



FITNESS CERTIFICATE

CANDIDATE

Name : Harsh Deep Anand

Date of Birth: 24/02/1984 Age 34 Blood Group: B +ve

Sex : Male Female | Marital Status: Married Unmarried

Address : _____

Any allergy / Disability / Pre-existing disease: _____
No any Allergy Date: 28/09/23

CLINICAL FINDINGS

Height <u>175</u> Cms.	Weight <u>78</u> Kgs.	Near L.E. <u>6/6</u> R.E. <u>6/6</u>	Hearing
Vision: Distant L.E. <u>6/6</u> R.E. <u>6/6</u>		Left Ear	<u>(B)</u>
Colour Vision <u>(N)</u>		Right Ear	<u>(B)</u>
BP: <u>110/70 mm M</u>	Pulse Rate: <u>73/min</u>	Resp. Rate: <u>16/min</u>	
CVS: <u>S1 S2 (N)</u>	RS: <u>AEBE clear</u>	Abdomen: <u>SOFT</u>	
Any other Findings: <u>NO</u>			


CERTIFICATE

I Dr.: Pranav Patel

hereby certify that I have examined Mr./Ms. Harsh Deep Anand

on 28/09/2023 and find him **FIT** / **UNFIT** for employment.

Remarks if unfit: _____



Signature & Seal

(Signature)


Signature of Candidate

DR. PRANAV PATEL
M.D. PHYSICIAN
G-71382
FELLOWSHIP IN MEDICAL EMERGENCY
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: (Signature) Date: 28/09/23



Clarity Medical TripRest 2001020-9-23

036996	P	82	ms	01/01c	82x	Ta	ha
Harshdeep anand	QRS	95	ms	01/01c			
M 84V 078kg							
01:31 PM							

Government of India

Harsh Deep Anand
DOB : 24/02/1989
Male

9382 8337 9020

मेरा आधार, मेरी पहचान

Issue Date: 12/01/2012

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036996
 Harshdeep anand
 M 34Y 078Kg
 01:31 PM
 28/09/2023

25 mm/s
 15mm/mV
 0.1 - 35Hz
 50Hz ReJ-Y
 AUTO 12LS BLC-Y

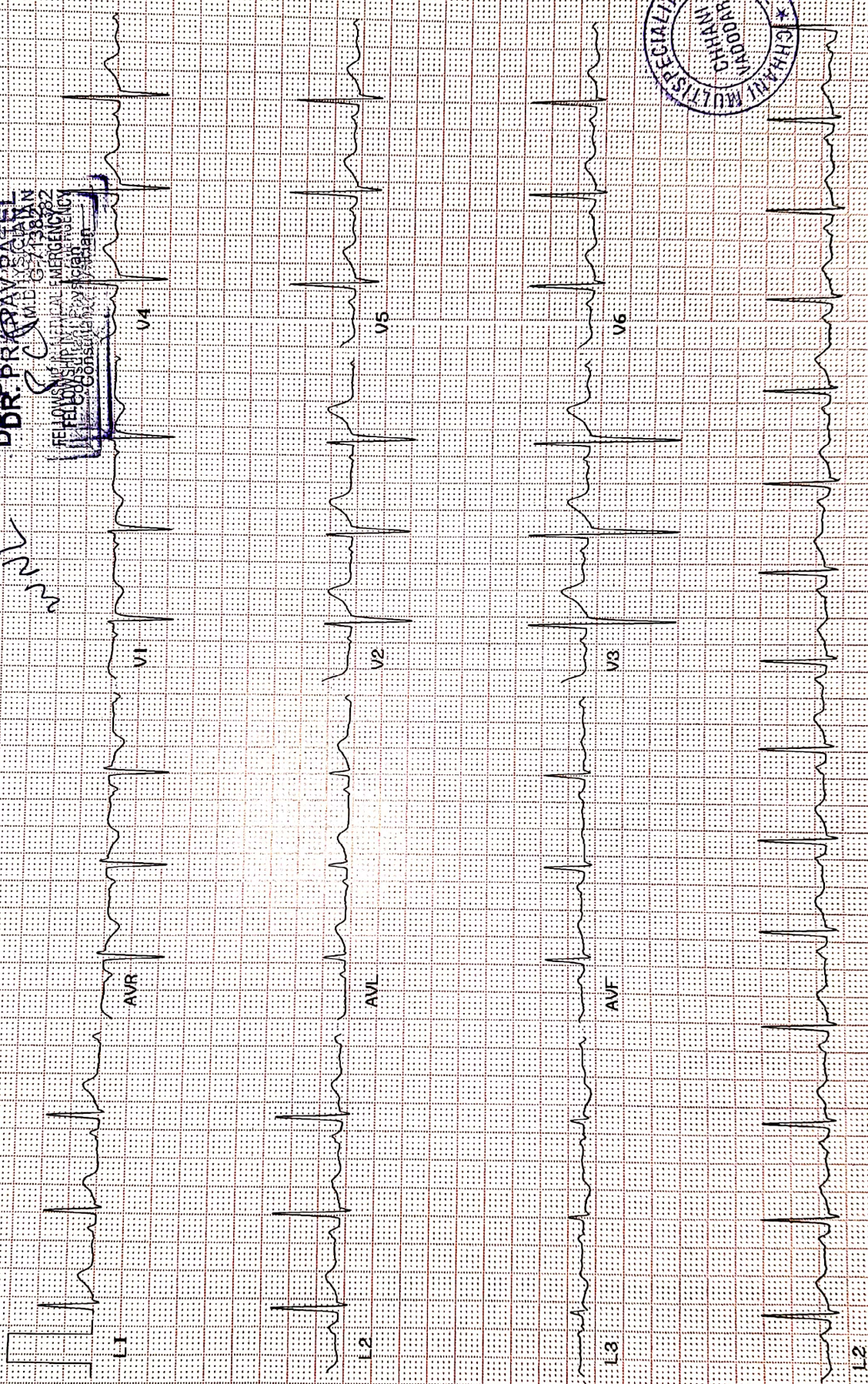
P = 82 ms
 QRS = 95 ms
 PR = 135 ms
 QT = 345 ms
 QTc = 417 ms

QT/QTc = 82%
 QT/RR = 50%
 QRS axis = 34°
 P axis = 32°
 T axis = 17°

To be clinically correlated: HR = 88bpm

DBR PRADYAN DATTA
 M.D. (CC) (CC) (CC) (CC) (CC)
 FELLOWSHIP IN INTERNAL MEDICINE
 CONSULTANT
 CHHAN HOSPITAL

MI



MI



NAME: MR. HARSH ANAND

AGE:34/MALE

DATE: 28/09/2023

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 100*38 cm.
Left kidney measure 95*36 cm.

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 MEDICAL EMERGENCY
Consultant Physician



169 HARSH ANAND
34 Yrs/M Kg / Ht- cms Ref. No.:

Date: 28-09-2023 Ref By: Bruce
Time: 09:20 AM Protocol:

Summary

History:
Medication:

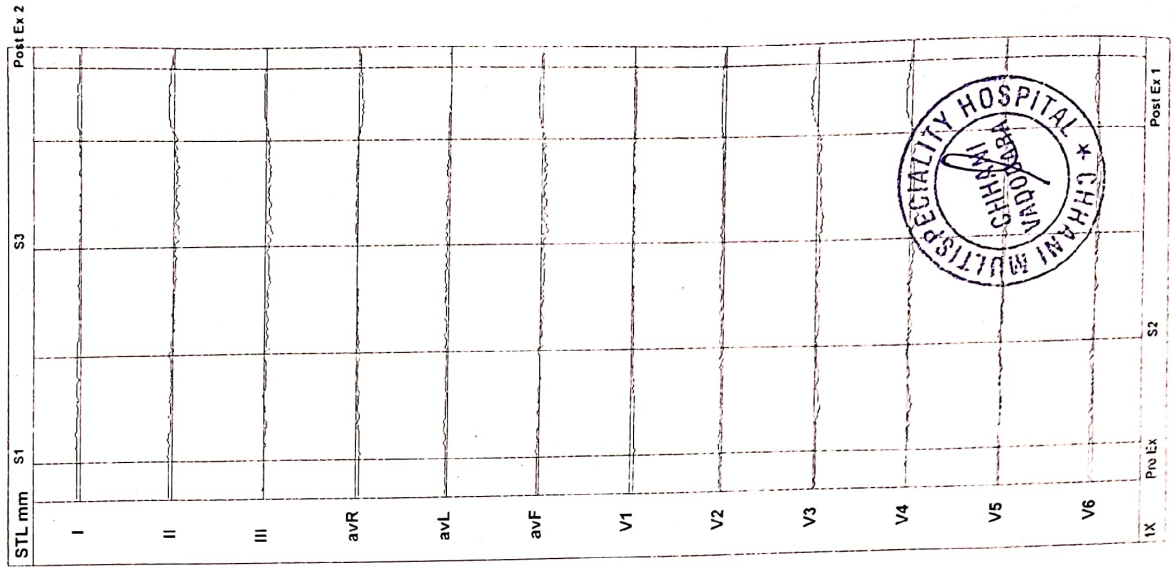
Stage	Stg Time min:sec	Speed mph	Grade %	METs	HR bpm	BP mmHg	RPP	PVCs
Pre Ex				1	79	120/80	95	
Supine				1	80	120/80	96	
Standing				1	89	120/80	107	
Hyp Vent				1	81	120/80	97	
S1	03:00	1.7	10.0	4.8	114	120/80	137	
S2	03:00	2.5	12.0	6.9	157	130/90	204	
Peak Ex	03:00	3.4	14.0	9.5	181	140/100	253	
Post Ex 1	02:00			1	113	135/90	153	
Post Ex 2	00:35			1	110	125/80	138	
Finish				1	105	125/80	131	

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Findings: Exercise Time : 09:00 mins
 Max HR attained : 181 bpm 97 % of Target 186 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.

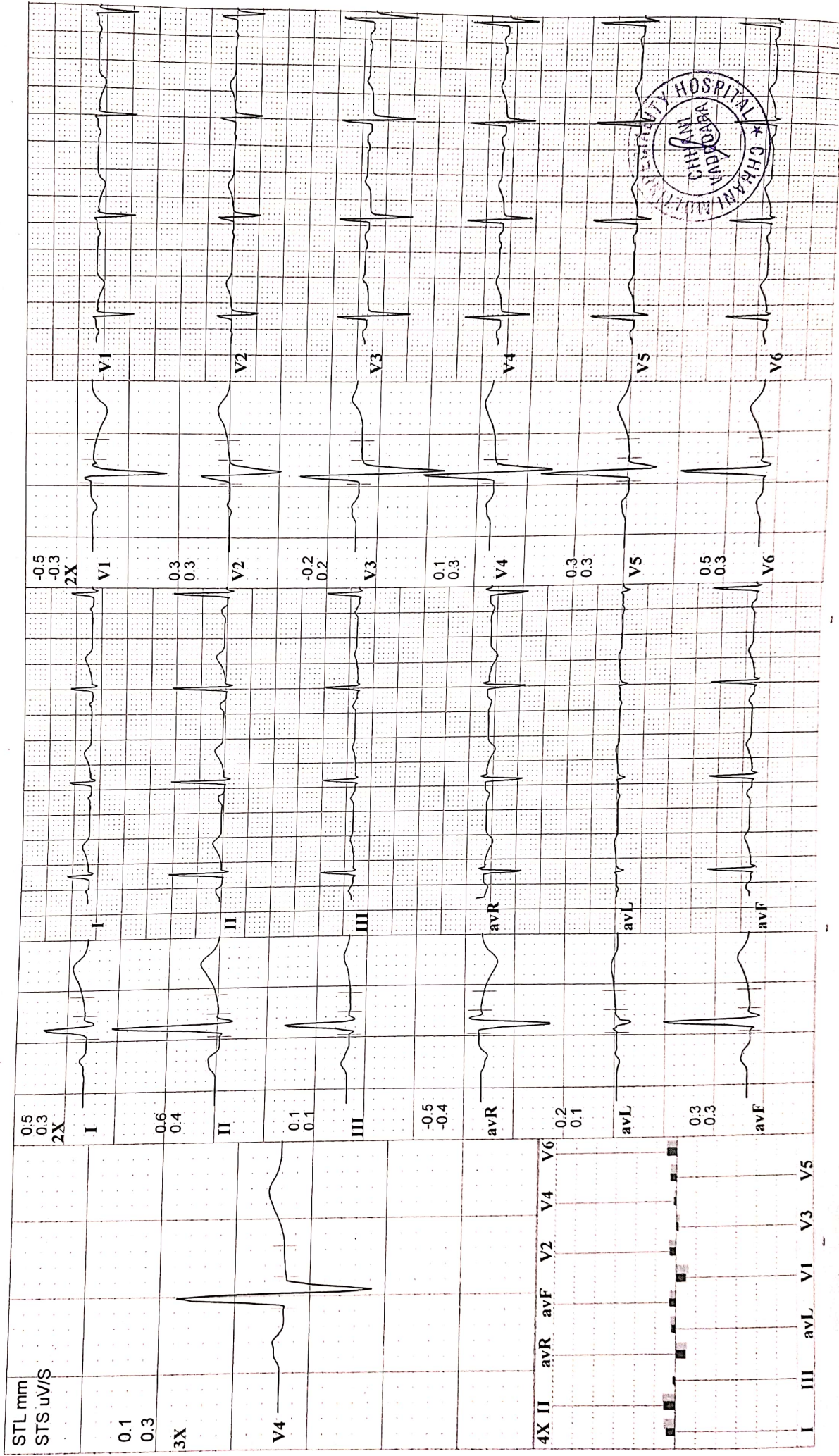
DR. PRANAV PATEL
 M.D. PHYSICIAN
 G-71382
 FELLOWSHIP IN MEDICAL EMERGENCY
 Consultant Physician



169 HARSH ANAND
34 Yrs/M Kg / Ht- cms Ref.No.:
Date: 28-09-2023 Time: 09:20 AM
Post J: 77 mS

Speed: --- mph Hr: 80 Target Hr: 43 % of 186 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: 120/80 mmHg Curr Time: 00:08 Median Sweep: 25 mm/s

Linked Medians
Pre Ex



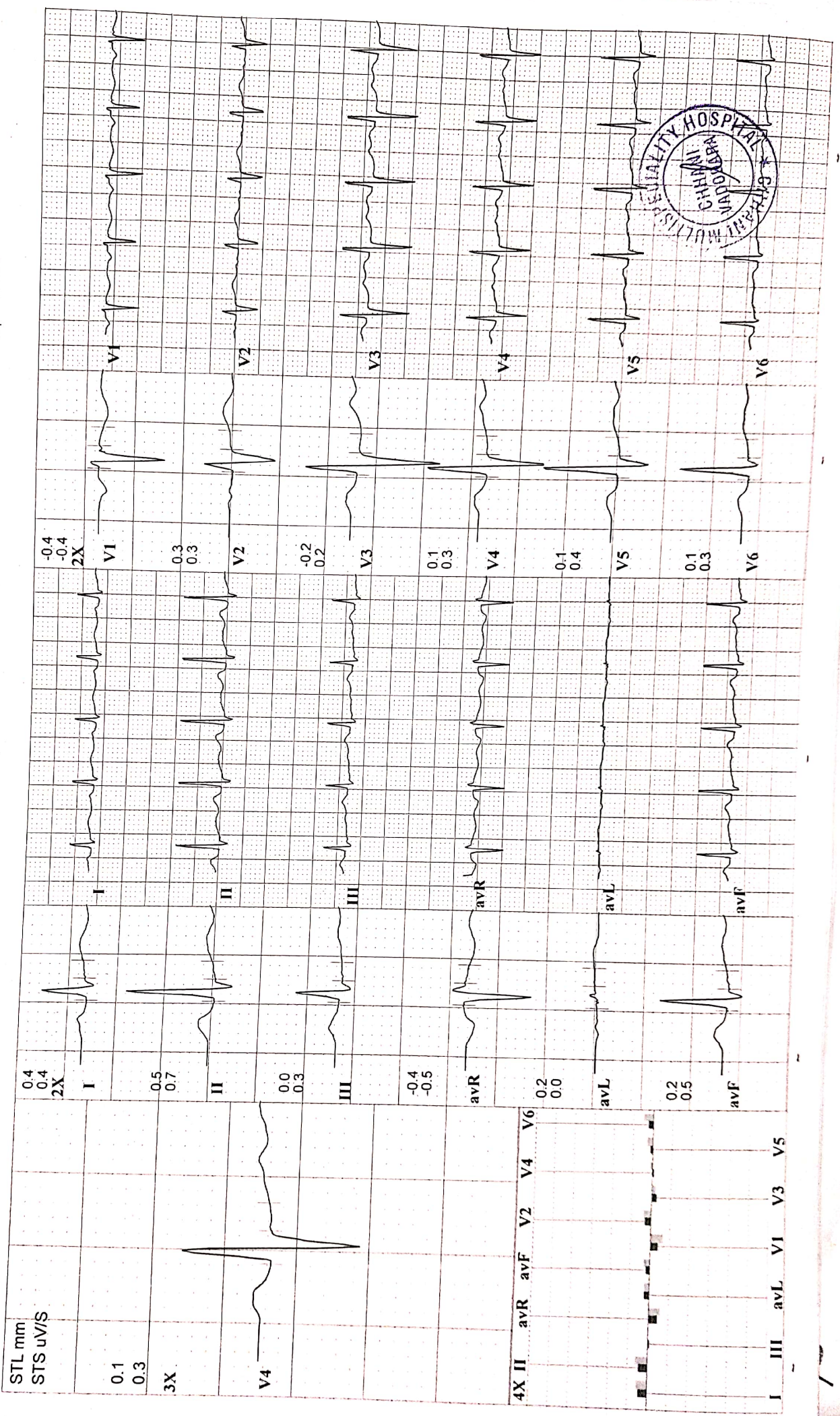
CHHANI MULTISPECIALITY HOSPITAL

Opp. Prakruti Resort, Chhani, Vadodara, Gujarat

169 HARSH ANAND
 34 Yrs/M Kg / Ht- cms Ref.No.:
 Date: 28-09-2023 Time: 09:20 AM
 Post J: 77 mS

Speed: 1.7 mph Hr: 114 Target Hr: 61 % of 186 Filter: 0.1 - 100 Hz Gain: 10 mm/mV
 Grade: 10 % Mets: 4.8 Ex Time: 03:00 BLC: On Sweep: 25 mm/S
 Protocol: Bruce BP: 120/80 mmHg Curr Time: 03:54 Median Sweep 25 mm/S

Linked Medians
S1



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Speed: 2.5 mph Hr: 157

Grade: 12% Mets: 6.9

Protocol: Bruce BP: 130/90 mmHg Curr Time: 06:54

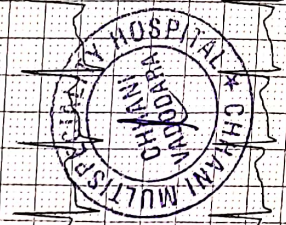
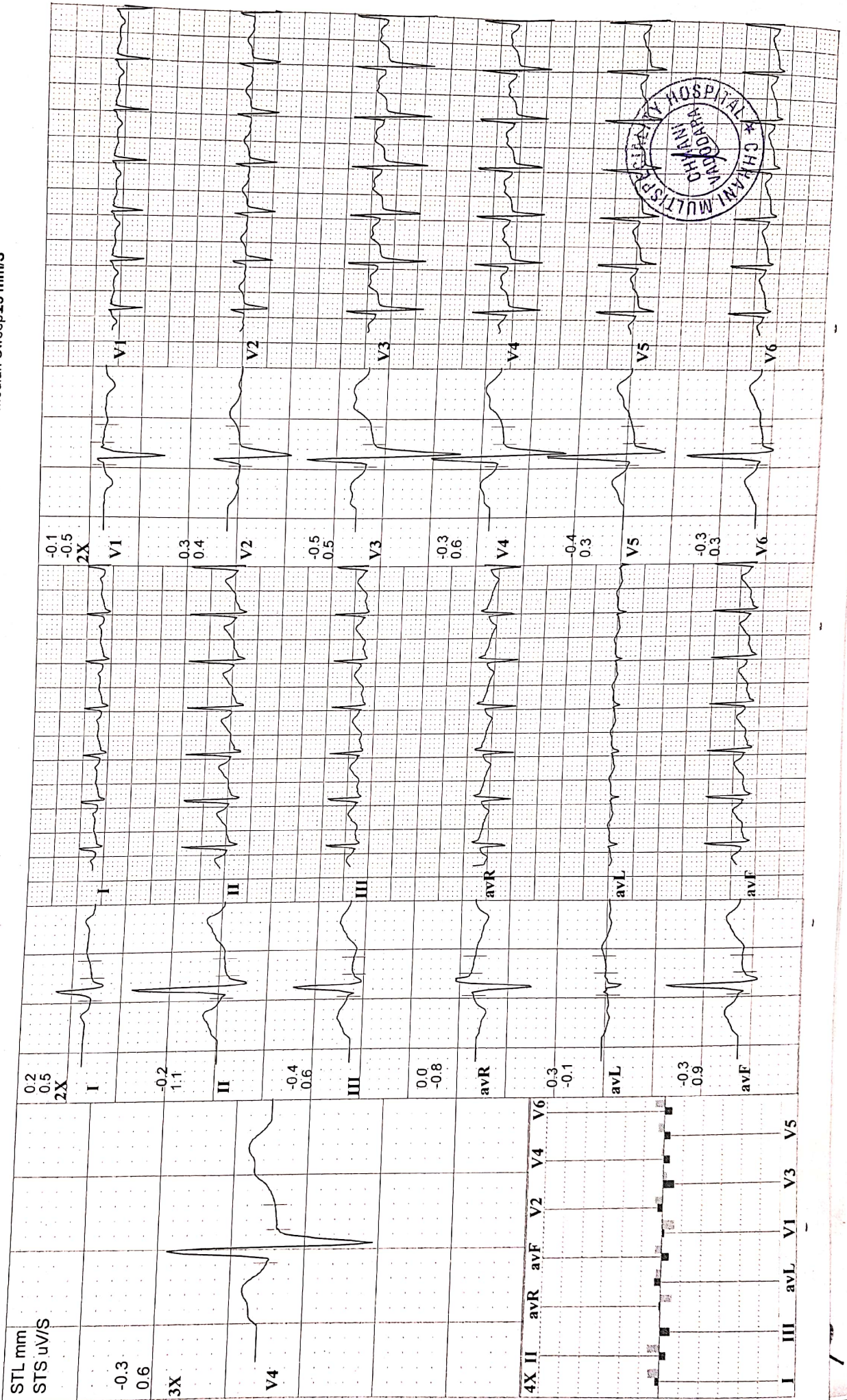
Target Hr: 84% of 186 Filter: 0.1 - 100 Hz Gain: 10 mm/mV

Ex Time: 06:00 BLC: On Sweep: 25 mm/s

Median Sweep 25 mm/s

Linked Medians

S2



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TURKST 303

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169 HARSH ANAND

34 Yrs/M Kg / Ht- cms Ref.No.:

Date: 28-09-2023 Time: 09:20 AM

Post J: 60 ms

Speed: 3.4 mph Hr: 181

Grade: 14 % Mets: 9.5

Protocol: Bruce BP: 140/100 mmHg Curr Time: 09:54

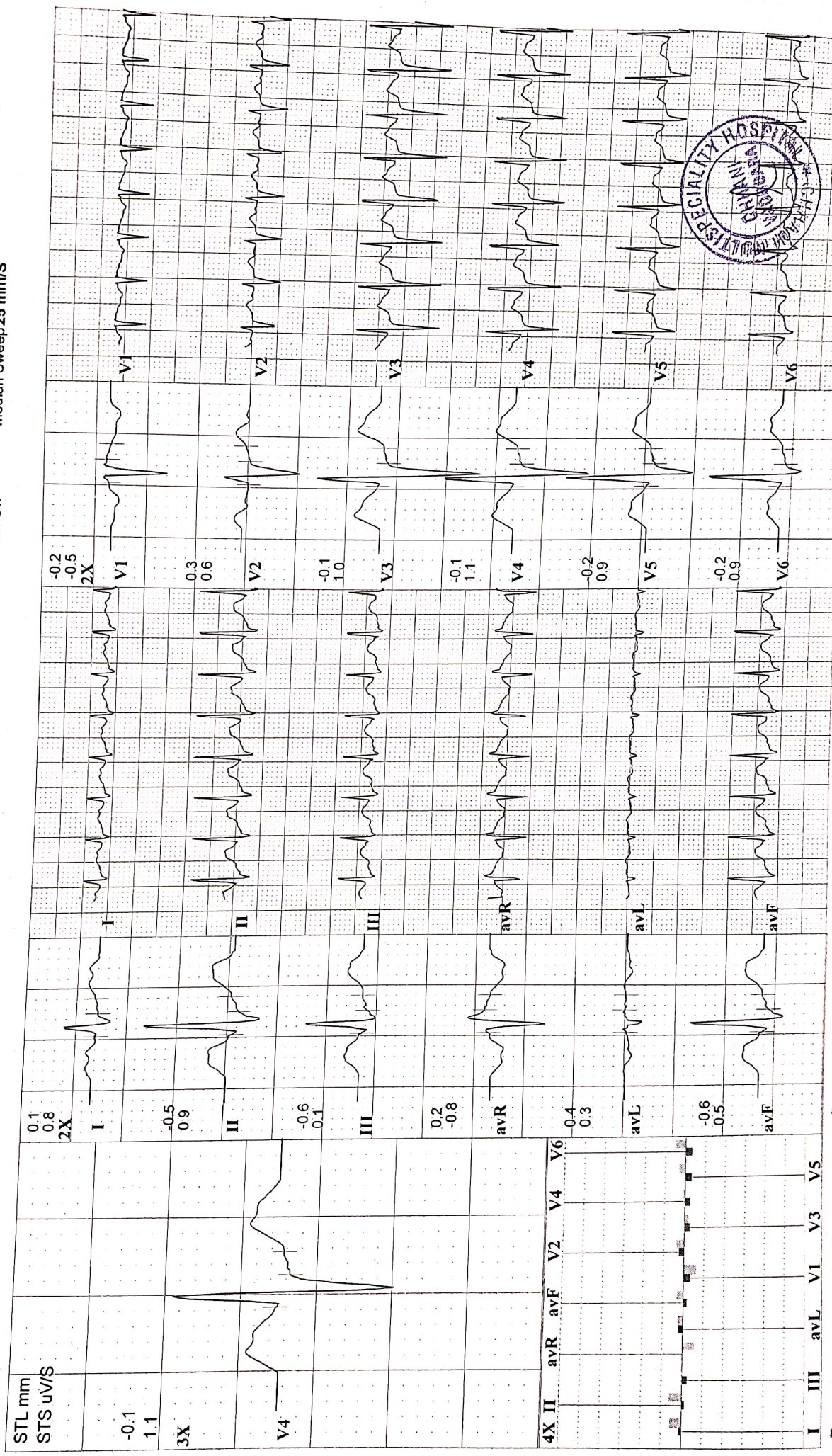
Target Hr: 97 % of 186 Filter: 0.1 - 100 Hz Gain:

10 mm/mV

BLC: On Sweep:

25 mm/S

Linked Medians
Peak Ex
Median Sweep: 25 mm/S





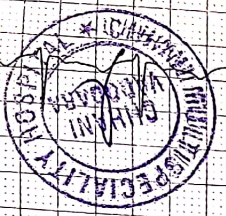
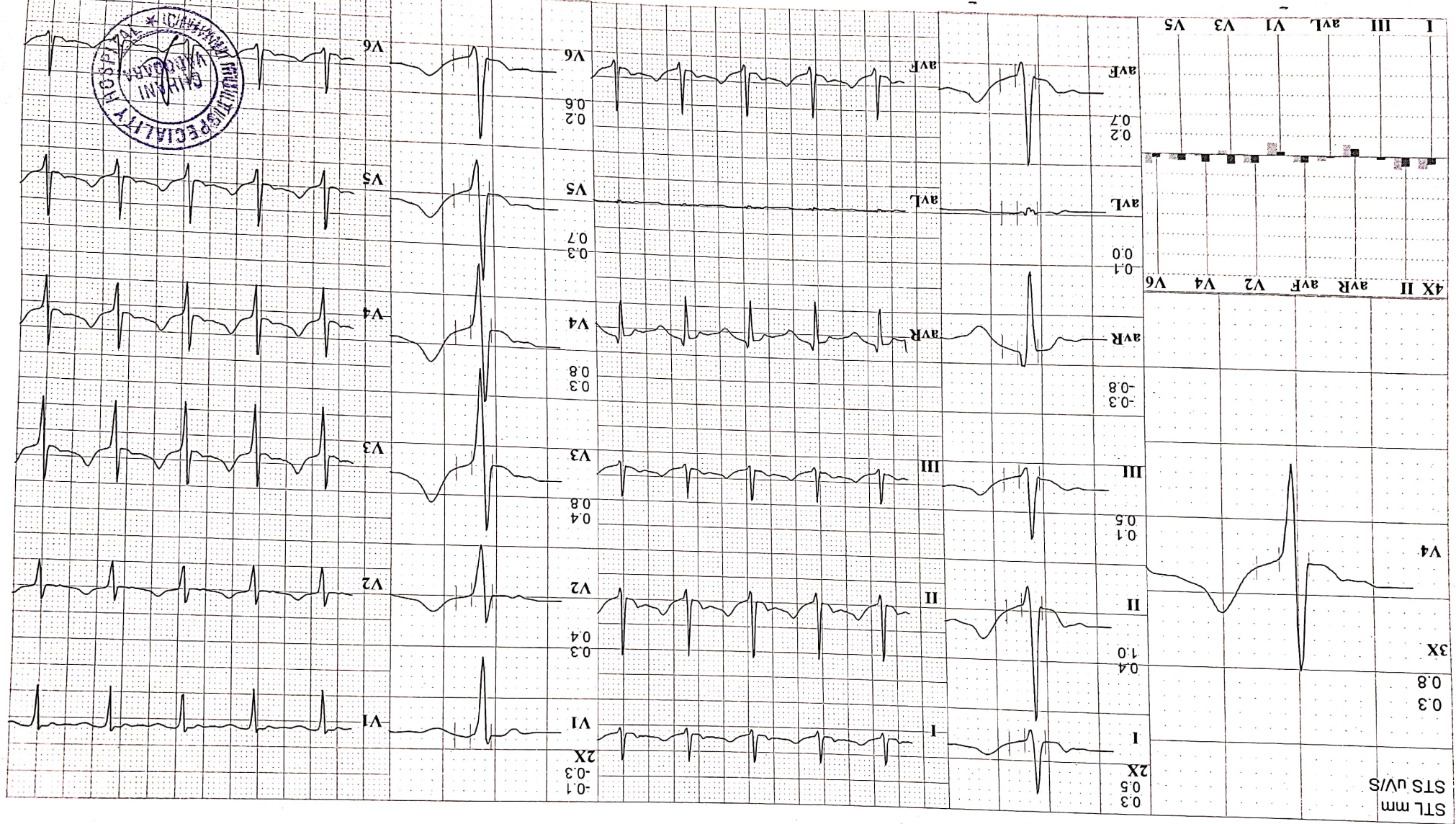
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169
HARSH ANAND
 34 Yrs/M Kg / Ht. cms Ref.No.:
 Date: 28-09-2023 Time: 09:20 AM
 Post J: 60 ms

Speed: --- mph Hr: 113
 Grade: ---% Mets: 1
 Protocol: Bruce BP: 135/90 mmHg
 Target Hr: 60 % of 186 Filter: 0.1 - 100 Hz Gain: 10 mm/mV
 BLC: On Sweep: 25 mm/S
 Median Sweep: 25 mm/S
 NotchOff

Linked Medians
 Post Ex 1





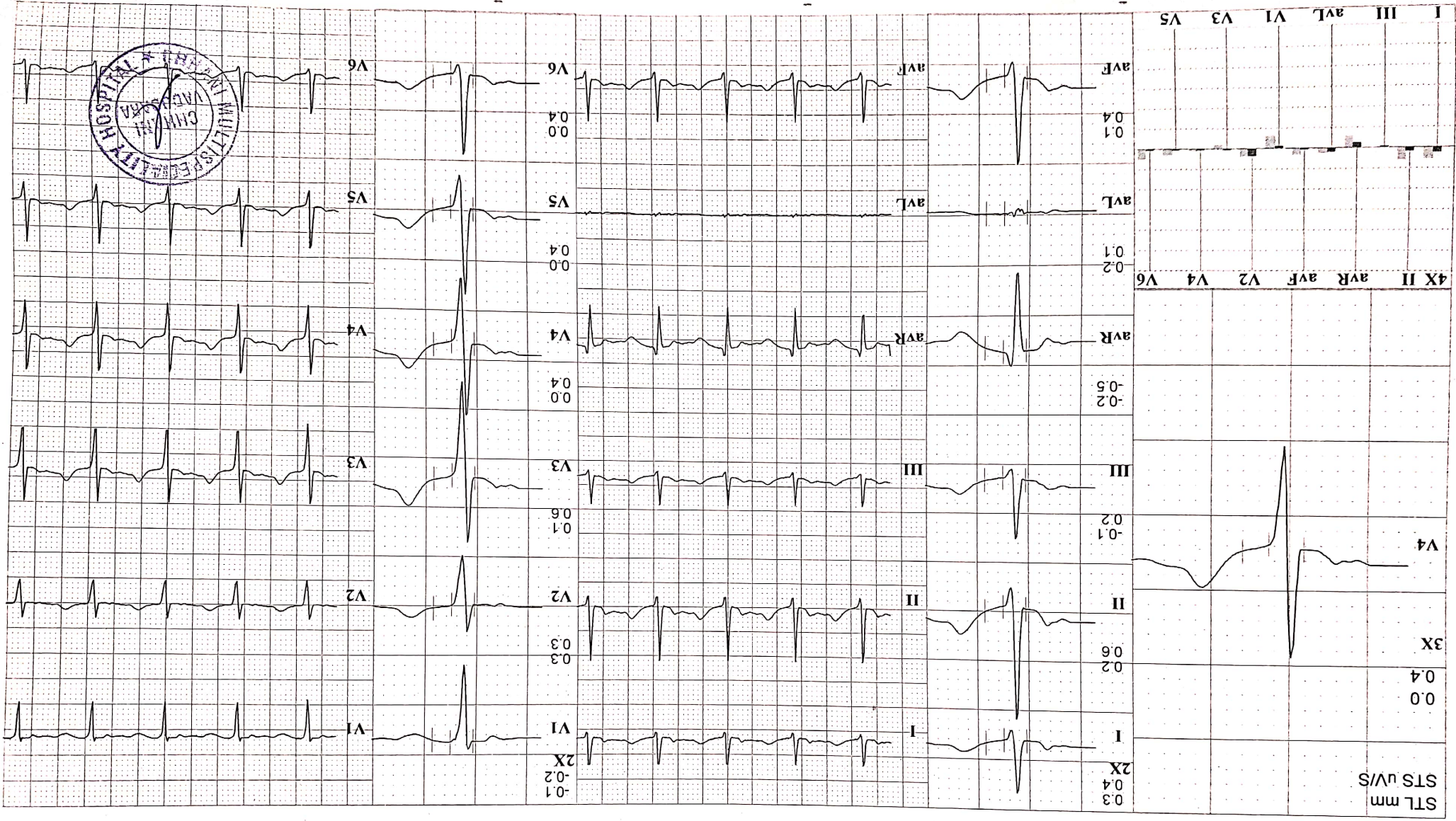
CHHANI MULTISPECIALITY HOSPITAL

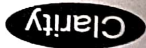
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169
 HARSH ANAND
 34 Yrs/ M Kg / Ht- cms Ref.No.:
 Date: 28-09-2023 Time: 09:20 AM
 Post J: 67 ms

Speed: --- mph Hr: 110
 Target Hr: 59 % of 186 Filter: 0.1 - 100 Hz Gain: 10 mm/mV
 Protocol: Bruce BP: 125/80 mmHg Curr Time: 12:29
 Grade: --- % Mets: 1
 BLC: On Sweep: 25 mm/S Median Sweep: 25 mm/S
 Notch Off

Linked Medians
 Post Ex 2





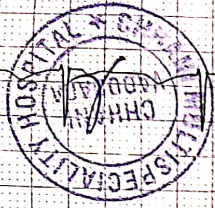
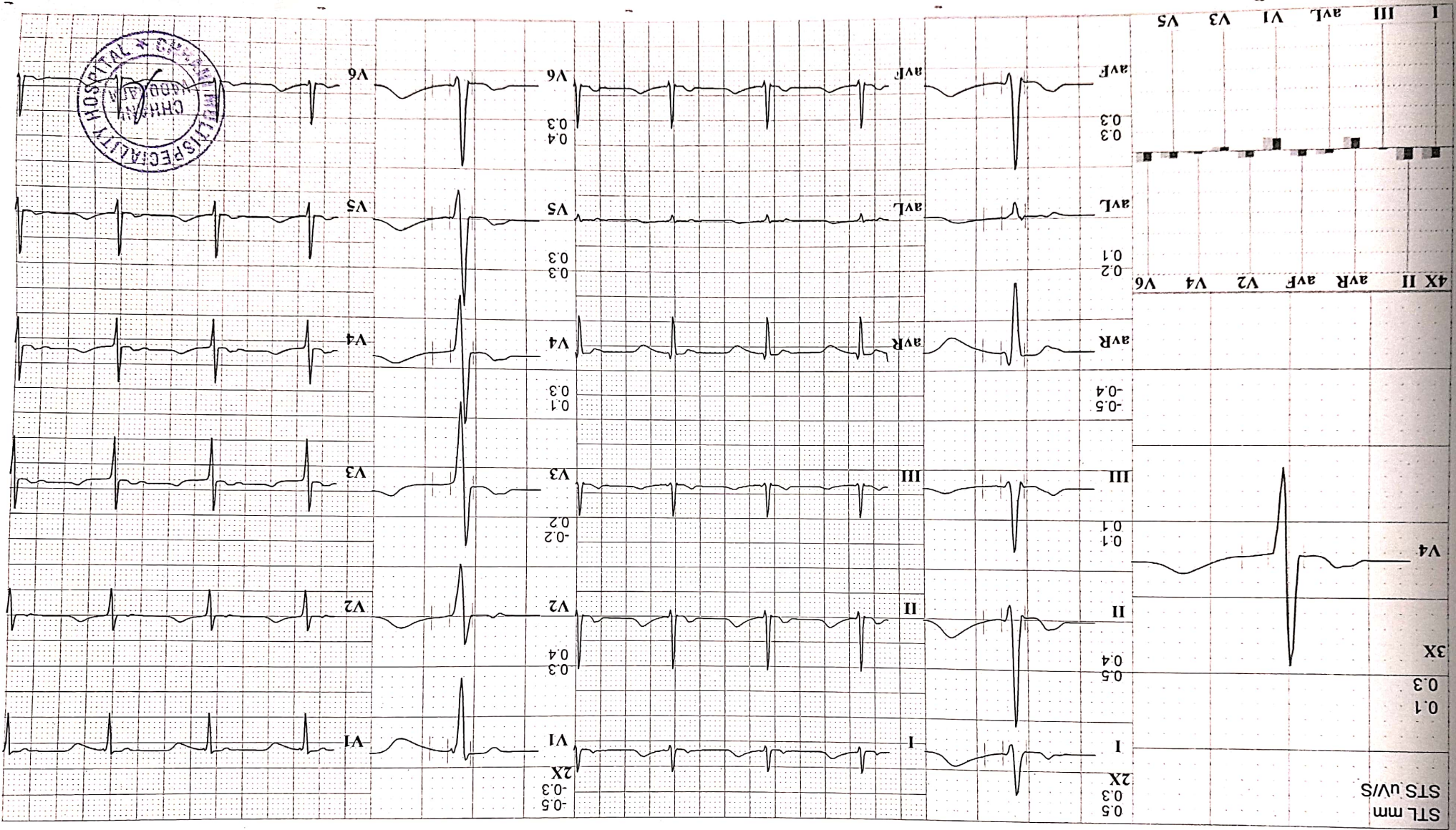
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169
 HARSH ANAND
 34 Yrs/M Kg / Ht cms Ref.No.:
 Date: 28-09-2023 Time: 09:20 AM
 Post J: 69 mS

Speed: --- mph Hr: 80 Target Hr: 43 % of 186 Filter: 0.1 - 100 Hz Gain: 10 mm/mV
 Grade: --- % Mets: 1 Ex Time: --- min:sec BLC: On Sweep: 25 mm/S Median Sweep 25 mm/S
 Protocol: Bruce BP: 120/80 mmHg Curr Time: 00:11 Notch Off

Linked Medians
 Pre Ex
 Supine



169

HARSH ANAND

34 Yrs/M

Kg / Ht cms

Ref.No.:

Date: 28-09-2023

Time: 09:20 AM

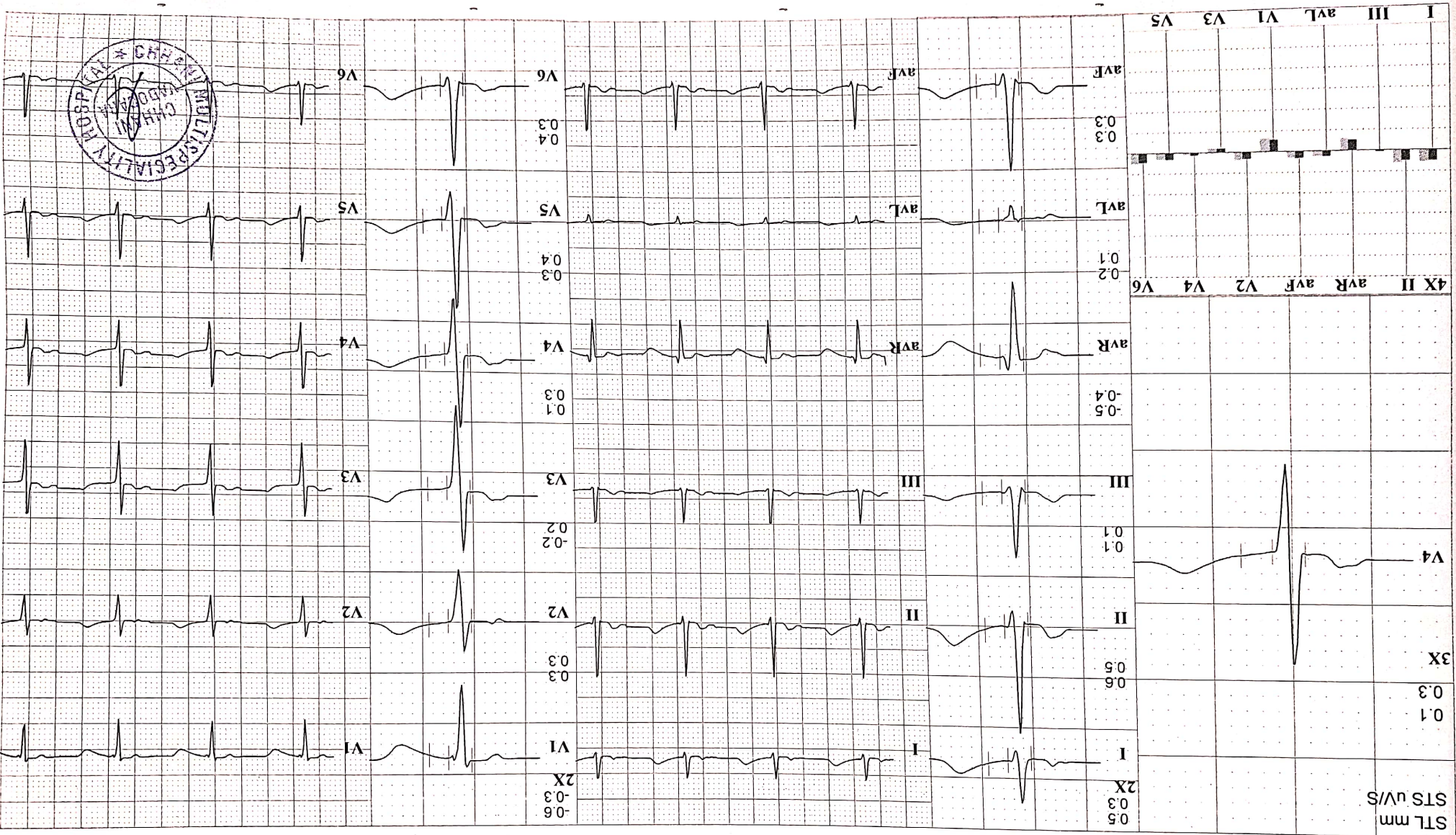
Post J: 77 ms

Speed: --- mph Hr: 89
 Grade: --- % Mets: 1
 Protocol: Bruce BP: 120/80 mmHg Curr Time: 00:35
 Target Hr: 47 % of 186 Filler: 0.1 - 100 Hz Gain: 10 mm/mV
 Ex Time: --- min:sec BLC: On Sweep: 25 mm/S
 Median Sweep: 25 mm/S

Standing

Pre Ex

Linked Medians

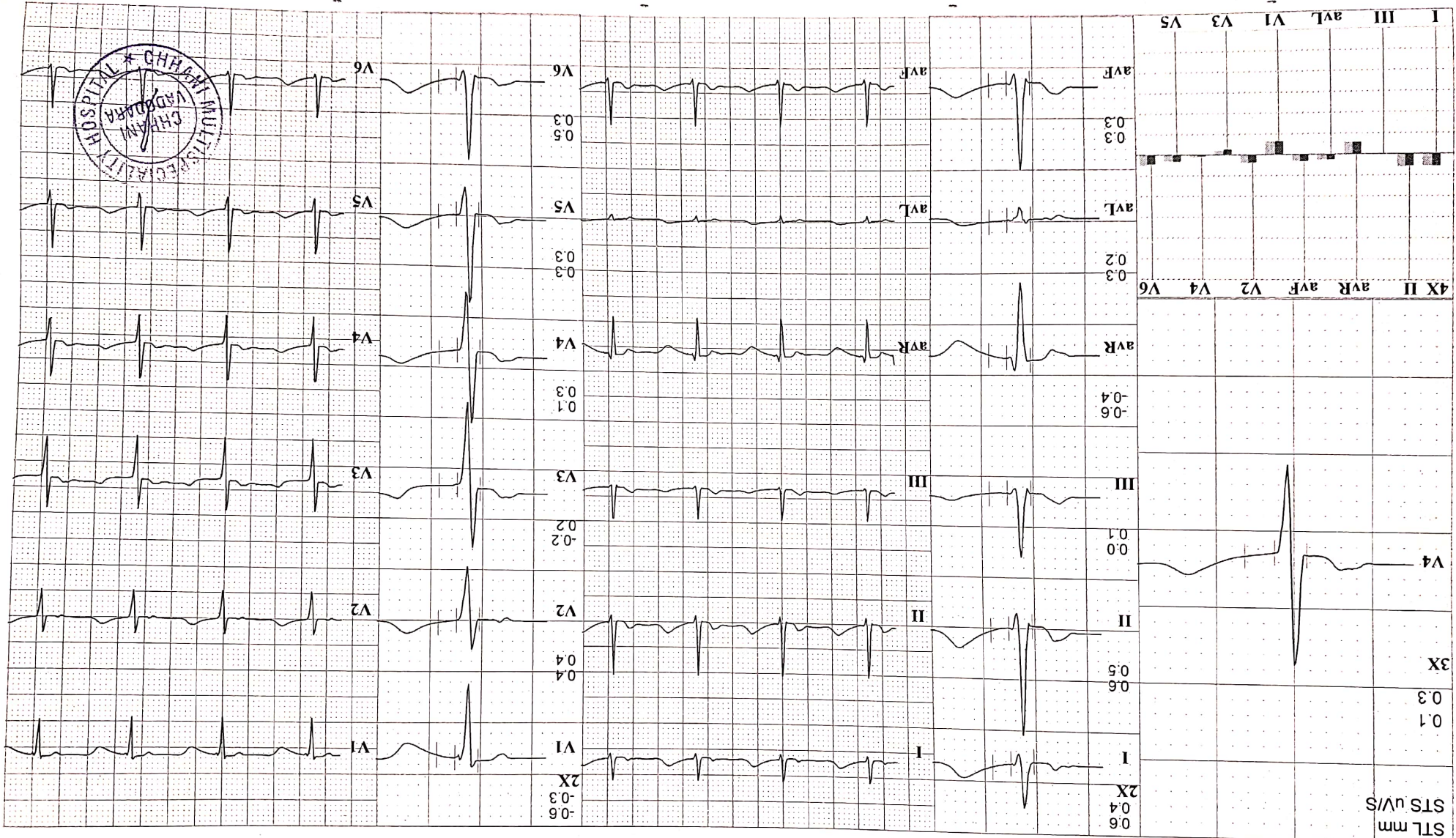




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169
 34 Yrs/M Kg / Ht. cms Ref.No.:
HARSH ANAND
 Date: 28-09-2023 Time: 09:20 AM
 Post J: 75 ms
 Speed: --- mph Hr: 81
 Grade: --- % Mets: 1
 Ex Time: --- min:sec BLC: On
 Target Hr: 43 % of 186 Filter: 0.1 - 100 Hz Gain: 10 mm/mV
 Median Sweep 25 mm/s
 Protocol: Bruce BP: 120/80 mmHg Curr Time: 00:54 NotchOff
 Pre Ex
 Hyp Vent
 Linked Medians



Pt. Name : Harsh Anand
Age/Gender : 34 Years Male
Patient ID : 2077
Ref. By : Dr. BOB
Address :



Registered On : 28 Sep, 2023 01:27 PM
Collected On : 28 Sep, 2023 01:52 PM
Reported On : 28 Sep, 2023 03:25 PM
MO : 6359622244

CBC with ESR

Investigation	Observed Value	Biological Reference Interval	Unit
HEMOGLOBIN			
Hemoglobin (Hb)	13.0	13 - 17	g/dL
RBC COUNT			
Total RBC Count	4.82	4.5 - 5.5	mill/cumm
BLOOD INDICES			
Packed Cell Volume (PCV)	39.0	40.7 - 50.3	%
Mean Corpuscular Volume(MCV)	80.91	78.2 - 97.90	fL
Mean Corpuscular Hemoglobin (MCH)	26.97	27 - 33	pg/cell
Mean Corpuscular Hemoglobin Concentration (MCHC)	33.33	33 - 36	g/dL
Red cell Distribution Width (RDW)	13.8	11.5 - 16	%
WBC COUNT			
Total WBC Count	5500	4000 - 11000	cumm
DIFFERENTIAL WBC COUNT			
Neutrophils	50	40 - 70	%
Lymphocytes	45	20 - 40	%
Eosinophils	02	1 - 6	%
Monocytes	03	2 - 6	%
Basophils	00		%
Erythrocyte Sedimentation Rate (ESR)	10	0 - 22	mm/hr
PLATELET COUNT			
Platelet Count	185000	150000 - 450000	/cumm

DR.ASHISH JAWARKAR
M.D.(Pathology)

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Pt. Name : Harsh Anand		Registered On : 28 Sep, 2023 01:27 PM
Age/Gender : 34 Years Male		Collected On : 28 Sep, 2023 01:52 PM
Patient ID : 2077		Reported On : 28 Sep, 2023 03:25 PM
Ref. By : Dr. BOB		MO : 6359622244
Address :		

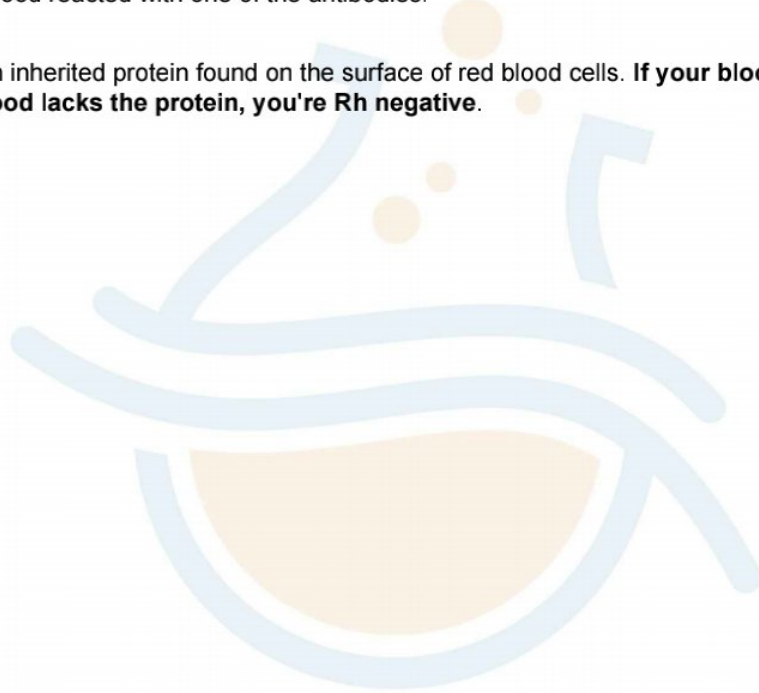
BLOOD GROUP

Blood Group, ABO & RH Typing

Investigation	Observed Value	Biological Reference Interval	Unit
BLOOD GROUP, ABO & RH TYPING			
ABO Group	"B"		
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	5.7	For Screening: Diabetes: >6.5% Pre-Diabetes: 5.7% - 6.4% Non-Diabetes: < 5.7%	
Mean Blood Glucose	116.89	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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Urine Examination Routine

Investigation	Observed Value	Biological Reference Interval	Unit
PHYSICAL EXAMINATION			
Colour	Pale Yellow	Pale yellow	
Appearance	Clear	whitish	
PH	5.0		
Specitfic Gravity	1.010		
Blood	Absent		
CHEMICAL EXAMINATION			
Proteins	Absent	Nil	
Glucose	Absent	Nil	
Ketones	Absent	Nil	
Bile Pigment	Absent		
Bile salt	Absent		
MICROSCOPIC EXAMINATION			
R.B.C.	Nil		
Pus Cells	1-2/hpf		
Epithelial Cells	2-3/Squamous		
Casts	Absent	0 - 0	/lpf
Crystals	Absent	Nil	
Amorphous Material	Absent		
Bacteria	AB		



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FASTING BLOOD SUGAR

FBS PP2BS

Investigation	Observed Value	Biological Reference Interval	Unit
FBS PP2BS			
Fbs	94	70 - 110	mg/dL
PP2BS	111	80 - 140	mg/dL



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Mo: 9033286182 / 9099685928

Pt. Name : Harsh Anand
Age/Gender : 34 Years Male
Patient ID : 2077
Ref. By : Dr. BOB
Address :

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LIPID PROFILE

Lipid Profile

Investigation	Observed Value	Biological Reference Interval	Unit
CHOLESTEROL			
Total Cholesterol	191	150 - 199	mg/dL
Serum Triglycerides	92	0 - 150	mg/dL
HDL Cholesterol	39	35 - 79	mg/dL
LDL Cholesterol	133.60	0 - 100	mg/dL
VLDL Cholesterol	18.40	0 - 30	mg/dL
Non-HDL cholesterol	152.00	- >130 Optimal	mg/dL
RATIO			
LDL HDL Cholesterol Ratio	3.43	1.5 - 3.5	
Total-HDL Cholesterol Ratio	4.90	3.5 - 5	
Triglycerides HDL Ratio	2.36		



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Mo:9033286182/9099685928

Pt. Name : Harsh Anand
Age/Gender : 34 Years Male
Patient ID : 2077
Ref. By : Dr. BOB
Address :

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Investigation	Observed Value	Biological Reference Interval	Unit
Total Cholesterol (mg/dL)	HDL Cholesterol (mg/dL)	LDL Cholesterol (mg/dL)	Triglycerides (mg/dL)
Desirable <200 Borderline High 200-239 High >240	Low <40 High <60	Optimal <100 Near Optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190	Normal <150 Borderline High 150-199 High 200-499 Very High >500



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LFT

Liver Function Test (LFT)

Investigation	Observed Value	Biological Reference Interval	Unit
BILLIRUBIN			
Total Bilirubin	0.45	0 - 1.2	mg/dL
Direct Bilirubin	0.18	0.0 - 0.25	mg/dL
Indirect Bilirubin	0.27	0.2 - 1	mg/dL
LIVER ENZYMES			
SGPT (ALT)	17	0 - 40	IU/L
SGOT (AST)	23	0 - 37	U/L
Alkaline Phosphatase	104	60 - 320	U/L
SERUM PROTEINS			
Total Serum Protein	6.96	6.3 - 7.9	g/dL
Serum Albumin	4.03	3.5 - 5.5	g/dL
Serum Globulin	2.93	2.5 - 3.5	g/dL
A/G Ratio	1.38	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.



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Investigation	Observed Value	Biological Reference Interval	Unit
(GGT)			
Gamma Glutamyl Transferase (GGT)	19	8 - 61	U/L

SERUM CREATININE

Serum Creatinine	0.95	0.6 - 1.30	mg/dL
------------------	------	------------	-------

Note: 1) Diagnosing and monitoring treatment of acute and chronic renal disease.

2) adjusting dosage of renally excreted medications

3) Monitoring renal transplant recipients.

URIC ACID

Serum Uric Acid	5.17	3.5 - 7.2	mg/dL
-----------------	------	-----------	-------

Most uric acid is synthesized in the liver and mainly excreted by kidney. It is an end product of purine catabolism. Levels are labile and show day to day and seasonal variation in same person. Levels are also increased by emotional stress, total fasting and increased body weight. Mainly used for monitoring treatment of gout and chemotherapeutic treatment of neoplasm. Levels are increased in renal failure, gout, certain neoplastic condition (Increased cell turn over), Hemolytic anemia, toxemia of pregnancy.

BUN

BUN	9.33	7.0 - 20.0	mg/dL
-----	------	------------	-------

THYROID (TSH)

Thyroid Stimulating Hormone (TSH)	2.60	0.55 - 4.78	mIU/L
-----------------------------------	------	-------------	-------

Free Triiodothyronine (FT3)

Free Triiodothyronine (FT3)	3.5	2.0 - 4.4	pg/mL
-----------------------------	-----	-----------	-------

Free Thyroxine (FT4)

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First Floor A Tower Eshantisira,Nr.Sitaram Super Market Chhani Road Chhani Vadodara-391740
Mo:9033286182/9099685928

Pt. Name : Harsh Anand
Age/Gender : 34 Years Male
Patient ID : 2077
Ref. By : Dr. BOB
Address :

Registered On : 28 Sep, 2023 01:27 PM
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MO : 6359622244



Investigation	Observed Value	Biological Reference Interval	Unit
Free Thyroxine (FT4)	1.025	0.89 - 1.76	ng/dL

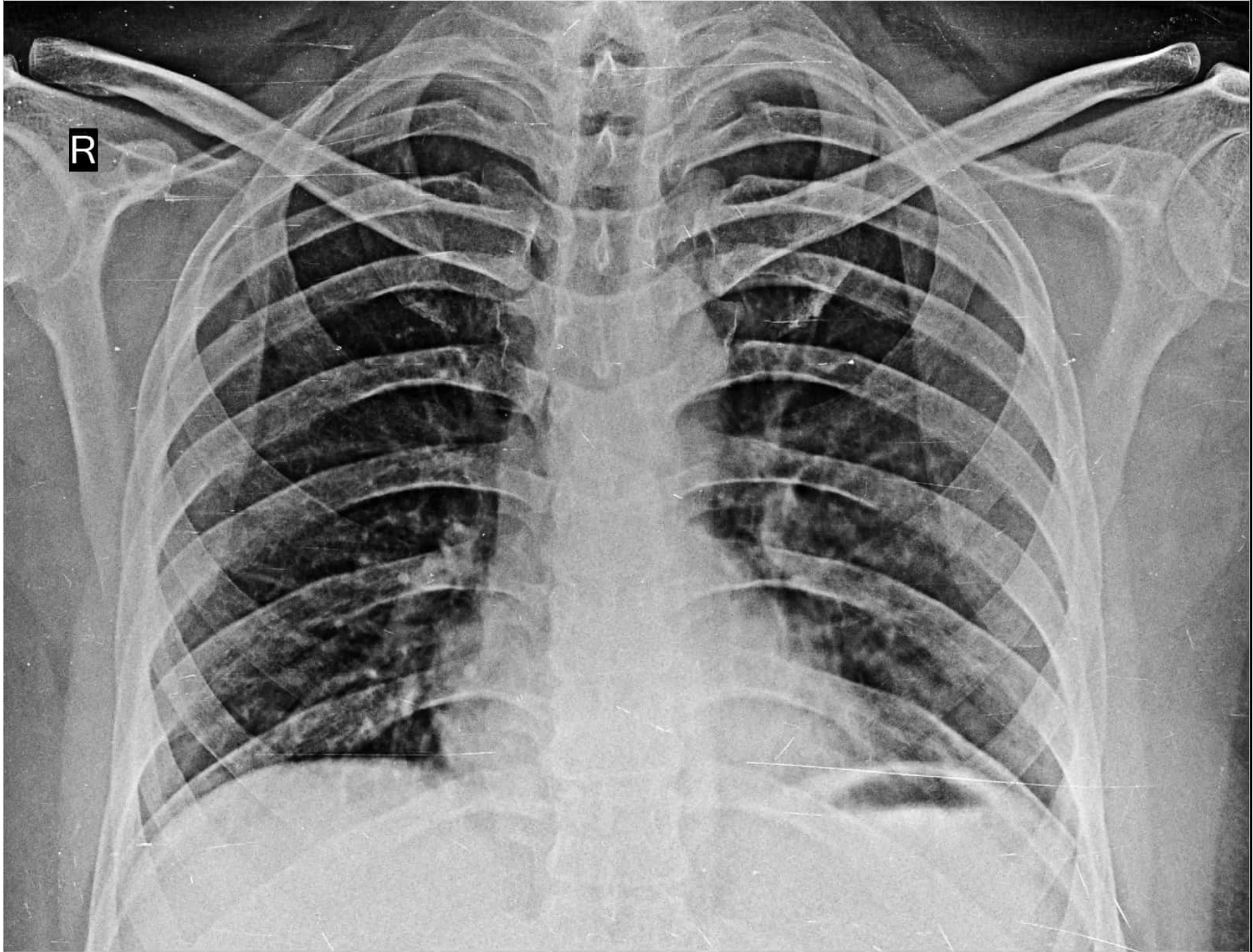
*****End Of Report*****



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HARSH ANAD 34/Y CHEST PA 28-09-2023
SUNNY DIGITAL X-RAY SERVICES 8758530074

NAME	HARSH ANAND	AGE/SEX	34/MALE
REF. BY	CHHANI HOSPITAL	DATE	28/09/2023

X-RAY OF CHEST PA VIEW:

FINDING

BOTH LUNG FIELDS APPEAR CLEAR.
 NO CONSOLIDATION OR MASS LESION IS SEEN.
 BOTH CP ANGLES ARE CLEAR.
 CARDIAC SIZE APPEARS WITHIN NORMAL LIMITS.
 TRACHEA IS CENTRAL IN POSITION.
 MEDIASTINAL SHADOW IS NORMAL.
 BOTH DOMES OF DIAPHRAGM ARE NORMAL.
 BONY THORAX UNDER VISION APPEARS NORMAL.



IMPRESSIONS : NO SIGNIFICANT ABNORMALITY DETECTED

DR. HIMANI VIRAPARA
 Regn. No: G.28771
 M.D. [Radiodiagnosis]
 (CONSULTANT RADIOLOGIST)

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CBC with ESR

Investigation	Observed Value	Biological Reference Interval	Unit
HEMOGLOBIN			
Hemoglobin (Hb)	13.0	13 - 17	g/dL
RBC COUNT			
Total RBC Count	4.82	4.5 - 5.5	mill/cumm
BLOOD INDICES			
Packed Cell Volume (PCV)	39.0	40.7 - 50.3	%
Mean Corpuscular Volume(MCV)	80.91	78.2 - 97.90	fL
Mean Corpuscular Hemoglobin (MCH)	26.97	27 - 33	pg/cell
Mean Corpuscular Hemoglobin Concentration (MCHC)	33.33	33 - 36	g/dL
Red cell Distribution Width (RDW)	13.8	11.5 - 16	%
WBC COUNT			
Total WBC Count	5500	4000 - 11000	cumm
DIFFERENTIAL WBC COUNT			
Neutrophils	50	40 - 70	%
Lymphocytes	45	20 - 40	
Eosinophils	02	1 - 6	%
Monocytes	03	2 - 6	%
Basophils	00		
Erythrocyte Sedimentation Rate (ESR)	10	0 - 22	mm/hr
PLATELET COUNT			
Platelet Count	185000	150000 - 450000	/cumm

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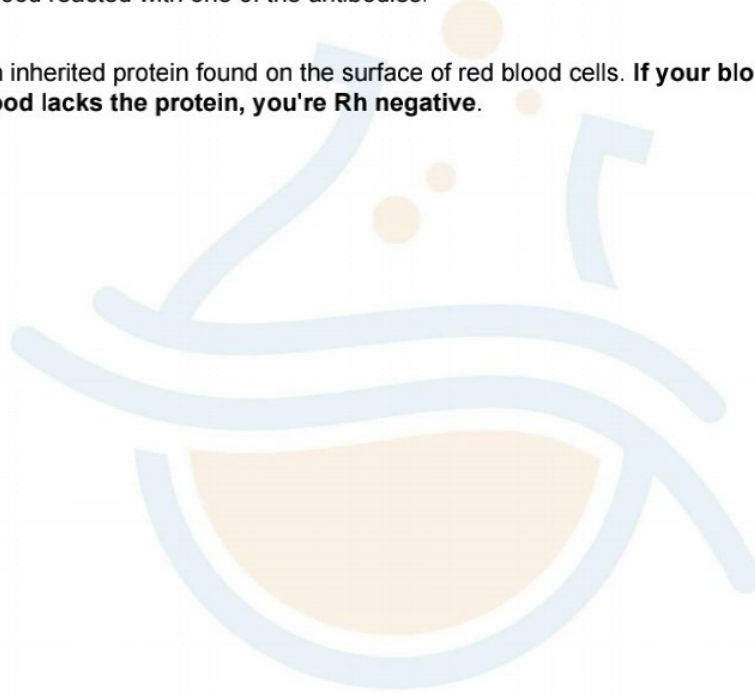
BLOOD GROUP

Blood Group, ABO & RH Typing

Investigation	Observed Value	Biological Reference Interval	Unit
BLOOD GROUP, ABO & RH TYPING			
ABO Group	"B"		
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	5.10	For Screening: Diabetes: >6.5% Pre-Diabetes: 5.7% - 6.4% Non-Diabetes: < 5.7%	
Mean Blood Glucose	99.67	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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Urine Examination Routine

Investigation	Observed Value	Biological Reference Interval	Unit
PHYSICAL EXAMINATION			
Colour	Pale Yellow	Pale yellow	
Appearance	Clear	whitish	
PH	5.0		
Specitfic Gravity	1.010		
Blood	Absent		
CHEMICAL EXAMINATION			
Proteins	Absent	Nil	
Glucose	Absent	Nil	
Ketones	Absent	Nil	
Bile Pigment	Absent		
Bile salt	Absent		
MICROSCOPIC EXAMINATION			
R.B.C.	Nil		
Pus Cells	1-2/hpf		
Epithelial Cells	2-3/Squamous		
Casts	Absent	0 - 0	/lpf
Crystals	Absent	Nil	
Amorphous Material	Absent		
Bacteria	AB		



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FASTING BLOOD SUGAR

FBS PP2BS

Investigation	Observed Value	Biological Reference Interval	Unit
FBS PP2BS			
Fbs	94	70 - 110	mg/dL
PP2BS	111	80 - 140	mg/dL



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LIPID PROFILE

Lipid Profile

Investigation	Observed Value	Biological Reference Interval	Unit
CHOLESTEROL			
Total Cholesterol	191	150 - 199	mg/dL
Serum Triglycerides	92	0 - 150	mg/dL
HDL Cholesterol	39	35 - 79	mg/dL
LDL Cholesterol	133.60	0 - 100	mg/dL
VLDL Cholesterol	18.40	0 - 30	mg/dL
Non-HDL cholesterol	152.00	- >130 Optimal	mg/dL
RATIO			
LDL HDL Cholesterol Ratio	3.43	1.5 - 3.5	
Total-HDL Cholesterol Ratio	4.90	3.5 - 5	
Triglycerides HDL Ratio	2.36		



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Investigation	Observed Value	Biological Reference Interval	Unit
Total Cholesterol (mg/dL)	HDL Cholesterol (mg/dL)	LDL Cholesterol (mg/dL)	Triglycerides (mg/dL)
Desirable <200 Borderline High 200-239 High >240	Low <40 High <60	Optimal <100 Near Optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190	Normal <150 Borderline High 150-199 High 200-499 Very High >500



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LFT

Liver Function Test (LFT)

Investigation	Observed Value	Biological Reference Interval	Unit
BILLIRUBIN			
Total Bilirubin	0.45	0 - 1.2	mg/dL
Direct Bilirubin	0.18	0.0 - 0.25	mg/dL
Indirect Bilirubin	0.27	0.2 - 1	mg/dL
LIVER ENZYMES			
SGPT (ALT)	17	0 - 40	IU/L
SGOT (AST)	23	0 - 37	U/L
Alkaline Phosphatase	104	60 - 320	U/L
SERUM PROTEINS			
Total Serum Protein	6.96	6.3 - 7.9	g/dL
Serum Albumin	4.03	3.5 - 5.5	g/dL
Serum Globulin	2.93	2.5 - 3.5	g/dL
A/G Ratio	1.38	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.



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Investigation	Observed Value	Biological Reference Interval	Unit
(GGT)			
Gamma Glutamyl Transferase (GGT)	19	8 - 61	U/L

SERUM CREATININE

Serum Creatinine	0.95	0.6 - 1.30	mg/dL
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Note: 1) Diagnosing and monitoring treatment of acute and chronic renal disease.

2) adjusting dosage of renally excreted medications

3) Monitoring renal transplant recipients.

URIC ACID

Serum Uric Acid	5.17	3.5 - 7.2	mg/dL
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Most uric acid is synthesized in the liver and mainly excreted by kidney. It is an end product of purine catabolism. Levels are labile and show day to day and seasonal variation in same person. Levels are also increased by emotional stress, total fasting and increased body weight. Mainly used for monitoring treatment of gout and chemotherapeutic treatment of neoplasm. Levels are increased in renal failure, gout, certain neoplastic condition (Increased cell turn over), Hemolytic anemia, toxemia of pregnancy.

BUN

BUN	9.33	7.0 - 20.0	mg/dL
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THYROID (TSH)

Thyroid Stimulating Hormone (TSH)	4.3220	0.55 - 4.78	mIU/L
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Free Triiodothyronine (FT3)

Free Triiodothyronine (FT3)	2.65	2.0 - 4.4	pg/mL
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Free Thyroxine (FT4)

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Investigation	Observed Value	Biological Reference Interval	Unit
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