Ex Time: 03:00
Protocol: Bruce BP: 110/70 mmHg Curr Time: 03:59

Filter: 0.1 - 100 Hz Gain: 10 mm/mV
BLC: On Sweep: 25 mm/S
Notch On Median Sweep: 25 mm/S

Linked Medians
S1



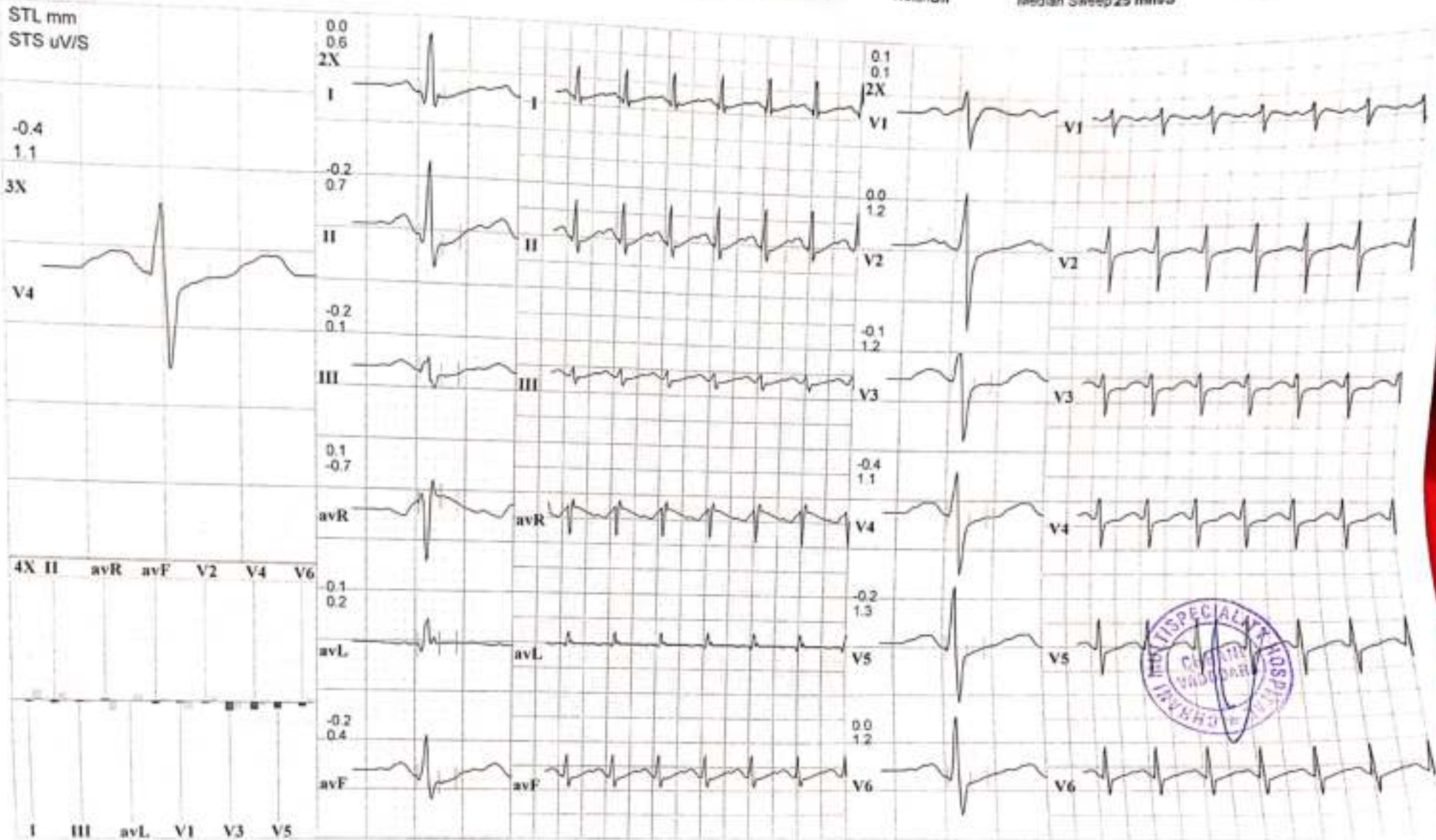
247
47 Yrs/M
Date: 23-12-2023 Time 10:45 AM
Post J: 67 mS

JAYPRAKASH SHARMA
Kg / Ht- cms Ref.No.

Speed 4 kmh Hr: 155
Grade: 12 % Mets: 6.9
Protocol Bruce BP: 130/90 mmHg

Target Hr: 89 % of 173
Ex Time: 06:00
Filter 0.1 - 100 Hz
Gain 10 mm/mV
BLC On Sweep 25 mm/S
Notch On Median Sweep 25 mm/S

Linked Medians
S2

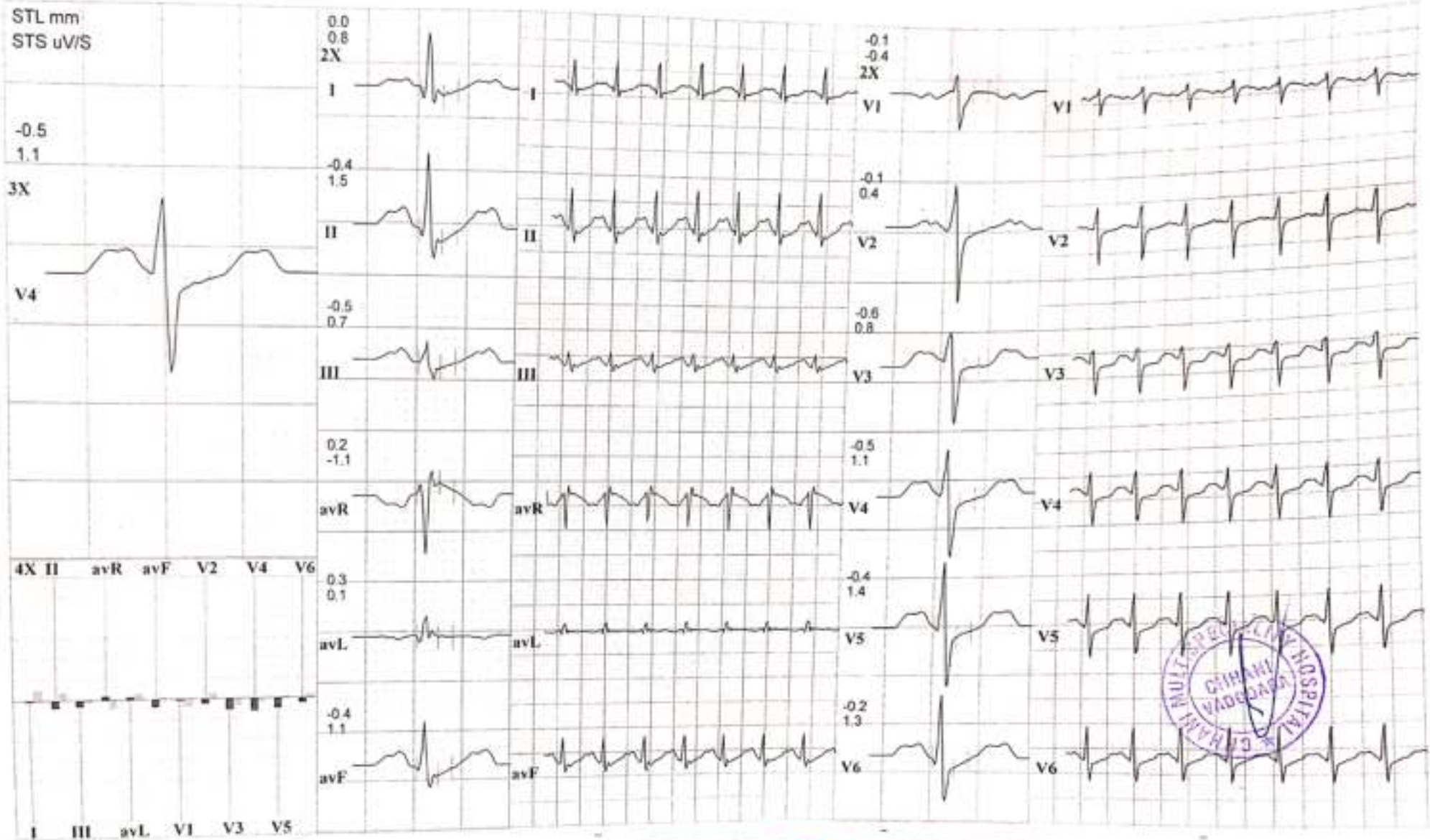


247 JAYPRAKASH SHARMA
47 Yrs/ M Kg / Ht- cms Ref.No:
Date: 23-12-2023 Time: 10:45 AM

Speed: 5.4 kmh Hr: 173 Target Hr: 100 % of 173 Filter: 0.1 - 100 Hz Gain: 10 mm/mV
Grade: 14 % Mets: 9.5 Ex Time: 07:00 BLC: On Sweep: 25 mm/s
Protocol: Bruce BP: 140/100 mmHg Cur Time: 07:59 Notch: On Median Sweep: 25 mm/s

Linked Medians
Peak Ex

Post J: 60 mS

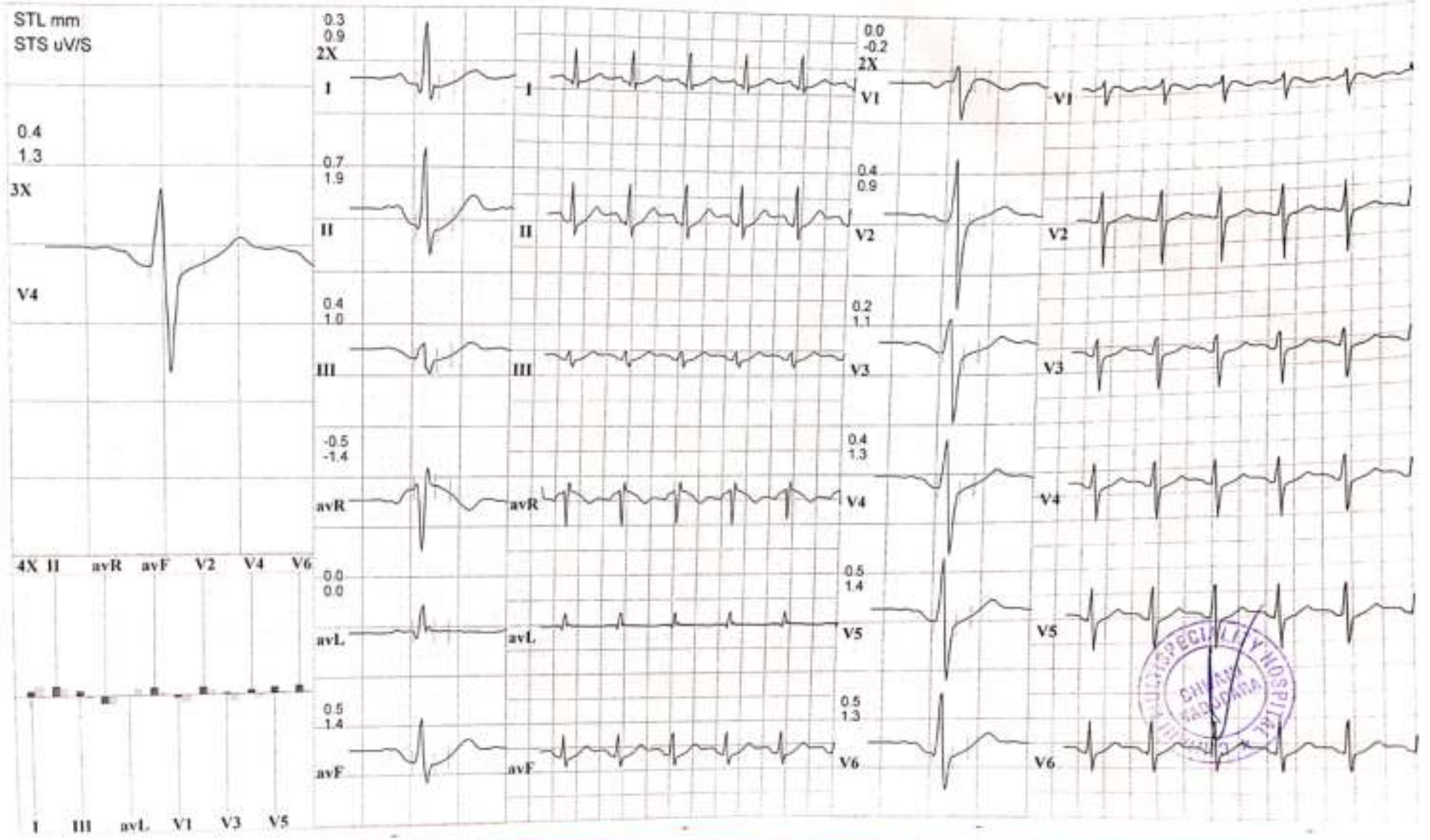


247 JAYPRAKASH SHARMA
47 Yrs/ M Kg/ Ht- cms Ref.No.:
Date: 23-12-2023 Time: 10:45 AM

Speed: -- kmh Hr: 126 Target Hr: 72 % of 173 Filter: 0.1 - 100 Hz Gain: 10 mm/mV
Grade: -- % Mets: 1 Ex Time: 07:00 BLC: On Sweep: 25 mm/s
Protocol: Bruce BP: 135/90 mmHg Curr Time: 09:59 NoichOn Median Sweep: 25 mm/s

Linked Medians
Post Ex 1

Post J 60 mS

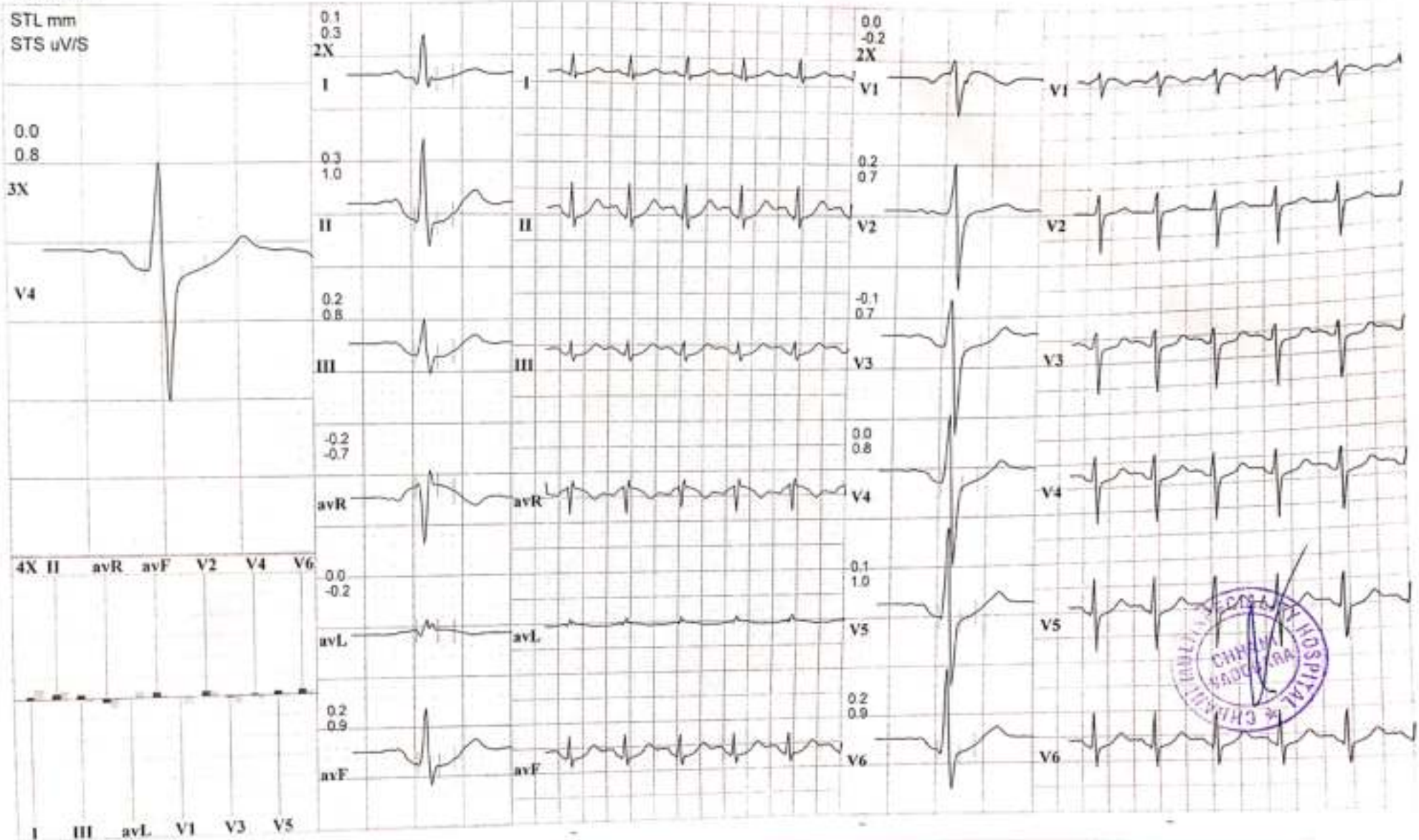


247 JAYPRAKASH SHARMA
47 Yrs/ M Kg / Ht- cms Ref.No.:
Date: 23-12-2023 Time: 10:45 AM

Speed: --- kmh Hr: 127 Target Hr: 73 % of 173 Filter: 0.1 - 100 Hz Gain: 10 mm/mV
Grade: --- % Mets: 1 Ex Time: 07:00 BLC: On Sweep: 25 mm/S
Protocol: Bruce BP: 125/80 mmHg Curr Time: 10:33 Notch On Median Sweep 25 mm/S

Linked Medians
Post Ex 2

Post J.63 mS

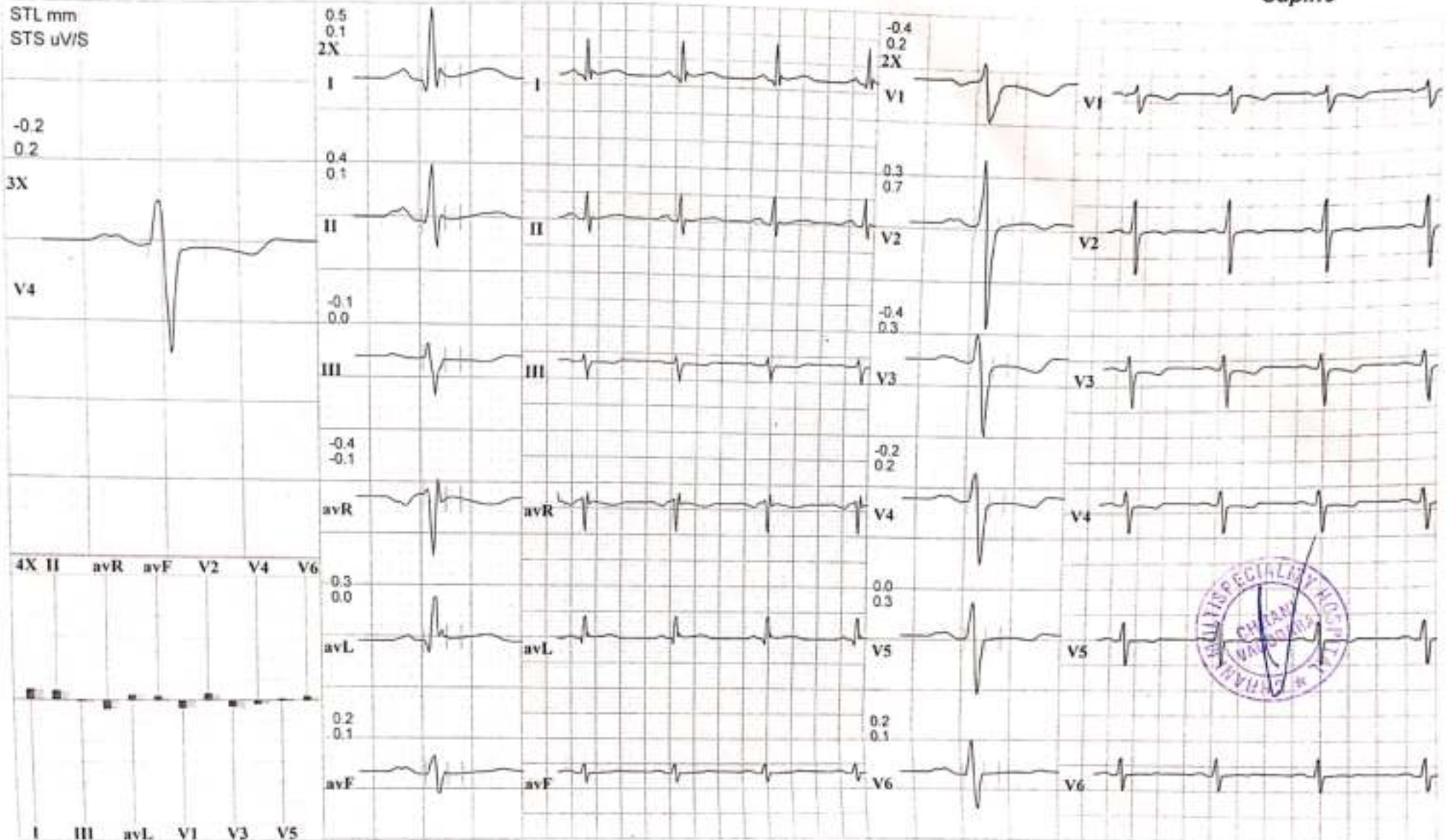


247 JAYPRAKASH SHARMA
47 Yrs/ M Kg/ Ht- cms Ref No:
Date: 23-12-2023 Time: 10:45 AM

Speed: -- km/h Hr: 87 Target Hr: 50 % of 173 Filter: 0.1 - 100 Hz Gain: 10 mm/mV
Grade: -- % Mets: 1 Ex Time: -- min:sec BLC: On Sweep: 25 mm/s
Protocol: Bruce BP: 110/70 mmHg Curr Time: 00:09 Notch: On Median Sweep: 25 mm/s

Linked Medians
Pre Ex
Supine

Post J.63 mS





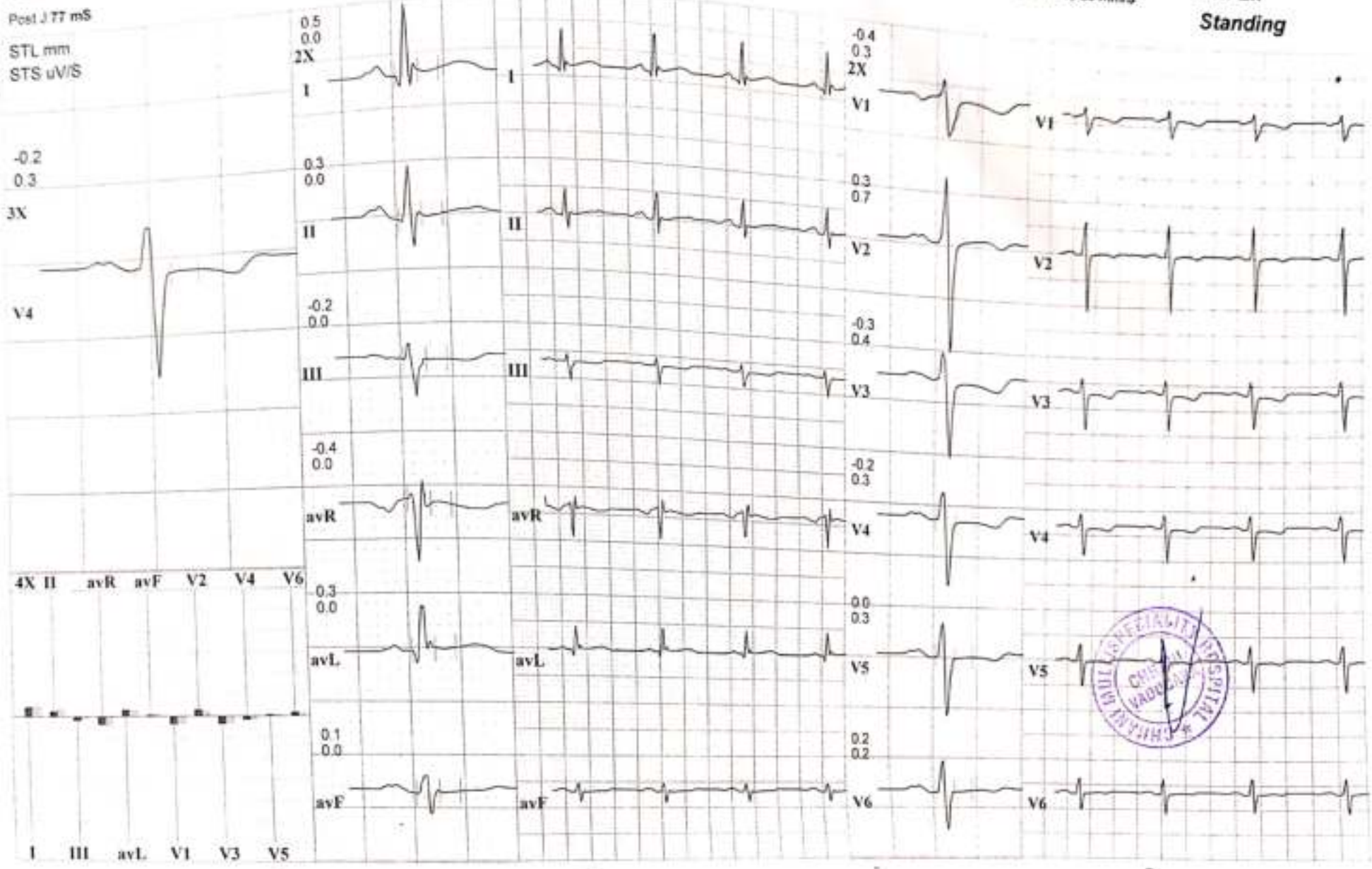
247
47 Yrs/ M
Date: 23-12-2023 Time 10:45 AM
JAYPRAKASH SHARMA
Kg / Ht. cms Ref No.

Speed: --- kmh Hr 85
Grade: --- % Mets 1
Protocol: Bruce BP: 110/70 mmHg

Target Hr: 49 % of 173
Ex Time --- min:sec
Curr Time 00:29
Filter 0.1 - 100 Hz
BLC On
Notch On

Gain
Sweep 10 mm/mV
25 mm/s
Median Sweep 25 mm/s

Linked Medians
Pre Ex
Standing



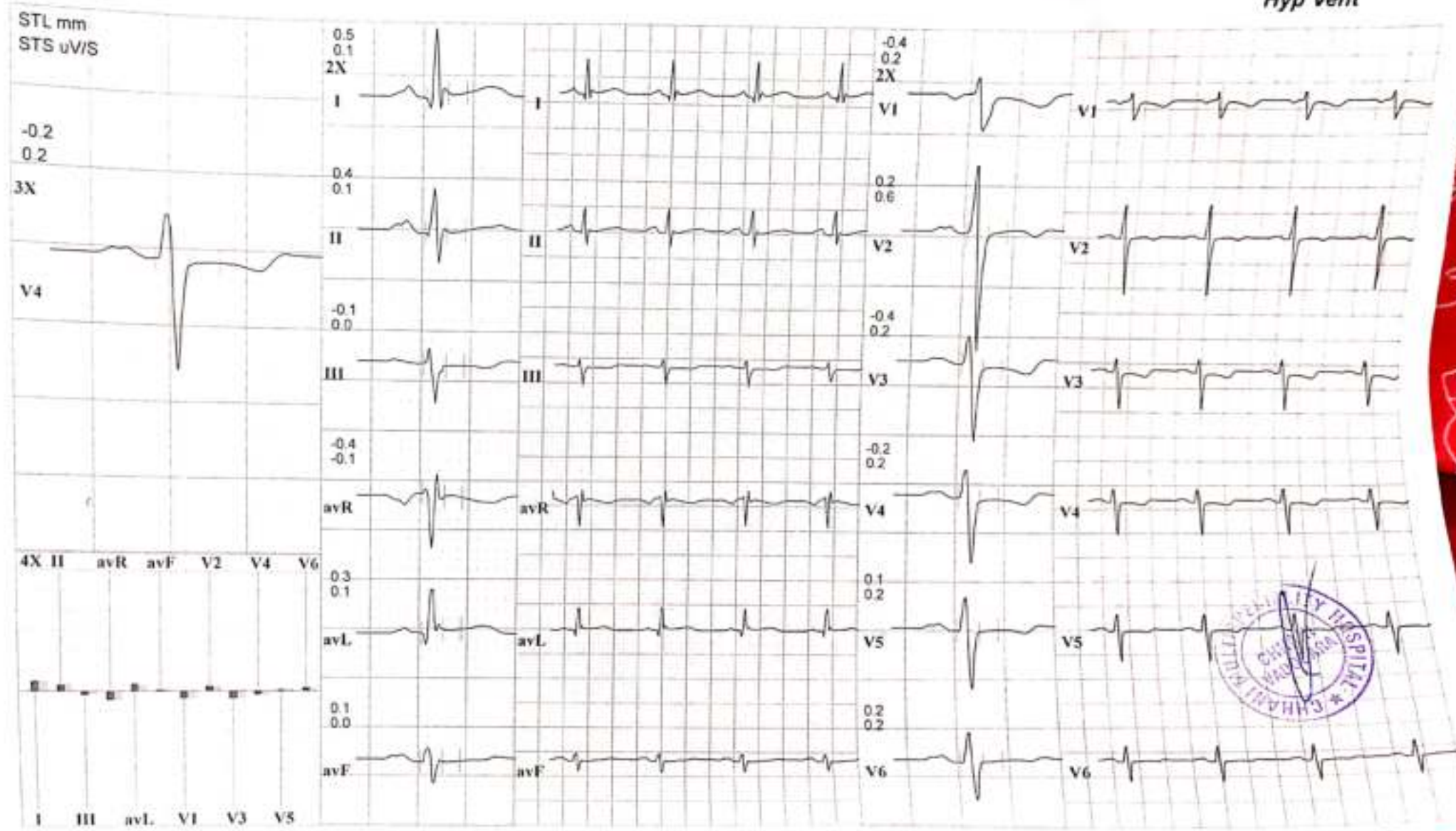
247
47 Yrs/ M
Date: 23-12-2023 Time: 10:45 AM

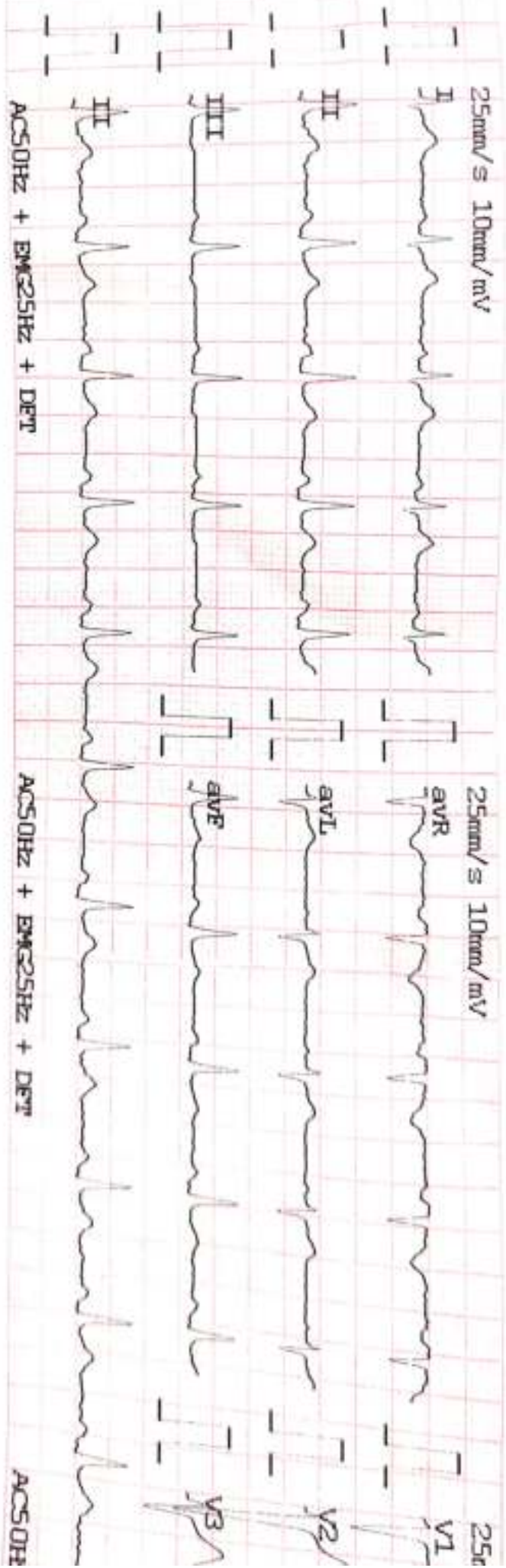
JAYPRAKASH SHARMA
Kg / Ht- cms Ref.No.

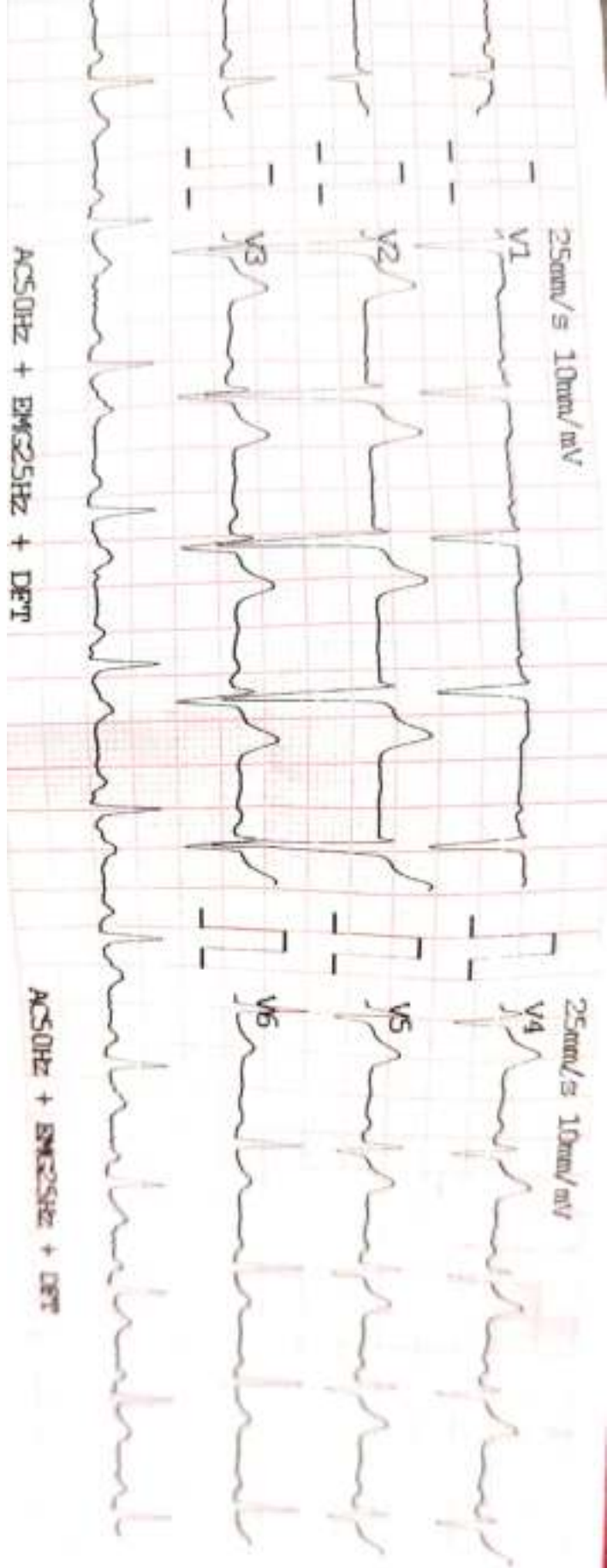
Speed: --- km/h Hr: 86 Target Hr: 49 % of 173 Filter: 0.1 - 100 Hz Gain: 10 mm/mV
Grade: --- % Mets: 1 Ex Time: --- min:sec BLC: On Sweep: 25 mm/S
Protocol: Bruce BP: 110/70 mmHg Curr Time: 00:59 Notch: On Median Sweep: 25 mm/S

Linked Medians
Pre Ex
Hyp Vent

Post J: 76 ms







Date : 2023-12-
 ID : 0000000
 Name : Akash
 Sex :
 Age :
 Weight :

CAUTION



JAYPRAKASH SHARMA 47Y CHEST PA 23-12-2023
SUNNY DIGITAL X-RAY SERVICES 8758530074

PATIENTS NAME	JAYPRAKASH SHARMA	AGE/SEX	47/MALE
REF BY		DATE	23/12/2023

X-RAY CHEST PA VIEW:

BOTH LUNG FIELDS ARE NORMAL.

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 VISUALIZED BONY THORAX IS NORMAL.

CONCLUSION : NORMAL LUNGS HEART AND MEDIASTINUM.



DR. AVINASH B. RATHOD
(Consultant Radiologist)
M.B.B.S D.M.R.D
MMC Reg. 2011051616



Pt. Name : Jayprakash Sharma

Registered On : 23 Dec, 2023 10:12 AM

Age/Gender : 47 Years Male

Collected On : 23 Dec, 2023 10:33 AM

Patient ID : 2634



Reported On : 23 Dec, 2023 06:20 PM

Ref. By : Dr. BOB

MO : 9426840259

Address :

CBC

Investigation	Observed Value	Biological Reference Interval	Unit
HEMOGLOBIN			
Hemoglobin (Hb)	13.7	13 - 17	g/dL
Total RBC Count	4.53	4.5 - 5.5	mill/cumm
BLOOD INDICES			
Packed Cell Volume (PCV)	36.1	40.7 - 50.3	%
Mean Corpuscular Volume(MCV)	79.69	78.2 - 97.90	fL
Mean Corpuscular Hemoglobin (MCH)	30.24	27 - 33	pg/cell
Mean Corpuscular Hemoglobin Concentration (MCHC)	37.95	33 - 36	g/dL
Red cell Distribution Width (RDW)	12.9	11.5 - 16	%
WBC COUNT			
Total WBC Count	6200	4000 - 10500	cumm
DIFFERENTIAL WBC COUNT			
Neutrophils	56	40 - 70	%
Lymphocytes	36	20 - 40	%
Eosinophils	03	1 - 6	%
Monocytes	05	2 - 6	%
Basophils	00		%
Erythrocyte Sedimentation Rate (ESR)	10	0 - 22	mm/hr
PLATELET COUNT			
Platelet Count	256000	150000 - 450000	/cumm



DR.ASHISH JAWARKAR
M.D.(Pathology)

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Pt. Name : Jayprakash Sharma
Age/Gender : 47 Years Male
Patient ID : 2634
Ref. By : Dr. BOB
Address :

Registered On : 23 Dec, 2023 10:12 AM
Collected On : 23 Dec, 2023 10:33 AM
Reported On : 23 Dec, 2023 06:20 PM
MO : 9426840259



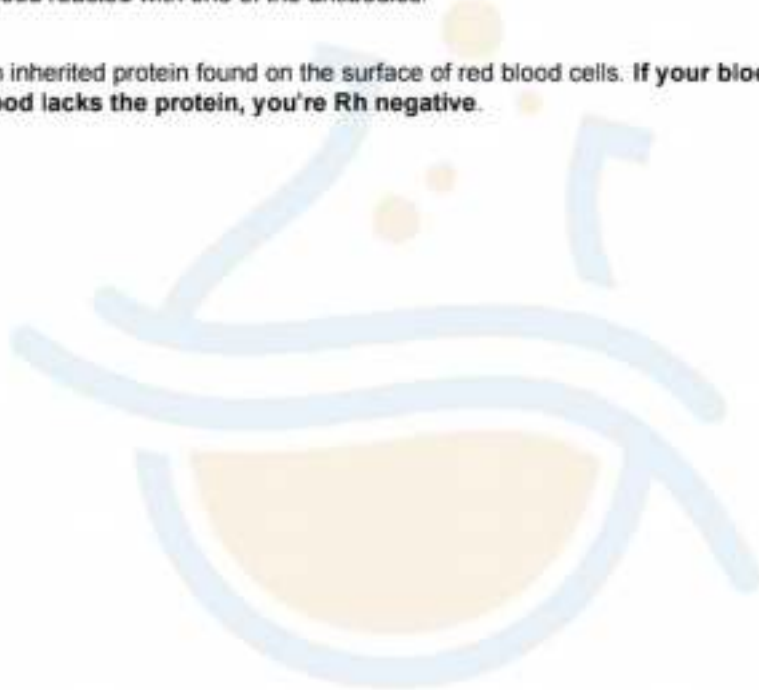
BLOOD GROUP

BG

Investigation	Observed Value	Biological Reference Interval	Unit
BLOOD GROUP, ABO & RH TYPING			
ABO Group	"A"		
RH Factor	POSITIVE		

The test to determine your blood group is called ABO typing. Your blood sample is mixed with antibodies against type A and B blood. Then, the sample is checked to see whether or not the blood cells stick together. If blood cells stick together, it means the blood reacted with one of the antibodies.

Rhesus (Rh) factor is an inherited protein found on the surface of red blood cells. **If your blood has the protein, you're Rh positive. If your blood lacks the protein, you're Rh negative.**



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HBA1C

Investigation	Observed Value	Biological Reference Interval	Unit
HBA1c	6.8	For Screening: Diabetes: >6.5% Pre-Diabetes: 5.7% - 6.4% Non-Diabetes: < 5.7%	
Mean Blood Glucose	148.46	For Diabetic Patient: Poor Control : > 7.0 % Good Control : 6.0-7.0 %	mg/dL

Comment

- HbA1c is an indicator of glycemic control. HbA1c represents average Glycemia over the past six to eight weeks. Glycation of Hemoglobin occurs over the entire 120 day life span of the Red Blood Cell, but within this 120 days. 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 two to four.
- Mean Plasma Glucose mg/dL = $28.7 \times A1C - 46.7$. Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from HbA1c or vice-versa is not "perfect" but gives a good working ballpark estimate.
- Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime Glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.



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Address :

FASTING BLOOD SUGAR

FBS PP2BS

Investigation	Observed Value	Biological Reference Interval	Unit
Fbs	136	70 - 110	mg/dL
PP2BS	215	80 - 140	mg/dL



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Address :

LIPID PROFILE

Lipid Profile

Investigation	Observed Value	Biological Reference Interval	Unit
CHOLESTEROL			
Total Cholesterol	218	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0	mg/dL
Serum Triglycerides	138	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0	mg/dL
HDL Cholesterol	51	Low : < 40 High : > 60	mg/dL
LDL Cholesterol	139.40	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0	mg/dL
VLDL Cholesterol	27.60	15 - 35	mg/dL
Non HDL Cholesterol	167.00	>130	mg/dL
RATIO			
LDL HDL Cholesterol Ratio	2.73	0 - 3.5	
Total-HDL Cholesterol Ratio	4.27	0 - 5.0	
Triglycerides HDL Ratio	2.71		



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Collected On : 23 Dec, 2023 10:33 AM

Patient ID : 2634



Reported On : 23 Dec, 2023 06:20 PM

Ref. By : Dr. BOB

MO : 9426840259

Address :

LFT

Liver Function Test (LFT)

Investigation	Observed Value	Biological Reference Interval	Unit
BILLIRUBIN			
Total Bilirubin	0.58	0 - 1.2	mg/dL
Direct Bilirubin	0.24	0.0 - 0.25	mg/dL
Indirect Bilirubin	0.34	0.2 - 1	mg/dL
LIVER ENZYMES			
SGPT (ALT)	30	0 - 40	IU/L
SGOT (AST)	25	0 - 37	U/L
Alkaline Phosphatase	72	60 - 320	U/L
Gamma Glutamyl Transferase (GGT)	24	8 - 61	U/L
SERUM PROTEINS			
Total Serum Protein	6.43	6.3 - 7.9	g/dL
Serum Albumin	3.74	3.5 - 5.5	g/dL
Serum Globulin	2.69	2.5 - 3.5	g/dL
A/G Ratio	1.39	1.1 - 2.1	

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.

DR.ASHISH JAWARKAR
M.D.(Pathology)

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Pt. Name : Jayprakash Sharma

Age/Gender : 47 Years Male

Patient ID : 2634

Ref. By : Dr. BOB

Address :

Registered On : 23 Dec, 2023 10:12 AM

Collected On : 23 Dec, 2023 10:33 AM

Reported On : 23 Dec, 2023 06:20 PM

MO : 9426840259



RFT(RENAL FUNCTION TEST)

Investigation	Observed Value	Biological Reference Interval	Unit
RFT(RENAL FUNCTION TEST)			
Serum Creatinine	1.47	0.6 - 1.30	mg/dL
Serum Urea	20.68	15 - 40	mg/dL
BUN	9.65	7.0 - 20.0	mg/dL
Serum Uric Acid	5.64	3.5 - 7.2	mg/dL



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Collected On : 23 Dec, 2023 10:33 AM

Patient ID : 2634



Reported On : 23 Dec, 2023 06:20 PM

Ref. By : Dr. BOB

MO : 9426840259

Address :

THYROID SERUM HORMONS

Thyroid Function Test (TFT)

Investigation	Observed Value	Biological Reference Interval	Unit
THYROID SERUM HORMONS			
Serum Triiodothyronine (T3)	0.97	0.87 - 2.00	ng/mL
Serum thyroxine (T4)	6.45	5.1 - 14.1	ug/dL
Thyroid Stimulating Hormone (TSH)	2.415	0.34 - 5.60	mIU/L



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M.D. (Pathology)

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Registered On : 23 Dec, 2023 10:12 AM

Age/Gender : 47 Years Male

Collected On : 23 Dec, 2023 10:33 AM

Patient ID : 2634



Reported On : 23 Dec, 2023 06:20 PM

Ref. By : Dr. BOB

MO : 9426840259

Address :

URINE ROUTINE

URM

Investigation	Observed Value	Biological Reference Interval	Unit
PHYSICAL EXAMINATION			
Quantity	10ml	10ml	
Colour	Pale Yellow	Pale yellow	
Appearance	Clear	whitish	
PH	6.5		
Specific Gravity	1.015		
Blood	Absent		
CHEMICAL EXAMINATION			
Proteins	Absent	Nil	
Glucose	Absent	Nil	
Ketones	Absent	Nil	
Bile Pigment	Negative		
Bile salt	Negative		
MICROSCOPIC EXAMINATION			
R.B.C.	Nil		
Pus Cells	1-2/ hpf		
Epithelial Cells	2-3/ hpf Squamous		
Amorphous Material	Absent		
Bacteria	Absent		

DR. ASHISH JAWARKAR
M.D.(Pathology)

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Investigation	Observed Value	Biological Reference Interval	Unit
PSA	1.0	0 - 4	ng/mL

Sample Type: Serum

Useful For

1. Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year
2. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment
3. Prostate cancer screening.

Comments

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little

PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase

circulating PSA levels

-Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate

biopsy may increase PSA levels.

*****End Of Report*****



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